



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

# Lancaster Medical Students

# Welcome Booklet



Caring • Safe • Respectful

# Welcome to Blackpool Teaching Hospitals



We are pleased you will be joining us for your placement and hope that you find your time here to be enjoyable and beneficial. The Undergraduate team sits within the Clinical Education department, which is comprised of three main functions: Undergraduate medical education, Postgraduate medical education, and non-medical education. The department also incorporates Library and Knowledge Services, Clinical Skills and Simulation, and the Education Centre team.

We pride ourselves on the quality of teaching and student support we provide. It is our goal to provide the best possible learning experience for you while on placement. As part of providing a positive experience, various events are arranged to ensure you are supported throughout the academic year, including:

The Undergraduate Team has an open door policy and offers pastoral care

You can find out more about these opportunities, plus much more in the following handbook which has been designed to be your go-to-guide for information and important contacts. If you have any questions or concerns about any aspect of your placement, then the Undergraduate team will be more than happy to help.

We hope you have a fantastic time here at Blackpool.

With kind regards

Laura Orwin  
Medical Education and Quality Manager

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# Meet the Undergraduate Team

Hello and a big, warm welcome to Blackpool! We are so pleased you will be joining us for your placement and we hope that you find your time here to be beneficial and enjoyable. This handbook is aimed to be your go-to for helpful information and important contacts. Firstly, we will introduce the team who are your key contacts and are all located in the Education Centre.

We have an open door policy, so please pop by any time! Alternatively you can email [bfwh.undergraduate.education@nhs.net](mailto:bfwh.undergraduate.education@nhs.net).



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During your time here at Blackpool please contact Hayley for any timetable or placement queries. If your topic for discussion is more sensitive you may wish to contact Julie or Claire W.

Mr Jonathan Barker, Dr Nayla Ishaq & Dr Sneha Varughese are also very important contacts for you from a personal and clinical perspective.

Please don't hesitate to contact anyone within the team... We are here to help and support you settle into Blackpool.



# Useful Information

## Undergraduate Office

The Undergraduate Office is based in the Education Centre. The Centre is manned Monday-Friday between the hours of 8.00am–5.00pm. Outside of these hours you will be required to tap your Trust ID badge at the main doors to gain access. The Undergraduate Office has an open door policy and is manned Monday-Friday between the hours of 8.30am-5.00pm.

## IT Account

An IT account will be established for all students where appropriate. This will give you access to hospital emails, Microsoft office, the Intranet and Internet. Details will be sent to you prior to joining around providing the necessary ID for an appointment with the Digital Identity Team.

Please ensure you regularly check your e-mails during your placement and respond in a timely manner.

## Fit Mask Testing

All students are required to undertake a fit testing appointment. You will be advised of your appointment during Induction.

## Signing In & Out

You are required to sign in on arrival and out each day you are on placement on the attendance registering iPads outside the Undergraduate Office. Failure to report an absence will warrant an unauthorised absence.

## Trust ID Badges & Uniforms

These must be worn at all times so you can be identified. Any lost badges should be reported to the Undergraduate Office immediately. Please ensure your ID Badge is returned to the Undergraduate Office on your last day of placement, along with your uniform and locker key. You will be refunded your deposit at this time.

## Changing Room Facilities

Changing rooms are located adjacent to the main entrance of the hospital. Follow the brick wall around to the right, next to the flagpole. You will require your Trust ID Badge to gain entry.

## Student Common Room

This is located adjacent to the Nursery in the Speech & Language Building and available for students to use at any time. This room is equipped with a kitchenette which includes a fridge, microwave and kettle. Students are expected to look after this area ensuring it remains tidy and secure at all times. The door should always remain locked, ensuring all windows are shut when the last person leaves. The code for this room will be given to you by the Undergraduate Team. Please do not share it with anyone else.

## Lockers

These are available in the Common Room if you are wishing to safely store belongings. Keys are available from the Undergraduate Office for a deposit of £20 (along with your uniform). This will be refunded to you once the key is returned at the end of your placement.

## Timetables

These will be made available to you prior to your placement.

# Useful Information

## Bleeping

The bleep system is available on every internal phone. Bleep numbers can be found by using the search section on the Intranet. It is accessed by dialling 50, waiting for the tone to change, then dialling the bleep number, followed by your extension and then #. You should then replace the handset.

## Parking

Please ensure your vehicle is parked where you have been authorised to do so. The hospital security team monitors all parking and any vehicles in breach of the car parking rules (displayed around the car parks) may be subject to a parking enforcement notice.

## Catering

WH Smiths - Located in the main entrance, open weekdays from 7:30am-8:00pm and weekends 8:00am-8:00pm

Costa Coffee - Located in the main entrance, open weekdays from 7:30am-8:00pm, weekends 8:00am-6:00pm

Marks and Spencer - Located in the main entrance, open weekdays 7:00am-9:00pm and weekends 8:00am-8:00pm

The Restaurant - situated at the end of the hospital main corridor, top of the stairs (lift available) or via the main entrance up the escalator and the stairs to the right hand side. Open every day from 7.30am -10.30am for breakfast, 11:45am -2:00pm for lunch, 11:45pm -2:45pm for Deli bar Service and 5:00pm -7:00pm for evening meals

## Outpatients Entrance

Situated at the front of the hospital, just off the main road. This is open weekdays 8:00am-6:00pm, Sat 9:00am-5:00pm and Sun 10:00am-5:00pm.

## Doctors Grades

All doctors ID badges will state their grade and position, please use this for reference:





# PRAYER ROOMS

HOW TO FIND OUR PRAYER ROOMS:  
ALONG THE MAIN CORRIDOR OF THE  
HOSPITAL, FIRST TURNING ON THE  
RIGHT AND THEN FIRST ROOM ON  
THE LEFT.

OR

IN THE CARDIAC CENTRE ON THE  
GROUND FLOOR JUST OUTSIDE THE  
EDUCATION ROOMS.  
THIS HAS MALE AND FEMALE ABLUTION  
FACILITIES.

