

# Trust Induction Information 2019



***“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



## **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

Become a successful foundation trust



## **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

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# Corporate Trust Induction Programme – Day One

|               |   |
|---------------|---|
| 08:45 – 09:00 | Registration  |
| 09:00 – 09:25 | Introduction and housekeeping   |
| 09:25 – 09:50 | Executive welcome   |
| 09:50 – 10:00 | Fire safety awareness   |
| 10:00 – 10:30 | Introduction to our vision and values                                   |
| 10:30 – 10:45 | <i>Stretch break</i>  |
| 10:45 – 12:30 | <b>Act with integrity</b>   |
| 12:30 – 13:00 | <i>Lunch break (sandwich lunch provided sponsored by Simply Health)</i> |
| 13:00 – 13:40 | <b>Respect the individual</b>   |
| 13:40 – 14:30 | <b>Put patients first/Serve the community</b>                           |
| 14:00 – 14:15 | <i>Stretch break</i>  |
| 14:30 – 15:30 | <b>Promote positive change</b>  |
| 15:30 – 16:30 | Dementia friends  |
| 16:30 – 17:00 | Evaluations, time table for day 2 and close                             |

# Corporate Trust Induction Programme – Day Two

Please report to the training venue at 07:55 hours. Training will commence promptly at 08:00 hours.

Staff will complete the following Core Skills training subjects as per their requirement needs.

Classroom sessions:

- Prevent Health WRAP
- Basic Life Support
- Safer Handling Induction Session

Facilitated E-Learning session:

- Equality & Diversity
- Health & Safety
- Information Governance
- Safeguarding Children (except level 3)
- Safeguarding Adults
- Infection Prevention & Control
- Fire Safety
- Safer Handling
- Conflict Resolution

*Recognition of previously undertaken Core Skills training provided outside of the organisation will be considered. You are advised to forward copies of any relevant training certificates, or your previous employer validated learning record to [coreskillsteam@elht.nhs.uk](mailto:coreskillsteam@elht.nhs.uk) or bring to day 1 of the induction and submit these to the facilitator for consideration.*

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# 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. In addition the programme will equip you with the knowledge and confidence to participate in patient and staff safety from commencement of your new role within the Trust.

## Objectives

Following attendance at the Corporate Trust Induction you will be able to:

- Identify the Trust 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
- Identify key communication channels
- State Trust emergency contact numbers
- List the basic principles of moving and handling
- Locate relevant policy documents
- Discuss the opportunities for further training and engaging in lifelong learning

## **What to expect**

During your induction you will need to ask a lot of questions, seek out information and actively get involved. Please do not worry if you feel you are asking a lot of questions, it is just another way we learn. You may also feel you are not contributing effectively when you first start, this is normal; **everyone** needs to find their feet in a new job, which is why we have an induction process.

## **Your local induction**

A local induction checklist has been designed to help staff to become acquainted with their new work situation, and the policies and procedures related to their job that are relevant to them during your employment with the Trust. Completion of the checklist should be carried out with a line manager. You must confirm completion of the checklist by undertaking the Local Induction Self-Declaration of Completion questions on the Learning Hub system. Your compliance will not be recorded until you have completed this self-declaration on the Learning Hub. A copy of the checklist should be filed locally by the manager.

## **Your role in the induction process:**

- To attend the Corporate Trust Induction Programme
- To attend further essential training appropriate to your job role
- To complete the induction checklist within four weeks of your start date
- 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. You will be working closely with your line manager throughout the induction period
- To understand and be familiar with the job description, person specification and Knowledge and Skills Framework (KSF) outline 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 Corporate Staff Induction (CSI), CST 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?

All staff who attend Corporate Staff Induction (CSI) will be given access to Learning Hub when they complete the CST e-Learning section of the induction. All new staff are expected to attend CSI.

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 2016-17 losses to fraud in the NHS were estimated at £1.25 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** - Jacqui Procter, Mersey Internal Audit Agency Tel: 0151 285 4798 or 0151 285 4500 Email: [Jacqui.procter@miaa.nhs.uk](mailto:Jacqui.procter@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

East Lancashire Hospitals Trust is required by the Civil Contingencies Act 2004 to respond in the event of an incident which produces a large number of casualties.

Recent examples of this in the UK were the Cumbria floods following Storm Desmond in 2015; the bombing of a pop concert in Manchester in 2017; measles outbreaks in 2014 and 2017; the Cyber Attack on NHS IT systems in 2017.

Emergency Planning and Service Continuity enable us to respond in the event of major incidents, whilst maintaining acceptable standards of core business.

