

MEDICAL TRAINEE HANDBOOK



CONTENTS

Subjects

Page No.

Starting at the Trust

About the team- Medical Education Staff.....	4
College Tutors/Trust Specialty Training Lead.....	9
Educational and Clinical Supervisors.....	10
Consultants “Who is Who”	15
Induction	16
IT – Usernames and Passwords.....	17
Mandatory Training.....	18
Nexus Patient Record (NPR) training links.....	21
Departmental Induction	22
Site Map	23
Travel	24
Staff Catering	26
Security	27

Working in your department

Rota Coordinators	28
Study Leave	29
How to Use the Bleep System	30
Bleep 600 (Deteriorating Patient)	32
Resuscitation	33
Terminology	36
Physician Associates	37
Handover	38
Clinical Pathways	39
Factsheets (Blood Groups)	40
Phlebotomy	48
Untoward Incident Reporting	50

....Continued on Page 3

Death Certification.....	53
 Education & Development	
Supervision	54
Curriculum Mapped Job Descriptions	55
Teaching	56
Simulation & Skills Centre	61
Library	63
Quality Assurance Programme	65
 <u>Advice and Guidance</u>	
Medical Deployment Team	66
Raising concerns	67
Sickness Absence	69
OneHR site	70
Pay and Pensions	71
Policies and Procedures	73
 <u>Additional Information</u>	
Doctor's Mess	74
Undergraduates	75
Childcare: Victoria Hospital Nursery.....	76
Computer Room for Trainees	77
Employee Assistance Programme	78
What to do After Working a Late or Night Shift	79
SupportTT and LTFT.....	81

MEDICAL EDUCATION TEAM

The Medical Education Team would like to welcome you to Blackpool Teaching Hospitals. We hope you find your placement 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 trainees. 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:



Sharon Adams
*Associate Director of OD, Education
and Learning*
sharon.adams4@nhs.net
Tel: 01253 (9) 55121



Dr Kate Goldberg
*Director of Clinical and
Medical Education*
dr.goldberg@nhs.net



Dr Stephen Davies
*Consultant Anaesthetist & Associate
Director of Medical Education*
stephen.davies22@nhs.net



Mr Jonathan Barker
*Associate Director of Medical Education -
Undergraduate*
jonathan.barker@nhs.net
Tel: 01253 (9) 56346



Kate Stannard
*Assistant Director of Medical and
Clinical Education*
kate.stannard@nhs.net
Tel: 01253 (9) 55245



Dr Hanadi Sari-Kouzel
Associate Foundation Programme Director
dr.sari-kouzel@nhs.net
Tel: 01253 (9) 55592



Dr Mariam Khan
*Foundation Programme Director
Year 1*
mariam.khan3@nhs.net
Tel: 01253 (9) 55592



Mr Adrian Mckenna
Foundation Programme Director Year 2
adrian.mckenna2@nhs.net



Dr Meenakshi Varia
GPST Training Programme Director



Dr Nayla Ishaq
Trust Lead for LED/IMG Doctors
nayla.ishaq@nhs.net



Dr Tessa Malone
*Trust Lead for LTFT Training
& SuppoRTT*
tessa.malone@nhs.net



Mr Romaih Al-Idari
*Trust Speciality Training Lead
for Physician Associates*
mr.al-idari@nhs.net



TBC
*Quality Improvement and
Leadership Lead*



Mr Praveen Rao
SAS Lead
mrp.rao@nhs.net



Dr Nayla Ishaq
*Undergraduate Lead -
Lancaster Medical School*
nayla.ishaq@nhs.net



Dr Sneha Varughese
*Undergraduate Lead -
Liverpool Medical School*
s.varughese@nhs.net



Laura Orwin
*Medical Education and
Quality Manager*
laura.orwin1@nhs.net
Tel: 01253 (9) 53032



Emily Croucher
Postgraduate Manager
emily.croucher@nhs.net
Tel: 01253 (9) 55242



Rachel Cowell
Deputy Quality Manager
rachel.cowell@nhs.net
Tel: 01253 (9) 52537



Dawn Grindrod
Deputy Postgraduate Manager
dawn.grindrod@nhs.net
Tel: 01253 (9) 55028



Yvonne Coyle
GPST Coordinator
bfwh.postgraduate.education@nhs.net
Tel: 01253 (9) 55243



Trish Broadhead
*Foundation
Programme Administrator*
bfwh.foundation.education@nhs.net
Tel: 01253 (9) 53193



Sally Hodgson
Postgraduate Administrator
bfwh.postgraduate.education@nhs.net
Tel: 01253 (9) 52393



Mia Blackburn
ST Administrator
bfwh.postgraduate.education@nhs.net
Tel: 01253 (9) 58084



Julie Summers
Undergraduate Manager
julie.summers4@nhs.net
Tel: 01253 (9) 55118



Claire Weston
Deputy Undergraduate Manager
claire.Weston13@nhs.net
Tel: 01253 (9) 58089



Claire Broadstock
Undergraduate Coordinator
bfwh.undergraduate.education@nhs.net
Tel: 01253 (9) 55241



Hayley Turner
Undergraduate Coordinator
bfwh.undergraduate.education@nhs.net
Tel: 01253 (9) 55120



Amanda McAllister
Undergraduate Administrator
bfwh.undergraduate.education@nhs.net
Tel: 01253 (9) 57005



Nieve Higgins
Quality and Engagement Apprentice
nieve.higgins@nhs.net
Tel: 01253 (9) 52992



Tony Rathbone
Education Centre Assistant
tony.rathbone@nhs.net
Tel: 01253 (9) 56085



Li Thompson
Receptionist/Events Co-Ordinator
elissa.thompson1@nhs.net
Tel: 01235 (9) 57838

MEDUCATION 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

We have created a Facebook group and an Instagram account where we will share updates and information relevant to your training and education at BTH. These pages are for Medical Postgraduate and Undergraduate, Student Nurses, Midwives and AHPs, SAS and LED/IMG doctors.

You can find us on:

X (formerly Twitter) - [@BTHEducation](https://twitter.com/BTHEducation)

Instagram – [BTHClinicalEducation](https://www.instagram.com/BTHClinicalEducation)

Facebook – [BTHClinicalEducation](https://www.facebook.com/BTHClinicalEducation)

Make sure you're following us to stay up to date with Medical and Practice Education!

If you have an event planned that you would like us to spotlight for education, or you have been involved in an educational achievement you would like to showcase, please email nieve.higgins@nhs.net.

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.

Here is a list of our Trust Specialty Training Leads:

Title	Department	Name
TPD & Trust Specialty Training Lead	ACCS Training	Dr Jonathan Argall
Trust Specialty Training Lead	ACCS Training	Dr Sharmin Shohelly
Trust Specialty Training Lead	Anaesthetics	Dr John Barrett
Education Lead	Cardiac Anaesthetics	Dr Neil Britton
Educational Lead	Cardiology	Professor Anoop Chauhan
Trust Specialty Training Lead	Cardiothoracic Surgery	Mr Antony Walker
Trust Specialty Training Lead	IMT	Dr Rachel Argyle
IMT Clinical Educator	IMT	Dr Suzanne Wong
Trust Specialty Training Lead & College Tutor	Emergency Medicine	Dr Andrew Icton
Trust Specialty Training Lead	ENT	Miss Ileana Anderco
College Tutor	General Surgery	Miss Corinne Owers
Trust Specialty Training Lead	Higher General Surgery	Mr Jonathan Barker
Education Lead	Haematology	Dr Paul Cahalin
Trust Specialty Training Lead & College Tutor	Higher Medicine	Dr Andrew Jeffries
Trust Specialty Training Lead	Histopathology	Dr Elizabeth Mallinson
Education Lead	ICM	Gareth Hardy
Trust Specialty Training Lead and College Tutor	Obstetrics and Gynaecology	Ms Sophia Goh
Trust Specialty Training Lead	Ophthalmology	Mr Tarek Saleh
Trust Specialty Training Lead	Orthopaedics	Mr Vishwanath Shetty
Trust Specialty Training Lead	Paediatrics	Dr Surya Pavani Pakalapati
Trust Specialty Training Lead	Psychiatry	Dr Esther Chilman & Dr Shekar Gangaraju
Trust Specialty Training Lead	Radiology	Dr Nirmali Dutta

Educational and Clinical Supervisors

Here you will find a list of Educational and Clinical Supervisors in the Trust and their departments.

Title	Forename	Surname	ES/CS	Specialty
Dr	Aloaye	Foy-Yamah	ES/CS	AMU
Dr	Amina	Farooq	CS	AMU
Dr	Gurkaran	Samra	ES/CS	AMU
Dr	Israr	Abbasi	CS	AMU
Mr	Magdi	Ibrahim	CS	AMU
Dr	Malek	Al-Moutlak	CS	AMU
Dr	Mazhar	Alam	ES/CS	AMU
Dr	Muhammad	Khan	ES/CS	AMU
Dr	Muhammad	Siddiqui	CS	AMU
Dr	Taimur	Gulfam	ES/CS	AMU
Dr	Tarek	Abdelaziz	CS	AMU
Dr	Allan	Monks	ES/CS	Anaesthetics
Dr	Andrew	Knowles	ES/CS	Anaesthetics
Dr	Andy (Yuet)	Ng	ES/CS	Anaesthetics
Dr	Anil	Kumar	ES/CS	Anaesthetics
Dr	Anwar Ul	Haq	ES/CS	Anaesthetics
Dr	Arunkumar	Sivasubramanian	ES/CS	Anaesthetics
Dr	Barbara	Lord	ES/CS	Anaesthetics
Dr	Caroline	Murphy	ES/CS	Anaesthetics
Dr	Chris	Clarke	ES/CS	Anaesthetics
Dr	Chris	Dunkley	ES/CS	Anaesthetics
Dr	Chris	Rozario	CS	Anaesthetics
Dr	Christopher	Till	ES/CS	Anaesthetics
Dr	Dale	Watson	ES/CS	Anaesthetics
Dr	David	Hume	ES/CS	Anaesthetics
Dr	Dzmitry	Zabauski	ES/CS	Anaesthetics
Dr	Emma	Jackson	ES/CS	Anaesthetics
Dr	Gemma	Lee	ES/CS	Anaesthetics
Dr	Graham	Johnson	ES/CS	Anaesthetics
Dr	Heba	Arafat	CS	Anaesthetics
Dr	Jason	Cupitt	ES/CS	Anaesthetics
Dr	John	Barrett	ES/CS	Anaesthetics
Dr	Laura	Blood	ES/CS	Anaesthetics
Dr	Marium	Khan	ES/CS	Anaesthetics
Dr	Mark	Children	ES/CS	Anaesthetics
Dr	Michael	Hartley	CS	Anaesthetics
Dr	Mohamed	Tokaishem	ES/CS	Anaesthetics
Dr	Mohammed	El-Shamy	ES/CS	Anaesthetics
Dr	Muragesh	Kinagi	ES/CS	Anaesthetics
Dr	Neil	Britton	ES/CS	Anaesthetics
Dr	Nick	Harper	ES/CS	Anaesthetics
Dr	Nilu	Bhadra	ES/CS	Anaesthetics
Dr	Palanikumar	Saravanan	CS	Anaesthetics
Dr	Petr	Martinovsky	ES/CS	Anaesthetics
Dr	Richard	Cross	ES/CS	Anaesthetics