CHAPLAINCY OFFICE CONTACT  
INFORMATION BELOW  
(01253) 953876 / 956299 / 958039

[BFWH.CHAPLAINCY@NHS.NET](mailto:BFWH.CHAPLAINCY@NHS.NET)

# Uniform Policy

Whilst on placement at Blackpool you will be given grey uniforms which state Medical Student on the front.

Prior to starting your placement the Undergraduate Team will ask you for your preferred size.

**Cherokee Male / Unisex Size Chart**

Size	XS	S	M	L	XL	2XL	3XL
Chest inches	33-34	35-36	37-39	40-43	44-47	48-51	52-55
Chest cm	84-86	89-91	94-99	102-109	112-119	122-130	132-140
Waist inches	25-27	28-30	31-33	34-37	38-41	42-45	46-49
Waist cm	63-69	71-76	79-84	86-94	97-104	107-114	117-124
Hip inches	32-34	35-37	38-40	41-44	45-48	49-52	53-56
Hip cm	81-86	89-94	97-102	104-112	114-122	124-132	135-142

Trust ID Badges and uniforms must be worn **at all times whilst on placement** to enable you to be identified. Uniforms **must not be worn off site**, changing facilities are available as mentioned.

Whilst wearing your uniform you must adhere to the Trust Uniform policy:

**Bare below elbows:** no hand or wrist jewellery i.e. watches, bracelets, wristbands

**Rings:** no rings with stones (one white or yellow plain metal band is permitted)

**Earrings:** no earrings other than one small, plain, ball stud (no stones)

**Neck chains:** no neck chains unless for religious purposes (must be worn under the uniform)

**Hair:** long hair must be tied back and off the collar. Hair ties must be dark in colour and not contain stones

**Nails:** no artificial, acrylic, gel nails or nail varnish

**Lashes:** no false eyelashes

**Footwear:** must be a full shoe, plain and clean

**Tattoos:** any considered offensive or likely to cause upset to patients, carers, visitors or staff must be covered at all times

**Sleeves:** disposable modesty sleeves are available from the Undergraduate Office if required



# Clinical Educations

## Student Charter

The purpose of the Student Charter is to set out our partnership in learning. It represents our shared commitment to the values of the Trust as well as our responsibilities as educators and learners in working together to develop and maintain a stimulating and diverse learning culture underpinned by excellence.

Blackpool Teaching Hospitals will provide:

A supportive and stimulating environment that empowers students to reach their full potential. High quality learning experiences that are informed by good practice in Learning and teaching. Access to activities, such as research opportunities, that will enhance employability, professional excellence, and personal intellectual development. Clearly defined access to the learning environment including facilities and services that will enable students to excel in their studies and in their training.

Blackpool Teaching Hospitals will provide students with the following information:

- Details of their programme including content and supervision,
- First point of contact for professional support
- Access to Trust policies and procedures, including sickness absence reporting
- Appropriate notice of changes to timetables, teaching sessions, and so forth.

Students undertake to:

- Take responsibility for managing their own learning and development,
- Seeking advice and support as required,
- Spending sufficient time in private study,
- Participating in timetabled sessions and in group learning activities maintain and protect an environment conducive to learning and in keeping with the values of the Trust
- Maintain and protect an environment conducive to learning and in keeping with the Trust
- Engage in the educational, social, and cultural life of the Trust
- Obtain agreement from the Department or relevant person/s for any absences, planned or otherwise, as far in advance as possible
- Maintain the highest standards of academic integrity in all aspects of work and assessments
- Treat colleagues and peers with respect and foster a culture of cooperation and co-working
- Provide constructive feedback on their experience and participate in mechanisms that will lead to improvements in the quality of learning and teaching.

# Theatre Etiquette

## Before the Operation

Aiming to be about 30 minutes early is best. This will enable you to have enough time to get changed into green scrubs, be shown which theatre to go to and to introduce yourself to the theatre staff, and just as importantly be shown the evacuation routes in the unlikely event of a fire. At 8am the theatre staff meet to have the safety huddle. This would be useful for you to observe, as this is where we pass on important information regarding theatres for the day, and any general issues which may affect patient care and safety. This would also be the ideal opportunity to meet the staff who will be working in the same theatre as you. Each theatre team will meet before the start of the list with the lead surgeons and anaesthetist to discuss the operating list on a case-by-case basis, discussing each patient individually, complex issues/ concerns/equipment needed/order of list. Again, this will be useful for you as it will give you context and background into the patients on the list. This is part of the WHO 5 steps to safe surgery process.

The other stages are;

- WHO Sign – In in the anaesthetic room before needle to skin
- WHO Time – Out in theatre before knife to skin
- WHO Sign – Out at the end of the procedure and once all counts have been completed to ensure that nothing has been left inside the surgical cavity
- De –brief at the end of the operating list. Other stages include a prosthetic pause, before the placement of any implants or prosthetics.

All of these stages are part of a safety process to ensure that we have the correct patient for the correct procedure on the correct surgical site, and that all members of the team are aware of this and there is no confusion.

Before going to theatre, the **registrar** or **consultant** will go and see the patients to take them through the consent form and **mark** them for the operation if necessary. It is best to go with them if you can. It will make a good impression on the team, and it also means that you will get to meet the patient while they're actually awake and see their "patient journey" through. Pay attention to the consent process, as you will learn the answers to some common questions the patient may have, including what the procedure involves and any common or serious complications.

## Theatre Attire

### Scrub Colours

In theatres at Blackpool Teaching Hospitals, we have 2 different colours of scrubs, these are to differentiate which areas they are to be worn in and to reduce risk of carrying germs in and out of theatre and the theatre suite.

**GREEN** scrubs are to be worn in **ALL** clinical areas within the theatre suite, for example the anaesthetic room / theatre / recovery room. You **MUST NOT** leave the theatre suite in **GREEN** scrubs unless you are leaving to attend a medical emergency. If this was the case, you would then change into **CLEAN GREEN** scrubs on your return.

