NHS

Southport and Ormskirk Hospital

NHS Trust

Providing safe, clean and friendly care

Handbook for Doctors in Training

July 21

CONTENTS

WELCOME TO SOUTHPORT AND ORMSKIRK NHS TRUST (S&ODGH)

Welcome to Southport and Ormskirk NHS Trust (S&ODGH). We are an acute trust, providing healthcare for a population of around 258,000 across North Sefton and West Lancashire. We are a single Trust base on 2 sites: Ormskirk District General Hospital, which is in West Lancashire, and Southport and Formby District General Hospital, which also houses the North West Regional Spinal Injuries, based on the North Sefton Coast.

The following specialties are located on the Ormskirk site:

- Dermatology
- Obstetrics
- Gynaecology
- Paediatrics, including Paediatric AED
- Elective Orthopaedics
- Elective minor and intermediate surgery

The following specialties are located in the Southport site:

- Adult Emergency Medicine
- Acute Medicine, cardiology, respiratory medicine, rheumatology, diabetes and endocrinology, geriatrics
- Colorectal Surgery
- Emergency Surgery
- Intensive Care Medicine
- Trauma

In addition, we have clinics from specialists from tertiary centres including:

- Nephrology
- Neurology
- Neuro-surgery
- Oncology
- Orthodontics
- Oral and Maxillofacial

Some specialties are found on both sites:

- Anaesthetics
- General Surgery
- Radiology
- Urology
- Haematology
- ENT
- Ophthalmology

PROFESSIONALISM & THE RESPONSIBILTIES OF MEDICAL PRACTIONERS

Introduction

The General Medical Council (GMC) is the professional body responsible for overseeing the practice of all doctors from the day they enter medical school until the day they retire. They oversee the undergraduate curriculum content, postgraduate education and training, and also issue the licence to practise which all doctors in the UK must hold to practise medicine.

All doctors are required to undergo a process known as **revalidation** every 5 years to maintain their licence to practise. This requires them to have a named ***Responsible Officer*** (RO) and a ***Designated Body***, which are registered with the GMC. ***Professor Jane Mamelok***, the Postgraduate Dean, is the ***Responsible Officer*** and ***Health Education England across the North West*** is **the *Designated Body***, for all trainee doctors working at Southport and Ormskirk NHS Trust (S&ODGH). You should create a "My GMC" account or log onto your account and ensure these details are up-to-date.

The RO needs to be assured that a doctor is keeping up-to-date with current medical practice and is maintaining the professional standards, outlined in *"Good Medical Practice".* For doctors in training, this is assessed through the ***A***nnual ***R***eview of ***C***ompetence ***P***rogression (ARCP)

Confidentiality

Maintaining confidentiality is central to an effective doctor-patient relationship. Failure to maintain confidentiality would only not follow the principles outlined in 'Good Medical Practice', but could also have both legal and ethical considerations.

Information Governance

Is the term used for how information is handled and used by any organization within the NHS. This includes patient health records, staff records, as well as information about finance etc. It aims to balance the requirement to maintain confidentiality, against a requirement to be open and transparent.

Social Networking and Social Media

Whilst clearly there are huge benefits from using social media, both personally and professionally, all healthcare professionals need to be mindful of their professional responsibility when using it. Breaching information governance and confidentiality guidelines could have significant implications, both professionally and legally. Care should be taken to ensure information about patients, relatives, carers and colleagues is not disclosed or "shared" with anyone else

Raising Concerns

The GMC is explicit in its guidance to doctors, it is a requirement of being a professional to raise concerns if ***"patient safety, dignity or comfort is or may be seriously compromised"***. This could apply to the care the patient is being or is failing to be given, or as a consequence of a colleague whose performance falls below acceptable standards and their fitness to practise is in question. There are a number of ways to raise a concern within the trust, details of which are outlined later within this handbook.

STATUTORY ORGANISATIONS INVOLVED IN UK MEDICAL EDUCATION & TRAINING

General Medical Council (GMC)

The GMC is the regulatory body for medical practitioners in the UK. All medical practitioners must be registered with GMC, with a licence to practice and are subject to the requirements for re-validation. It also sets the standards for the delivery of training throughout a doctor's career, from Medical School, through Foundation Programme to Specialty Training and/ or Training in General Practice.