Dr	Robert	Downes	ES/CS	Anaesthetics
Dr	Robert	Thompson	ES/CS	Anaesthetics
Dr	Roshith	Chandran	ES/CS	Anaesthetics
Dr	Senka	Baranovic	ES/CS	Anaesthetics
Dr	Sharmin	Shohelly	Es/CS	Anaesthetics
Dr	Simon	Mills	ES/CS	Anaesthetics
Dr	Simon	Vaughan	ES/CS	Anaesthetics
Dr	Steph	Reed	ES/CS	Anaesthetics
Dr	Stephen	Davies	ES/CS	Anaesthetics
Dr	Stephen	Wiggans	ES/CS	Anaesthetics
Dr	Wendy	Aubrey	ES/CS	Anaesthetics
Dr	William	Simpson	ES/CS	Anaesthetics
Dr	Alison	Seed	ES/CS	Cardiology
Dr	Amr	Gamal	ES/CS	Cardiology
Dr	Andrew	Wiper	ES/CS	Cardiology
Professor	Anoop	Chauhan	ES/CS	Cardiology
Dr	Aruna	Arujuna	ES/CS	Cardiology
Dr	Christopher	Cassidy	ES/CS	Cardiology
Dr	David	Roberts	ES/CS	Cardiology
Dr	Gavin	Chu	ES/CS	Cardiology
Dr	Gavin	Galasko	ES/CS	Cardiology
Dr	Hesham	Abdelaziz	ES/CS	Cardiology
Dr	Jonas	Eichhofer	ES/CS	Cardiology
Dr	Kenneth	Wong	ES/CS	Cardiology
Dr	Rachel	Argyle	ES/CS	Cardiology
Dr	Ranjit	More	ES/CS	Cardiology
Dr	Sajil	Chail	ES/CS	Cardiology
Dr	Scott	Gall	ES/CS	Cardiology
Dr	Sunita	Avinash	ES/CS	Cardiology
Dr	Tawfiqur	Choudhury	ES/CS	Cardiology
Mr	Ali Zamir	Khan	CS	Cardiothoracic Surgery
Mr	Amal	Bose	ES/CS	Cardiothoracic Surgery
Mr	Anthony	Walker	ES/CS	Cardiothoracic Surgery
Mr	Carmelo	Raimondo	ES/CS	Cardiothoracic Surgery
Mr	David	Rose	ES/CS	Cardiothoracic Surgery
Mr	Joseph	Zacharias	ES/CS	Cardiothoracic Surgery
Mr	Joyce	Thekkudan	ES/CS	Cardiothoracic Surgery
Mr	Manoj	Purohit	ES/CS	Cardiothoracic Surgery
Mr	Nidal (Mohamed)	Bittar	ES/CS	Cardiothoracic Surgery
Dr	Adedolapo	Gbadebo	ES/CS	Care of the Older Person
Dr	Anastasia	Pseftinakou	ES/CS	Care of the Older Person
Dr	David	McGhee	ES/CS	Care of the Older Person
Dr	Faridah	Harun	ES/CS	Care of the Older Person
Dr	Nayla	Ishaq	ES/CS	Care of the Older Person
Dr	Sabry	Talab	ES/CS	Care of the Older Person
Dr	Suzanne	Wong	ES/CS	Care of the Older Person
Dr	John	Forge	ES/CS	Dermatology
Dr	Abdelmonim	El-Hakim	ES/CS	Emergency Medicine
Dr	Adeline	Israel	ES/CS	Emergency Medicine
Dr	Afzal	Imtiaz	ES/CS	Emergency Medicine
Dr	Ahmed	Abouzeid	ES/CS	Emergency Medicine
Dr	Ahmed	Nazeem	ES/CS	Emergency Medicine
Dr	Andrew	Iceton	CS	Emergency Medicine
Dr	Anthony	Kearns	ES/CS	Emergency Medicine
Dr	Gareth	Hardy	ES/CS	Emergency Medicine
Mr	Jonathan	Argall	ES/CS	Emergency Medicine
Dr	Iqbal	Singh	ES/CS	Emergency Medicine
Mr	Nigel	Kidner	ES/CS	Emergency Medicine
Mr	Romaih	Al-Idari	ES/CS	Emergency Medicine
Dr	Samuel	Guest	ES/CS	Emergency Medicine
Dr	Simon	McKay	ES/CS	Emergency Medicine
Dr	Syed	Iqbal	ES/CS	Emergency Medicine
Dr	Tariq	Juno	ES/CS	Emergency Medicine
Dr	Ahmed	Salman	ES/CS	Endo & Diabetes

Dr	Hamzeh	Al-Arqa	ES/CS	Endo & Diabetes
Dr	Inamullah	Khan	ES/CS	Endo & Diabetes
Dr	Myint	Aye	ES/CS	Endo & Diabetes
Dr	Shahjehan	Qazi	ES/CS	Endo & Diabetes
Dr	Yasir	Ihsan	ES/CS	Endo & Diabetes
Mrs	Aditi	Shanbhag	ES/CS	ENT
Mr	Ajay	Nigam	CS	ENT
Miss	Ileana	Anderco	ES/CS	ENT
Mr	Paul	Hans	ES/CS	ENT
Mr	Syed	Kazmi	ES/CS	ENT
Mr	William	Aucott	ES/CS	ENT
Dr	Rhys	Butcher	ES/CS	Gastroenterology
Dr	Senthil	Murugesan	ES/CS	Gastroenterology
Dr	Shelly	Soo	ES/CS	Gastroenterology
Mr	Adrian	McKenna	ES/CS	General Surgery
Mr	Alexander	Blackmore	ES/CS	General Surgery
Miss	Corinne	Owers	ES/CS	General Surgery
Mr	Debasish	Debnath	ES/CS	General Surgery
Mr	Jonathan	Barker	ES/CS	General Surgery
Mr	Jonathan	Heath	ES/CS	General Surgery
Miss	Lynn	Douglas	ES/CS	General Surgery
Miss	Mihaela	Creanga	CS	General Surgery
Mr	Mohammed Azam	Khan	CS	General Surgery
Dr	Mohammed Aseef	Yehiyan	ES/CS	General Surgery
Mr	Mujahid	Khurshid	CS	General Surgery
Mr	Pasupathy	Kiruparan	ES/CS	General Surgery
Dr	Thamotharampillai	Suriyakumaran	ES/CS	General Surgery
Mr	Thu Ya	Linn	ES/CS	General Surgery
Mr	Zaid	Al-hamid	ES/CS	General Surgery
Dr	Benedict	Holden	ES/CS	GUM
Dr	Bosko	Anjelic	ES/CS	Haematology
Dr	Botheina	Farweez	ES/CS	Haematology
Dr	Marian	Macheta	ES/CS	Haematology
Dr	Mark	Grey	ES/CS	Haematology
Dr	Mohammad	Qureshi	ES/CS	Haematology
Dr	Oluseye	Kolade	ES/CS	Haematology
Dr	Paul	Cahalin	ES/CS	Haematology
Dr	Raisa	Guerrero Camacho	ES/CS	Haematology
Dr	Alka	Patankar	ES/CS	Histopathology
Dr	Danielle	Bury	ES/CS	Histopathology
Dr	Dariusz	Golka	CS	Histopathology
Dr	Lipsita	Patnaik	ES/CS	Histopathology
Dr	Rajan	Chopra	ES/CS	Histopathology
Dr	Sameer	Shaktawat	ES/CS	Histopathology
Dr	Suboda	Weerasinghe	CS	Histopathology
Dr	Nazar Ulla	Syed	CS	Infectious Diseases
Dr	Elizabeth	Haslett	ES/CS	Obs & Gynae
Mr	Eric	Mutema	ES/CS	Obs & Gynae
Mr	Ian	Arthur	ES/CS	Obs & Gynae
Dr	Johnson	Amu	ES/CS	Obs & Gynae
Dr	June	Davies	ES/CS	Obs & Gynae
Dr	Karl	McPherson	ES/CS	Obs & Gynae
Dr	Randa	Omer	ES/CS	Obs & Gynae
Dr	Reem	Nasur	ES/CS	Obs & Gynae
Dr	Reham	Ahmed	ES/CS	Obs & Gynae
Dr	Sor	Goh	ES/CS	Obs & Gynae
Mr	Ahmed	Gomaa	ES/CS	Ophthalmology
Mr	Ahmad	Khalil	ES/CS	Ophthalmology
Dr	Kavitha	Duraipandi	ES/CS	Ophthalmology
Dr	Mohammad	Aly	ES/CS	Ophthalmology
Dr	Mouna	Al Saad	ES/CS	Ophthalmology
Dr	Rabia	Jalali	ES/CS	Ophthalmology
Mr	Rajeev	Tanawade	ES/CS	Ophthalmology
Mrs	Savitha	Prasad	ES/CS	Ophthalmology

