Blackpool Teaching Hospitals NHS Foundation Trust

LOCALLY EMPLOYED DOCTORS HANDBOOK

CONTENTS

This handbook is designed for all locally employed doctors, there may be some sections of it which are aimed at International Graduate Doctors, so if these aren't relevant for you, please ignore.

Subjects

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Education & Development

Advice and Guidance

Additional Information

Blackpool Teaching Hospitals NHS Foundation Trust

MEDICAL EDUCATION TEAM

The Medical Education Team would like to welcome you to Blackpool Teaching Hospitals. We hope you find your time here a positive experience and enjoy working in the Trust. The Medical Education team are based in the Education Centre and are here to offer support, advice and help at any time during your placement. We have an open door policy for all Locally Employed doctors. In the first instance you can contact your appropriate administrator who will then escalate to the senior team if needed

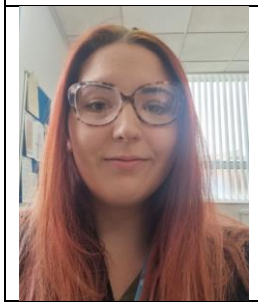
The Medical Education team is based in the Education Centre, Victoria Hospital. The team comprises of:

	**Dr Kate Goldberg** Director of Medical Education dr.goldberg@nhs.net		**Sharon Adams** Associate Director of OD, Education and Learning. Sharon.adams4@nhs.net Tel: 01253 (9) 55121
	**Dr Stephen Davies** Associate Director of Medical Education & Consultant Anaesthetist stephen.davies22@nhs.net		**Dr Nayla Ishaq** Specialty Doctor in Care of the Older Person and IMG/LED Trust Lead nayla.ishaq@nhs.net

	**Kate Stannard** Assistant Director of Clinical & Medical Education Kate.stannard@nhs.net Tel: 01253 (9) 55245		**Mr Adrian McKenna** Foundation Programme Director Year 2 & General Surgery Consultant adrian.mckenna2@nhs.net Tel: 01253 (9) 56351
	**Dr Marium Khan** Foundation Programme Director Year 2 & Specialty Doctor on Anaesthetics		**Dr Meenakshi Varia** GPST Training Programme Director meenakshi.varia@hee.nhs.uk
	**Dr Gurkaran Singh Samra** Service Improvement Lead & AMU Consultant Dr.samra@nhs.net		**Mr Al-Idari** Trust Speciality Training Lead for Physician Associates & Emergency Medicine Consultant Mr.al-idari@nhs.net
	**Mr Jonathan Barker** Clinical Sub Dean & General Surgery Consultant Jonathan.barker@nhs.net Tel: 01253 (9) 56346		TBC Year 3 Undergraduate Lead

	**Dr Tessa Malone** Trust Lead for LTFT & SuppoRTT Consultant In Sexual and Reproductive Health **tessa.malone@nhs.net**		
	**Dr Sneha Varughese** Undergraduate Year 4-5 Lead & Rheumatology Consultant S.Varughese@nhs.net Tel: 01253 (9) 53854		Mr Praveen Rao SAS Clinical Tutor
	**Emily Croucher** Postgraduate Manager Emily.croucher@nhs.net Tel: 01253 (9) 53032		**Laura Orwin** Education and Quality Manager laura.orwin1@nhs.net Tel: 01253 (95) 57005
	**Julie Summers** Undergraduate Manager Julie.summers@nhs.net Tel: 01253 (9) 55118		**Claire Weston** Deputy Undergraduate Manager claire.weston13@nhs.net Tel: 01253 (9) 58089

	**Dawn Grindrod** Deputy Postgraduate Manager Dawn.grindrod@nhs.net Tel: 01253 (9) 55028		**Rachel Cowell** Deputy Engagement and Quality Manager Tel: 01253 (9) 52537
	**Trish Broadhead** Foundation Programme Administrator Bfwh.foundation.education@nhs,net Tel: 01253 (9) 53193		**Yvonne Coyle** GPST Coordinator Bfwh.postgraduate.education@nhs.net Tel: 01253 (9) 55243
	**Sally Hodgson** Postgraduate Administrator Bfwh.postgraduate.education@nhs.net Tel: 01253 (9) 52393		**Mia Blackburn** Specialty Trainee Administrator Bfwh.postgraduate.education@nhs.net Tel: 01253 (9) 58084
	**Claire Broadstock** Undergraduate Year 4 Coordinator c.broadstock@nhs.net Tel: 01253 (9) 55241		**Hayley Turner** Undergraduate Year 5 Coordinator hayley.turner3@nhs.net Tel: 01253 (9) 55120

	**Amanda McAllister** Undergraduate Administrator bfwh.undergraduate.education@nhs.net		**Tony Rathbone** Education Centre Assistant
	**Nieve Higgins** Quality and Engagement Apprentice Nieve.higgins@nhs.net 01253 (9)52992		**Li Thompson** Events Co-ordinator/Receptionist 01253 (9) 57838

Other support available to you will be through your Educational and Clinical Supervisors who will be available to discuss concerns or issues and the College Tutor/ Trust Specialty Training Leads for each area.

MEDICAL EDUCATION WEBSITE

All the information that you need to know as a trainee is on the One HR website under the Medical Education Tab. We would encourage you to use this site which can also be accessed from home and via the Trust app. **www.bfwh.nhs.uk/onehr**

EDUCATIONAL AND CLINICAL SUPERVISORS

EDUCATIONAL & CLINICAL SUPERVISORS - WHO IS WHO

An Educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified doctor's educational progress during a placement or series of placements. The ES role is to help the doctor to plan their training and achieve agreed learning outcomes.

The Medical Education team provides via One HR, a list of Consultant Staff by each Specialty, together with a photograph to help identify the key senior colleagues who work in each department.

You can identify from this document which consultants are Educational and Clinical Supervisors or both. When you start, you will be assigned a supervisor from within your department.

You can access the Who is Who information via the OneHR website by following the link below:

http://www.bfwh.nhs.uk/onehr/medical-education/trainees/general-information/consultants-who-is-who/

If you have any queries at all regarding supervision, please contact the education team on bfwh.postgraduate.education@nhs.net

CONSULTANTS WHO IS WHO

WHO IS WHO

The Medical Education team provides to the trainees via One HR, a list of Consultant Staff by each Specialty, together with a photograph to help them identify the key senior colleagues with which they will be training. This document also highlights which Consultants are Educational & Clinical Supervisors.

You can access this information via the OneHR website by following the link below:

http://www.bfwh.nhs.uk/onehr/medical-education/trainees/general-information/consultants-who-is-who/

COLLEGE TUTORS/TRUST SPECIALTY TRAINING LEADS

Each specialty has its own College Tutor or a Trust Specialty Training Lead for that specialty. They organise the teaching sessions for the department and organise and monitor the quality control and curriculum coverage.

TITLE	DEPARTMENT	NAME
Trust Specialty Training Lead	Anaesthetics	Dr John Barrett
Trust Specialty Training Lead	Cardiothoracic Surgery	Mr Anthony Walker
College Tutor	Higher Surgery	Mr Srinivasan Ravi
College Tutor	Lower Surgery	Mr Jonathan Barker
Trust Specialty Training Lead	Higher Medicine	Dr Andrew Jeffries
Trust Specialty Training Lead & College Tutor	Obstetrics & Gynaecology	Miss Sophia Goh
Trust Specialty Training Lead	Ophthalmology	Mr Tarek Saleh
Trust Specialty Training Lead	Orthopaedics	Mr Vish Shetty
Trust Specialty Training Lead	Paediatrics	Dr Pavani Pakalapati
Trust Specialty Training Lead	Radiology	Dr Nirmali Dutta
Trust Specialty Training Lead	ENT	Miss Anderco
Educational Lead	Cardiology	Professor Anoop Chauhan
Educational Lead	Respiratory	TBC
Trust Specialty Training Lead	A&E	Dr Afzal Imtiaz
Trust Specialty Training Lead	Histopathology	Dr Alka Patankar
Trust Specialty Training Lead	IMT/CMT	Dr Rachel Argyle

INDUCTION

Induction

All new staff attend a Trust Induction Day, which is facilitated by the Organisation, Learning & Development team. You will be notified of your Trust Induction Date via the recruitment team, upon receiving your unconditional offer and start date.

As well as the Trust induction, Medical Education run a 12-month rolling induction programme. We would recommend that all new starters attend 3 of the different types of session within their first 12 months.

For any information around induction & GMC Good Medical Practice events, please email the Postgraduate Team at bfwh.postgraduate.education@nhs.net

FREEDOM TO SPEAK UP

All Trusts across England now employ a Freedom to Speak Up Guardian who is available to all staff who may wish to raise any concerns in confidence around patient safety, misconduct, malpractice or any other matters causing a concern, or where colleagues believe the issues have already been raised but have not been taken seriously. Our Freedom to Speak up Guardian and can be contacted on 01253 951185, bfwh.ftsug@nhs.net. Alternately concerns can be raised in the FTSU section of the Trust's app or intranet page where you will find further information about the Service.

There is protective legislation and this is called The Public Interest Disclosure Act 1998.

LINK: http://www.bfwh.nhs.uk/onehr/hr-policies-advice/whistleblowing/whistle-blowing-faqs/

MANDATORY TRAINING

Core Mandatory Training

Blackpool Teaching Hospitals staffs are required to maintain a variety of competencies relevant to their role through a combination of face-to-face training and e-Learning courses accessed through the ESR system. The core mandatory training is built up of 11 topics, required by all employees at Blackpool Teaching Hospitals.

Role Essential Training

In addition to the core skills training topics you are required to complete some role specific essential training. Your role and the area in which you work will determine your mandatory training requirements. These are identified and agreed by the subject matter expert or you and your manager.

All employees should ensure that they undertake the training courses within the relevant renewal periods.

How do I access my training?

The best and easiest way to see what you are required to do and to check your current compliance is by logging on to your ESR pages. Please use the mandatory training menu to the left and select the 'accessing my training' sub-menu, where you will find instructions on how to do this.

Useful Contacts:

ESR/OLM help-desk: bfwh.esr.helpdesk@nhs.net

The ESR/OLM help-desk are on hand to assist you with any queries around e-learning and ESR self-serve. The help desk can also assist in booking courses for you and provide training for ESR e-learning and self-serve

DEPARTMENTAL INDUCTION

In addition to a Trust Induction, you should also receive an induction into the Department you are going to be working in.

During this Induction you will be given departmental information and further information about the Trust. This may be done in two parts with the Rota Co-ordinator giving you information around the rotas and booking leave etc. but the majority of the induction should be done by a doctor.

You will be required to complete a Departmental Induction form which is part of the New Starter pack provided on OneHR, this will be done with your immediate supervisor and should be sent back to ESR when completed. It also includes a separate Departmental Induction Checklist at the back which is issued by the Education Team to confirm that you have received a more specific Departmental Induction.

The Medical Education Departmental Induction form should be completed within four weeks of starting at the Trust. It should be signed by yourself and the Induction Lead. It should then be returned to the Medical Education Team at bfwh.postgraduate.education@nhs.net . If you have any problems with your Departmental Induction, please do not hesitate to contact us.