Health Education England (HEE)

HEE is the Special Health Authority, created in June 2012, to provide leadership for the delivery of education and training to all healthcare professionals, including doctors in training. Through their local offices (which replaced Deaneries in 2014) healthcare providers and clinicians can support more effective planning and commissioning of education and training. Health Education England across the North West (HEE NW) is the local office with responsibility for the education and training of all the doctors in training at S&ODGH.

Medical Royal Colleges/ Faculties

Develop GMC approved curricula and training programmes, which outline the knowledge, skills and behaviours expected to be achieved, including how they are assessed, within Specialty Training and Training in General Practice.

Foundation Programme Curriculum (FPC)

The FPC outlines how newly qualified doctors should be supported in their personal development to ensure they achieve the expected outcomes from the Foundation Programme, whilst maintaining a focus on patient safety at all times. It describes the knowledge, skills and behaviours, which should be achieved, including how these are assessed, within the Foundation Programme. Details can be found at: http://www.foundationprogramme.nhs.uk/content/curriculum

Heath Education England across the North West (HEE NW)

HEE NW is the local office of HEE, which is responsible for overseeing the education and training of all the doctors in training at Southport and Ormskirk Hospital. They request a ***Form R*** is completed prior to the annual review of training outcomes which all trainees need to undergo, known as the ***A***nnual ***R***eview of ***C***ompetency ***P***rogression (ARCP). The Form R asks for a declaration of any involvement in complaints/ ***S***erious ***U***ntoward ***I***ncidents etc from when the last ARCP took place. It also asks for confirmation that a reflection of the incident has occurred. This should usually be within your portfolio and the location (not the actual reflection itself) needs to be declared on the Form R. Seek the advice of your named clinical and/or educational supervisor if necessary. It is important that your "***whole scope of practice***" is covered on the Form R. This means any locum work, outside occasional ad-hoc locums in your current place of work, as well as any other roles which you may undertake (for example, providing medical cover/ advice at events outside of your current role) should be included on the Form R.

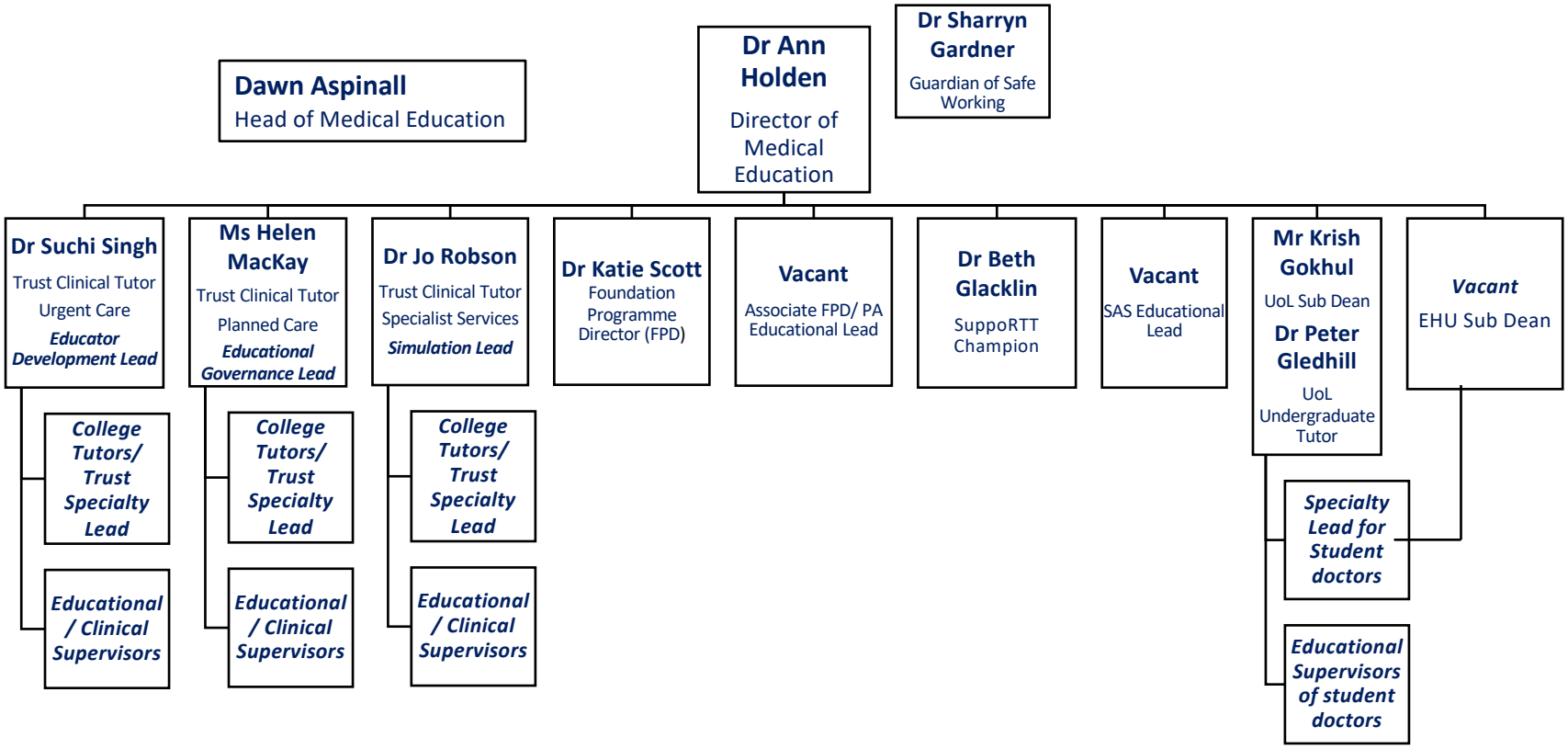
If you have taken time out of training, to undertake a non-training medical post (inside or outside the UK), then when you re-enter training, details of this post and any incidents which may have occurred during the post should be declared on the Form R. Again, advice may need to be sought from your named clinical and/or educational supervisor.