**BLUE** scrubs must be changed into for example if you are to leave the theatre suite (or you could change back into the clothes you came to theatre in) again, you would change back into **GREEN** scrubs if you were returning back to theatres.

These rules apply to **ALL** theatre areas within this Trust. On entering and leaving the theatre suite you are also encouraged to sanitize your hands using the dispensers provided by the entrances / exits.

## Shoes

There should be a selection of clog-like **theatre shoes** available for you to put on. Don't take any with people's names or initials written on. If there aren't any spare shoes, please ask a member of staff to see if they can find some for you. It is very important that you don't wear your own shoes into theatre, for many reasons however plastic overshoes can also be worn over normal shoes if clogs are not available. Firstly, it is obviously not good for infection control. Secondly, theatre shoes are specifically designed to stop you from slipping on wet floors and from getting burns from the diathermy. Finally, and perhaps just as importantly, wearing theatre clogs protects your own shoes from contamination with human tissue and body fluid, and then being walked around the hospital and to your car/home on your shoes. If you are working in Orthopaedics or Urology, you may be offered Wellington boots to wear, these will offer extra protection to your feet as these theatres often have a lot of fluid on the floor ; either body fluid or wash-out.

## Hats

You will need to wear a **hat** to cover your hair. There are two types: stretchy elastic-backed ones, and ones that tie in a knot at the back of your head. Generally, the tie-backed ones are for male staff and the elastic-backed ones are for female staff , female staff, make sure all hair is tucked underneath your hat, otherwise, you run the risk of contaminating the environment or contaminating sterile areas. Male staff, if you have a full beard, there should be Orthopaedic hoods available for you to wear along with a surgical mask, again to mitigate the risk of contamination. Religious headwear **MUST** be changed into a **CLEANLY LAUNDERED** garment **BEFORE** entering theatre (not the same one that you have come to work in/walked round the hospital in), and **MUST** be fully tucked into your scrub top and **FULLY COVERED** by an Orthopaedic hood.

## Jewellery

The general rules for jewellery are the same in theatre as they are on the wards. You must be “**bare below the elbows**” with the exception of a plain wedding band. If you're wearing **earrings**, they should be one pair of studs **ONLY** tuck them under your hat, as they have been known to occasionally fall off into patients. If you have any other visible piercings, they should be secured with tape and covered up if you are not able to remove them. **Necklaces should be removed , however religious jewellery must be tucked into your scrub top if you cannot remove it. ALL belongings are left in the changing rooms AT YOUR OWN RISK as we cannot guarantee visitors lockers. If you have anything valuable, please speak to the nurse in charge and they will advise on where is the safest place to put it. Valuables and bags must NOT be taken into the clinical areas, this includes mobile phones, if you have to carry your phone it must remain in your pocket and on SILENT. Use of this device in CLINICAL AREAS is PROHIBITED.**

When you get inside your theatre, **introduce yourself to everyone**, explaining who you are and your year/grade or role. Please ensure that your I.D. badge is on display ay **ALL** times. You may be challenged by staff who do not know or recognize you, this is for security and safeguarding reasons.

## **Preparing for the Operation**

### Preparing the Patient

Once the patient is asleep and the anaesthetist has established all the necessary intra-operative monitoring, they are brought into the theatre. If a catheter is required, the theatre staff or surgeon will usually do this. It takes several people to move the patient from their bed to the operating table with the anaesthetist giving instructions and controlling the airway, IV access and other attached monitoring. The process usually requires the use of a Patslide which is basically a plastic board used to slide the patient across from the bed to the table.

### Scrubbing, Gloving and Gowning

As a medical student or supernumerary member of the team, it is good practice to **wait to be invited to scrub in**. If you appear to have been forgotten about, you can always **ask permission** – most surgeons will appreciate the initiative, and this is a good opportunity to revise your anatomy and physiology.

We have a guide to scrubbing, gloving and gowning here , if you are unsure please ask a member of the theatre staff.

**If you can't scrub in** due to there being too many people/or it is not appropriate you can **stand on a step to watch**, please follow the theatre staff's instruction regarding this. They will advise you on the best place to stand for you to get a good view and more importantly, **not COMPROMISE STERILITY**.

### The WHO Surgical Safety Checklist

The WHO Surgical Safety Checklist was introduced in 2008, and has since revolutionised patient safety and the whole culture of surgical practice across the world. It was designed to make sure that we operate on the correct patient for the correct procedure with valid consent, as well as to reduce common preventable causes of operative morbidity and mortality such as allergic reactions, bleeding and infection. To summarise, the checklist is completed at three key points:

- **“SIGN IN” – before the patient is put to sleep** in the anaesthetic room, the anaesthetist confirms the patient's identity and the procedure they have been consented +/- marked for, as well as checking for any allergies or airway issues and making sure all their equipment is working.
- **“TIME OUT” – before the operation starts**, the whole team stops what they are doing to confirm the patient's identity and check the consent form, as well as discussing a range of other variables such as bleeding risk, intended procedure,, antibiotic requirements and VTE prophylaxis.
- **“SIGN OUT” – before the patient leaves the theatre**, the theatre staff confirm that all instrument counts are correct, all specimens are correctly labelled and any issues around the patient's post-operative recovery have been addressed.

The checklist shown above is a guide, and in the UK each hospital tends to produce their own bespoke local checklist with extra items added as required.

### Prepping, Draping and the Sterile Field

After the Time Out phase, and on confirming with the anaesthetist that they are happy to proceed, the patient is **prepped and draped**. This involves **cleaning the skin** with an antiseptic solution such as iodine or chlorhexidine, which is applied and left on to dry. Patients often need to be **shaved** before the skin is prepped. If monopolar diathermy will be used, the **diathermy pad** is placed on an area of healthy skin. A **warming device** like a Bair Hugger might also be placed over the patient (prior to prepping). Next, **adhesive surgical drapes** are applied to outline the surgical field (e.g. the abdomen or leg) and cover up the rest of the patient and the operating table.