SUPERVISION

EDUCATIONAL SUPERVISOR

Although each Directorate has its own arrangements, your Educational Supervisor will be a consultant with whom you work, who may/may not be the Royal College Tutor. The two of you should meet regularly. This meeting may include mention of teaching sessions to be attended, case studies and discussions to be carried out, self-development activities, project assignments, formal training programmes to be attended, mentoring or specific study leave be taken.

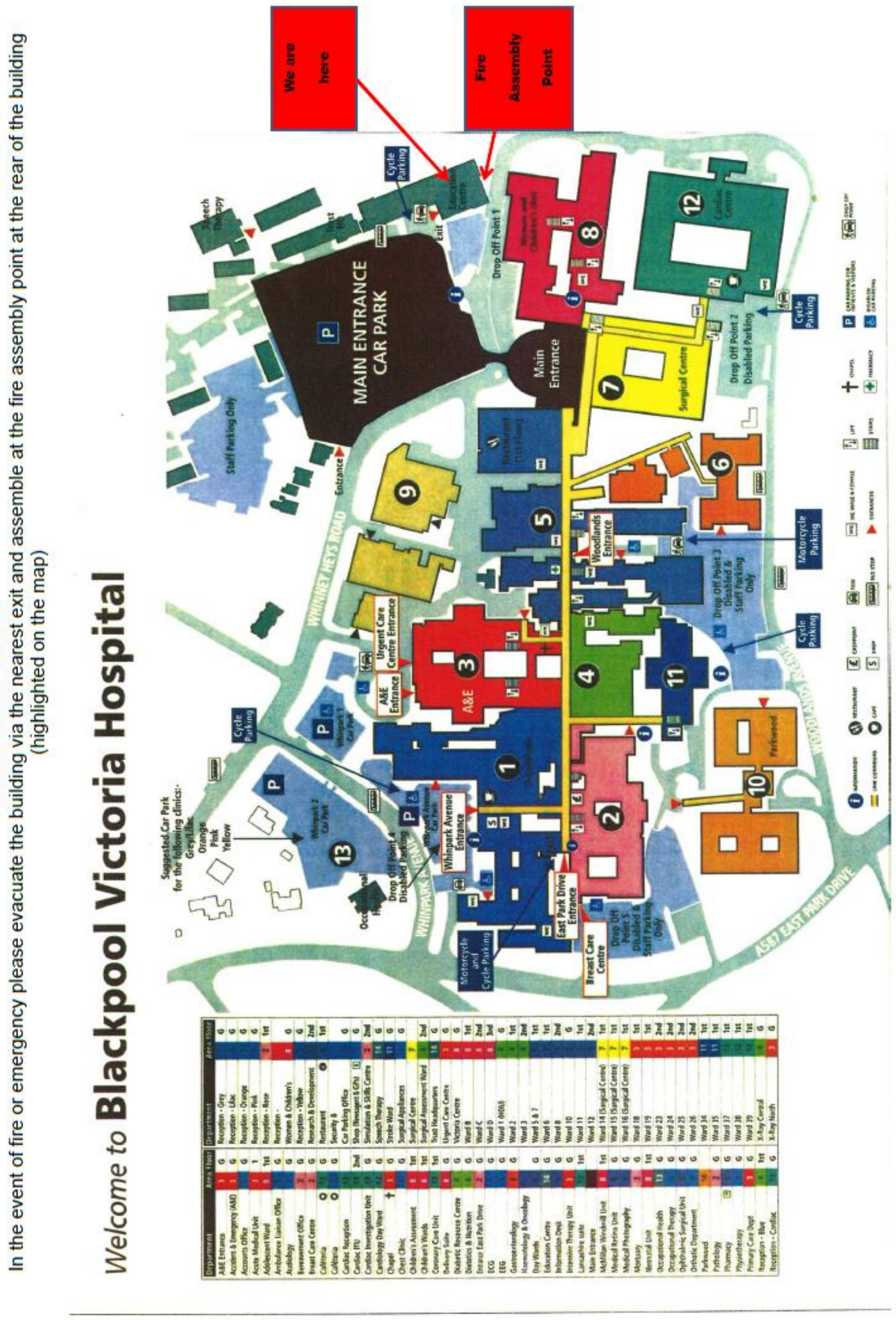
INITIAL INFORMAL CHAT	EDUCATIONAL APPRAISAL	MONITORING PROGRESS (IF REQUIRED)	REVIEW
Within the first two weeks	Within the first two weeks	Towards the middle of your posting	Towards end of job
Check that you have settled in and have an initial 'Learning Plan' with some educational objectives	Interview to explore abilities, motivation, personal qualities, educational objectives and priorities	Keeping track of how you are doing	Review progress against agreed objectives. Identify further needs
Discuss initial problems (if any)	Preliminary assessment and feedback		Develop further plan to take on to next post
	Learning reviewed and agreed		

The full role & responsibilities of the Educational Supervisor for LED's is outlined in the document below:

Roles and Responsibilities of an

Blackpool Teaching Hospitals
NHS Foundation Trust

SITE MAP



TRAVEL

HOW TO GET HERE

The Hospital is adjacent to Blackpool Zoo. From the A583 Preston New Road turn onto South Park Drive, which becomes East Park Drive. For the Southern entrance to the Hospital, turn right at the set of traffic lights after the entrance to the Zoo. For the Northern entrance, carry on to Four Lane Ends roundabout. Take the fourth exit and turn right into Whinney Heys Road.

TRAINS AND BUSES

- **Blackpool North** is the nearest railway station to the Hospital.
- **Service 2 to Poulton via Staining (Northbound)** Monday - Saturday daytime 30 minute service. Evenings and Sundays hourly service.
- **Service 2C to Knott End via Blackpool 6th Form College and Poulton (Northbound)** Monday - Saturday daytime 30 minute service. Evenings and Sundays hourly service.
- **Service 2 and 2C to Blackpool Town Centre via Newton Drive (Southbound)** Monday - Saturday daytime 15 minute service. Evenings and Sundays 30 minute service.
- **Service 5 to Halfway House via Layton, Blackpool Town Centre, South Shore, Highfield Road.** Monday - Saturday daytime 10 minute service. Evenings and Sundays 30 minute service.
- **Service 16 to Castle Gardens, Carleton via Grange Park, Bispham and Norcross.** Monday - Saturday daytime 30 minute service. Last bus to Castle Gardens from Victoria Hospital is 1820. Sundays the service will only operate from Bispham Village (no service to/from Castle Gardens, Carleton) last bus to Bispham Village from Victoria Hospital is 1709.
- **Service 16 to North Station via Mereside Tesco, Highfield Road, Harrowside, South Shore, Whitegate Drive. (Southbound)** Monday - Saturday daytime 30 minute service. Last bus from the Hospital 1945. Sundays hourly service, last bus from the hospital to North Station is 1756.

On Bank Holidays a Sunday service operates. At **Christmas and New Year** special timetables are in operation. www.blackpooltransport.com

For further travel information, including Stagecoach visit: www.traveline.info or 0871 200 2233 calls cost 10p per minute plus network extras.

BENEFITS OF CYCLING AND WALKING

Exercise improves health and fitness. Cycling and walking is free and reduces congestion and air pollution. There is cycle parking close to entrances.

CAR PARKING

For the location of car parks, see the site map. Permits are issued by the Car Park office which is situated on the ground floor of the multi-story car park.

REGISTERED DISABLED DRIVERS

There are designated spaces close to hospital entrances for registered disabled badge holders which are free of charge.

PARKING RULES

Vehicles in breach of car parking rules, which are displayed in the car parks, may be subject to a Parking Enforcement Notice - £30 fine.

For further car parking information, the Car Parking Office is situated in the multi storey car park opposite the Education Centre. **Tel 01253 956970** or visit the travel website at www.bfwhospitals.nhs.uk

STAFF CATERING

There are a number of services provided to staff to obtain food and beverages throughout the day and night.

The Staff & Visitors restaurant is situated at the end of the hospital main corridor, at the top of the stairs (lift available) or via the main entrance up the escalator and the stairs to the right hand side. Service begins at 7.30am providing a selection of cooked breakfast items, cereal, fruit and beverages. The lunch and supper services provide a hot selection of main courses and accompaniments, salads, sandwiches, cakes, confectionary and beverages. The service times are as follows:

DAILY SERVICE OPENING TIMES

BREAKFAST SERVICE	7.30am – 10.30am
COFFEE BAR SERVICE	10.30am – 4.30pm
DELI BAR SERVICE	10.30am – 2.30pm
LUNCH SERVICE	11.45am – 2.00pm
SUPPER SERVICE	5.00pm – 7.00pm

Staff prices apply to BT Hospitals NHS Foundation Trust employees only.

VENDING SERVICES

Vending machines provide out of hours services and have a selection of snacks, sandwiches, pies, fruit, yogurts, and beverages. The vending room has a microwave and seating area for staff only to use, accessed only by your ID badge fob. It is situated on the main corridor next to the information desk. There are also a number of machines situated around the hospital. The vending machines are checked and replenished on a daily basis Monday to Friday.

MARKS AND SPENCER

Atrium entrance - Weekdays 0700-2100, Weekends 0800-2000

COSTA COFFEE

Atrium entrance- Weekdays 0730-2000, Weekends 0800-1800

WH SMITH

Atrium entrance- Weekdays 0730-2000, Weekends 0800-2000

SECURITY

MESSAGE FROM YOUR LOCAL SECURITY MANAGEMENT SPECIALIST (LSMS)

KEEPING YOUR THINGS SAFE

To prevent you becoming a victim of theft whilst working at our Trust, here are a few simple tips on how to keep your belongings safe:

- Never allow anyone to follow you through an access controlled door, unless you recognise them as a person authorised to be there
- Whilst at work, do not bring excess amounts of money and bank cards
- Always lock personal items in a locker, cupboard or drawer and never leave a handbag, purse or wallet in plain sight
- Lockers are available for trainees within the Doctors Mess area, activated by a £1 coin
- If you are the last to leave a room, even for a short period, ensure the door is locked
- If you use a bike, keep a record of your bicycle make and model, frame number and color. A photograph can also help
- Always lock your bike - the Trust offers secure cycle shelters and pods. Contact Car parking on extension 52003
- If you have suspicions about a person on site, take a good description, where safe to do so. Write it down at the earliest opportunity and contact security on extension 53063/55192 or your Local Security Management Specialists (LSMS) extension 55616
- If you are the victim of a crime, ensure you complete an incident report and inform the police and the LSMS

PLEASE DON'T BECOME A VICTIM!