MEDICAL EDUCATION TEAM: Personnel

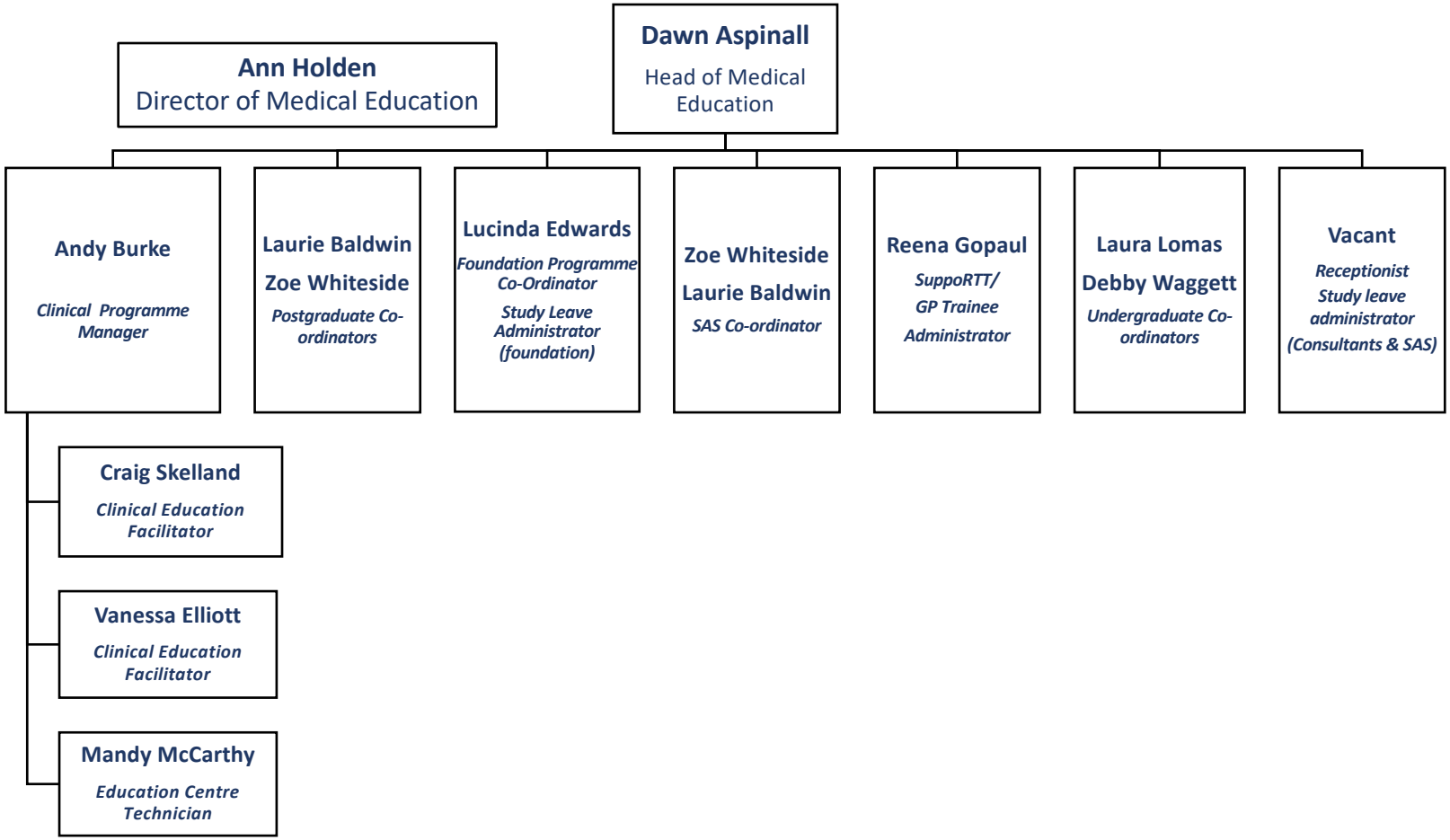
The Medical Education Team would like to welcome you to Southport & Ormskirk NHS Trust. We hope that you find your placement here to be a positive and enjoyable experience. We are based on the ground floor of the Clinical Education Centre on the Southport site and are here to offer support, advice and assistance at any time during your placement.