Whilst waiting for the patient to be prepped and draped (if you are scrubbed in), stand with your hands **clapsed in front of you at chest height** to stop yourself from touching anything not sterile.

Always ask the surgeon **where they would like you to stand** – they might want their assistant opposite them or next to them depending on the procedure.

Once the patient is draped, you can **approach the table**. It is important to be aware of the **sterile field** and what you are allowed to touch. **Things you can touch** include the front of your gown above your waist, the prepped surgical field, the draped area and any instruments the scrub staff give you. **Things you can't touch** include everything outside of this area.

The most common mistake medical students make is to forget that their **mask isn't sterile**. Another common pitfall is the **surgical lights**, which sometimes have sterile handles on them and sometimes don't – always check before touching them.



## Sharps

Surgery requires the use of **sharp objects** such as scalpel blades, needles and scissors. **Sharps safety** is therefore absolutely paramount in theatre. Here are some tips:

- **scalpels** and **hollow needles** are usually passed in a plastic kidney dish rather than directly hand-to-hand
- **suture needles** are handed over readily mounted on a needle holder and **should never be touched with your hands** – use a pair of forceps to pick them up and adjust their position if necessary
- when **hand-tying knots**, suture needles should always be **“parked”** with their point facing towards the needle holder, to avoid needlestick injury
- when **passing sharps back** to the scrub staff, always park the needle and clearly say **“needle back to you”** or **“sharp back to you”** to ensure they take extra care
- other things which may cause harm include the **diathermy**, which can be sharp and/or burn through gloves/drapes, **orthopaedic instruments** and **stapling devices**.

## Counts & Closing Ups

When the surgeon has finished the surgical procedure, they will then need to close the surgical cavity and tissue layers. Before this can happen, the scrub staff need to perform a **count** of all the instruments and other sterile equipment used during the procedure to ensure that everything is accounted for and nothing has been left inside the patient. This can take a little while, as the two people doing the count have to see every single item, even if it's still in use. **Try not to disturb the staff** while they're doing this. When they're finished they will tell the surgeon that the **“count is correct”**, and the surgeon will verbally acknowledge this.

At the end of the operation, the staff perform another **“skin”** count of all the instruments to make sure nothing has gone missing since the first one, and inform the surgeon that the **“skin count is correct”**. They again have to verbally acknowledge this. “Sign – Out” is then completed, and before the team and the patient leave theatre and before the patient is woken up.

## **After the Operation**

When the operation is finished, you need to **de-scrub** properly. **First**, remove your **gown** by turning it inside out and rolling it into a ball before placing it into the clinical waste bin along with your gloves. **Finally**, remove your **mask** and place it in the clinical waste bin too. **Then go and wash your hands** thoroughly – this is important for infection control.

The patient is **moved back onto a bed** using the Patslide. Unless they are very unwell, they usually stay in the theatre until they have woken up enough to be **extubated** safely, and are then taken round to the **recovery area** for a period of monitoring before they go back to the ward.

The surgeons will then prepare and label any **microbiology/histopathology** samples, and write the **operation notes**.

At this time, it is useful to **discuss** any learning points and interesting aspects of the case to help you to understand what was done and why.

**Before you leave the theatre suite, please inform the theatre staff for fire evacuation purposes.**

# Reporting Issues, Concerns & Incidents

The Trust has become aware that, on occasion, issues, concerns, or incidents are not always adequately escalated to senior managers or directors. Sometimes they are not appropriately actioned, including referral to relevant teams such as Safeguarding and not incident reported via the Trust's Incident Reporting System (Safeguard Incident Reporting System, also known as 'Ulysses': [Blackpool Teaching Hospitals NHS Foundation Trust \(xfyldcoast.nhs.uk\)](https://xfyldcoast.nhs.uk)). **If you do not have a login there is the option to login as a guest.**

On occasion, the Trust has become aware of such issues, concerns, or incidents via other routes, such as via the Coroner, CQC enquiries, Clinical Commissioning Group enquiries, informal and formal complaints, or whistleblowers, where no incident was reported at the time of the event or escalation to the appropriate manager has not taken place.

**All issues, concerns and incidents must be reported onto the Trust's incident reporting system without any delay, escalated to senior managers or directors and reported appropriately to the Safeguarding Team.**

**Staff who have been affected by an incident themselves or feel they cannot follow the process as set out for whatever reason, or feel they have not been listened to, can contact the Safeguarding Team personally or contact the Freedom to Speak Up Guardian. Details on how to do this, can be found on the Trust's intranet: <https://www.bfwh.nhs.uk/onehr/hr-policies-advice/freedom-to-speak-up-guardian/>**

The following is a brief summary of some of the types of events, where it is essential that an incident is reported onto the Trust's incident reporting system, escalated to a senior manager or director and referred to the Safeguarding Team immediately.

Incidents **must** be reported for all acts and/or omissions in care that have occurred that have resulted in:

- Unexpected or avoidable harm or injury to a patient, staff member, visitor or contractor.
- Unexpected or avoidable death of a patient or service user. This includes suicide/self-inflicted death and homicide by a person in receipt of mental health care.
- Actual or alleged abuse; for example, sexual abuse, physical or psychological ill treatment.
- Acts of omissions, which result in safeguarding concerns such as neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery.
- Failures in security, integrity, accuracy or availability of information (Data loss and or Information Governance issues).
- Property damage; Security breach/concern.
- Incidents in population-wide healthcare activities like screening and immunisation programmes
- Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS)
- Ward or unit closures or suspension of services or activation of a Major Incident Plan.
- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare within our organisation.
- Never Events – these incidents are defined as serious incidents, even though not all of these incidents will necessarily result in serious harm or death.