Blackpool Teaching Hospitals NHS Foundation Trust

ROTA COORDINATORS

Directorate	Service	Rota Coordinator
Surgery, Anaesthetics, Critical Care & Theatres	Anaesthetics & Critical Care	Lisa Lindsay 01253 9 (53499) l.lindsay@nhs.net
	General Surgery, Breast Surgery, Urology	Jane Bentley – 01253 9(53444) Jane.bentley2@nhs.net
	Trauma & Orthopaedics, ENT	Ann Vickerage - ann.vickerage@nhs.net
Integrated Medicine & Patient Flow	Medical On-Calls & Weekends, AMU, SDEC (formerly AEC), Infectious Diseases	Georgia Rushton - 01253 9(54103) georgia.rushton2@nhs.net
	Stroke, Respiratory, Gastro, Oral Surgery, Rheumatology, Dermatology	Rachel Turner – 01253 9(55749) rachel.turner67@nhs.net
	A&E	Chloe Scollen – 01253 9(52147) chloe.scollen@nhs.net
	Care of the Older Person, Endocrine & Diabetes, Clifton Hospital, General Medicine/Outliers	Mike Fallon - 01253 9(51823) michael.fallon1@nhs.net
Families & Integrated Community Care	Obstetrics & Gynaecology Paediatrics Max Fax, Cardiac Anaesthetics, Ophthalmology	Dr Goh & Dr Horne & bfwh.obgynrota@nhs.net cc: Saul Nicholas Saul Nicholas – 01253 9(53572) saul.nicholas@nhs.net
	GUM	Adele Scott-Rattray – adele.scott-rattray@nhs.net
Tertiary	Cardiac Services & Haematology	Josh Downe - 01253 9(55430) joshua.downe1@nhs.net
Clinical Support Services	Histopathology	Dr Patankar – (secretary 01253 956949) Dr.patankkar@nhs.net
	Radiology	Julie Pound – 01253 9(53765) julie.pound@nhs.net
LCFT	Psychiatry	MedicalStaffing (LSCFT) - MedicalStaffing@lscft.nhs.uk *All Medics – Emma Kay* – Emma.Kay@lscft.nhs.uk
Team Contacts	Medical Deployment Assistant (Admin Support)	Leanne Allison - 01253 9(54864) leanne.allison@nhs.net
	Medical Deployment Manager	Roxanne Sykes - 01253 (9)55241 roxanne.sykes@nhs.net
	Workforce Efficiencies Manager	Gill Ashurst – 01253 9(52541) Gillian.Evans5@nhs.net
	Head of Medical Staffing	Emily Wallace – 01253 9 (51600) emily.wallace@nhs.net

E-ROSTERING

For information on the E-rostering system, click on the link to the OneHR page below:

e-Rostering and Bank | oneHR

HOW TO USE THE BLEEP SYSTEM

Bleep is a locally used term for radio paging. A bleep holder is a member of the medical, nursing, midwifery and allied health professional staffs that hold a bleep for communication purposes.

Dependant on the division/department you work in, you may be issued with a bleep when you commence working at the trust.

The bleep system is available on every internal phone.

- It is accessed by dialling 50, then wait for the tone to change
- Dial the bleep number, followed by your extension and then #
- You should then replace the handset and await the return call

Bleep 1600 (Deteriorating Patient)

Bleep 1600 is held by the Critical Care Outreach Services Mon-Fri 0730-1600 and the Acute Response Team (Out of Hours)

Both teams are staffed by nurses highly experienced in acute patient care – a mixture of nurse specialists and practitioners with backgrounds in Critical Care, A & E, Acute Medicine, Surgery, Cardiology and Haematology. Almost all are prescribers and in addition, the Outreach Service has a very large service development, training and education and audit role as well as a primary duty to meet the follow up care of discharged critical care patients.

The service aim is to provide additional support at the point of need to ward staff – nursing and medical, who is concerned about a patient whose condition is deteriorating.

The service is complimentary and does not replace the parent teams or the on-call medical and surgical doctors. Ward staff should seek to engage the parent team or on call clinicians in the first instance and medical review must be obtained.

The criteria for engaging with the bleep 1600 holders are outlined in the escalation section of the NEWS2 observation chart of each patient.

We work collaboratively to ensure timely review; decision making and plans of care for patients causing concern.

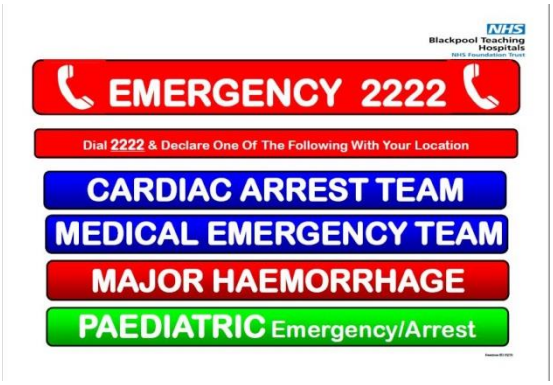
RESUSCITATION

On behalf of Blackpool Teaching Hospitals NHS Foundation Trust, we would like to welcome you to our workforce!

- The telephone number for all **Cardiac Arrests & Medical Emergencies** in this organisation is **2222**
- Please specify Adult or Paediatric cardiac arrest/medical emergency and state your location
- The **core adult cardiac arrest team members** are: medical ST 3/4, medical CRASH Junior, Medical F1, Duty Clinical Resuscitation Officer & Supervisor.
- Additional staff that may attend are: CCOS, Duty Matron of the day, Clinical Research (dependent on active trials) & REACT
- The Acute Response Team Practitioners will respond alongside the medical staff out of hours (1630-0730)

Please refer to the Cardiopulmonary Resuscitation (CPR) Procedure on the Trust intranet (CORP/PROC/083):

The cardiac arrest record **MUST** be completed for every adult cardiac arrest/medical emergency.



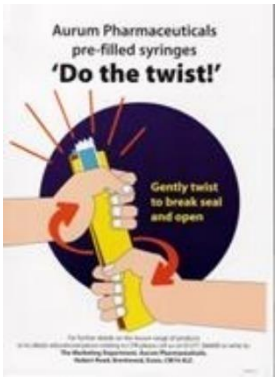
Please refer to the ~~Do Not Attempt~~ Cardiopulmonary Resuscitation (DNACPR) Procedure on the Trust intranet (CORP/PROC/003):

A DNACPR form (VS932) must be completed for every DNACPR order placed and the Consultant is ultimately responsible for making the DNACPR decision.
Please be mindful of Article 8 ECHR and the legality of the doctor placing the order. This is a **triplicate form**, the top copy of the order MUST **remain with the patient in their care setting** and must be given to them on discharge or transfer (photocopies are **NOT** acceptable), the second copy remains in the patients multidisciplinary case notes and the third copy must be sent to the resuscitation department within the acute Trust

Ensure you know the following:

Contents and locations of blue cardiac arrest drug boxes and red arrhythmia drug boxes and how to open the contents:

- **Know the areas of the hospital – maps available:**
- **Familiarisation of the defibrillators**



ADVANCED DEFIBRILLATOR (LP20EP)
https://www.youtube.com/watch?v=akL3__NnHY4
AED – AUTOMATED & PUBLIC ACCESS DEFIBRILLATOR (LP1000)
https://www.youtube.com/watch?v=LerRDiMQJYw

DOCTORS INDUCTION MANDATORY RESUSCITATION TRAINING REQUIREMENTS

- **Adult basic life support** (CSF level II) for **ALL** doctors and an annual update thereafter
- **Paediatric BLS** (CSF level II) for all doctors who will be involved in paediatric patient care e.g. Paediatrics, ENT, A&E, surgery, orthopaedics, anaesthetics etc. and an annual update thereafter
- Relevant medical devices/defibrillator training for all doctors who would be expected to use a defibrillator within their role e.g. cardiac arrest team members. Please note the different defibrillators available in the Trust (LP20 and LP1000) (YouTube links locate above)
- Safe defibrillation/advanced life support scenario training for all doctors who would be expected to use a defibrillator within their role e.g. cardiac arrest team members and an annual update thereafter.

Please note:

- Current Resuscitation Council (UK) advanced life support (ALS) certification is a mandatory requirement for all medical FY2's and medical ST3/4 doctors prior to joining the adult cardiac arrest team rota. An annual assessment of ALS/BLS skills is also available from the resuscitation team if you are not regularly exposed
- Current Resuscitation Council (UK) immediate life support (ILS) certification is a minimum mandatory requirement for all medical FY1 doctors prior to joining the adult cardiac arrest team rota.

It is your own responsibility to ensure all mandatory and relevant training is completed prior to commencement of post.

All training is available via the Resuscitation Department section on the OneHR website http://www.bfwh.nhs.uk/onehr/resuscitation-department/courses/ *or the Resuscitation Officers (bleeps available via switchboard)*

*NB if you are rotating areas at a later date, it is **your** responsibility to obtain the necessary training from the Resuscitation Officers relevant to that area before you commence in that post.*

TYPE OF TRAINING	DESCRIPTION	(Approx.) TIME TO COMPLETE
Adult BLS	Practical assessment of basic life support skills	10 minutes
Paediatric BLS	Practical assessment of basic life support skills	10 minutes
Defibrillator Medical Devices	Completion of medical devices checklist. This must be completed for every defibrillator you may use within your area. This session is also aimed at cardiac arrest team members.	10-15 minutes per defibrillator
Adult advanced life support (ALS) scenarios including safe defibrillation assessment	Update of cardiac arrest management. These sessions are aimed at staff that have undertaken an ILS/ALS course and wish to update/refresh skills. These scenarios also include safe defibrillation assessment and are aimed at cardiac arrest team members.	15 - 30 minutes
Paediatric advanced life support scenarios including safe defibrillation assessment	Update of cardiac arrest management. These sessions are aimed at staff who have undertaken an APLS/PLS course and wish to update/refresh skills. These scenarios also include safe defibrillation assessment and are aimed at cardiac arrest team members.	15 - 30 minutes

DESCRIPTION OF TRAINING

Please refer to the CPR procedure for specific details of recommended resuscitation training.

RESUSCITATION Podcasts - Resuscitation Team

- Life Pak 20 advanced defibrillator overview - https://youtu.be/akL3__NnHY4
- F1 welcome podcast and CRASH roles & responsibilities - https://youtu.be/XjBjcm5HXMQ
- Life Pak 1000 AED overview - https://youtu.be/LerRDiMQJYw
- Medical Registrar Welcome to CRASH - https://www.youtube.com/watch?v=zasN60dtPXE

They are all accessible though through the OneHR website and we have them on our resuscitation department Facebook page.

KNOWING YOUR TEAM

Who's who on your ward

Clinical Team

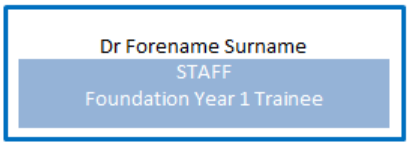
Doctors in training wear ID badges and Lanyards which represent their grade as follows:

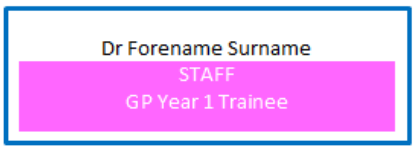
Doctors in training wear ID badges and Lanyards which represent their grade as follows:

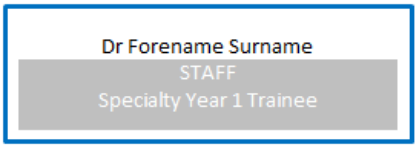
Grade	ID Badge & Lanyard Colour
Foundation Year 1 - FY1	Light blue
Foundation Year 2 - FY2	Light purple
GP Specialty Trainee Year 1 - GPST1	Pink
GP Specialty Trainee Year 2 - GPST2	Red
Core Medical Trainee Year 1 – CT1 Core Surgical Trainee Year 1 – CT1 Internal Medicine Trainee Year 1 – IMT1 Specialty Trainee Year 1 – ST1	Grey
Core Medical Trainee Year 2 – CT2 Core Surgical Trainee Year 2 – CT2 Specialty Trainee Year 2 – ST2	Brown
Specialty Trainee Year 3 + (ST3-8) - ST3+	Black

Example:

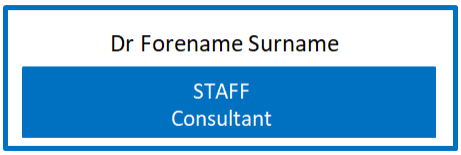
Doctors in training wear ID badges and Lanyards which represent their grade as follows:







Consultants:



Clinical Team Cont.