Mr	Tarek	Saleh	ES/CS	Ophthalmology
Dr	Vasileios	Chronis	ES/CS	Ophthalmology
Dr	Anthony	Laycock	ES/CS	Paediatrics
Dr	Christopher	Rawlingson	ES/CS	Paediatrics
Dr	Idris	Ahmed	ES/CS	Paediatrics
Dr	Jayne	Hopewell	ES/CS	Paediatrics
Dr	Katherine	Goldberg	ES/CS	Paediatrics
Dr	Morris	Gordon	ES/CS	Paediatrics
Dr	Nancy	KatKat	CS	Paediatrics
Dr	Nicola	Cable	ES/CS	Paediatrics
Dr	Odigie	Akhuemokhan	CS	Paediatrics
Dr	Peter	Curtis	ES/CS	Paediatrics
Dr	Rabin	Mohanty	ES/CS	Paediatrics
Dr	Ramani	Nanayakkara	ES/CS	Paediatrics
Dr	Sunitha	Peiris	ES/CS	Paediatrics
Dr	Surya	Pakalapati	ES/CS	Paediatrics
Dr	Amy	Gadoud	ES/CS	Palliative Care (Trinity)
Dr	Andrea	Whitfield	ES/CS	Palliative Care
Dr	Emily	Deck	ES/CS	Palliative Care (Trinity)
Dr	Harriet	Preston	ES/CS	Palliative Care
Dr	Martin	Davidson	ES/CS	Palliative Care (Trinity)
Dr	Richard	Feaks	ES/CS	Palliative Care (Trinity)
Dr	Bakhtiar	Ahmad	ES/CS	Radiology
Dr	Bangalore	Sanjeev Kumar	CS	Radiology
Dr	Chee	Liew	ES/CS	Radiology
Dr	Dave	Hodgson	ES/CS	Radiology
Dr	Haren	Varia	CS	Radiology
Dr	Janet	Stringfellow	ES/CS	Radiology
Dr	Kashif	Liaqat	CS	Radiology
Dr	Linda	Hacking	ES/CS	Radiology
Dr	Martina	Paetzel	ES/CS	Radiology
Dr	Muhammad	Usman	ES/CS	Radiology
Dr	Nirmali	Dutta	ES/CS	Radiology
Dr	Paul	Billington	ES/CS	Radiology
Dr	Sadaf	Jabeen	CS	Radiology
Dr	Voon Hoi (Frank)	Lo-Ying-Ping	CS	Radiology
Dr	Wael	Mati	ES/CS	Radiology
Dr	Adeel	Ashraf	ES/CS	Respiratory
Dr	Ahmed	Al-Ajrash	ES/CS	Respiratory
Dr	Amrithraj	Bhatta	ES/CS	Respiratory
Dr	Anju	Mirakhur	ES/CS	Respiratory
Dr	Georgios	Vilaras	ES/CS	Respiratory
Dr	Mohamed	Etumi	ES/CS	Respiratory
Dr	Mohammad (Gul)	Paracha	ES/CS	Respiratory
Dr	Peter	Mulgrew	CS	Respiratory
Dr	Sandeep	Bangalore Eswarappa	ES/CS	Respiratory
Dr	Tarek	Saba	ES/CS	Respiratory
Dr	Thomas	Bongers	ES/CS	Respiratory
Dr	Andrew	Jeffries	ES/CS	Rheumatology
Dr	Hanadi	Sari-Kouzel	ES/CS	Rheumatology
Dr	Sneha	Varughese	ES/CS	Rheumatology
Dr	Steve	Jones	ES/CS	Rheumatology
Dr	Dornu	Lebari	CS	Sexual Health
Dr	Jane Sarah	Willoughby	CS	Sexual Health
Dr	Joanne	John	ES/CS	Sexual Health
Dr	John	Sweeney	ES/CS	Sexual Health
Dr	Tessa	Malone	ES/CS	Sexual Health
Dr	Tina	Dwivedi	ES/CS	Sexual Health
Dr	Zana	Ladipo	ES/CS	Sexual Health
Dr	Sanjeev	Sonnie	ES/CS	Stroke
Mr	Amit	Shah	ES/CS	Trauma & Ortho
Mr	Anoop	Anand	ES/CS	Trauma & Ortho
Mr	Arshad	Javed	ES/CS	Trauma & Ortho
Mr	Brijesh	Ayyaswamy	CS	Trauma & Ortho

Miss	Elizabeth	Burgess	ES/CS	Trauma & Ortho
Dr	Maqsood	Khan	ES/CS	Trauma & Ortho
Mr	Muhammad	Choudry	ES/CS	Trauma & Ortho
Mr	Panayotou	Charalambous	ES/CS	Trauma & Ortho
Mr	Paul	Dunkow	ES/CS	Trauma & Ortho
Mr	Radhakrishna	Shanbhag	ES/CS	Trauma & Ortho
Mr	Vishwanath	Shetty	ES/CS	Trauma & Ortho
Mr	Dhruba	Ghosh	ES/CS	Urology
Mr	Jawad	Islam	ES/CS	Urology
Dr	Mazhar	Sheikh	ES/CS	Urology
Mr	Muhammed	Quddus	ES/CS	Urology
Mr	Praveen	Rao	ES/CS	Urology
Mr	Ziauddin	Khan	ES/CS	Urology

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/>

INDUCTION

TRUST INDUCTION

It is of paramount importance that you undertake an Induction to the Trust. This is to ensure all new staff receive relevant risk management training and are integrated in their team in a safe and efficient way. This enables the Trust to give assurance and ensure compliance with its statutory and regulatory obligations. This is also one of the requirements by NHS England (NHS E) - Domain 6.

SPECIALTY TRAINEES AND GP TRAINEES

The Specialty Trainee Induction is arranged by the Postgraduate Education Team at February & August changeovers. A BLS Update from the Resus team is included at this Induction. The February and August ST Inductions are a great opportunity to meet others who are starting at the Trust and to meet members of the Medical Education team who are here to support you throughout your placement.

If you are starting outside of February & August, known as “Out of Sync”, the Speciality Training Administrator will arrange for you to attend an Out of Sync Induction at the Education Centre. You must attend a drop in BLS Session with the Resus team in your first week starting at the Trust – this is a Trust requirement. Information on the times of the drop-in sessions will be given to you at your Induction. Your department will arrange for you to be released to attend Induction. If you have any problems being released, please do not hesitate to contact us.

FOUNDATION TRAINEES

All new FY1's starting at the Trust will attend Foundation Induction which occurs in the last few days in July. It is a mandatory requirement for all trainees to attend. This is followed by a compulsory shadowing programme. Trainees will start their first day of their placement on the first Wednesday in August.

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 bfbwh.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.bfbwh.nhs.uk/onehr/hr-policies-advice/whistleblowing/whistle-blowing-fags/>

IT USERNAMES AND PASSWORDS

If you start at August/February changeover the details of your IT 'network' account will be issued at induction. If you start outside of the main changeover times, your IT Account information will be given to you at your Smartcard Appointment. Your IT Account gives you access to hospital email, Microsoft Office applications, the intranet and after completing training, a range of Clinical systems. The first time you log on you will be required to change your password. Once this has been done, you will be able to access any other application.

You will require a CyberLab / Rad account to request Pathology and Radiology investigations and view all results. To obtain your CyberLab account details you are required to complete a short eLearning package. Ideally, the CyberLab/Rad eLearning should be completed prior to starting, (and you should have received an e-mail with details of how to access the e-learning package). For any queries regarding accessing the eLearning for CyberLab/Rad please contact the Health Informatics Education and Training (IT Training) department details below. Once the eLearning is successfully completed and you have started at the Trust your CyberLAB/RAD account will be activated and you will be notified by email, from the Pathology Information Systems Officer.

Depending on your role, some of you will also be issued with a Radiology username and password. This is for viewing Radiology images in the PACS system (also known as XERO).

The contact details for these departments are as follows.

DEPARTMENT	REMIT	CONTACT NUMBER
IT Service Desk	IT 'network' account including password reset	Ext 51016
Health Informatics Education and Training (IT Training)	Access to CyberLab / Rad eLearning (Training)	Ext 51011
Pathology Information Systems Officer	Activate CyberLAB/Rad account after successful completion of eLearning	Ext 56477
Radiology	PACS / XERO passwords	Ext 51016

ACCESSING TRUST EMAILS

You will be issued with an IT username and password as soon as you start. This information will also include your email address at the trust. It is vitally important that you check your trust email account on a regular basis. As well as there being a lot of useful information sent by email it will be the contact address that Trust staff use to reach you. Please ensure you check it at least once a week.

MANDATORY TRAINING

Foundation Trainees

Mandatory training modules should be completed via e-LfH. The Foundation School arrange your login details and these will be emailed to you. Trainees who are unable to access the system because they have not received a login notification should email the foundation school on our foundation.nw@hee.nhs.uk address. Trainees who are having technical issues with their login details should direct their queries to the E-LfH team through their online support service.

The modules that need to be completed via E-LfH are:

- Conflict Resolution – Level 1
- Data Security Awareness – Level 1 (to be completed yearly)
- Equality, Diversity & Human Rights – Level 1
- Fire Safety – Level 1
- Health, Safety & Welfare – Level 1
- Infection Prevention & Control – Levels 1 & 2
- Preventing Radicalisation – Levels 1, 2 & 3
- Preventing Radicalisation (Mental Health) – Level 3
- Moving & Handling – Levels 1 & 2
- Resuscitation – Level 1
- Resuscitation – Adult – Level 2
- Resuscitation – Paediatric – Level 2
- Resuscitation – Newborn – Level 2
- Safeguarding Adults – Levels 1 & 2
- Safeguarding Children – Levels 1 & 2
- Health Education England Learning Path

There are some other modules within the Doctors in Training Induction Programme also on e-LfH that you need to complete. These are:

- Blood Transfusion and Consent
- Safe Prescribing and Venous Thromboembolism (VTE)
- Mental Capacity Act & Death Certification

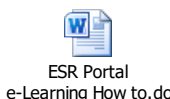
These should be completed within 30 days of your start date. Non-compliance will be escalated to the Foundation Programme Directors.

Specialty/GP Trainees

ESR e-Learning via the Employee Self Service Portal – St Helen's & Knowsley 096

The following mandatory training modules should be completed through the ESR Self Service Portal (your St Helen's & Knowsley 096 account).

Instructions on how to access this are here:



- **Data Security** *(to be completed yearly)*
- **Equality, Diversity & Human Rights** *(to be completed every 3 years)*
- **Health, Safety & Welfare** *(to be completed every 3 years)*
- **Fire Safety** *(to be completed every 2 years)*
- **Moving & Handling Levels 1 & 2 (Knowledge)** *(to be completed every 3 years)*
- **Infection Prevention Level 1** *(to be completed every 3 years)*
- **Infection Prevention Level 2** *(to be completed yearly)*
- **Conflict Resolution** *(to be completed every 3 years)*
- **Safeguarding Adults Levels 1 & 2** *(to be completed every 3 years)*
- **Safeguarding Children Levels 1 & 2** *(to be completed every 3 years)*
- **Preventing Radicalisation** *(to be completed every 3 years)*
- **Resuscitation Level 1** *(to be completed yearly)*
- **Resuscitation Adults Level 2 (Knowledge)*** *(to be completed yearly)*
- **Resuscitation Paeds Level 2 (Knowledge)*** *(to be completed yearly)*
- **Record Keeping** *(to be completed every 2 years)*
- **Risk Awareness (Part 1 - Risk Awareness)** *(to be completed every 2 years)*
- **Risk Awareness (Part 2 - Duty of Candour)** *(to be completed every 2 years)*
- **Mental Capacity Act** *(to be completed every 3 years)*
- **Venous Thromboembolism** *(to be completed every 3 years)*
- **Consent** *(to be completed every 3 years)*

**Trainees will only need to complete the resuscitation modules that are relevant to their specialty and Trust.*

Practical Sessions

- **Resuscitation Adults Level 2** *(to be completed yearly)* – completed at Induction (unless previous certificate provided)
- **Resuscitation Paeds Level 2** *(to be completed yearly)* – completed at Induction (unless previous certificate provided) *Required for trainees in Paediatrics, Emergency Department, ENT & Anaesthetics (General)*
- **Moving & Handling Level 2** *(to be completed every 3 years)* – booked via bfwh.esr.helpdesk@nhs.net
- **Conflict Resolution – Dealing with Violence & Aggression** *(to be completed every 3 years)* – booked via bfwh.esr.helpdesk@nhs.net

- **Blood Administration** (*only once*) can be completed via on the job assessment – booked via bfwh.esr.helpdesk@nhs.net
- **Safeguarding Children Level 3** (*to be completed every 3 years*) – booked via bfwh.esr.helpdesk@nhs.net Required for any trainees who may have contact with children – Emergency Department, Surgery specialties, Paediatrics, Obs & Gynae
- **Safeguarding Adults Level 3** (*to be completed every 3 years*) – booked via bfwh.esr.helpdesk@nhs.net Required for any trainees who may have contact with adults

All of the mandatory training modules should be completed within 30 days of your start date. (Non-compliance will be escalated to your Head of Department.) Please speak to your Medical Deployment Co-Ordinator for allocation of time to complete mandatory training. If you have any issues, please let us know.