In the first instance, you should contact your ***Named Clinical and/or Educational Supervisor*** if you have any queries or concerns. The College Tutor (Trust Specialty Lead) and/or Guardian of Safe Working (GoSW) may also be able to provide support
Alternatively, you can contact the appropriate administrator who will escalate your query to the senior team where appropriate.

For additional information regarding key Trust personnel: ***http://www.southportandormskirk.nhs.uk/downloads/whos-who.pdf***



MEDICAL EDUCATION TEAM: Contact Details	
***Director of Medical Education*:** Ann Holden annholden@nhs.net Tel: via switchboard	***Head of Medical Education*:** Dawn Aspinall dawnaspinall@nhs.net Tel: 5246 (01704 705246)
Trust Clinical Tutor: Dr Suchi Singh suchinderyit.singh@nhs.net Tel: via switchboard	**Clinical Programme Manager:** Andy Burke a.burke1@nhs.net Tel: 5246 (01704 705246)
Trust Clinical Tutor: Ms Helen Mackay helen.mackay4@nhs.net Tel: via switchboard	**Clinical Education Facilitator:** Craig Skelland Tel: 5246 (01704 705246)
Trust Clinical Tutor: Dr Jo Robson jo-anna.robson@nhs.net Tel: via switchboard	**Clinical Education Facilitator:** Vanessa Elliott Tel: 5246 (01704 705246)
SuppoRRT Champion: Dr Beth Glacklin soh-tr.ltfttrainees@nhs.net Tel: via switchboard	**Education Centre Technician:** Mandy McCarthy Tel: 5246 (01704 705246)
	Postgraduate Co-ordinators: Laurie Baldwin / Zoe Whiteside soh-tr.PostGrad-News@nhs.net Tel: 5246 (01704 705246)
Foundation Programme Director: Dr Katie Scott katie.scott11@nhs.net Tel: via switchboard	**Foundation Programme Co-ordinator:** Lucinda Edwards soh-tr.foundationdocs@nhs.net Tel: 5245 (01704 705245)
SAS Educational Lead: Vacant Tel: via switchboard	**SAS Co-ordinator:** Zoe Whiteside / Laurie Baldwin soh-tr.PostGrad-News@nhs.net Tel: 4517 (01704 704517)
Clinical Sub Dean: Mr Krish Gokhul krishnangokul@nhs.net Tel: via switchboard	**Undergraduate Co-ordinators:** Laura Lomas/ Debby Waggett soh-tr.undergraduateadministrators@nhs.net Tel: 4542 (01704 704542)
Undergraduate Tutor: Peter Gledhill petergledhill1@nhs.net Tel: via switchboard	**Receptionists:** Vacant Tel: 4377 (01704 704377)