- Advanced Nurse Practitioners – AHP's
- Physician Associates – PA's

Nursing Team

- Matron
- Sister
- Junior Sister
- Staff Nurse
- Student Nurse
- Nurse Specialists: Cancer NS, Diabetes NS, Respiratory NS Etc
- Midwives
- Nursing Associates
- Health Care Assistants (HCA'S)

Matron
Navy blue tunic with red piping

Sister/Charge Nurse
Navy tunic

Junior Sister/ Junior Charge Nurse
Royal blue tunic

Staff Nurse
White tunic with blue epaulettes

Student Nurse
Pale blue tunic with white piping

Allied Health Professionals (AHP's)

- Dietitians
- Occupational Therapist
- Occupational Therapist Assistant
- Physiotherapist
- Physiotherapist Assistant
- Podiatrist
- Speech and Language Therapist
- Radiographer

Physiotherapist
White tunic with blue navy piping and blue trousers

Physiotherapist Assistant
Plain white tunic with blue trousers

Occupational Therapist
White tunic with green piping and green trousers

Occupational Therapist Assistant
Plain white tunic with green trousers

Assistant & Trainee Assistant Practitioners (AP's & TAP's)

- Assistant Practitioner
- Trainee Assistant Practitioner

Assistant Practitioner
Pale blue tunic with navy piping

Trainee Assistant Practitioner
White tunic with pale blue epaulettes

Health Care Support Worker

- Health Care Support Worker

Health Care Support Worker
White tunic with red epaulettes

Housekeepers

- Housekeepers

Housekeepers
Pale green/white striped tunic with white piping

Other Staff:

- Hospital Discharge Team (HDT) & Social Workers
- Management Team : Ward Manager, Clinical Managers, HR manager, Divisional Manager etc
- Medical Secretaries, Typists, Ward Clerks
- Phlebotomists
- Porters
- Domestic Service Team
- Switchboard Team

CLINICAL PATHWAYS

The development and implementation of clinical practice guidelines have been shown to improve patient care and outcomes. Although there are a myriad of terms such as pathways, protocols, care maps, and bundles, the fundamental aim is the same: evidence from clinical trials and associated research informs clinicians of best approaches for the delivery of care, prescription of medications, and application of technology.

Clinical teams in this hospital have collaborated to achieve a common goal while concentrating on improved quality, safety, and outcomes for a particular patient population and increasingly with economic consideration.

Clinical Pathways were introduced into the Trust following the Keogh review in 2013 and to date pathways have been developed and implemented for the following high mortality conditions:

- ✓Pneumonia
- ✓COPD
- ✓Cardiac Chest Pain
- ✓Sepsis
- ✓AKI
- ✓Stroke
- ✓#NOF
- ✓Acute Abdominal Pain
- ✓Heart Failure

The pathways focus on the identification, observation and treatment of patients to ensure that the right care is provided by the right person at the right time, and that best practice is inherent in care planning and delivery. An interactive pathway for each condition is easily accessible on the main intranet page and via a mobile phone app and a paper pathway checklist is available on the wards to provide clear guidance to clinical staff.

A robust data collection process is set up; made up of a dedicated non-clinical audit team visiting wards daily to capture information around each of the critical points in the pathway which were then published on the Trusts reporting system. A retrospective sweep also takes place of medical records to ensure that all patients entering the hospital with one of these conditions are audited.

Critical points in the pathway are audited daily with real time feedback given to clinical staff involved in the care of each individual patient within hours of them being treated. This data is also published on the Trusts reporting system.

PHLEBOTOMY

Phlebotomy is the process of making an incision in a vein with a needle. The procedure itself is known as a Venepuncture. A person who performs phlebotomy is called a "phlebotomist".

When fully staffed there are 10.76 WTE Phlebotomists working within the hospital. On weekdays they provide a walk in phlebotomy service, located in Pathology, where they bleed GP patients and outpatients. They also provide phlebotomy in the Haematology Day unit and for Haematology clinics in the MacMillan Unit. The phlebotomists also visit the wards to take bloods daily, including weekends.

Ward Phlebotomy Service

The phlebotomy team try to visit all wards but sometimes these visits will be in the afternoon. If there is spare capacity they may visit in the morning when afternoon cover is scheduled.

The phlebotomists will:

- Email a schedule of phlebotomy cover to ward managers in advance.
- Telephone the ward if the service is cancelled due to sickness within the team.
- Take a maximum of 14 blood samples per ward.
- Transport routine blood samples back to Pathology at the end of the phlebotomy round if required (may take up to 3 hours).
- Leave urgent blood samples with ward staff to arrange transport to Pathology

The phlebotomists will not:

- Take samples from patients without a legible wristband.
- Take samples for blood transfusion without a completed and signed request card.
- Take samples from patients receiving personal care, receiving other treatment or having meals.

Medical staff should:

- Prioritise the patients for venepuncture.
- Leave a maximum of 14 request cards for the phlebotomist.
- Have cards ready by 9am even if afternoon cover is scheduled as the phlebotomist will come early if possible.
- Ensure that there is relevant clinical information on the request form that will help in the interpretation of the test result e.g. ‘on warfarin’ for an INR request.
- Only repeat investigations that are required for clinical care given the resource implications.
- When taking blood, sign the request form to indicate that they have performed the venepuncture and have checked all details.

In the interests of patient safety medical staff should not:

- Place additional request cards on the phlebotomist’s trolley.
- Interrupt the phlebotomist while they are taking blood.
- Send inpatients to the phlebotomy outpatient service.

If patients require bloods for urgent discharge the discharge team may contact the phlebotomy team on 56705, 53396 or bleep 984 and they will endeavour to attend, although this may take them away from their ward rounds.

Phlebotomy Outpatient Service

Open 8:30am to 4:45pm. Please note: staff leave at 4:45pm and there may be a queue so patients should not arrive after 4:30pm. There is limited short stay parking available for patients in the Pathology car park.

Advice for staff taking blood:

All venepuncture should be performed in accordance with Trust policies and procedures, CORP/POL/125

Performing Venepuncture & CORP/PROT/019 Performing Venepuncture, available on the links below:

http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-125.docx

http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROT-019.docx

Mislabelled specimens

We have had several potentially harmful incidents of mislabelled blood samples. To avoid this please take the Cyberlab request form with you to the patient. Check the details on the form match those on the patient wristband before attempting venepuncture and label the specimen at the patient bedside.

Sampling issues

Avoid taking samples from an arm with a drip in place.

For patients who have had a mastectomy with lymph node removal, please remember, where possible, to avoid taking blood from the side of node removal.

The Trust uses the Sarstedt Vacutainer System for phlebotomy; this system should be used, where possible, to provide optimum sample quality. Taking blood into a syringe can lead to problems; delay in transferring the blood to a tube can allow the blood to start to clot which can cause inaccurate results in some tests. The needle should be removed before dispensing blood from a syringe into a blood tube. Squirting blood through the needle can cause haemolysis of the red cells which can affect several blood tests.

Useful Information:

The Pathology SharePoint site has helpful information including tubes and other special requirements. This can be accessed via the Trust homepage by searching for Pathology within 'Divisions and Departments'. If you can't find what you need here please don't be afraid to phone the lab for advice. An automated message which will direct you to the department you need can be accessed on extn 56950. The Pathology: Phlebotomy area of SharePoint contains information on the Phlebotomy Ward service including a copy of the weekly rota.

UNTOWARD INCIDENT REPORTING

INCIDENT REPORTING AND INVESTIGATION

The Trust is committed to the establishment of a supportive, open and learning culture that encourages staff to report incidents and near misses through the appropriate channels. The aim is not to apportion blame but rather to learn from incidents and near misses through the appropriate channels and to improve practices, systems and processes accordingly. All staff within the Trust have a responsibility to ensure that they report any incident or near miss they have been involved in or witnessed. Please note that you must ensure that you report all incidents, especially those that involve patient safety, preferably within 24 hours of the incident occurring.

WHAT IS AN INCIDENT?

An incident can be described as an event or circumstance which could have resulted or did result in unnecessary harm, damage or loss to a patient, staff member, visitor or organisation.

WHY DO WE REPORT INCIDENTS?

- To improve patient care and services
- To establish the facts of each incident
- To establish controls to prevent recurrence
- To identify trends and potential risks
- To learn lessons
- It is a legal requirement

WHAT DO WE REPORT?

- An event that results in or had the potential to result in any level of injury or ill health
- An event that results in an unexpected outcome
- An event that interrupts normal procedure
- An event that damages the Trust's reputation

Some examples of the most commonly reported incidents include medication errors, hospital acquired infections, diagnosis or treatment delays, missed or wrong diagnosis, skin tissue damage/pressure ulcers, patient accidents, such as slips, trips and falls, incorrect use or failure of medical devices, documentation, staff health and safety and security incidents and information governance incidents.

Each Division/Department may also have specific triggers and these will be found within the Trust's Risk Management Policy. Where the incident involves faulty drug products or medical devices/equipment, these should be withdrawn immediately from use and retained for investigation.

DUTY OF CANDOUR

Duty of Candour is a legal requirement under Regulation 20 of the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,* and CQC guidance states that notification to the relevant person must be carried out within 10 working days.

Duty of Candour is required for any patient incident which has resulted in moderate harm, severe harm or death and entails a face-to-face meeting with the patient/family or responsible person within 10 working days. At this meeting, an explanation of what happened should be given, along with apologies for the harm experienced. It should be made clear that the organisation will be undertaking a review of the care provided at the time of the incident and that the outcome and findings will be shared with the patient and/or their family. This communication should then be followed up in writing. It is the responsibility of the Clinician or Consultant responsible for the patient to ensure that this process is carried out, in liaison with the senior management team of the Division involved. In some cases, such as for pressure ulcer incidents or falls, this responsibility can be delegated to the appropriate Clinical Matron or Manager.

The Duty of Candour lead allocated to the incident, should invite the patient or their family to put forward any questions they may have, that can be incorporated into the terms of reference for the review. Regular updates on progress of the investigation should also be provided, in line with the patient's/family's wishes. The outcome, findings and learning should then be shared with the patient/family on completion of the investigation through a meeting or by letter, dependent on their specific wishes.

All communications in relation to Duty of Candour must be documented and attached to the relevant incident on the Safeguard Risk Management System.