Please send any queries to bfwh.postgraduate.education@nhs.net

Nexus Patient Record NRP

Link to NPR overview - [HI - NPR - PROJECT DOCUMENTS - Basic-v2.pdf - All Documents \(sharepoint.com\)](#)

Link to NPR Clinical Hub User guide : [HI - NPR - PROJECT DOCUMENTS - Core-v2.pdf - All Documents \(sharepoint.com\)](#)

DEPARTMENTAL INDUCTION

In addition to a Trust Induction, you must 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.

If you are unsure of your departmental induction arrangements you need to contact your Clinical Supervisor or Trust Specialty Training Lead. If you are rota'd on nights or are on leave during the planned Departmental Induction, arrangements must be made with your Supervisor for another date.

You will be required to complete a Departmental Induction form which is issued by the Education Team to confirm that you have received a Departmental Induction. Your administrator will have emailed this to you.

This 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. If you have any problems with your Departmental Induction, please do not hesitate to contact us.

As well as the paper form, you can also access OneHR where we have a page about the Departmental Checklist. As a trainee, you will need to fill in the form first; then the Clinician carrying out your Departmental Induction will be notified to sign it off.

[Departmental Induction Checklist | oneHR \(bfwh.nhs.uk\)](https://onehr.bfwh.nhs.uk)

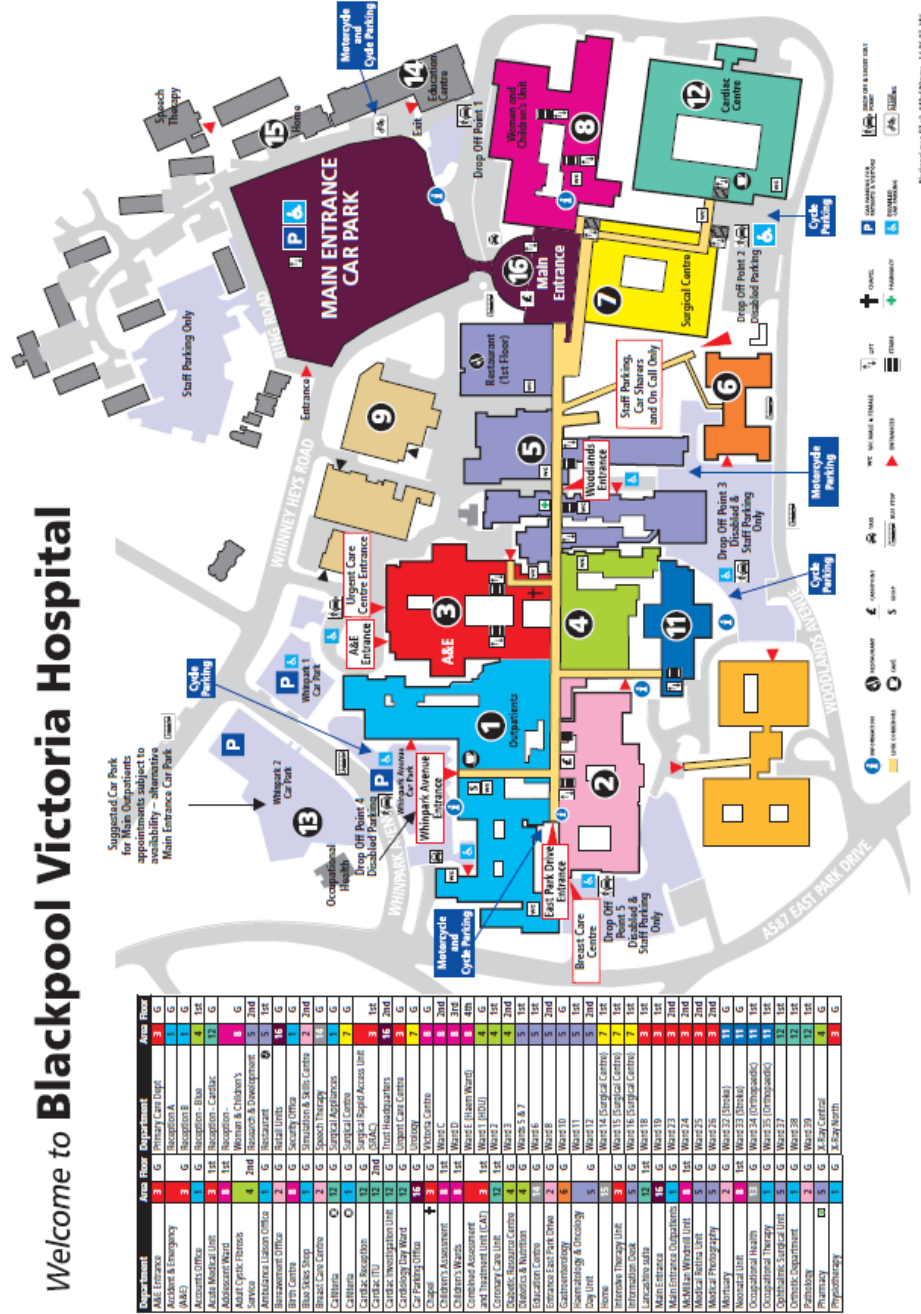
Please note that if you are involved in cross cover you will be required to attend two Departmental Inductions to ensure you receive all the information you need for both departments:

- Trauma & Orthopaedics/ENT (only T&O Trainees cover ENT, ENT Trainees do not cover T&O)
- Rheumatology/ Dermatology/ Acute Medicine (On Call)
- Medicine/ Acute Medicine (On Call)
- General Surgery/ Urology
- Cardiology/ Cardiothoracic

The Medical Education Team is always keen to hear of any ideas trainees may have on how to improve Departmental Induction and would welcome your views.

SITE MAP

Welcome to Blackpool Victoria Hospital



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	11.45am – 2.00pm
LUNCH SERVICE	11.45am – 2.00pm
SUPPER SERVICE	5.00pm – 7.00pm

Staff prices apply to BT Hospitals NHS Foundation Trust employees only.
Please note the Restaurant is closed from 2.00 pm at the weekend.

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 56970.
- 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 53036.
- 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!

ROTA COORDINATORS

Service	Rota Coordinator
Anaesthetics	Ann Vickerage – 01253 9(53499) ann.vickerage@nhs.net
Cardiac Services	Roxanne Sheward 01253 9(57731) Roxanne.Sheward@nhs.net
General Surgery & Breast	Jane Bentley – 01253 9(53444) Jane.bentley@nhs.net
Trauma & Orthopaedics, ENT	Emily Connor – 01253 9(53371) Emily.connor@nhs.net
A&E	Chloe Scollen – 01253 9 (52147) chloe.scollen@nhs.net
Respiratory, Care of the Older Person, Diabetes & Endo, Clifton.	Mike Fallon - 01253 9(51823) michael.fallon1@nhs.net
Weekend & on calls/AMU, SDEC	Georgia Rushton – 01253 9(54103) Georgia.rushton2@nhs.net
General Medicine Wards/Outliers, Gastro, Stroke, Haematology, Rheumatology, Dermatology	Josh Downe - 01253 9(55430) Joshua.downe1@nhs.net
Obstetrics & Gynaecology & Max Fax Paediatrics & Cardiac Anaesthetics	Saul Nicholas – 01253 9(53572) saul.nicholas@nhs.net
Psychiatry	Claire Jackson - Medicalstaffing@lancashirecare.nhs.uk
Histopathology	Dr Patankar – (secretary 01253 956949) Dr.patankkar@nhs.net
Radiology	Dr Martina Paetzel– martina.paetzel@nhs.net
Ophthalmology & Urology	Jordan Ashcroft 01253 9(54564) Jordan.ashcroft@nhs.net

The Medical Deployment rota team are managed by Rachel Scothern (Medical Deployment Manager) who can be contacted on 01253 9(56756) or email rachel.scothern@nhs.net

STUDY LEAVE

SPECIALTY/GPST TRAINEES

You are entitled to thirty days study leave per annum, some of which will be used through in-house & regional teaching. The budget per trainee is finite and funding is based on the costs of local courses. The process is organised centrally through your Training Programme Director.

The information regarding Study Leave is available on the HENW website at the following link.

<http://www.nwpgmd.nhs.uk/studyleave>

You will find guidelines on the whole study leave process and a flow chart showing you the steps to follow.

Please be aware that you must give a minimum of six weeks' notice to your division when requesting Study Leave.

<https://www.nwpgmd.nhs.uk/general-practice/gpst-study-leave>

FOUNDATION TRAINEES

FY2 Trainees Only

Study Leave can only be used to support the aims of the Foundation Programme, achieve the Foundation outcomes and explore career opportunities and improve wider professional development.

- You may take up to 30 days study leave, as long as this is consistent with maintaining essential service. Study leave for attendance at the teaching programme will be taken out of this (20 days)
- The approval of Study Leave and funding is discretionary
- Approval will be given by the FPD based on your individual education plan, the amount of funding available and the amount already awarded in the year
- All Foundation Doctors will receive Study Leave and funding for their ALS course (first attempt only)
- All requests must be made a minimum of 6 weeks in advance
- Retrospective leave will be rejected
- Any incomplete forms will be returned
- You must not pay any money in advance for Study Leave before the application is approved

- Taster sessions will be available early in FY2; however in exceptional circumstances they can be done in FY1. Any study leave granted for these taster sessions will come out of your FY2 allowance
- Study Leave cannot be used to sit examinations for Specialty Training

Study Leave funding will **not** be available for the following:

- National professional examination/College examination courses and preparation courses, including other expenses involved in undertaking them.
- Basic skills courses in any specialty
- Courses/events run overseas. In exceptional circumstances approval may be given by the Postgraduate Dean in advance, on the grounds that there is no opportunity to gain the identified foundation competences or experience from any other local or regional course or event. There will be a cap on the maximum study leave resources available to support a single application
- Commercial preparation for specialty/GP recruitment courses

PROCESS

- An [application form](#) must be completed and must be approved and signed by your Supervisor and by the Rota Co-ordinator
- The completed application form must be returned to the Medical Education Manager, with supporting evidence of the course that you wish to apply for.
- You will receive a letter confirming whether Study Leave has been awarded within one week
- To claim the Study Leave, you must complete an [application through Health Roster](#), and forward proof of completion of the course and receipts of payment
- **Please note that all study leave expenses must be submitted on completion of the course and no later than two months after the course. Any claims for courses in March will need to be submitted by the end of March**

An appeal against decisions can be made through the Medical Education Committee.