Ann Holden
Director of Medical Education
Dawn Aspinall
Head of Medical Education
Andy Burke
Clinical Programme Manager
Laurie Baldwin
Zoe Whiteside
Postgraduate Co-ordinators
Lucinda Edwards
Foundation Programme Co-Ordinator
Study Leave Administrator (foundation)
Zoe Whiteside
Laurie Baldwin
SAS Co-ordinator
Reena Gopaul
SuppoRTT/ GP Trainee Administrator
Laura Lomas
Debby Waggett
Undergraduate Co-ordinators
Vacant
Receptionist
Study leave administrator (Consultants & SAS)
Craig Skelland
Clinical Education Facilitator
Vanessa Elliott
Clinical Education Facilitator
Mandy McCarthy
Education Centre Technician

DEPARTMENTAL EDUCATIONAL PROFILE				
Department	**College Tutor/ Trust Specialty Lead**	**E-mail address**	**Clinical Director/ Lead Clinician**	**E-mail address**
Anaesthetics	Dr Peter Gledhill	petergledhill1@nhs.net	Dr Simeon Kehinde	skehinde@nhs.net
ACCS/ ICM	Dr Ann Holden	annholden@nhs.net	Dr Mike Vangikar	michaelvangikar@nhs.net
Emergency Medicine	Dr Richard Taylor	richard.taylor36@nhs.net	Dr Mike Aisbitt	mike.aisbitt@nhs.net
Medicine	Dr Ankur Banerjee	ankur.banerjee@nhs.net	Dr Ashar Ahmed	ashar.ahmed1@nhs.net
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Palliative Care	Dr Karen Groves	karen.groves@nhs.net		
Spinal Injuries/ Rehabilitation	Mr Bakul Soni	bakul.soni@nhs.net	Mr Bakul Soni	bakul.soni@nhs.net
Surgery	Mr Frank Mason	frank.mason@nhs.net	Mr Paul Ainsworth	painsworth@nhs.net
Urology	Mr Mistry	rahulmistry@nhs.net		

MEDICAL EDUCATION TEAM: Roles and responsibilities

The GMC introduced standards for trainers in secondary care in 2012. This means that all those who are involved in supervising and supporting the education of student doctors and doctors in training, need to demonstrate they have the appropriate knowledge and skills to be effective trainers. The knowledge and skills needed, are appropriate to the role(s) they undertake with regard to medical education and training. There a number of trainer roles within the trust, which support the delivery of medical education at Southport and Ormskirk Hospital NHS Trust

Director of Medical Education

The Director of Medical Education has overall responsibility for the delivery of both undergraduate and postgraduate medical education in the trust. They are supported in this, by a team of trainers (usually, but not exclusively doctors) and the wider medical education team.

Trust Clinical Tutors
The Trust Clinical Tutors are trainers appointed by the Trust to support the delivery of medical education and training in the trust.

Foundation Programme Director (FPD)
The FPD is a trainer appointed by the Trust to oversee both the educational content of the Foundation Programme, and the progress of the trainees within that programme.

College Tutors/ Trust Specialty Lead
A College Tutor / Trust Specialty Lead is a trainer selected by a Medical Royal College or Faculty, who - in addition - has the support of the trust and HEE NW. Where a department does not have a College Tutor, the trust has selected a lead trainer within that department to be the Trust Specialty Lead for that department. Their role is to supervise and co-ordinate the delivery of education and training, both for Foundation and Specialty trainees, within the Specialty they represent. They are responsible for ensuring a departmental induction has taken place on your first day in the department, although they may delegate this to another doctor within the department.

Clinical Sub-Dean (CSD)/ Undergraduate Tutor
The CSD is a trainer selected by the Trust and supported by the University to oversee the educational content of the undergraduate curriculum delivered at S&ODGH. In addition, they oversee the educational progress of the medical students attached to the trust. The Undergraduate Tutor is a trust appointed role of a trainer who supports the CSD.

SAS Educational Lead
The SAS Educational Lead is a trainer appointed by the Trust to oversee and support the delivery of an educational programme to support specialty doctors (SAS) working in the Trust. Specialty doctors are doctors who have undertaken training in their specialty, but not completed a CCT programme to allow them to be on the GMC specialist register. They can and are recognized as trainers by the GMC, where they can demonstrate they have the appropriate knowledge and skills.