The Patient Safety Including Being Open and Duty of Candour Policy (CORP/POL/538) contains further guidance and templates for letters, and is available to download from the Document Library, Duty of Candour SharePoint site or Risk Management site on the Trust's Intranet page. Recording of Duty of candour compliance is also incorporated within the incident form and manager's form on the Safeguard Risk Management System, for completion when entering and managing an incident.

HOW AND WHEN SHOULD AN INCIDENT BE REPORTED?

All untoward incidents should be reported via the Electronic Incident Reporting System (found on the intranet home page, under incident reporting) within 24 hours of the incident occurring.

Moderate, severe harm or unexpected death incidents (including Never Events) must be reported immediately, and all severe harm or unexpected death incidents must be notified to the relevant Divisional Associate Director of Nursing/Divisional Director and to the Risk Management Department. A 72-hour rapid review will need to be undertaken for all moderate or above harm incidents and an After Incident Review (AIR) may also be required

to capture additional learning for moderate harm incidents.

Severe harm or unexpected death incidents, which meet the criteria, will be reported on the Department of Health's Strategic Reporting system (StEIS) within 2 working days of the incident being identified and a Comprehensive RCA investigation will be required to be undertaken.

Further guidance can be found in the Trust's Corporate Policy (CORP/POL/605) 'Management of Incidents, Incorporating Serious Incidents'. Additional information and copies of completed Serious Incident reports can be accessed through the Risk Management site on the Trust's intranet.

It is crucially important that all staff report all untoward incidents and near misses. The Trust policy is to promote a fair, no-blame culture, and that only under specific circumstances would disciplinary action be considered following a reported event. The Trust supports the use of the NHS Improvement's 'A just culture guide', which can be found in Appendix 1 of the Trust's policy (CORP/POL/605).

RISK MANAGEMENT TEAM

Bfwh.incident.helpline@nhs.net

Tel: 01253 953667

GRAND ROUND

These are held every Wednesday at around 12:30 in the Education Centre Lecture Theatre.

Topics discussed are wide and varied. Please use these meetings to get a broad exposure to all aspects of medicine in general.

Dates of the meetings are on notice boards throughout the Trust. They are also published on the One HR website. Alternatively, they are on the welcome screens in the Education Centre or the Lancashire Cardiac Centre.

If you are interested in presenting at one of the Grand Round, please contact the Education Centre on Ext 57838.

RCPE Evening Medical Update

Medical Education Team will advertise details of the RCPE Evening Medical Update, which can be watched online.

For further information on how to watch & registration please speak to the Education Centre Team – ext. 57838 & ext. 556085

Further details on the RCPE EMU's can be found here:

http://events.rcpe.ac.uk/?field_event_type_tid=175&combine_1=

MULTI-DISCIPLINARY MEETINGS

These are held within most Divisions at differing times, and they are an excellent learning opportunity. For more information on these, please discuss with your Clinical Supervisor.

SIMULATION AND SKILLS CENTRE

At Blackpool we have a purpose-built Human Patient Simulation and Clinical Skill training unit. We offer a wide range of training opportunities, through simulated based medical education (SBME), utilising full body manikins as well as part task trainers. Throughout the training our focus is on patient safety and error recognition and management, as well as developing the individual practitioner and or team.

The main aim of training is to increase confidence and competence and thus improve patient safety. Sessions are facilitated by experienced clinicians including consultant grade staff and specialists in human factors training.

The centre delivers a rolling programme of training (this can be accessed via the Trust web site) to help you with any skills that you feel you need to improve or develop. Training delivered includes, arterial blood gases sampling, massive haemorrhage management and even ultrasound guided chest drain insertion.

The unit is available for all grades of staff to utilise, and we are keen to develop training to fit any specialist area. Please contact the unit to discuss any ideas / training needs you may have, and we will do our best to help.

Any individuals with an interest in helping deliver training – especially to our medical students - are encouraged to contact the team and we can discuss opportunities when you may be able to help.

Skills Centre Team Contact Information

NAME	TITLE	TELEPHONE	E-MAIL
Clare Lloyd-Walden	Manager - Simulation and Clinical Skills Team	01253 9(55669)	clare.lloyd-walden@nhs.net
Neil Berrigan	Clinical Skills Facilitator (Rolling Program Co-ordinator)	01253 9(55202)	Neil.Berrigan@nhs.net
Mark Hatch	Simulation Skills Facilitator – HPS Lead	01253 6(56891)	Mark.Hatch@nhs.net
Anne-Marie Walker	Clinical Tutor (FY training program lead)	01253 6(56898)	Anne-Marie.Walker@nhs.net
Kai Thwaite	Clinical skills Technical Support Officer	01253 6(53223)	Kai.thwaite@nhs.net
Carley McDonough	Personal Assistant & Admin Support	01253 6(55668)	Carley-marie.mcdonough@nhs.net

E-PORTFOLIO ACCESS

We would encourage all Locally Employed and IMG doctors to use an ePortfolio, and recommend you discuss this with your Supervisor when you meet with them.

Your Supervisor will be able to advise on the specific Royal College you need to access ePortfolio through, dependant on which specialty/department you are working in.

For IMGs working in a Medicine Specialty please see below information:

IMG Doctors confirmed as part of the RCP Scheme

IMG doctors who are confirmed as part of the RCP scheme provided by the International Department will have ePortfolio access provided automatically as part of their registration with RCP.

To get ePortfolio access you will need to contact the International Department international@rcplondon.ac.uk where an application form will be required to be completed.

The International team will be solely responsible for setting up IMG doctors on the RCP Scheme on ePortfolio and maintaining this.

Locally Employed Doctors

If a non-training grade would like access to ePortfolio this can be done via the Joint Royal College of Physicians training board. They provide the ePortfolio for trainee doctors and for non-training and SAS grade.

The process of applying is as follows:

If a non-training doctor wishes to have access to the Physician ePortfolio then they will need to register the post with the ePortfolio team.

They are required to complete an SAS application form from the JRCPTB website https://www.jrcptb.org.uk/non-training-application-forms .

Once completed JRCPTB will invoice them for £169.

As soon as the payment has been received, they will be provided with access to the physician ePortfolio

Further information can be found here:

https://www.jrcptb.org.uk/sites/default/files/Policy%20guidance%20for%20non%20training%20doctor%27s%20access%20to%20ePortfolio.pdf

LIBRARY

www.bfwh.nhs.uk/our-services/hospital-services/library/

The library can be found within the Education Centre and **is accessible 24 hours a day** (bring your ID Badge to the library desk to have it activated) The library is staffed between 8.30am and 4.00pm daily

The library has a wide range of resources

Borrowing books – you may borrow up to 10 books for a period of four weeks (fines are payable on books not returned on time). You can renew your books online via the library catalogue, by telephone or app, or in person.

Services

- Study space and PCs (including three quiet study rooms)
- Print and digital books, journals, and databases
- Inter-Library loans
- Literature searching service
- OpenAthens registrations to enable online access to a range of resources and apps
- Information skills training
- Printing, photocopying, scanning, binding, and laminating facilities

Quiet study pods offer individual and group study space

ClinicalKey - a collection of more than 600 journals (including The Lancet) 1,200 books (including Davidson's Principles and Practice of Medicine and Macleod's Clinical Examination) and many thousands of procedural and education resources such as videos, images, topic summaries and drug monographs and is an extremely useful resource for education and evidence-based practice.

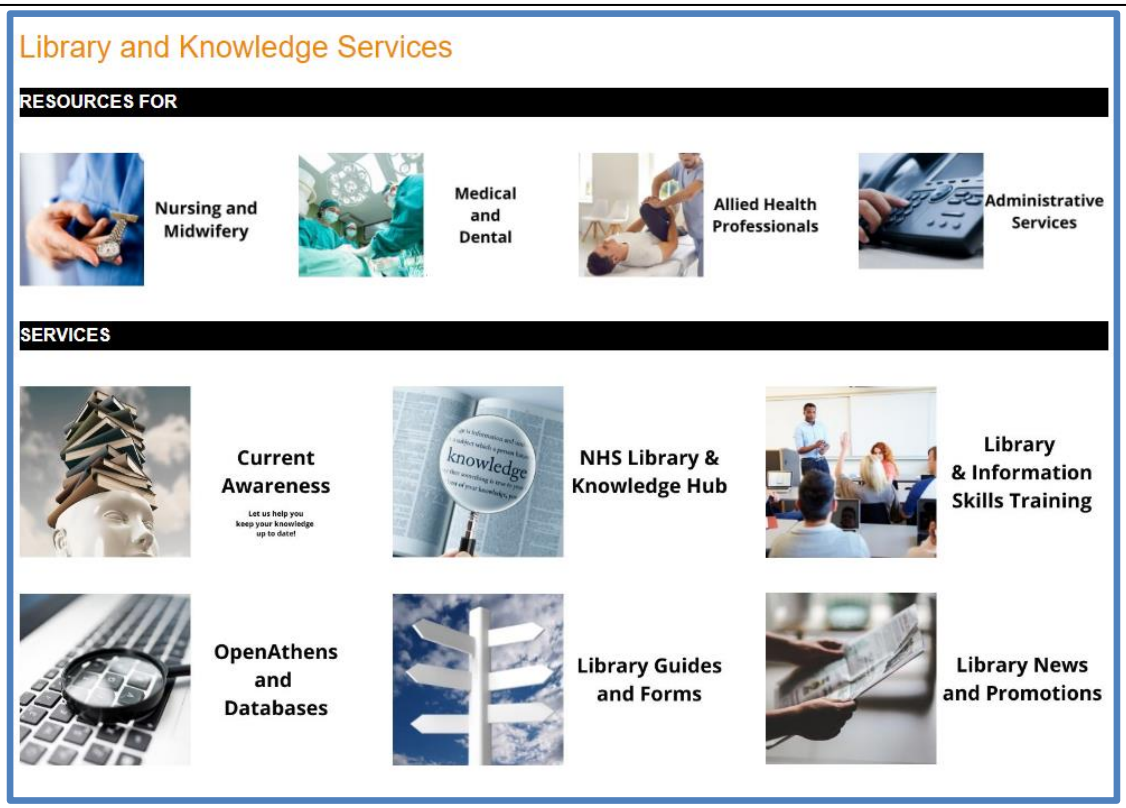
DynaMed– clinical answers at the point of care. DynaMed is a database of answers to the questions you are most likely to ask in clinical practice. The information is submitted by experts and is updated regularly to provide an evidence-based point of care decision tool.

MAH Complete – Nursing, Midwifery and healthcare Journals to support professional practice, revalidation and CPD

Some of the online resources you may find particularly useful during your time here at our website
Library and Knowledge Services | Blackpool Teaching Hospitals NHS Foundation Trust (bfwh.nhs.uk)
https://www.bfwh.nhs.uk/our-services/library/

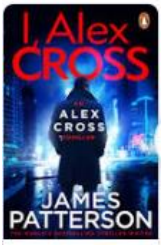
ALL OUR RESOURCES ARE ALSO AVAILABLE FROM YOUR PHONE, TABLET OR HOME COMPUTER

Access resources direct from the intranet



Health and Wellbeing area

We also have a collection of lifestyle and wellbeing books, fiction, and games - so it's not all work!