HOW TO USE THE BLEEP SYSTEM

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.

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

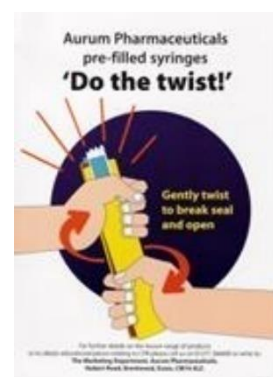
Ensure you know the following:

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 Lifepac 20EP or Mindray D3 (in ED and Cardiac centre only)

AED – AUTOMATED & PUBLIC ACCESS DEFIBRILLATOR Lifepac 1000 or Mindray D1



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.
- It is the Doctors responsibility to seek the appropriate medical devices training if unfamiliar with the Defibrillators in their area / trust if they would be expected to use them in their role

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.

TERMINOLOGY

MEDICAL JOB TITLES

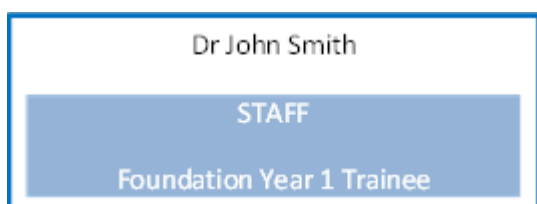
The Medical Education Team has introduced the 'Dr Who' initiative to promote the use of the correct terminology for trainee doctors.




The correct use of job titles is a significant governance issue as the job title and grade reflects a level of expertise, experience and qualification. It is a real patient safety issue if incorrect job titles continue to be used.

Posters have been issued to the wards and departments which explain the different grades and the level of experience these junior doctors have.

We have also added a new colour system for ID badges and lanyards for trainees to make it easier to identify the difference in grades for both patients and staff.






Dr Who?

A Visual Guide to the Training Grades at BTH

Do you know the Grade of the Doctor you are talking to?

Junior Doctors Grades are as follows:

Foundation Trainee—FY1 & FY2,
Core & Internal Medicine Trainee—CT/IM1 & CT/IM2
GP Speciality Trainee— GPST1 & GPST2, Speciality Trainee—ST1-8



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

Foundation

Foundation Year One Trainee	Foundation Year Two Trainee
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ST/CT/IM Trainees

ST/CT/IM Year One Trainee	ST/CT/IM Year Two Trainee
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GPST Trainees

GPST Year One Trainee	GPST Year Two Trainee
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ST3+ Trainees

ST Year 3 + Trainee

Important

This Terminology must be used as it identifies training levels and safeguards patients.

Recognising the different grades are confusing, added to the fact that individuals, even newly qualified doctors, continue to use the former job titles, such as 'SHO.'

Please can you ensure that you use the correct title when referring to yourself or a colleague.

PHYSICIAN ASSOCIATES

The Department of Health defines the Physician Associate as: ‘a new healthcare professional who, while not a doctor, works to the medical model with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.’

Physician Associates work alongside doctors and nurses in GP surgeries and hospitals to provide the best care for patients. They work under the supervision of a doctor to:

- Talk to patients about their symptoms and examine them
- Diagnose illnesses
- Analyse test results
- Perform procedures (such as injections and blood taking)
- Manage patients’ conditions

Training to become a Physician Associate is a two year post-graduate diploma or masters with a 50:50 split between classroom and clinical placement and is available to students with a science related first degree. While a relatively new role in the UK, Physician Associates will be a valuable part of the multi-professional workforce both as link between nursing and medical teams and in providing continuity of care.

As part of the Workforce Transformation programme in March 2015, Health Education North West (HENW) invited NHS providers across the region to be part of the discussion that would ultimately shape the development of a pilot programme for 160 student Physicians Associates across the North West region. Blackpool Teaching Hospitals was selected as one of those providers to take part in the pilot programme.

The Trust now hosts clinical placements for students in their first and second year of study undertaking their Physician Associates qualification at the University of Central Lancashire. The Trust has also appointed a number of qualified Physician Associates in various departments throughout the Trust.

HANDOVER

Where? AM- AMU Hub/ PM – Orthopaedics outpatients waiting area
When? AM 0900 / PM 2100
Who?

AMU night team – on call
AMU day team – regular and on call
Ward cover (PM only)
Additional cover on weekends
Acute reponse team (PM only)
Oncall consultant (PM only)

How? Sequence of patients to be handed over:
 Registrar >> FY2/CMT /GPST/ST1-2 >> FY1

	Patient Group	Resource to be used	Handover method
1	AMU Patients	AMU Tracker	Team handover
2	Patients who have been referred to AMU but who have not arrived to AMU	AMU Tracker	Team handover
3	'Red' Patient Risk Assessment	Ward Tracker – Handover module	Team handover
4	'To be aware of' Patient Risk Assessment	Ward Tracker – Handover module	Team handover
5	'Amber' Patient Risk Assessment	Ward Tracker – Handover module	Team handover
6	'Green' Patient Risk Assessment	Ward Tracker – Handover module	1 to 1 handover

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 have been developed and implemented for the following high mortality conditions:

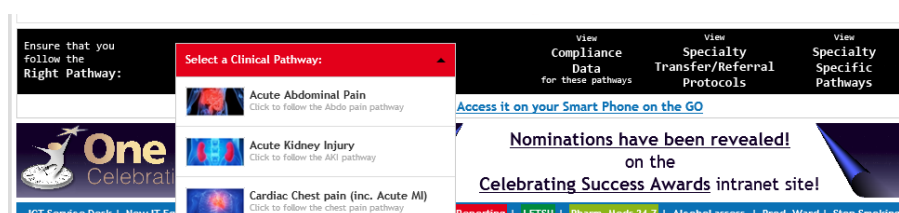
- | | | |
|-----------------------------|-----------------|-------------------------------|
| ✓ Pneumonia | ✓ Sepsis | ✓ #NOF |
| ✓ COPD | ✓ AKI | ✓ Acute Abdominal Pain |
| ✓ Cardiac Chest Pain | ✓ Stroke | ✓ Heart Failure |

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 capturing information around each of the critical points in the pathway. A retrospective sweep takes place of medical records to ensure that all patients entering the hospital with one of these conditions are audited. This is entered into the regional AQUA data set and provides benchmarking against best practice and gives visibility to the effectiveness of our pathways and care.

The implementation of pathways via a Quality Improvement methodology has resulted in improvements in patient care. In 2018/19, a number of improvements were implemented for the recognition and treatment of Sepsis patients that resulted in an improvement in pathway compliance from 33% to 74% (in June 19) that has resulted in our SHMI dropping to from 141 to 92 (in February 19).

More information about our pathways can be found on the main intranet page.



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 patient's 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.



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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Issued July 2012

NHS
Blood and Transplant

O RhD Negative Red Blood Cells – Quick Facts		
<ul style="list-style-type: none"> Only 7% of the UK population are group O RhD negative. 	<ul style="list-style-type: none"> Group specific red blood cells are as safe as O RhD Negative red blood cells, neither are as safe as crossmatched blood. 	<ul style="list-style-type: none"> O RhD negative red blood cells are often referred to as "Emergency Units" or "Flying Squad Blood".
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Issue of O RhD negative red cells is increasing in England but the donor population is not. 	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 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.



Factsheet 4 Version 1

Issued July 2012

NHS
Blood and Transplant

INDICATIONS FOR THE USE OF O RhD NEGATIVE RED BLOOD CELLS			
MANDATORY	RECOMMENDED	ACCEPTABLE	UNACCEPTABLE
<ul style="list-style-type: none"> O RhD negative patients with anti-D 	<ul style="list-style-type: none"> O RhD negative transfusion dependent patients (e.g. Haemoglobinopathy, Aplastic Anaemia, Myelodysplastic Syndrome) 	<ul style="list-style-type: none"> O RhD negative males with no anti-D requiring ≤ 8 units 	<ul style="list-style-type: none"> O RhD negative males with no anti-D where > 8 units are required
<ul style="list-style-type: none"> O RhD negative females < 60 yrs 		<ul style="list-style-type: none"> O RhD negative females > 60 yrs with no anti-D where ≤ 8 units are required 	<ul style="list-style-type: none"> O RhD negative females with > 60 yrs with no anti-D where > 8 units are required
<ul style="list-style-type: none"> Emergency use for females < 60 yrs where blood group is unknown 		<ul style="list-style-type: none"> Non group O RhD negative infants (< 1 yr) where group specific units are unavailable 	<ul style="list-style-type: none"> Emergencies where the patients blood group is unknown and the patient requires > 2 units
		<ul style="list-style-type: none"> Emergencies where the patients blood group is unknown at the point of transfusion 	
		<ul style="list-style-type: none"> 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 www3.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.



Factsheet 4 Version 1

Issued July 2012

Group O RhD Negative Blood

NHS
Blood and Transplant

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/nbtcc_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

octaplex®
Human prothrombin complex

Dose calculator
and reconstitution guide

QR code linking to the app: [for Apple iOS and Android](#)

GET IT ON Google play | Download on the App Store

octaplex® 1000 IU
Powder for solution for infusion
Human prothrombin complex

octaplex® 500 IU
Powder for solution for infusion
Human prothrombin complex

octapharma®

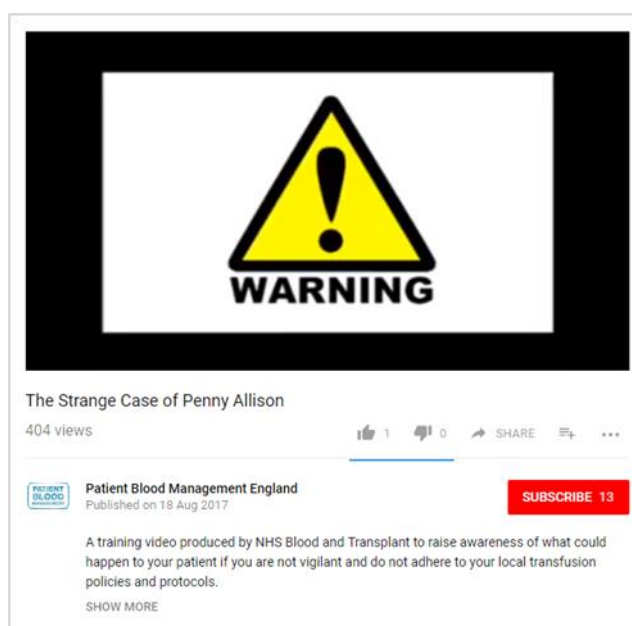
Blood Transfusion Special Requirements Checklist

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	
<p>Patients can develop blood group antibodies following either earlier transfusions or previous pregnancies.</p> <p>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.</p> <p>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</p>	
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	
<p>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.</p>	
<p>Indications for irradiation</p> <ul style="list-style-type: none">• 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. <p>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 Haematologist via the switchboard for clinical advice.</p>	

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

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

<https://youtu.be/1VKt2LysGxA>



National Blood Transfusion Committee (NBTC) Indication Codes for Transfusion Available on your Apple iPhone



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.