**The patient remains at the heart of what we do**, in an emergency; routine work must not suffer unnecessarily.

Some staff will require specialist training to respond in such an incident, others will need to be aware of the Trust and departmental plans to ensure that our services maintain the correct standard. **As part of your local induction process, Major Incident and Business Continuity arrangements for your service should be featured.**

The Trust has a Major Incident Plan, which can be found on the Intranet.

From the taskbar, follow *“I want to...”* and then from the drop down menu choose *“see Major Incident Information”*.

The plan and other documents are in the documents list on the lower right of the screen.

All Trust plans are ratified at Divisional or Directorate level, as well as passing scrutiny at Operational Preparedness and Resilience Group/Emergency preparedness and Operational resilience Committee, which reports to the Executive Board.

The Trust Emergency Planning Officer is Bonnie Mitchell: [bonnie.mitchell@elht.nhs.uk](mailto:bonnie.mitchell@elht.nhs.uk) The Accountable Emergency Officer for the Trust is the Director of Operations.

Training and exercising for staff relating to major incident response takes place on a regular basis. For details about training, exercising or other major incident related queries, contact the Emergency Planning Officer.



## 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.

The permit is normally issued after your start date. It may take a few weeks for your permit to arrive. The company that run our Car park services at RBYH Empark UK LTD aim to have a 72 hour turnaround from when they receive the application forms to issuing permits. Once you have received your permit at BGTH, RBTH, AVH, PCH and CCH you will be free to park on all sites as long as your permit is clearly visible.

*What you can do in the interim to keep car-parking costs down.*

**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... Any queries please see the Cofely office across from W H Smiths at BGH for further details (internal number 11350)

**RBH** - You can buy a daily ticket for £1.50 a day from the car parking office near WH Smiths at RBH and park on car park J (internal number 84562/84668).

The car parking 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 who 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), 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

## **Staff Handbook**

The Trust has produced a Staff Handbook (reviewed on an annual basis). Employees will receive information in their handbooks regarding on how to obtain discounts with a variety of local businesses.

## **NHS Discounts**

NHS Discounts is the largest independent provider of voluntary employee benefits to public sector employees in the UK. Details can be viewed at [www.nhsdiscounts.com](http://www.nhsdiscounts.com).

## **Car Parking**

Parking is available for staff at subsidised rates. There are designated car parks for staff and requests for a parking permit have to be made via an application process. All Trust car parks have high power lighting, security staff (with frequent patrols) and closed circuit TV surveillance, although we cannot guarantee that you will get a parking permit if a waiting list exists at the time of your appointment.

## **Staff Lottery**

The Staff Lottery is open to all staff and offers monthly prizes amounting to over £2000. The cost per entry into the lottery is £1 per month which is deducted directly from your salary and staff may have as many entries as they wish.

The lottery has been running since 1989 and over £312,000 has been paid out in prize money to staff since then. Also, an equal amount of money generated by the lottery has been allocated by the Lottery Committee on luxury items of equipment and services which have made life a little more pleasant for staff and patients

Further information can be obtained from the Staff Lottery Organiser (Ext: 82227)

## Apprenticeships for all staff

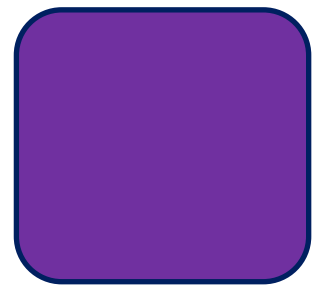
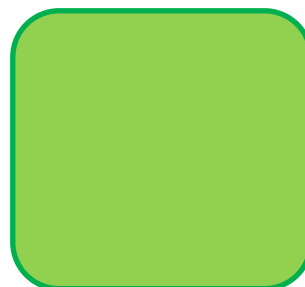
ELHT are offering apprenticeships for staff who are interested in gaining more qualifications and progressing within their career.

**Below are some on the apprenticeships you could enrol on:**

- Business Administration
- Customer Service
- Medical Administration
- Catering Apprenticeship
- Information Technology
- Health
- Laundry
- Portering
- Maintenance
- Marketing



**Plus many more...**





# 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

# 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).

## Childcare vouchers scheme changes

The childcare voucher scheme is a Salary Sacrifice Scheme for NHS Employees whereby you could exchange a portion of your salary for Childcare vouchers. The saving is therefore on Tax and National insurance Contributions as the amount you receive in Vouchers is exempt from these. The Vouchers can be used to pay any registered and approved Childcare provider (including childminders) for children up to the age of 15.