Guardian of Safe Working (GoSW)
See page 9

Educational Supervisors
See page 10

Named Clinical Supervisors
See page 10

These doctors are supported in these roles, by the ***Clinical Education Leads***, ***Co-coordinators*** and wider administration team within the medical education department. In addition, for doctors outside the foundation programme, there are other personnel who will support their education and training including the ***Training Programme Director*** (TPD), Programme/ Educational Lead and ***Head of School*** (HoS). Their details, including how to contact them are available on the HEE NW website: https://www.nwpgmd.nhs.uk/Specialty_Schools

THE GUARDIAN FOR SAFE WORKING (GoSW)

(*more details available https://www.nhsemployers.org/pay-pensions-and-reward/medical-staff/doctors-and-dentists-in-training*)

The GoSW, whilst not a member of the medical education team, works closely with the team, to support the safe and effective delivery of postgraduate medical education and training within the trust. The role was established, with the introduction of the 2016 contract for doctors and dentists in training in England.

Some doctors feel this contract provides less favourable terms and conditions than the previous contract. However, for the first time, the educational needs of doctors in training, were linked to their contractual terms and conditions.

The GoSW at Southport and Ormskirk NHS Trust is ***Dr Sharryn Gardner***, who can be contacted via the following e-mail addresses:

- soh-tr.gosw@nhs.net
- sharryngardner@nhs.net

Doctors in training can highlight situations when the service needs within their clinical area have adversely affected their educational and training needs, as well as highlight situations which could compromise patient safety. As has been outlined previously within this handbook, the GMC expects all medical personnel, who are registered with a licence to practice, as part of their professional obligations, to raise concerns where patient safety could be compromised. Generating an exception report, is one way in which doctors in training can do this, other ways will be outlined later within this handbook.

e-Exception reports, which are generated via the allocate system, may be made due to:

- Working beyond rostered hours due to concerns about patient safety
- Intensity of workload within the shift felt to be unsafe
- Unable to attend scheduled teaching sessions due to service commitments and/or patient safety concerns

If there is an ***immediate concern*** about ***patient safety*** at any time, your supervising consultant should be informed ***immediately***, and an e-Exception report (and a Datix incident report) generated when it is safe to do so. If you are uncertain who is the appropriate consultant to contact, the Clinical Director of the Department, the Medical Director and Director of Medical Education are alternative personnel to contact. Their details are available in the Who's Who document on the trust intranet.

E-Exception reports will first be escalated to your named clinical or educational supervisor. They will usually ask to meet you to discuss the details of the exception report to agree what course of action is taken. The GoSW and the Director of Medical Education have oversight of all the exception reports made and may become involved where there is a dispute about the agreed outcome, following the meeting with the named clinical/ educational supervisor.

The GoSW also chairs the monthly ***Trainee Doctor Forum***

CLINICAL AND EDUCATIONAL SUPERVISION

All doctors in training will have an allocated supervisor, who is responsible for overseeing the doctors' education and training within their placement within a department. Depending on the specialty and department, the model of educational and clinical supervision may vary. Some doctors are allocated an educational supervisor for the duration of their training programme. In such circumstances their named clinical supervisor will change with each placement.

Other specialties allocate an educational supervisor with each placement. With this model, the role of the named clinical and educational supervisor is often undertaken by the same person and may be merged. You should be briefed on the model used within the department, and given the name of the relevant personnel at the departmental (local) induction, if you haven't already been informed of the names of your supervisors.

Educational Supervisor

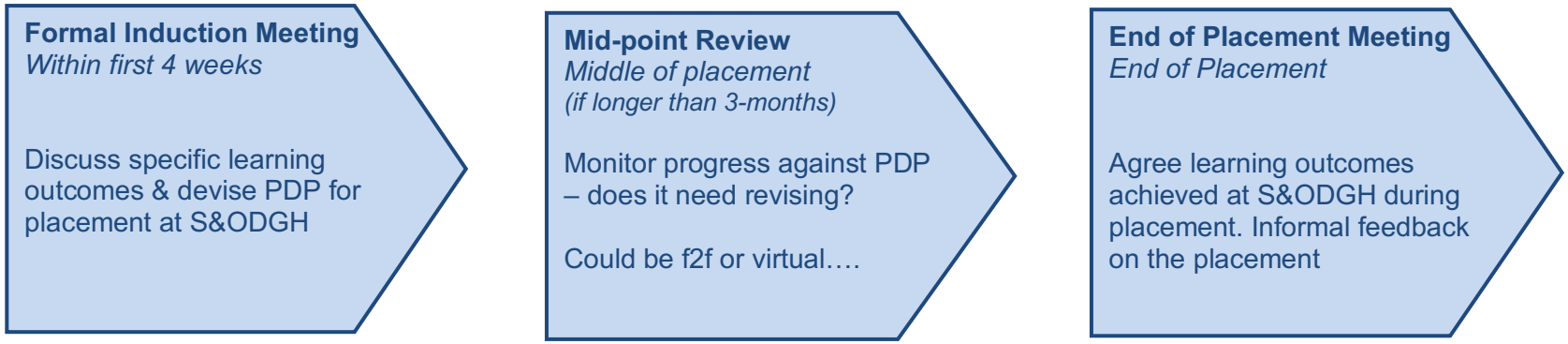
The Educational Supervisor is *"a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement"*. They are responsible for ensuring a doctor in training is making the appropriate clinical and educational progress during a placement within the trust.