Guidance for the use of Blood Components NBTC Indication Codes for Transfusion (June 2018)				
PRC	FFP	Pbs	Cryo	PCC
Red Cell Concentrates				
Dose - in the absence of active bleeding, use the minimum number of units required to achieve a target Hb. Consider the size of the patient; assume an increment of 10g/L per unit for an average 70 kg adult.				
R1 Acute Bleeding Acute blood loss with haemodynamic instability. After normovolaemia has been achieved/maintained, frequent measurement of Hb (including by near patient testing) should be used to guide the use of red cell transfusion – see suggested thresholds below.				
R2 Hb < 70g/L, stable patient Acute anaemia. Use an Hb threshold of 70g/L and a target Hb of 70-90g/L to guide red cell transfusion. Follow local/ specific protocols for indications such as post cardiac surgery, traumatic brain injury, acute cerebral ischaemia.				
R3 Hb < 80g/L if cardiovascular disease Use an Hb threshold of 80g/L and a target Hb of 80-100g/L.				
R4 Chronic transfusion dependent anaemia Transfuse to maintain an Hb which prevents symptoms. Suggest an Hb threshold of 80g/L initially and adjust as required. Haemoglobinopathy patients require individualised Hb thresholds depending on age and				

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



PHLEBOTOMY

When fully staffed there are 20.16 WTE Phlebotomists working within the hospital. On weekdays they provide an appointment-only 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. Occasionally cover may not be available or may be cancelled at short notice.

The phlebotomists will:

- Email a schedule of phlebotomy cover to ward managers in advance.
- Update Sharepoint if the service is cancelled due to sickness within the team.
- Take a maximum of 14 blood samples per ward.
- Leave 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.
- Transport samples to Pathology
- 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 the Trust policy, CORP/PROT/019 Performing Venepuncture, available on the links below:

<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 – phone numbers are available via the online phone book accessible on the Trust homepage. 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, within 24 hours of the incident occurring, in order to capture real time learning and identify immediate actions.

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 and share learning across the organisation and wider healthcare economy
- 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 issues, 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

Death Certification

After the death of a patient, the case is discussed with a senior doctor to agree the cause of death for death certificates (MCCD) or referral to coroner where necessary.

The death certificate and cremation form need to be done as soon as possible and, as a minimum by 12pm, the day following the death. The patient needs to be discussed on the next day morning handover and ward round to agree who is completing the paperwork. This is important to allow family to arrange the funeral in a timely manner.

The death certificates are available on most wards in Mortality packs or otherwise at the Bereavement Office, where staff are available to help. All deaths are legally scrutinised by Medical Examiners and the Medical Examiners Officers who can also provide advice and support with certification.

Under current COVID regulation, the MCCDs do not need to be completed by someone who has seen the patient in the previous 14 days and therefore can be completed by any member of the team.

If a coroner's referral is required, this needs to be done as soon as possible by completion of an electronic form on the Blackpool coroner's website – log on and form is at "coroners portal" and then only the red boxes need to be completed.

The coroner's referral can be done by any registered doctor.

Deaths are also entered on the Trust Learning from Deaths (LfD) App, available on NEXUS, to enable case review where learning can be identified from Structured Judgement Reviews (SJRs)"

SUPERVISION

EDUCATIONAL SUPERVISOR

Although each area has its own arrangements, your Educational Supervisor may be a consultant with whom you work closely with, or is also your Clinical Supervisor for the first placement (FY & IMT) . 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.

It is the trainee's responsibility to plan to see his/her Educational Supervisor at the appropriate time. If there is a problem getting an appointment that cannot be resolved then this will need to be escalated to the College Tutor /TSTL, in the first instance, in the case of Specialty/GPST Trainees and the FPD in the case of Foundation Trainees.

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		

CURRICULUM MAPPED JOB DESCRIPTIONS

All trainees that start at Blackpool should receive a curriculum mapped job description before starting with us. This aims to inform trainees what they will be exposed to during their training at Blackpool and what is expected of them.

FOUNDATION TRAINEES

All foundation trainees will have a curriculum mapped job description for each of their placements (six over two years). You will receive these prior to your placement as part of your Work Schedule.

SPECIALTY AND GP TRAINEES

Your curriculum will be issued with your Work Schedule which you will receive prior to starting your placement.

If you do not receive a curriculum mapped job description or have any issues, please contact the Postgraduate Manager - emily.croucher@nhs.net

TEACHING

The Trust, in conjunction with the Education Centre, provides many opportunities to receive training and education. Ultimately it is the trainee's responsibility to attend appropriate sessions and reflect on these events. If there are difficulties attending these events, it should be raised first with their ES/CS and then with their College Tutor/TSTL and ultimately with the Education Department. These events will be advertised via email, twitter and the Education website.

DEPARTMENTAL TEACHING		
DEPARTMENT	DATE & TIME	CONTENT
AMU	Tuesday – 12.30-14.00 – at A&E seminar room	Presentation by trainees on Case based discussions, guidelines and curriculum based teaching.
ANAESTHETICS	See Programme	New starter tutorials Monday PM
		Primary FRCA tutorials Tuesday PM
		Final FRCA tutorials and study days Wednesday AM(+/- PM)
		Journal Club once per week
		Clinical Governance once a month Safe Airway Management in Critical Care Course Airway Simulation once a month Transfer Training Course
CRITICAL CARE	Wednesday 2 pm	MDT round followed by journal club
	Monthly	Mortality and governance meetings
CARDIOLOGY & CARDIOTHORACIC SURGERY	Tuesday 12.30-14.00	Angiogram reviews/case discussions and didactic teaching session
	Thursday 8.15am to 9am	MDT meeting with the Surgeons
	Thursday 12.30-1pm – currently suspended	Lunchtime teaching takes place every Thursday in the Cardiac Lecture Theatre, with lunch provided.
	Friday 8:00	Angio review meeting (disrupted due to Covid but hoping to restart soon)
	Friday lunchtime	TAVI meeting
	Monthly	Mortality & Audit Joint M&M
Emergency Medicine	Wednesdays 11:00-12:00	Departmental teaching –currently on MS Teams

	Approx fortnightly 5PA sessions/week Ad hoc	Middle Grade teaching Clinical Educator in Emergency Medicine – shop floor supervision, WBPA Simulation training
ENDOCRINOLOGY/ DIABETES & INFECTIOUS DISEASES	Tuesday 12.30-2pm Weekly	Case presentations, mortality audit and invited speakers
ENT	Alternate Friday 9am to 10am	Alternate Friday mornings from 9-10 in the ENT clinic
	Friday 12.30pm	Friday Lunchtime diagnostics meeting with x-ray and pathology consultants in attendance
	Monthly	Monthly ½ day audit meetings
GASTROENTEROLOGY	The first Monday of the month 1pm-2pm	IBD meeting
	The first Tuesday of the month 12.30pm-1.30pm	Histopathology meeting
	The second Tuesday of every month 12.30pm-1.30pm	Mortality meeting
	Tuesday lunch times & every Wednesday 12.30pm-1.30pm	Teaching
	First Wednesday of the month 12.30pm-1.45pm	Unit meeting
	First Wednesday of each quarter 12.00pm-1.45pm	User Group for audit presentations
	Every Thursday lunch time 12.30pm-1.40pm	Radiology meeting
	Friday 9.30am-10.30am	Hepatobiliary MDT
	Every Friday lunch time 12.30pm-1.30pm	Upper GI MDT
	Alternative Fridays 1.30pm-2.30pm	Large polyp MDT

	Every Friday 2pm-3pm	Colorectal MDT
GENERAL SURGERY	Wednesday 8.30am-9.15am	Held in the X-ray Seminar Room. Imaging of problematic or interesting cases is discussed in the meeting in the presence of Dr Hodgson (Consultant GI Radiologist) and the consultant general surgeons
	Fridays 1pm to 2pm.	Surgical Journal Club meeting. This is a regular departmental educational meeting. It is divided into two sections: a) discussion and critique of a relevant surgical research paper, and b) a presentation on a topic of emergency surgery given by one of the FY1 doctors (a rota for presentation is organized and this represents a good opportunity for you to revise your surgical knowledge)
		Multidisciplinary meetings where management of cancer or complex patients is discussed are important learning opportunity. The following are the details of various subspecialty meetings:
	Friday PM	Colorectal Cancer MDT (X-ray Seminar Room)
	Friday AM	Breast Cancer MDT (X-ray Seminar Room)
	Monthly	Departmental Audit meeting. This is a monthly clinical governance meeting where all consultants from various subspecialties attend to discuss cases of morbidity and mortality and departmental audit projects. It is a useful venue for discussions and is an excellent opportunity for learning During your post in the department it is expected that you would be involved in at least one audit project. It is imperative that you attend these meetings and unless you are on call for emergencies it is expected that you attend. An attendance register is maintained and will be scrutinized prior to issuing certification of satisfactory completion of appointment
CARE OF THE OLDER PERSON	Thursday 12.30pm-13.30pm	Trainee led teaching weeks 1-3. Week 4 mortality meeting with opportunity for trainee to present relevant case and associated discussion.
HISTOPATHOLOGY	Daily	One to one supervision and double-headed microscopy teaching with one of six trained consultants (level of supervision depends on the stage of training)
	Weekly	Supervised autopsy training depending on stage of training
	Once a Month	Regional FRCPath teaching at Christie Hospital (trainee release day)
	Alternate Mondays in term time	Journal club
	Once in two months	Slide club (departmental teaching)

	Every 8-10 weeks	Directorate audit meeting and audit presentation
	Weekly	Hospital Grand Round (trainees are encouraged to participate and present cases/projects)
PAEDIATRICS	Friday 12.30-13.30 Child Protection Peer Review Meeting Radiology MDT 3 rd Wed of month 1230-1330	See programme Second Friday of the Month
OBS & GYNAE	Friday 2pm – 4pm	Discussion on CTG initially followed by either journal club or presentation by guest speaker The topics are based on Obstetrics & Gynaecology Sometimes interesting cases are presented and discussions held
OPHTHALMOLOGY	Thursdays 12.30pm-13.30pm	Case presentations, Journal Clubs, various other topics
RADIOLOGY	Mondays 9 – 11 am	Interesting case discussion and trainee led peer group teaching and presentations
	Daily	One to one teaching with consultants depending on their individual rota and level of supervision / teaching depends on stage of training
	Monthly	Audit & Discrepancy meetings
	Case Based Teaching / Bedside teaching	Every day/Every Ultrasound list & fluoroscopy/intervention
RESPIRATORY MEDICINE	Tuesdays 12.30pm-13.30pm	Case presentations, guidelines, reviews, research or audit in progress or intended, clinical problem solving etc.
TRAUMA & ORTHOPAEDICS	Alternate Tuesday 8am to 9am	Various
	Monthly as per programme	Audit meetings where higher trainees present on Morbidity/Mortality
	Bi-monthly Simulation days	Various clinical scenarios
RHEUMATOLOGY	Monthly multi-disciplinary meeting. 2pm to 4pm on the	Audit presentations, updates from external meetings and occasionally a journal club.

	first Friday of the month.	
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INTERESTED IN TEACHING?