From 6 April 2018, childcare voucher schemes will close to new applicants - You may be able to get [Tax-Free Childcare](#) please see the link [www.gov.uk/help-with-childcare-costs](http://www.gov.uk/help-with-childcare-costs) where you are able to get further information.

You can keep getting vouchers if you've joined a scheme and get your first voucher by 5 April 2018, as long as:

- you stay with the same employer and they continue to run the scheme
- you don't take an unpaid career break of longer than a year

## **Libraries**

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. This is located near the Haslingden Road service entry and is a separate building from the main hospital. 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)

## **Workforce Education**

The Trust is committed to extending learning and development opportunities to all staff groups across the organisation and works in partnership with local NHS organisations to provide non-medical training and education, including a number of leadership & personal development programmes.

A huge range of development opportunities for staff are offered - from the wide-ranging Trust short course programme which covers required learning, induction, leadership & personal development programmes and professional and personal skills development, to mentoring and clinical supervision schemes, support through Practice Development teams and access to University programmes. Options of self-learning using e-learning products are also available for some training courses.

# 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).

## 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 risk assessment tool is present in all admission paperwork and must be completed on admission or at pre-admission assessment. 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 then appropriate specialty-specific VTE prophylaxis must be applied in a timely manner without delay. Each specialty-specific regime is displayed in clinical areas and all information regarding various regimes is available on intranet.

### Step Three: Review in 24 hours & after

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 24 hours after admission and documented in patient's medical records. If a patient admitted and assessed as low risk has subsequently on 24 hours second assessment become high risk, then appropriate VTE prophylaxis must be commenced. If a patient's clinical condition changes at any time 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 and prevention of dehydration and other factors that potentially increase risk. Do not regard aspirin or other antiplatelet agents as adequate prophylaxis for VTE. Discuss high risk patients with consultant.

### Step Five: Patient Information & 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 also 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. These information leaflets are available in all clinical areas, and copies can be downloaded from the hospital intranet VTE webpage

**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 risk factors.

- 1. Assess all patients on admission to identify those who are 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 within VTE guidance
- 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 of the risk factors as in VTE Risk assessment tool within VTE guidance
- 4. Reassess patients' risks of bleeding and VTE within 24 hours of admission and whenever the clinical situation changes, to:** Ensure that the methods of VTE prophylaxis being used are suitable, ensure that VTE prophylaxis is being used correctly and Identify adverse events resulting from VTE prophylaxis.
- 5. Assess all patients for risk of bleeding before offering pharmacological VTE prophylaxis:** Do not offer pharmacological VTE prophylaxis to patients with any of the risk factors for bleeding shown in VTE Risk assessment tool within guidance, unless risk of VTE outweighs risk of bleeding
- 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.

## 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.

## Hospital Acquired VTE

If a patient develops a VTE associated with an episode of healthcare, it is very important that this case is investigated very closely so that any problems in the system can be identified and acted upon to make the patient care, the processes and system better. This will help design a preventative strategy that will lead to a fall in number of patients harmed by VTE every year. To allow for a proper analysis of the system, any case of a patient who develops a VTE within 3 months of inpatient hospital treatment must be investigate fully using the **Root Cause Analysis** tool available on the Intranet VTE webpage.

## Patient Information

Starting 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. 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.

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## 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 treatment required. 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 & Maternity G22 VTE prophylaxis and treatment. It is your responsibility to familiarise yourself and fully understand the Venous Thrombo-Embolism (VTE) Policy. This is available on the Trust Intranet*



# 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 generic 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). 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 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 Damian Riley 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 Appraisal & Revalidation Administrator, email [Revalidation@elht.nhs.uk](mailto:Revalidation@elht.nhs.uk)

**Step Three:** The Appraisal & Revalidation Administrator will create your appraisal account within the Trust appraisal and revalidation system called MyL2P (My License to Practice) and you will be sent a welcome email with a username and 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 MyL2P.com.

**Step Four:** 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 MyL2P 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.

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The representatives from Simplyhealth, will be in the Coffee Lounge at the Refreshment Break and Lunch Time for delegates to speak to regarding their Staff Health Care Benefit.

Starting from as little as 45p a day, this enables you to claim money back for the cost of treatments including Dental, Optical, Physiotherapy and many other benefits. They will also have some freebies to give away so well worth a visit.

Other Services who will be displaying information in the Coffee Lounge at the Refreshment Break and Lunchtime

- Staff Lottery
- Unison
- Staff Benefits