The above list is not exhaustive and if you have concerns about an issue or incident that is not listed in the above list, then escalate your concern to the person in charge, a senior manager or a director, contact the safeguarding team via switchboard or speak to the Incident Team: 01253 (9)53667 / [bfwh.incident.helpline@nhs.net](mailto:bfwh.incident.helpline@nhs.net)

## Raising an Issue or Concern

If, and when, you identify an issue or concern, no matter how insignificant you think it may be, the following must be followed:

- Tell the person in charge, who **must** ensure an incident form is completed (see flow chart 'HOW TO REPORT AN INCIDENT') and they must discuss the concern or issue with a senior manager or director, Safeguarding Team and record the conversation.
- Actual or alleged abuse; for example, sexual abuse, physical or psychological ill treatment **must** be reported to the Safeguarding Team immediately and must be reported as an incident (see flow chart 'HOW TO REPORT AN INCIDENT').

Staff who have been affected by an incident themselves or feel they cannot follow the process as set out for whatever reason or feel they have not been listened to, can contact the Safeguarding Team personally or contact the Freedom to Speak Up Guardian. Details on how to do this, can be found on the Trust's intranet: <https://www.bfwh.nhs.uk/onehr/hr-policies-advice/freedom-to-speak-up-guardian/>

We appreciate that some staff may feel worried about reporting certain types of sensitive safety concerns because they worry it may be detrimental to their role or position in the area. For this reason, staff can report incidents anonymously and can restrict the notifications it creates. However, please be aware that if an incident is reported anonymously, the incident team will be unable to provide feedback on the outcome of any investigations.

Full details of categories of incidents, serious incidents and Never Events can be found through the 'Useful Links' section of the Incident Reporting Home Page, along with training dates and videos for staff on reporting and managing incidents.

## HOW TO REPORT AN INCIDENT

An issue or concern has been identified

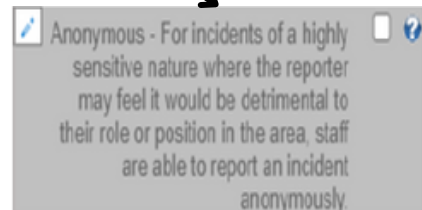
Tell the person in charge, who **must**, ensure an incident form is completed on the Safeguard System: <https://fcvmsrv267.xfyldecoast.nhs.uk/>. The person in charge must also discuss the concern or issue with a senior manager or director, a member of the safeguarding team and record escalation conversations that have taken place. An appropriate level of harm must be identified at this time, please use the link below for guidance.

[Levels of Harm - 21.10.2019.pdf \(xfyldecoast.nhs.uk\)](#)

The relevant department, ward or team will be notified of the incident for investigation purposes.

For any sensitive or confidential incidents, we can implement restrictions on the notifications. You can also tick this box if you wish to remain anonymous.

Dependent on the level of harm, either a local investigation or 72 hour rapid review will be undertaken. For moderate or above harm incidents, an After Incident Review (AIR) or Root Cause Analysis (RCA) will be carried out.



Following completion of an After Incident Review, the incident will be closed by the manager at an agreed level of harm, with actions and learning identified. Following completion of a Root Cause Analysis, the investigation report goes to a Patient Safety Panel meeting.

The outcome of the investigation can then be shared with relevant staff and teams involved in the incident and with other teams where appropriate.

The reporter will receive feedback on closure of the incident.

Following the closure of the incident, wider learning is shared, as appropriate, through existing forums.

# Raising Concerns

## Incident Reporting & 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 now required for any patient incident which has resulted in moderate to severe harm (levels 3, 4 and 5) and entails a face to face meeting with the patient and/or relatives/carer/person responsible, followed up by a letter, offering apologies for the event, followed by further contact if required, with information relating to any investigations carried out. It is the responsibility of the Clinician or Consultant responsible for the patient to ensure that this process is carried out. In some cases, such as for pressure ulcer incidents or falls, this responsibility can be delegated to the Matron.

The policy (CORP/POL/538) containing further guidance and templates for letters is available to download from the Document Library, Duty of Candour SharePoint and Risk Management sites on the Trust's Intranet page. Duty of candour is also incorporated within the incident form and manager's form on the Safeguard Incident Reporting 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.

Serious Incidents (including Never Events) where severe/major harm or death has occurred must be reported immediately to the relevant Associate Director of Nursing/Divisional Director and the Risk Management Department. These incidents are then reported on the Department of Health's Strategic Reporting system (StEIS) within 2 working days of the incident being identified. Further Guidance can be found in the Trust's Corporate Procedure – Untoward Incident and Serious Incident Reporting (CORP/PROC/101). Additional information and copies of completed Serious Incident reports can be accessed through the Risk Management site on the Trust's intranet site.

**It is crucially important that all staff report all incidents and near misses.** The Trust policy is to promote a fair, non-blame culture and that only under specific circumstances would disciplinary action be considered following a reported event.

**RISK MANAGEMENT TEAM      Bfwh.incident.helpline@nhs.net      Tel: 01253 953667**

## 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 can be contacted on 01253 951185 or [bfwh.ftsug@nhs.net](mailto: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/>



# Library Services

The library can be found within the Education Centre and is accessible 24 hours a day to Library members (bring your ID Badge to the library desk to have it activated).

The library is open between 8.30am and 4.00pm Monday to Friday.

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, in particular: accessing databases, undertaking literature searches and critical appraisal of research
- Current awareness bulletins on a range of specialist topics
- Printing, photocopying, scanning, binding and laminating facilities

Some of the online resources you may find particularly useful during your time here are:

**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.

**BMJ Best Practice** is an evidence-based generalist point of care tool, uniquely structured around the patient consultation with advice on symptom evaluation, test ordering and treatment approach. The clinical decision support tool is particularly useful for medical students, junior doctors, multidisciplinary team members (such as nurses and pharmacists), specialists working outside of their specialty, and primary care practitioners. BMJ Best Practice includes 1000+ evidence-based condition and symptom topics across 32 clinical specialties which provide the user with guidance throughout the full patient journey, from determining diagnosis and treatment approach to follow-up support.