In the Foundation Programme, a trainee will have a single ***Educational Supervisor*** allocated for the whole of the programme. This will usually also be their ***Named Clinical Supervisor*** in their first placement. As they rotate to their next placement, the supervising consultant within that placement will be the Named Clinical Supervisor for the duration of that placement.

For specialty and/or GP trainees, often a single trainer will undertake both roles simultaneously for the duration of a placement within the trust.

Named Clinical Supervisor

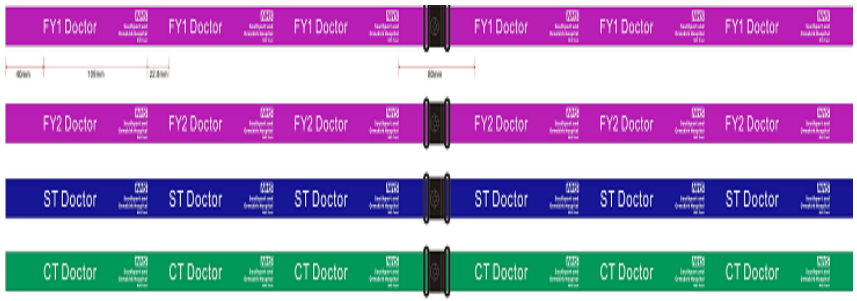
The Named Clinical Supervisor is *"a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement"*. They are responsible for overseeing the day-to-day clinical practice of a doctor in training. They should be fully trained in the relevant area of clinical care and understand their responsibilities for patient safety. The level of supervision provided should be appropriate to the competence, confidence and experience of the trainee. Whilst trainees may have a nominated or named Clinical Supervisor during their placement, the responsibility may be delegated on a sessional basis to other personnel involved in their training.



MEDICAL JOB TITLES

The roles of House Officer (HO), Senior House Officer (SHO) and Registrar (Reg) ceased to exist, with the introduction of Modernising Medical Careers in 2007. SHOs would work on the junior resident rota within the hospital and the Reg would work on the senior rota, which in some specialities was resident in the hospital, whilst in others it would involve being non-resident. As this on-call model is still replicated in many specialties, the terminology of HO, SHO and Reg still tends to be used, even though the roles no longer exist.

The trust has a number of ongoing initiatives to try encourage both medical and nursing staff to use the correct terminology for medical personnel, including the lanyards given to trainees….



MEDICAL JOB TITLES

The term "House Office" (HO), "Senior House Officer" (SHO) and Registrar (Reg) should no longer be used……

Job Title	Abbreviation	Clinical Experience	
Foundation Doctor Year 1	**F1**	First year following graduation ***(training post)***	On F1 rota *(equivalent of HO)*
Foundation Doctor Year 2	**F2**	Second year following graduation ***(training post)***	Provide junior resident cover in departments, may well all participate on the same on-call rota *(equivalent of SHO)*
Core Trainee Years 1 and 2	**CT1/2**	In the 1st and 2nd years of specialty training in Medicine/ Surgery/ Anaesthesia ***(training post)***	
Specialty Trainee Years 1 and 2	**ST1/2** **GPST1/2**	In the 1st and 2nd years of specialty training in Paediatrics / Obs & Gynae/ AED General Practice ***(training post)***	
Clinical Fellow	**JCF**	A trust appointed doctor, with clinical experience equivalent of CT1/2 or ST1/2 ***(non-training post)***	
Specialty Trainee 3	**ST3** **GPST3**	In the 3rd of training in either hospital specialty or general practice ***(training post)***	May be on junior or senior resident rota, depending on specialty *(may be equivalent of SHO or Reg)*
Specialty Trainee 4-7	**ST4/5/6/7**	In the 4th 5th 6th or 7th year of specialty training ***(training post)***	Usually provide senior resident cover in departments (*equivalent of Reg)*
Senior Clinical Fellow *(usually fixed-term contract)*	**SCF**	A trust appointed doctor, with clinical experience equivalent of ST3 or above ***(non-training post)***	
Specialty Doctor	**SPD**	A trust appointed doctor with clinical experience of ST3 or above (***non-training post)***	
Staff Grade/ Associate Specialist	**SAS**	A trust appointed doctor with clinical experience of ST5 or above ***(non-training post)***	