Specialty Trainees may be interested in teaching on the Foundation Programme and should contact the Foundation Programme Administrator on bfwh.foundation.education@nhs.net or the Clinical Tutor Anne-Marie Walker on Anne-Marie.Walker@nhs.net

GRAND ROUND

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

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 Rounds please contact the Education Centre on Ext 57838.

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 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.



FY doctors have a designated mapped against the curriculum training program which encompasses the use of the unit as a whole - including the audio visual technologies to enhance training debrief and encourage discussion. Subjects such End of Life Care Day, Prescribing practice, and Human Factors and Patient Safety are all included in the program. Thematic training days will utilise SBME to enhance individual and team learning activities, and endeavour to give clinicians experience of likely scenarios FY level grade doctor may encounter. The main aim of the training is to increase confidence and competence and thus improve patient safety. Sessions are facilitated by experienced clinicians including consultants and subject matter specialists, as well as the clinical skills team.

The centre also 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.

NAME	TITLE	TELEPHONE	E-MAIL
Clare Lloyd-Walden	Manager - Simulation and Clinical Skills	01253 9(55669)	clare.lloyd-walden@nhs.net
Neil Berrigan	Clinical Skills Facilitator (Rolling Program Lead)	01253 9(55202)	Neil.Berrigan@nhs.net
Melissa Mitchell	Clinical Skills Facilitator	01253 9 (52326)	Melissa.mitchell@nhs.net
Mark Hatch	Simulation Skills Facilitator – (Simulation Lead)	01253 6(56891)	Mark.Hatch@nhs.net
Lisa Roberts	Clinical Skills Facilitator	01253 6(53223)	Lisa.roberts44@nhs.net
Anne-Marie Walker	Clinical Skills Facilitator (FY training program lead)	01253 6(56898)	Anne-Marie.Walker@nhs.net
Carol Park	Clinical Skills Facilitator – (Midwifery Lead)	01253 9(56100)	Caol.park3@nhs.net
Steve Heald	Clinical skills Technical support Officer	01253 6(53223)	steven.heald1@nhs.net
Carley McDonough	Personal Assistant & Admin Support	01253 6(55668)	Carley-marie.mcdonough@nhs.net

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

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 \(bfwh.nhs.uk\)](http://www.bfwh.nhs.uk/our-services/hospital-services/library/)
<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

Library and Knowledge Services

RESOURCES FOR



Nursing and
Midwifery



Medical
and
Dental



Allied Health
Professionals



Administrative
Services

SERVICES



**Current
Awareness**
Let us help you
keep your knowledge
up to date!



**NHS Library &
Knowledge Hub**



**Library
& Information
Skills Training**



**OpenAthens
and
Databases**



**Library Guides
and Forms**



**Library News
and Promotions**

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: bfnh.library.services@nhs.net

[@BTH Library](#)

Tel: 01253 953831 ext 53831



QUALITY ASSURANCE PROGRAMME

The Quality of our Training Programmes at Blackpool is a priority for Medical Education. To monitor the quality of education we provide we implement a system of evaluations and feedback which includes:

- Evaluation of Educational Experience Survey (EEE's)
- Focus Groups
- Spot Checks

EEE's SURVEY

The purpose is to evaluate each individual training placement and highlight any areas of concern or best practice. The Survey runs continuously throughout the year however we push for responses three times a year. The survey is built using the web-based Microsoft Forms service and you will receive emails from the Quality Team and the Education Team once the Survey is up and running.

This survey is the main way in which the Quality Team pulls together information about the current state of the Education Programme at Blackpool. Once the reporting period has ended, we process the data into a series of reports, one of which goes out to the Trainees, allowing us to feedback to you the key issues/themes that have been raised to include you in the Quality Assurance process as much as possible.

SPOT CHECKS

We will occasionally implement a series of spot checks, usually 1-2 question surveys that target a specific issue or question, these are mostly used when we need to be able to feedback and investigate; on a deeper level, the issues that are raised through our standard EEE's Survey, GMC Survey or HENW Visit and Interviews.

FOCUS GROUPS

Focus groups will be held across the year, with some being held within your clinical areas by our Senior Med Ed Team, and others being Trainee led forums. We have a Trainee led forum for each of our Trust Divisions, so you will be able to become a rep and attend these meetings, which can give you the opportunity to take a leadership role and represent your fellow Trainees, raising their concerns directly to the Quality Team and receiving feedback from us on these concerns to take back to your cohort. We provide certificates and letters confirming your role within

The outcomes of the quality assurance programme are shared with the training leads to develop action plans as part of our commitment to continual improvement. We also share the key themes/feedback from our Surveys with our Trainees to provide you with maximum engagement and visibility over the Programme. For more information, please email at Rachel.cowell@nhs.net.

Medical Deployment Team

Medical Deployment Team

The team are based in the Rota Coordinator Offices near surgery and are a key contact with the Lead Employer and manage rota monitoring & compliance. Please refer to page 21 for contact details.

EUROPEAN WORKING TIME DIRECTIVE

The Trust has designed all rotas to ensure that they are EWTD compliant. The basic requirements of EWTD are tabulated below. As a Trust we have designed all Junior Doctor rotas to ensure that they are EWTD compliant and managed by exception reporting amongst junior doctors.

It is important for any regular or significant issues are reported via Exception Reports which is managed by the Guardian of Safe Working Hours Office (bfwh.gosw@nhs.net or telephone 01253 953288)

EWTD OPT OUTS

Doctors are allowed to sign an opt-out of the European Working Time Directive to allow them to work an averaged maximum of 56 hours per week. This allows for the working of additional hours as overtime to cover vacant posts or other such vacant shifts. All rotas are signed off as being below 48 hours, so any such opt out is voluntary. Doctors can also withdraw their consent to working additional hours, either by withdrawing the opt-out form or turning down any additional hours offered.

All opt out forms must be signed by a Consultant within the relevant department and are stored by the Guardian of Safe Working Hours Office. For further details regarding opting-out of the European Working Time Directive please contact the Guardian office as above.

We recommend if you decide to opt out to discuss it with your colleague/Clinical Supervisor/Educational Supervisor.

EXCEPTION REPORTING (2016 Terms and Conditions of Service)

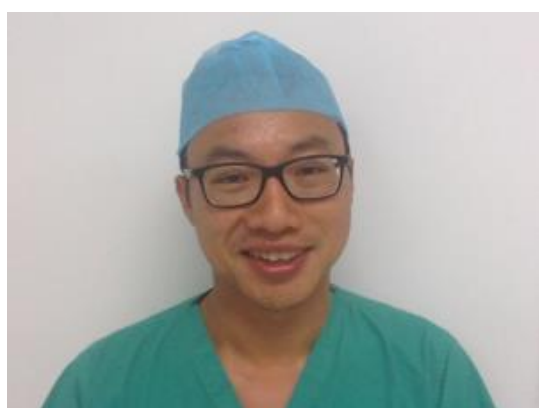
As of 5th February 2020 all colleagues will transfer onto the 2016 contract, the Trust will provide access to the exception reporting system to enable colleagues to report any regular or significant exceptions to their working pattern. Exception reports will be reviewed by Educational/Clinical Supervisors for resolution and ultimately the Guardian of Safe Working will ensure issues of compliance with safe working issues are addressed by the doctor and/or employer/host organisation, as appropriate.

The Guardian of Safe Working hours office can be contacted by calling into the office or by email at bfwh.gosw@nhs.net by phone on 01253 953288.



GUARDIAN OF SAFE WORKING HOURS

The Guardian of safe working hours in this Trust is Dr Andy Ng- Consultant Anaesthetist



The role of the guardian is to ensure safe working hours for junior doctors under the 2016 contract requirements. I am keen to ensure the terms and conditions within the new contract are enforced. I work closely with medical education staff to support junior doctors during their time in Blackpool. A key part of the 2016 contract is the introduction of exception reporting which has been successfully rolled out in Blackpool. We have an electronic reporting system to ensure prompt and rapid access for junior doctors and

their supervisors. We also have in place formal and informal junior doctor forums on a regular basis to garner feedback on working conditions across the trust. We encourage attendance and engagement at these events as we value any input from the junior doctor workforce.

Junior doctors will form a large proportion of the future NHS workforce. It is vital that there is a balance of training needs, service provision and time outside work during their period of employment in Blackpool. I regard all junior doctors in the trust as potential future consultant colleagues or colleagues in primary care and the community. 1 of the key factors to attract retention of staff is to provide a safe and sustainable working environment. I look forward to working together with all junior doctors in the trust with the aim of providing this working environment. Please do contact me directly or via the Guardian of Safe Working Hours Office if you feel we can be of assistance.

Junior doctors also have a personal responsibility to ensure they are fit and safe to work and do not work excessive hours outside their main employment.

I also **NEED YOUR HELP** to participate in a **Junior Doctors Forum** that will help oversee and monitor compliance with safe working hours and in addition help provide valuable insights and advice on how we can change and shape junior doctors rotas in this Trust.

If you would like to discuss any issues around working hours or wish to participate and help me I am happy to be contacted by email bfbwh.gosw@nhs.net or **Bleep 506 / Ex 53499**.

For more links and useful information please visit the OneHR pages and search for Guardian of Safe Working.

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.

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 detailed on the intranet FTSU page
- With your Union Representative
- With any of the external contacts detailed on the intranet FTSU page
- Using the **Raise a Concern form**.