## To join the Library scan the QR Code



# Medical Student Book Loan Service

We can send books out to you!

Collect and return from your hospital placement library.

To use this free service download a Request Form and get more information from the webpage below.

<http://www.liv.ac.uk/library/using/nhs-placement.html>

The Library have put together a list of Medical Education Exam Books which can be found using Heritage Online (cirqahosting.com)

To borrow any of these books you will need to be a member of the Library, you can register by using the QR codes around the Education Centre.

Once you are member you can borrow up to 10 items using the self-issue kiosk located in the Library, if the book you want it already out on loan you will be able to reserve it so you can borrow it once it is returned.

For more information about the services offered by the Library please see the webpage at <https://www.bfwh.nhs.uk/our-services/library/> or contact the team on [bfwh.library.services@nhs.net](mailto:bfwh.library.services@nhs.net)





# Meet our Clinical Skills Team



**Clare Lloyd-Walden**  
Head of Simulation and Clinical Skills



**Chris Veevers**  
Clinical Skills Facilitator  
Undergraduate Lead



**Mark Hatch**  
Clinical Skills Facilitator  
Simulation Lead



**Alison Ahmed**  
Clinical Skills Facilitator  
Rolling Programme



**Anne-Marie Walker**  
Clinical Skills Facilitator  
Postgraduate Lead



**Neil Berrigan**  
Clinical Skills Facilitator



**Steve Heald**  
Clinical Skills Technician



**Carol Park**  
Clinical Skills Facilitator  
Midwifery Lead  
Undergraduate Lead



**Lisa Roberts**  
Clinical Skills Facilitator



**Carly McDonough**  
Receptionist & PA



**Emily Bedford**  
Apprentice Receptionist

Here at Blackpool we have a purpose built clinical skills and simulation centre, with your own Learning Zone. The Learning Zone is open working days 7am -6pm, there is no need to book unless you would like one of the team to help you. We offer a wide range of training opportunities, through skills based training and simulation. Throughout the training we will not only focus on clinical skills but also on non-clinical elements of care that have both a direct and indirect impact on patient (and staff) safety and welfare. We offer use of our VR suite to help build your knowledge

**Please feel free to contact Chris with any clinical skills related queries**  
**[chris.veevers1@nhs.net](mailto:chris.veevers1@nhs.net)**  
**or**  
**01253 955671**



# Clinical Pathways

In 2013, Blackpool Teaching Hospitals was one of 14 hospitals identified by the Keogh Review as having had unusually high death rates in 2012-13. Blackpool acted on this information with the launch of the Better Care Now project in August 2013 which linked our quality and safety initiatives under one umbrella. One of these strands was to introduce clinical pathways for the top conditions that impact most on our mortality and morbidity. These conditions are Pneumonia, Sepsis, Stroke, Cardiac Chest Pain, Acute Kidney Injury, COPD, Fracture Neck of Femur, Acute Abdominal Pain and 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.



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 intranet so anyone can see how we are performing. The data has proved that the introduction of the pathways is improving care and quality to provide appropriate, relevant and timely care to some of our most vulnerable patients.

Since the launch of the first clinical pathway in August 2013 the work undertaken so far has produced some excellent results and a marked improvement in some of the mission critical areas of treatment for patients. The Trust has also reported reductions in our mortality rates in both the Summary Hospital Mortality Indicator (SHMI) and the Risk Adjusted Mortality Index (RAMI). The SHMI figures have been reduced from 125 in April 2012 to less than 111 in April 2014 and RAMI had fallen from 111 in April 2012 to 86 in April 2014.

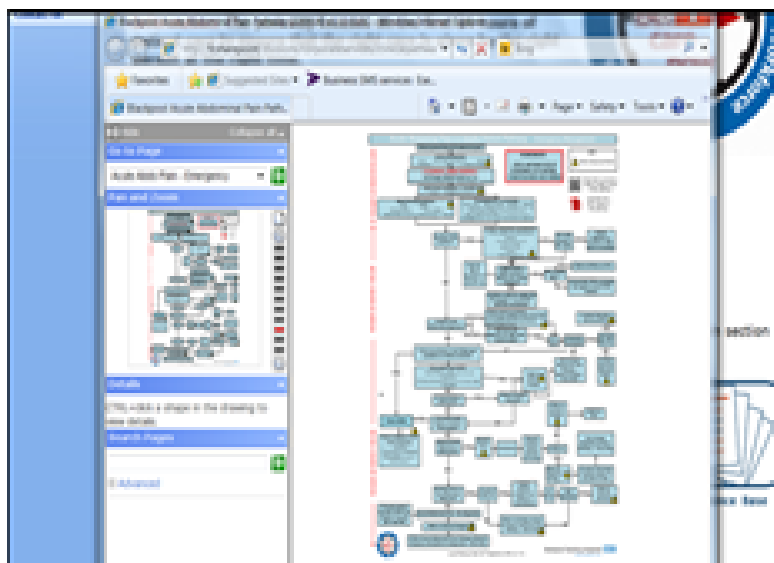
# How to access Clinical Pathways



Once you have clicked on the icon you will be taken to the Trust intranet page (as shown above). On the right hand side of the page you will see the section that says 'Click here to access all Better Care Now pathways'



Please click on each pathway for more information and to view the flowchart of care (as shown opposite)



## Mobile-friendly Versions

To access the pathways in a smartphone/tablet friendly format go to:

<http://www.bfwh.nhs.uk/mobile/pathways/>

# How to Access CYBERLAB

The Trust has implemented an electronic order communication system named (CyberLab/Rad). Cyber is used to order and view Pathology and Radiology investigations for all inpatients.