Contact us: bfwh.library.services@nhs.net
@BTH_Library
Tel: 01253 953831 ext 53831

APPRAISAL AND REVALIDATION

BACKGROUND

Medical Revalidation was launched in 2012 to strengthen the way in which doctors are regulated. The aim is to improve the quality of care delivered to patients, improve patient safety, and increase trust and confidence in the medical system by ensuring that doctors remain up to date and fit to practice.

As a provider organisation Blackpool Teaching Hospitals NHS Foundation Trust (the Trust) has a statutory duty to support the Trust's Responsible Officer (RO) in discharging his duties under the Medical Profession (Responsible Officer) Regulations and the General Medical Council (License to Practice and Revalidation) Regulations Order of council 2012.

The Trust has approximately 300 doctors with a prescribed connection to the organisation. The revalidation of doctors is a key component of a range of measures to improve the quality of patient care and is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's license to practice.

THE TRUST'S REVALIDATION TEAM

Dr Christopher Barben, Responsible Officer

Prof. Ravi Gulati, Appraisal Lead

Nicola Di-Vito, Revalidation Manager

The Revalidation Team is based within Aster Offices and can be contacted on the
Revalidation Helpline: 01253 9(51060)
Email Address: Revalidation.Team@bfwhospitals.nhs.uk

The team are happy to answer any question or concerns you may have and are available Monday to Friday 9am to 5pm, please either use the above contact details or feel free to just call in at your convenience.

RECRUITMENT PROCESS

As part of the Trust's recruitment process each new clinician is asked to either confirm who their previous RO was or to confirm they have joined the Trust from outside the UK. If a doctor has moved to Blackpool from within the UK the Revalidation Team will contact the previous RO to ensure details in regard to each doctor's clinical practice have been transferred when they commence in post. This includes any routine information between RO's and any concerns about practice.

http://www.england.nhs.uk/revalidation/ro/info-docs/mpit-form/

http://www.nhsemployers.org/news/2014/01/medical-practice-information-transfer-form-mpit

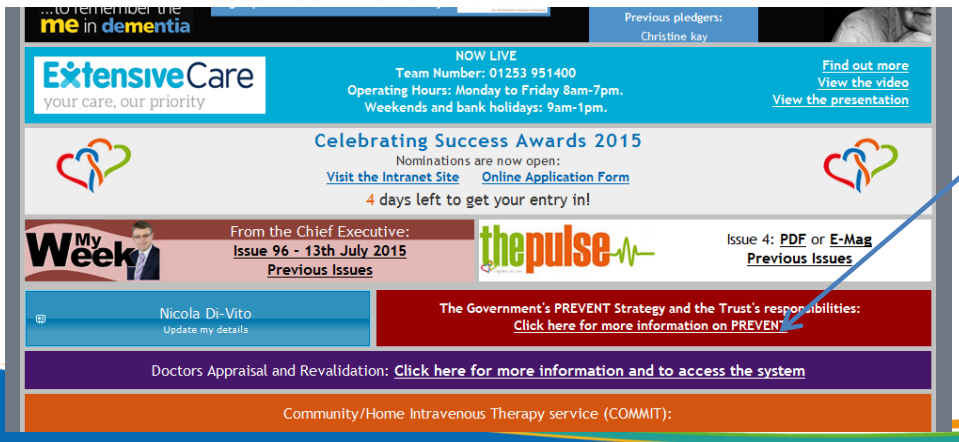
ACTIONS TO TAKE

Please make contact with the Revalidation Team as soon as practicable; it is great for us to meet you and to be able to advise you as soon as possible. Actions for you to take when commencing in post are:

- ✓ Link to Blackpool Teaching Hospitals via GMC connect (become a prescribed link)
- ✓ Provide copies of any past appraisals within this Revalidation Cycle to the Revalidation Team
- ✓ Engage with the Trust's appraisal software system ALLOCATE

ALLOCATE APPRAISAL SOFTWARE SYSTEM

The Trust uses the Allocate Software system as a tool by which all doctors are expected to undergo an Annual Appraisal. All doctors with a prescribed link will be provided with access to the Allocate system via the Trust intranet:



Please find the link for the Allocate software system which can be accessed from outside the Trust

https://products.zircadian.com/core

ANNUAL APPRAISAL

All doctors are required to undergo an annual appraisal which is based on the GMCs Good Medical Practice. The E-Appraisal system will allow colleagues to save evidential documents (including scanning onto the system). There are 16 sections in total to complete prior to an appraisal meeting. Following the meeting itself the appraiser will complete the post appraisal documentation to enable the appraisal to be signed off.

Once completed (and signed off), the appraisal document will be sent automatically to the Revalidation Team.

MULTI-SOURCE FEEDBACK (MSF)

Doctors are required to complete an MSF at least once during each 5 year Revalidation cycle. This can be completed via E-360 within Allocate.

COLLEAGUE FEEDBACK

An initial self-assessment form requires completion prior to an MSF exercise being set up. Each doctor is required to invite colleagues both medical and non-medical to complete a feedback questionnaire on their behalf.

PATIENT FEEDBACK

Patient feedback is supported and facilitated by the Revalidation Team. Colleagues are required to let the team know when a MSF is being completed and when and where patient feedback can be undertaken, for example, the date, time and location of a clinical/ward round.

REVALIDATION SUBMISSIONS

Each doctor will be revalidated by the GMC on a 5 yearly basis subject to a satisfactory recommendation by the RO.

The Revalidation Team will collect annual data around Clinical Activity and Clinical Governance. This information will be populated into the Allocate appraisal system in preparation for discussion at each appraisal meeting.

It is the doctor's responsibility to complete:

- ✓ annual appraisals
- ✓ an MSF exercise

- ✓ The Revalidation team will collate all evidence on behalf of the RO prior to recommendation. This includes clinical governance, any local issues and any HR issues at that time.

- ✓ Revalidation recommendations are made as close to the revalidation submission date as possible to ensure the date of your revalidation does not change each cycle.
- ✓ The Revalidation Clinical Lead will notify you by email once your recommendation has been made with the outcome of the recommendation.
- ✓ The Revalidation Team are here to support and facilitate the Revalidation process on behalf of the Trust.

COURSES, EVENTS & EDUCATIONAL OPPORTUNITIES

Medical Education runs quarterly Good Medical Practice Sessions, facilitated by the GMC.

https://www.bfwh.nhs.uk/onehr/medical-education/img-doctors/courses/

The GMC run national sessions on "Welcome to UK Practice", dates for these can be found on the GMC Website here: https://events.gmc-uk.org/ehome/200184527&

RAISING CONCERNS

FREEDOM TO SPEAK UP CHAMPIONS

Sir Robert Francis' Freedom to Speak Up review in February 2015 found that patients could be at risk of harm because concerns were not being raised routinely by NHS staff. In the report, he recommended the need for an independent National Guardian for the NHS to provide leadership for staff who have spoken up and feel that they have been poorly handled by their employer or other bodies.

The National Guardian supports Freedom to Speak Up Guardians in all NHS Trusts to help create a culture of openness within the NHS, where staff are encouraged to speak up, lessons are learnt and care improves as a result.

Jane Butcher is the head of the joint Freedom to Speak Up office across both Blackpool Teaching Hospitals and East Lancashire Hospitals.

Lauren Staveley is the FTSU Guardian based at Blackpool Teaching Hospitals.

Both can be contacted by emailing:

Lauren.staveley@nhs.net
Bfwh.ftsug@nhs.net
Or by calling 07814 463497

The National Guardian's Office has a range of information which you may find useful –

http://www.cqc.org.uk/national-guardians-office/content/national-guardians-office

For more information on Freedom to speak up guardian and other guardians in the trust please visit the OneHR pages.

How to raise a concern

- With your Line Manager or Supervisor
- With your Freedom to Speak Up Guardian or any of our Freedom to Speak Up Champions listed below

- With your Union Representative
- With any of the external contacts listed below
- Using the **Raise a Concern form**.

SICKNESS ABSENCE

EMPLOYEE RESPONSIBILITY

- ✓ If you are feeling unable to attend work, please contact your rota co-ordinator immediately and as soon as possible prior to your shift commencing who will ask you the following questions in regard to your absence:
  Name of caller, date and time of call, name of person absent, area of work, Line Manager, start time of duty, reason for absence, how long the person expects to be absent, when are they going to next be in contact, is the absence due to industrial injury, is the absence due to a Road Traffic Accident
- ✓ It is important that you report your absence personally, unless there are exceptional circumstances
- ✓ Absence should not be reported by email or text message
- ✓ If you fail to report your absence from work your OSP (Occupational Sick Pay) could be stopped by the Trust
- ✓ Your immediate Line Manager/Head of Department will make contact with you on a regular basis (usually every 7 days), to ensure that you are recovering well and to provide pastoral support to enable you to return to work as soon as possible

MANAGEMENT OF SICKNESS ABSENCE

Following every period of absence your line manager will hold a 'return to work' meeting with you and ask you to sign a record of the meeting. This is to confirm that you are fit to return to work, to verify if you have breached any of the Trust sickness absence triggers and to integrate you back into your role as effectively as possible.

Your absence will be managed in line with the Trust's Management of Sickness Absence policy which is available via the Trust's Document Library on the Intranet.

The Trust wishes to sustain a healthy, safe and supportive working environment and through employment practices and the Occupational Health services the aim is to promote good health and minimise sickness absence.

OneHR SITE

Accessed via the **Trust Intranet or click the icon above to access**

The website is designed to provide you with easy access to online HR advice, policies and guidelines.

The Workforce and OD Directorate has both corporate and operational responsibilities covering the development and maintenance of employment policies, procedures and systems providing a range of services to both line managers and individual members of staff.

We have produced the OneHR Gateway in order for you to access HR:

- 24 hours per day, 7 days per week
- from any location with any device
- through an email service for you to ask your questions at any time, our aim is to respond to you within 48 working hours

If you wish to speak to one of the departments you can contact us by dialing ext 51600 and selecting one of the below options:

- Option 1 - Recruitment
- Option 2 - Occupational Health
- Option 3 - Payroll
- Option 4 - Workforce Advisory Service
- Option 5 - Learning and Development
- Option 6 - Medical Education
- Option 8 - Organisational Development

Option 6 is the one you will find the most useful information for you. Please do take the time to look through the relevant sections and familiarise yourself with the information and processes.

PAY AND PENSIONS

The Payroll Department is based in the Aster Offices and has core opening hours of 9am to 5pm, Monday to Friday. A full list of contact details is available on the Trust's OneHR Gateway. The Department provides a comprehensive service to Staff and Managers and is available for queries and pay-related advice and guidance. An appointment system is currently in place to ensure confidentiality and protected time with a Payroll Officer.

Staff are paid by BACS transfer directly into a bank or building society account. Monthly paid staff are paid on the last Wednesday of each calendar month. Any other variation to payday will be notified as appropriate.

Staff who have worked previously should bring a P45 form from their previous employer detailing their tax code and previous pay and tax details in the current tax year. If you do not have this at your date of commencement or have never previously worked, then you must get a New Starter Declaration Form by downloading it from the HMRC website. These should be forwarded to the Payroll Dept without delay otherwise pay may be affected.