For further information please follow this link:

[Freedom to Speak Up - e-Learning for Healthcare \(e-lfh.org.uk\)](http://e-lfh.org.uk)

SICKNESS ABSENCE

EMPLOYEES RESPONSIBILITY

- ✓ If you are feeling unable to attend work, please telephone your rota co-ordinator immediately and as soon as possible prior to your shift commencing providing the reason for absence and establish a likely Return to Work date – ***please note that text messages and voice mails are not acceptable.***
- ✓ It is important that you report your absence personally, unless there are exceptional circumstances
- ✓ It is the trainee's responsibility to stay in daily contact unless otherwise agreed (for example a long absence)
- ✓ If you fail to report your absence from work your OSP (Occupational Sick Pay) could be stopped by the Trust
- ✓ ***Not providing a reason for absence may lead to an unauthorised absence***
- ✓ 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. If you are a trainee, your sickness absence will be reported by the Trust to the Lead Employer and will be managed in accordance with the appropriate Management of Sickness Absence Policy which can be obtained from either the Trainee Doctor Support Office or the Deanery.

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: <https://www.bfwh.nhs.uk/onehr/>

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

- 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 dialling 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.

Medical Education's OneHR Page for trainees can be found here:

<https://www.bfwh.nhs.uk/onehr/medical-education/trainees/>

PAY AND PENSIONS

The Payroll Department is based on the ground floor in Home 15, and has core opening hours of 9am to 5pm, Monday to Friday. A full list of contact details is available on the Payroll Section on OneHR. 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 safety, confidentiality and protected time with a member of the Payroll Team who is currently on-site. The majority of Staff are contactable by email/phone but are currently working from home.

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

New Staff that have had previous employments should bring in a P45 form from their previous employer, as quickly as possible. The P45 details your tax code and previous pay and tax details. 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 Team without delay otherwise pay may be affected. You must also ensure you have a National Insurance number, and check that it is correct on your first payslip.

All Staff receive an on-line payslip detailing their earnings and deductions from pay. It is everyone's responsibility to ensure that you gain access to do this. Payslips should be checked to ensure accuracy. 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 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 NHS 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, and information relating to this is available on the NHS Pensions website. You should receive an annual statement through ESR about your pension, towards the end of August annually. It is important to keep up to date with any changes, so please review the Members area on the NHS Pensions website and look at the NHS Employers' site.

The main benefit is an index-linked pension and is dependent on the scheme you are in. In addition, a tax-free lump sum may be payable at your normal retirement age – again dependent on the scheme you are in. 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 and email addresses 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. It is very important that you read all relevant policies.

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

The following policies should be read within your first month in the Trust.

- Consent to Examination or Treatment Policy
- Cardiopulmonary Resuscitation Policy
- Prevention of Bullying and Harassment Procedure
- Freedom to speak up: raising concerns (whistleblowing) policy
- Equality, Diversity and Human Rights Strategy
- Information Security Policy
- Grievance Procedure
- Attendance Management Policy
- European Working Time Directive Policy
- Disciplinary Policy
- The Use of Personal Mobile Devices and Social Media / Social Networking Policy
- Patient Safety Including Being Open and Duty of Candour Policy
- Untoward Incident and Serious Incident Reporting Procedure

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

Please contact Anabella Kenworthy for further information – Anabella.kenworthy1@nhs.net

Update

Big improvements to the mess are currently in progress

Undergraduates

Blackpool Teaching Hospital host students in placement from the following medical schools:

Medical School	Year	Placement
Liverpool	3	Medicine, Surgery & Other specialties
Liverpool	4	COOP
Liverpool	5	Medicine, Surgery & Other specialties
Lancaster	2	Medicine & Surgery
Lancaster	3	O&G & Paediatrics
Lancaster	4	Medicine, Surgery, O & G & Paediatrics (Pall Care & Psychiatry off site)
Lancaster	5	Specialties
Uclan	1&2	Community Paediatrics

Students will appreciate your feedback and support in completing their portfolio.

Interested in teaching?

As a teaching hospital, you will have the opportunity to facilitate teaching sessions for the Undergraduate Trainees based here at the trust. Feedback can be obtained along with a certificate or letter of evidence, which you may find useful for your portfolio. If you are interested in getting involved in the programme, please contact bfnh.undergraduate.education@nhs.net.

You will also have the opportunity to act as an examiner for the Undergraduate Exams for both Lancaster and Liverpool Medical Schools here at the trust. Again, feedback can be obtained along with a certificate or letter of evidence, which you may find useful for your portfolio. If you are interested in getting involved in the programme, please contact bfnh.undergraduate.education@nhs.net

CHILDCARE

The Trust provides on-site day nursery facilities for staff. Kids planet Victoria Hospital day Nursery is purpose-built with the capacity for 92 children aged from three months to five years. It has flexible opening hours and is staffed by a highly qualified and professional team. For more information about Kids planet Victoria Hospital day Nursery call 01253 955537. Staff can also use the facilities at 3 other sites; Busy Bees at Preston and Bright Horizon at Lancaster and Barrow.

The Trust offers staff the opportunity to participate in various salary sacrifice schemes through which items such as laptops, PC's, bikes and lease cars can be obtained. Also you can pay for your childcare via the on-site nursery salary sacrifice scheme or for any other childcare the Tax free childcare via the government. Please note, salary sacrifice schemes are only offered to staff that are paid by the Trust.

More information about these schemes and other benefits available to staff can be found by contacting Lisa Harrison, Staff Benefits on 01253 951178 or via email

Lisa.Harrison12@nhs.net

Information can also be found via the OneHR page at www.bfwh.nhs.uk/onehr/staff-benefits-expenses/smart-salary-sacrifice/

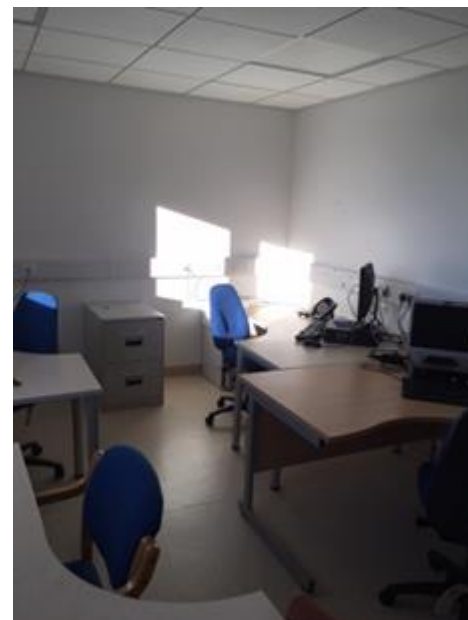
TRAINEE COMPUTER ROOM

Did you know that there is a computer room for trainees?



The Facility Contains

- Four Computers
- A Kettle
- A Fridge for your use
- Access 24 hours/ 7 days week



To obtain access you will need the key code for the door.

If you would like to use the facility, please email Dawn Grindrod, Deputy Postgraduate Manager.

Dawn.grindrod@nhs.net

Please do make use of the facility, it is there for you!

If there are any issues with the room, please contact Dawn so we can sort this out.

It is located in the main hospital close to Oliver's Restaurant
(turn left at the top of the stairs, and it is the first room on your right hand side)

EMPLOYEE ASSISTANCE PROGRAMME

The Trust has launched an Employee Assistance Programme (EAP) which is a free, confidential support service available to staff and their immediate family members 24 hours a day.

Information on this programme can be found on the following OneHR page:

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

What to do After Working a Late or Night Shift

What to do after working a late or night shift?

We are aware that due to the nature of training for Postgraduate Doctors in the Northwest, that you may often live a distance away from the hospital you are placed at. We know for a lot of the doctors who rotate to Blackpool, your journey to and from work can be significant.

Please see below details for some of the support available to you if you are working late/night shifts and have a long distance to travel to home afterwards.

Onsite Accommodation

We would like to encourage anyone who is working a late or night shift to take advantage of the onsite accommodation. This is available to book if you live a significant distance away such as the other end of Preston, Manchester, Cumbria etc. It is currently free to book.

If you live locally in the Blackpool area this wouldn't be available to you. However, there should be public transport running which you can access. If you really feel too compromised to drive a short distance, then please speak to us to look at alternative solutions.

The accommodation team can be contacted on bfwh.accommodationrequests@nhs.net, they ask that you get in touch in advance to book rooms, to ensure availability for the date you need them.

Please make sure you return the room key to accommodation as soon as you have finished your stay, these are specialist security keys, and you will be charged otherwise.

We would encourage all trainees to do this, rather than to drive on the motorway/for a long journey when you are tired, and your reaction time is compromised.

Taxi Service

The Trust can support the provision of booking taxi's if you need one to get home after a night shift and you feel unsafe to travel – however, you must have prior agreement from your division for funding this as we must provide a budget code on booking this for you.

You would also need to bear in mind if your transport is parked here, we don't facilitate a taxi back to collect it the next day.

Offsite accommodation

We would also like to make you aware of some hotels in the local area, if you do not feel the above options are suitable, however these would be at your own cost.

The Village Hotel, East Park Dr, Blackpool FY3 8LL
www.village-hotel.co.uk

Premier Inn Hotel
Whitehills Park, Preston New Rd, Blackpool FY4 5NZ
www.Premierinn.com

The Big Blue Hotel
Clifton Dr, Blackpool FY4 1ND
<http://www.bigbluehotel.com/>

If you are driving home after a late/night shift, where you are extremely fatigued you are putting not just yourself but others on the road at risk. Please don't take the risk and speak to us if you need any support or further information.

The Postgraduate Team can be contacted on – bfbwh.postgraduate.education@nhs.net

SuppoRTT AND LTFT

SuppoRTT

If you are a Postgraduate Doctor who is returning to training after a break of 3 months or more the national SuppoRTT Programme has been designed to improve your experience.

This time out of training can be for a variety of reasons such as:

- Parental Leave
- OOPs
- Career Breaks
- Carer's Leave
- Sickness

They can also vary in duration.

For more information on the programme please follow this link: [Supported Return to Training \(SuppoRTT\) | Health Education North West \(nwpgmd.nhs.uk\)](#)

Or contact the Postgraduate Administrator: bfwh.postgraduate.education@nhs.net

LTFT

Any trainee in a substantive deanery approved post can apply for less than full-time training and if they meet the eligibility criteria this will be accommodated as soon as practicably possible.

For more information, please follow this link: [Less Than Full Time Training | Health Education North West \(nwpgmd.nhs.uk\)](#)

You can find the Application to Commencement LTFT Training form [here](#). When you have completed the form, you must send it to ltft.nw@hee.nhs.uk with the heading "Eligibility Request", otherwise you may have a delay in your eligibility being confirmed.

Our Trust LTFT Training & SuppoRTT Champion is Dr Tessa Malone. Contact Dr Malone at bfwh.postgraduate.education@nhs.net