## **Access CyberLab/Rad e-Learning via the Learning Management System (e-Class)**

To access CyberLab/Rad e-Learning package, users must type the following URL

**<https://bth.traineasy.com/>** into the address bar of Internet Explorer. Accessing this through Internet Explorer on a desktop PC/laptop will allow the CyberLab/Rad e-Learning package to run to its optimum ability.

Click the **LOGIN** link and enter your **Organisation e-mail credentials e.g. firstname.surname@nhs.net** and temporary password of **Changeme.1** (Please note: this password is case sensitive). The system will also force the user to change this password.

Click the **Training Catalogue** menu, **BTH e-Learning Suite** menu and then **Cyberlab/Rad – Read Only** course. Once you have confirmed your enrolment the next page displays the course outline, classroom/e-learning session, training materials and any supporting documentation that may be of help to the end-user. Under Topic 1 click the link '**CyberLab/Rad e-Learning**' to launch the e-learning course and then click the **enter** button. The CyberLab/Rad will be displayed in a new window, to start e-learning, click the **Go** button.

# Social Media - Best Practice

## bma-ethics-guidance-on-social-media-2018.pdf

### You are still a doctor or medical student on social media

What you say and post online is ultimately down to your own personal judgement. If you use social media to post about medical issues or blog about your day-to-day experiences, then ethical and professional standards will more clearly apply to what you share, compared with posting about your personal life or interests outside medicine.

However, you are still a doctor or medical student on social media, even if you don't identify yourself as such or post about medical matters. The ethical and legal standards expected of you by the GMC and the broader, less well-defined professional expectations of your peers can still apply online as in any other part of everyday life. Respect patients and colleagues and take a cautious approach to anything that you think could affect your professional standing.

The GMC has [guidance for doctors](#) and [for medical students](#) on social media. The RCGP has also published a '[Social media highway code](#)', which covers health professionals' use of social media in more detail. The BMA medical student toolkit discusses [professional values](#) and how these relate to [social media](#) and when you are 'off-duty'.

You should also check if there is a social media policy where you work or are on placement.

### Protect patient confidentiality

You have the same legal and ethical duties of patient confidentiality on social media as anywhere else. If you blog or even just share stories or anecdotes about your day-to-day clinical experiences or student placements, think carefully about the information you include and whether you will need to get consent from patients.

Be particularly vigilant when discussing anything relating to individuals or specific medical cases. Even after you have removed or heavily anonymised information that would directly identify patients, it may still be possible for a patient or their families to identify themselves from the individual bits of information that remain.

Read and follow the [guidance on consent and disclosure of information from the GMC](#).

### Follow GMC guidance before taking and sharing pictures of patients or where you work

If you want to take or share images of patients or ones that are related to a specific case and publish them online, you will need to get patient consent and follow GMC guidance. Even if you are just taking pictures of your workplace, be careful not to inadvertently capture anything or anyone that could breach confidentiality.

### Maintain professional boundaries

It is possible that using social media can blur personal and professional boundaries, but it is important to try to maintain a professional distance between you and your patients. For example, if you use Facebook as a personal space online, in general, it may not be wise to accept friendship requests from patients. There may be times though when you will need to use your judgement. Doctors working in small communities are likely to have friends who are patients or former patients, so it may not be possible or desirable to maintain boundaries online in this way.

There may be other situations in which you may interact with a patient online. This is not problematic in itself but in general there should be an overriding presumption against online interactions with people who you only know from a doctor-patient context.

### Think before you share

The informality and real-time nature of social media are two of its strengths but they are also potential pitfalls. Medicine can be a challenging and stressful job and while it may be tempting to let off steam or 'speak your mind', your Twitter account may not always be the best place to do it. A good rule of thumb is don't post when angry, drunk or emotional and don't say or reveal anything on social media that you wouldn't be happy to see printed in a newspaper.

You have rights to free speech but they are not absolute. Remember that defamation law applies online – avoid adverse comments about individuals or organisations, which could be perceived to be gratuitous or unsubstantiated.



# Social Media - Best Practice

## Think about whether you want to post anonymously as a doctor or identify yourself

The GMC states that if you identify yourself as a doctor online it is best practice, but not mandatory, to also give your name. For the GMC, identifying yourself as a doctor when discussing health and healthcare issues (as opposed to other topics) gives weight and credibility to your views. They may also be taken to represent those of the profession more widely. Ultimately though, it is a matter for your own judgement.

The [GMC's own explanation](#) as to why it introduced this advice is worth reading. It was published in response to concerns raised by doctors and emphasised that a decision not to identify yourself is not itself a fitness to practise issue, but it could be considered alongside other more serious factors, such as bullying, breaches of confidentiality or breaking the law.

## Be open about any conflicts of interest

If you are posting as a doctor, your posts are likely to be taken on trust. Be honest and avoid, or be open, about any conflicts of interest. The **GMC has guidance on conflicts of interest** which you should read and follow. You might also want to consider using sites that allow you to voluntarily declare your interests.

## Be cautious in giving medical advice on social media

Doctors and medical students can have a powerful voice in healthcare debates and you can use your expertise and experience in providing authoritative information to the public. Signposting sources of information or answering general questions of fact is unlikely to be problematic. However, there would be significant risks in providing personalised health advice via social media to members of the public, and this should be avoided. The GMC is also clear that you should not use publicly accessible social media to discuss your patient's health with them or anyone else.

## Manage your privacy settings and content

It's up to you how secure or private you want to make your online profiles but, whatever settings you choose, privacy can never be guaranteed and there is always the risk that what you post could be shared wider than you intended. Even ostensibly private spaces on social media – such as direct messages on Twitter, for example, can be screen-captured and shared out of context. The internet is often forgetful but it can also have a long memory. It is worthwhile reviewing your social content to ensure you are still happy for it to be accessible.

# What to do if you have sustained a needlestick/splash injury

Needle stick safety should always be a priority.  
The following simple steps should not be ignored.

## Step one – Clean the Wound (First Aid)

Squeeze and encourage the area to bleed whilst running under water. Use soap and water to clean the area, apply a water proof dressing.