All Staff receive an on-line payslip detailing their earnings and deductions from pay. These should be checked to ensure the paid amount is correct. Staff can elect to have deductions from pay of the following in addition to their statutory deductions of Tax and National insurance:

- Pension Scheme and any Additional Voluntary Contributions
- Donations to Charity
- Car parking charges
- Union subscriptions
- Credit Union membership
- Flexible Futures and also Mess Fees
- Salary Sacrifice deductions – info available from the Staff Benefits Team.

PENSION INFORMATION

Most NHS Employees, whether full time or part time, are eligible to join the NHS Pension Scheme. The Trust operates NEST as an alternative pension scheme for those staff not eligible to join the NHS Pension Scheme. It is Trust Policy to opt Staff into the NHS Pension Scheme however you may opt out at any time. To do this you must download an opt-out form known as an SD502 from the pension's website at www.nhsbsa.nhs.uk/pensions. Pension benefits are linked to your pay and length of service in the scheme. Contributions are also linked to pay.

The main benefit is an index-linked pension and dependent on the scheme you are in. In addition, a tax-free lump sum that is payable at your normal retirement age. Included within the benefits of the scheme is the provision for ill-health retirement, life assurance cover and redundancy benefits.
Information relating to Pay, Pensions and Staff Benefits can be found on OneHR including all the contact numbers for the Team that you will need.

POLICIES AND PROCEDURES

All Trust Policies and procedures are available to view on the intranet through the document library, the link can be found below. It is very important that you read all relevant policies.

http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/Forms/All%20Policies.aspx

DOCTORS MESS

The Doctors Mess is run by a Foundation Year 2 committee group.

The £10.00 monthly contribution (which you have to opt into), ensures the upkeep of the Doctors Mess, tea and coffee, toast etc. (for use within the Mess), newspapers, Sky TV and also provides a contribution to fund social events, including the summer ball.

The Doctors Mess is essentially a staff room for doctors on duty/ on call to relax in etc. Junior doctors are encouraged to join the Mess to maintain the upkeep and services.

The Doctors Mess is situated on the first floor, opposite X-ray north, and features:

- 2 on-call rooms
- Kitchen facilities with tea, coffee, bread & milk
- Toilets
- Water cooler
- 3 PCs
- Television
- Telephone
- The Independent, the Guardian and the Sun

MESS ACTIVITIES

- Pay day parties - last Friday of each month
- Mid-month event which is usually a meal out
- Summer Ball held in July

FY2 MESS PRESIDENT

TBC

Update

Big improvements to the mess are currently in progress.

SUPPORT

For information on the Employee assistance programme, click on the link to the OneHR page below:

https://www.bfwh.nhs.uk/onehr/organisational-development/employee-assistance-programme/

FACTSHEETS (Blood groups)

NHS
Blood and Transplant

FACTSHEET

Blood Group O RhD Negative Red Blood Cells
Information for Clinical and Laboratory Staff

What are O RhD negative red blood cells?

Donors who have group O RhD negative red blood cells do not express any A, B or RhD antigen on their red cell surface and are therefore, compatible with every other ABO and RhD blood group. They are often referred to as "The Universal Donor" because their blood can be given safely to most patients. A consequence of this is a higher demand for units of this blood group from hospitals. O RhD negative units are sometimes referred to as **"Emergency O Negs"** or **"Flying Squad Blood"**.

How many people in the UK have group O RhD negative blood?

7% of the UK population are blood group O RhD negative. However, in 2011/12, NHSBT required over 11% of donations to be group O RhD negative to meet demand from hospitals. This means that each group O RhD negative member of the population has to donate around 20% more blood than average to meet demand.

When and why are O RhD negative red blood cells transfused?

O RhD negative red blood cells can be given to any patient with any blood group and are the safest blood group to give when the patients blood group is unknown or is not immediately available, for example in emergency situations when there is no time to wait for either group specific or crossmatched blood.

The use of emergency O RhD negative red blood cells avoids major ABO incompatibility, but there is still a risk of a transfusion reaction if the patient has atypical red cell antibodies.

Are there other times when O RhD negative red blood cells can be transfused?

Yes. There are mandatory, recommended and acceptable indications for the transfusion of O RhD negative red blood cells. There are also some unacceptable indications. These are recommended by the National Blood Transfusion Committee and are listed below.

MANDATORY INDICATIONS

O RhD negative red blood cells should always be transfused in the following circumstances:

- The patient is group O RhD negative and they have an anti-D antibody;
- The patient is group O RhD negative and they are a female aged less than 60 years;
- Emergency use for female patients aged less than 60 years where their blood group is unknown.

RECOMMENDED INDICATIONS

O RhD negative red blood cells should be transfused in the following circumstances:

- For transfusion dependent patients (e.g. Haemoglobinopathy, Aplastic Anaemia, and Myelodysplastic Syndrome) whose blood group is O RhD negative.

BETTER BLOOD TRANSFUSION TEAM

Factsheet 4 Version 1 Issued July 2012

NHS
Blood and Transplant

ACCEPTABLE INDICATIONS

O RhD negative red blood cells may be transfused in the following circumstances:

- Male patients whose blood group is O RhD negative, who do not have any anti-D and require less than or equal to 8 units in total;
- Female patients aged over 60 years, whose blood group is O RhD negative, who do not have any anti-D and require less than or equal to 8 units in total;
- Non group O, RhD negative infant patients, aged less than 1 year, where group specific units are unavailable;
- Emergency situations where the patients blood group is unknown at the point of transfusion, up to 2 units;
- Non group O, RhD negative patients requiring phenotyped units that are unavailable.

UNACCEPTABLE INDICATIONS

O RhD negative units **should not** be transfused in the following circumstances:

- If more than 8 units are required for a female patient aged over 60 years, whose blood group is O RhD negative but has no anti-D antibody.
- If more than 8 units are required for a male patient, whose blood group is O RhD negative and does not have any anti-D.
- Emergencies where the patients' blood group is unknown and the patient requires 2 or more units (because the patient should have had their blood group tested by this time).

What if I don't know how many units of O RhD negative red blood cells a patient is going to require?

In these circumstances, particularly emergency scenarios when the transfusion requirements of the patient may be initially unknown, it is acceptable to **start transfusing units with of O RhD negative red blood cells and switch to group specific blood as soon as this is known.**

If it becomes clear that more than 8 units are required for an O RhD negative male patient with no anti-D, or an O RhD negative female patient aged over 60 years with no anti-D, then a **switch to O RhD positive red blood cells** should be made for the remainder of the transfusion episode. The hospital transfusion laboratory will often pre-empt this after 8 units of O RhD negative red blood cell units have been issued.

Why is a maximum of 2 units of O RhD negative units usually recommended for an emergency situation where the patients' blood group is unknown?

During this type of clinical scenario a venous blood sample should be taken from the patient as soon as possible and sent to the transfusion laboratory so that the patients' blood group can be ascertained. If the patients blood group is non group O (i.e. group A, B or AB) then the transfusion laboratory will issue "Group Specific" units so that they conserve the group O RhD negative units for patients with mandatory, recommended or acceptable indications. This practice will ensure that these units are not used when a suitable alternative is available.

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O RhD Negative Red Blood Cells – Quick Facts

• Only 7% of the UK population are group O RhD negative.	• Group specific red blood cells are as safe as O RhD Negative red blood cells, neither are as safe as crossmatched blood.	• O RhD negative red blood cells are often referred to as "Emergency Units" or "Flying Squad Blood".
• The 2010 National Comparative Audit of Blood Transfusion Re-Audit of the Use of Group O RhD negative red cells has shown that hospitals are stocking too many O RhD negative red blood cells and then using them inappropriately to avoid letting them time expire.	• The 2010 National Comparative Audit of Blood Transfusion Re-Audit of the Use of Group O RhD negative red cells identified 114 (2.2%) unacceptable transfusions of O RhD negative red blood cells.	• Patients with red cells antibodies can still have an adverse reaction when transfused with O RhD negative red blood cells – they are not 100% safe for every patient.
• Issue of O RhD negative red cells is increasing in England but the donor population is not.	• O RhD negative red blood cells are the only safe blood group that can be given when the patients blood group is unknown or not immediately available (e.g. in emergencies).	• O RhD negative red blood cells are known as "The Universal Donor" because they can be given to anyone with any blood group.

Use of O RhD Negative Red Blood Cells in an Emergency.

Flying squad blood / Emergency O negs should only be used in a genuine emergency and only until the patients blood group can be confirmed.

If these units are used then the hospital transfusion laboratory MUST be informed immediately for the following reasons:

- If it is a genuine emergency then the blood transfusion support required for the patient is likely to be more than the number of flying squad units available.
- The transfusion laboratory staff need to know the identity of the patient (if known), what the situation is and what other blood components are most likely to be needed to support the care of the patient.
- Arrangements must be made for the emergency units used to be replaced immediately in case of another emergency.

Unnecessary overstocking of O RhD negative red blood cells in the hospital transfusion laboratory can lead to inappropriate use and wastage of these units.

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NHS
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INDICATIONS FOR THE USE OF O RhD NEGATIVE RED BLOOD CELLS

MANDATORY	RECOMMENDED	ACCEPTABLE	UNACCEPTABLE
• O RhD negative patients with anti-D	• O RhD negative transfusion dependent patients (e.g. Haemoglobinopathy, Aplastic Anaemia, Myelodysplastic Syndrome)	• O RhD negative males with no anti-D requiring ≤8 units	• O RhD negative males with no anti-D where >8 units are required
• O RhD negative females <60yrs		• O RhD negative females >60yrs with no anti-D where ≤8 units are required	• O RhD negative females with >60yrs with no anti-D where >8 units are required
• Emergency use for females <60yrs where blood group is unknown		• Non group O RhD negative infants (<1yr) where group specific units are unavailable	• Emergencies where the patients blood group is unknown and the patient requires > 2 units
		• Emergencies where the patients blood group is unknown at the point of transfusion	
		• Non group O, RhD negative patients requiring phenotyped units that are unavailable	

Additional Sources of Information

If you are interested in finding out more about blood transfusion and have access to the internet, you may find the following websites useful:

UK Transfusion Services
http://www.transfusionguidelines.org.uk.index.aspx
O RhD negative guidelines from the National Blood Transfusion Committee
http://www.transfusionguidelines.org.uk/docs/pdfs/nbtc_bbt_o_neg_red_cells_recs_09_04.pdf

Healthcare professionals can obtain further supplies of this leaflet by accessing ww3.access-24.co.uk and entering their Regional Transfusion Committee code. If you do not have a code please call 01865 381042.

For further information please consult your Hospitals Blood Transfusion Policy or contact a member of your Hospital Transfusion Team.

NHS Blood & Transplant (NHSBT) is a Special Health Authority within the NHS, and provides the blood that patients receive.

The information in this factsheet has been sourced from NHSBT transfusion experts.
NHSBT Customer Services Better Blood Transfusion Team does not accept any legal liability for errors or omissions.

BETTER BLOOD TRANSFUSION TEAM

Factsheet 4 Version 1 Issued July 2012

NHS Blackpool Teaching Hospitals Foundation Trust

NHS Blood and Transplant

Group O RhD Negative Blood

How much do yOu know about blood group O?