## Step two – Report the Incident

Always report the needle stick/splash injury; via the incident report system according to protocol. Contact/attend Occupational health (A & E if out of hours). Complete form (appendix 2) from the policy which you can find in the Staff Health and Wellbeing folder or on the intranet one HR portal [www.bfwh.nhs.uk/onehr](http://www.bfwh.nhs.uk/onehr). It is important to complete all fields to assist the Occupational Health Nurse when processing the paperwork and placing into recall.

Occupational Health will assist you in completing the forms if you are having difficulties  
– Ring us!

If it is a ‘high risk’ injury, i.e. source patient is known to be positive Hep B, Hep C or HIV, or they have risk factors for these you must report to A & E immediately. If you are not sure, ring Occupational Health for advice.

## Step three – Testing and Boosting

Informed Consent from Donor (source - usually the patient) is required before a blood sample can be obtained for Hep B, Hep C and HIV testing. The injured person (recipient) has bloods taken for storage only at this stage. If you have not received a Hep B booster in the last 12 months, we advise you do so, if you are unsure – ring Occupational Health. If you are a true “non-responder or low-responder”, it is important that you attend A & E or Occupational Health as soon as possible as your treatment may be different.

## Step four – Retesting

In order for this to be successful – Step two needs to have been addressed. This allows Occupational Health then to recall you as appropriate. PLEASE NOTE; IF YOU DO NOT REPORT YOUR INJURY THERE WILL BE NO OCCUPATIONAL HEALTH RECORD AND WE WILL NOT BE ABLE TO PROVIDE YOU WITH THE NECESSARY CARE/ADVICE/REASSURANCE. WE DO HEREOF, RE-ITERATE THE IMPORTANCE OF YOU REPORTING THE INJURY; IF IN DOUBT YOU CAN ALWAYS CALL US. **IT IS THAT EASY!**

Remember, you are taking care of yourself by reporting your injury, ensuring that you are recalled allowing Occupational Health to deliver the necessary care to you.

Please help us to help you.

Contact number: 01253 957950

# Welcome to Blackpool Victoria Hospital



Suggested Car Park for Main Outpatients appointments subject to availability – alternative Main Entrance Car Park

Department	Area	Floor	Department	Area	Floor
A&E Entrance	3	G	Primary Care Dept	3	G
Accident & Emergency (A&E)	3	G	Reception A	1	G
Accounts Office	1	G	Reception B	1	G
Acute Medical Unit	3	1st	Reception - Blue	4	1st
Adult Cyclic Fibrosis Service	4	1st	Reception - Cardiac	12	G
Adult Cyclic Fibrosis Service	4	1st	Reception - Women & Children's	8	G
Ambulance Liaison Office	1	G	Research & Development	5	2nd
Arrangements Office	2	G	Restaurant	1	1st
Birth Centre	8	G	Retail Units	16	G
Blue Skies Shop	1	G	Security Office	1	G
Breast Care Centre	2	G	Simulation & Skills Centre	2	2nd
Cafeteria	12	G	Speech Therapy	14	G
Cafeteria	12	G	Surgical Appliances	1	G
Cardiac Reception	12	G	Surgical Centre	7	G
Cardiac ITU	12	2nd	Surgical Rapid Access Unit	3	1st
Cardiac Investigation Unit	12	G	Surgical (SBAC)	16	2nd
Cardiology Day Ward	12	G	Trust Headquarters	3	G
Car Parking Office	16	G	Urgent Care Centre	7	G
Chapel	3	G	Urology	8	G
Children's Assessment	8	1st	Victoria Centre	8	G
Children's Wards	8	1st	Ward C	8	2nd
Children's Wards	8	1st	Ward D	8	3rd
Combined Assessment and Treatment Unit (CAT)	3	1st	Ward E (Haem Ward)	8	4th
Coronary Care Unit	12	1st	Ward 1 (HDU)	4	G
Diabetic Resource Centre	4	G	Ward 2	4	1st
Dietetics & Nutrition	4	G	Ward 3	4	2nd
Education Centre	14	G	Wards 5 & 7	5	1st
Entrance East Park Drive	2	G	Ward 6	5	1st
Entrance East Park Drive	2	G	Ward 8	5	2nd
Gastroenterology	6	G	Ward 10	5	G
Haematology & Oncology	5	G	Ward 11	5	1st
Home	15	G	Ward 12	5	2nd
Intensive Therapy Unit	3	G	Ward 14 (Surgical Centre)	7	1st
Information Desk	5	G	Ward 15 (Surgical Centre)	7	1st
Lancashire suite	12	1st	Ward 16 (Surgical Centre)	7	1st
Main Entrance	16	G	Ward 18	3	1st
Main Entrance Outpatients	1	G	Ward 19	3	1st
McMillan Windmill Unit	8	1st	Ward 23	3	2nd
Medical Rectus Unit	5	G	Ward 24	3	2nd
Medical Photography	5	G	Ward 25	3	2nd
Mortuary	2	G	Ward 26	3	2nd
Neonatal Unit	8	1st	Ward 32 (Stroke)	11	G
Occupational Health	13	G	Ward 33 (Stroke)	11	G
Occupational Health	13	G	Ward 34 (Orthopaedic)	11	1st
Orthopaedic Surgical Unit	5	G	Ward 35 (Orthopaedic)	11	1st
Orthopaedic Surgical Unit	5	G	Ward 37	12	1st
Orthopaedic Department	2	G	Ward 38	12	1st
Pathology	2	G	Ward 39	12	1st
Pharmacy	5	G	X-Ray Central	4	G
Physiotherapy	1	G	X-Ray North	3	G

Blackpool map 07 v2 1405/50thms 14.06.07 MH



**We hope you enjoy your time on  
Placement with us at Blackpool.**

**Please do not hesitate to  
[bfwh.undergraduate.education@nhs.net](mailto:bfwh.undergraduate.education@nhs.net),  
we are here to support you**