FACT

- Only approximately 7% of the UK population are group O RhD negative making this blood group an extremely precious resource and its use is increasing ✔
- Group O RhD negative red cells are known as "The Universal Donor" and are the safest to give to most patients in an emergency when there is no time to wait for either group compatible or crossmatched blood but they are not as safe as giving group specific blood ✔
- Group compatible blood can be provided by most Hospital Transfusion Laboratories within approximately 15 to 20 minutes of receipt of a correctly labelled blood sample ✔
- Overstocking of O RhD negative units within a hospital blood transfusion laboratory can lead to inappropriate transfusions ✔
- It is acceptable to give male patients and female patients over 60yrs O RhD positive red cells in an emergency ✔

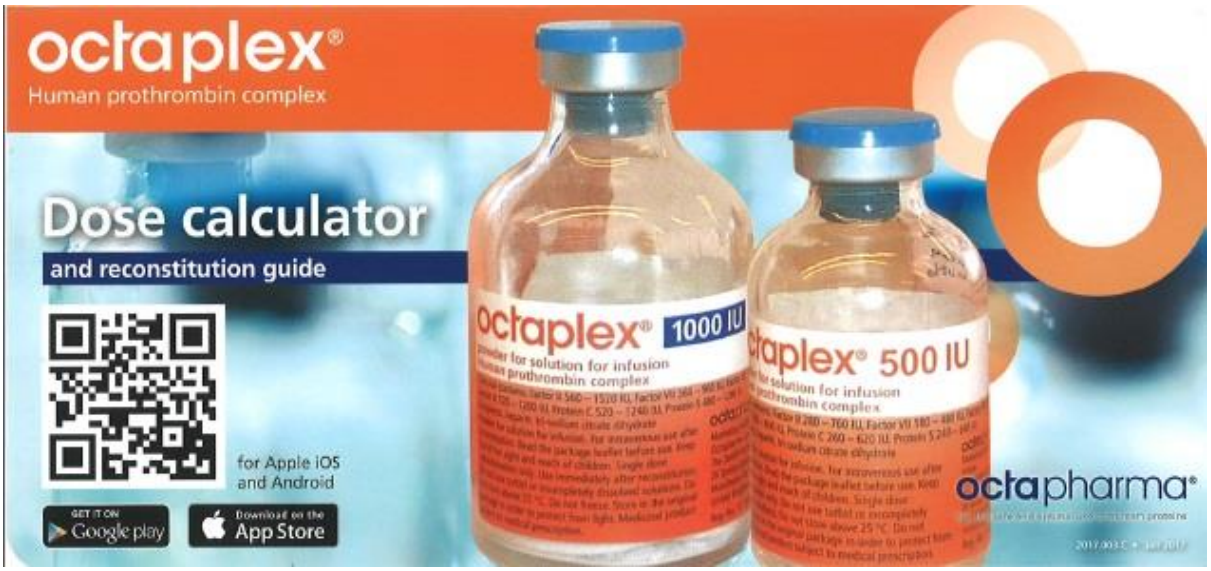
Fiction

- There are lots of potential donors that are blood O RhD negative that NHS Blood and Transplant can call upon to meet demand ✖
- NHS Blood and Transplant always have a good stock of O RhD negative red cells to supply to hospitals ✖
- Group O RhD positive blood must never be used in an emergency ✖
- Group O RhD negative blood should always be used first in an emergency if a patient is bleeding ✖
- Group O RhD negative red cells are 100% safe to be given to any patient with any blood group ✖
- It is acceptable to transfuse any patient an unlimited number of O RhD negative red cells in an emergency ✖
- Group O RhD negative blood is safer than group compatible or cross matched blood ✖

The National Blood Transfusion Committee have developed recommendations for the transfusion of O Group RhD negative red blood cells to support appropriate use of this blood group. These recommendations are available at http://www.transfusionguidelines.org.uk/docs/pdfs/nbtc_bbt_o_neg_red_cells_recs_09_04.pdf

BETTER BLOOD TRANSFUSION TEAM

Produced by the Customer Service Better Blood Transfusion Team at NHS Blood and Transplant.
Please contact the Customer Service Administration Office on 01865 381042 for further ordering details.
Version 1, August 2012



Blood Transfusion Special Requirements Checklist

Blood Group Warnings	Action
Known blood group Antibodies	Document on relevant section of the transfusion request form & inform the Blood Bank via phone ext. 53746/53747
Previous transfusion history	

Background information

Patients can develop blood group antibodies following either earlier transfusions or previous pregnancies. The patient's antibody status maybe documented on an information card issued to the patient, or recorded on the red bordered blood transfusion investigation report forms which are filed in the patients' case notes.

Please Note: The patients antibody status and transfusion history are important information that the Blood Transfusion Laboratory require to ensure appropriately matched products are issued to the patient

Blood Group Warnings	Action
Special blood requirements e.g. irradiated products	Document on relevant section of the transfusion request form & inform the Blood Bank via phone ext. 53746/53747

Background information

Blood products such as red blood cells and platelets contain donor lymphocytes which may remain viable during storage and be transfused into the patient. In immunocompetent recipients the transfused lymphocytes will be rapidly eliminated. However, if the recipient is immunocompromised the donor lymphocytes may proliferate and cause transfusion-associated graft-versus-host disease. This is usually fatal. Irradiation of the blood product destroys the lymphocyte DNA thereby abolishing the risk.

Indications for irradiation

- All recipients of autologous peripheral blood stem cells from 7 days prior to harvesting until completed, and then from 7 days prior to transplant until 6 months after
- All recipients of allogeneic peripheral blood stem cells or bone marrow from 7 days prior to commencement of conditioning chemotherapy until 12 months post-transplant (and longer if chronic graft-versus-host disease develops)
- All donors of allogeneic peripheral blood stem cells or bone marrow from 7days prior to harvest to completion
- All patients who have ever been treated with purine analogues (fludarabine, cladribine, pentostatin, clofarabine, bendamustine) indefinitely
- All patients who have ever had Hodgkin's lymphoma
- All HLA-matched and directed donations i.e. from first-degree relatives
- All patients who have been treated with alemtuzumab (Campath-1H) for at least 2 months after completion and longer if profound lymphopenia persists (discuss with the Consultant)
- All patients with aplastic anaemia or myelodysplasia treated with antilymphocyte globulin and to be continued until immunosuppressive therapy has been completed.

This list is not designed as an exhaustive criterion for the indications irradiated blood products. For further information please refer to trust CORP/PROT/011. Indications For Irradiated Blood Products. Or contact the duty on-call Haematolgist via the switchboard for clinical advice.

Blood Group Warnings	Action
Cytomegalovirus (C.M.V) Negative products	Document on relevant section of the transfusion request form

Background information

Immune compromised and pregnant patients are at increased risk of infection from Cytomegalovirus (C.M.V) a member of the herpes group of viruses. **Please Note:** It is important to inform the Blood Transfusion Laboratory to ensure C.M.V negative products are issued to the patient.

Blood Group Warnings	Action

Previous transfusion reactions	Document on relevant section of the transfusion request form
Background information	
Please Note: It is important to inform the Blood Transfusion Laboratory of any previous transfusion reactions as the patient may require specifically selected blood products	
Blood Group Warnings	**Action**
Patient requires Methylene Blue treated products	Document on relevant section of the transfusion request form
Background information	
Department of Health and SABTO guidance 2006	
Cryoprecipitate is prepared from fresh frozen plasma (FFP) and contains particularly high levels on factor V111, Von Willebrand's factor and fibrinogen. It is no longer used in the treatment of haemophilia or Von Willebrands disease. It is still a useful blood product and source of fibrinogen. Preparation of standard cryoprecipitate does not involve viral inactivation and there is also concern over the possibility of transmission of variant CJD. Viral inactivation of cryoprecipitate and FFP is possible with methylene blue treatment. Mrthylene blue treated cryoprecipitate and FFP are now available from the National Blood Service and it is now recommended that this is used for all children born after 01/01/1996. This is manufactured from plasma imported from countries with a low risk of variant CJD. Further information on the use of imported plasma for children; is available on the following link: http:/www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH 4127673	
For Clinical Guidance for the use of Hepatitis E Virus Negative Blood Products Please refer to attached flowchart	

The video of 'The strange case of Penny Allison' is now available on You Tube.

https://youtu.be/1VKt2LysGxA

Clinical guidance for use of Hepatitis E virus (HEV) negative blood components

HEV negative blood components are indicated in:

- **Patients awaiting solid organ transplant (SOT)** – from 3 months prior to date of planned elective SOT or from the date of listing for a solid organ transplant.
- **Patients who have had SOT** – for as long as the patient is taking immunosuppressants.
- **Patients with acute leukaemia** – from diagnosis (unless/until decision made not to proceed with stem cell transplant).
- **Patients awaiting allogeneic stem cell transplant** – from 3 months prior to the date of planned transplant and up to 6 months following transplant, or for as long as the patient is immunosuppressed.
- **Extra corporeal procedures** – e.g. dialysis, extra-corporeal circulatory support is included if within above indications.

Indicate requirement on the patient record both in the clinical area and transfusion laboratory.

Inform the transfusion laboratory if your patient requires HEV negative blood components

If HEV components are not available, the laboratory staff will contact you to discuss the urgency.
Can your patient wait for HEV negative blood components?

Yes.
Laboratory staff will order component from NHS Blood and Transplant and notify you when it is available

No

Transfuse a component that has not been tested for HEV

Monitor the patient for features of hepatitis: Jaundice; Darkened urine; Tiredness; Nausea and vomiting; Abdominal pain; Rise in ALT or bilirubin

If clinical features present, send Hep E serology and PCR and if suggestive of active infection follow the guidance for management in the transplant patient

Management in the transplant patient:

- Confirm persistence by re-sampling for PCR and serology at one month.
- Seek advice from virology/liver teams to assess liver morphology and fibrosis.
- Consider immunosuppressant reduction as it is associated with improved chances of viral clearance.
- If no clearance within 3 months, consider a 3 month course of Ribavirin (note: this

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NHS
National Blood Transfusion Committee

National Blood Transfusion Committee (NBTC) Indication Codes for Transfusion

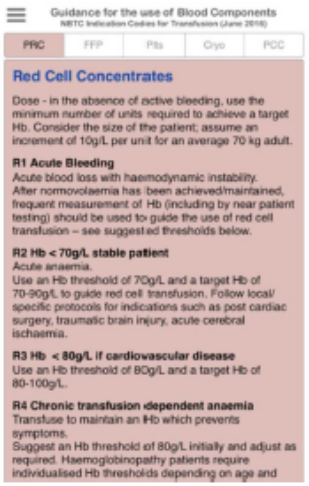
Available on your Apple iPhone

NBTC

The indications for transfusion provided in this app are taken from national guidelines for the use of blood components in adults.
Includes transfusion triggers and targets for:

1. Red cell concentrates
2. Fresh frozen plasma
3. Platelets
4. Cryoprecipitate
5. Prothrombin complex concentrate (Beriplex®, Octaplex®)

A prompt for clinicians to facilitate appropriate use and to enable robust documentation of indications.



Search 'Blood codes' on the App store or scan the QR code