INDUCTION

Induction provides orientation both to the trust and the department you will be working in. It is important for you to feel part of the team that you will be working with, but it is also important for patient safety. All hospitals have different ways of working and it is important for you to be aware of the processes and procedures used in the delivery of patient care at S&ODGH. All doctors new to the trust are expected to attend both a trust and departmental induction.

Doctors commencing their placement in the trust in August and February will attend the specifically arranged ***Rotational Doctors in Training Trust Induction*** on their first day in the trust (usually the first Wednesday in those months). ***Departmental induction*** will occur the following day.

Doctors who rotate to the trust outside these dates will be expected to attend the next ***Trust Corporate Induction***, after their start date. These are held on the first Monday of each month. ***Departmental induction***, for these doctors, will take place on their first day in the trust. Issues dealt with at the trust induction such as ID badges, IT access etc. will be arranged at the departmental induction

Trust Induction

The ***Rotational Doctors in Training Induction*** delivered in August and February will provide information on local processes such as Safeguarding, but the only aspects of mandatory training covered will be Infection Prevention and Control (IP&C) with a hand hygiene assessment and Blood Transfusion Training (local processes). All other mandatory training modules, aside from Manual Handling, Resuscitation and Conflict Resolution training can be completed via the e-learning modules. Time to complete these should be made available by the department you are working in.

The ***Trust Corporate Induction*** includes a hand hygiene assessment and also resuscitation, but not blood transfusion training. Arrangements should be made to address this with your Clinical/ Educational Supervisor, if your role requires it.

Foundation Trainees

All FY1s starting at the Trust will attend a 4-day ***Foundation Programme Induction*** which commences on the last Tuesday of July each year. FY2s will usually only attend a departmental induction, unless they are newly appointed to the trust. In such circumstances, individual arrangements will be made.

Departmental (Local) Induction

This should provide orientation to the clinical area, as well as brief you on issues such as the ***clinical duties*** expected within the post you will be working in, as well as the ***clinical & educational supervision*** arrangements within the department. It should also outline the sickness absence reporting system within the department, as well as arrangements for the booking and granting of leave. Details of which should be available in the ***Departmental Handbook***

For doctors starting their placement outside the August and February rotational dates, the departmental induction should also include aspects which are necessary to undertake their role, which would be covered at trust induction, such as ID badges etc.

If you are scheduled to be on nights or will be on leave during the planned departmental induction, you ***must*** make alternative arrangements with your Named Clinical and/or Educational Supervisor for this to take place, either earlier if you are on nights or on your first day on returning from leave.

ID BADGE/ IT ACCESS/ PASSWORDS

Prior to your induction date, you will have received a “link” from our Medical Staffing/Recruitment team requesting completion of a number of documents to enable us to ensure you have an ID badge, IT access and appropriate door access for the areas in which you will be working.
If you were unable to complete these documents in advance of your start date, please notify the team on your arrival at induction and arrangements will be made to resolve this.

Providing you returned these details to us, your badge/swipe card and the details of your IT network account will be issued to you at induction. The account provides you with access to hospital email, Microsoft Office application, the intranet.

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.

During the course of your induction programme, you will complete a number of workshops in relation to the Clinical Systems you will require access to which will enable you to commence in your placement area fully equipped with the knowledge and access you need.

MANDATORY TRAINING

Foundation Trainee Doctors will complete the following mandatory training during their induction:

Time will be given to complete the following via e-learning:

1. **Equality, Diversity & Human Rights**
2. **Fire Safety (general)**
3. **Health, Safety & Welfare**
4. **Data Security Awareness (Information Governance)**
5. **Safeguarding Adults (Level 2)**
6. **Preventing radicalization**

The following will be provided face-to-face:

1. **Mental Capacity Act (MCA)**
2. **Infection Prevention and Control, incl. hand hygiene**
3. **Manual Handling**
4. **Blood Transfusion**
5. **Intermediate Life Support (ILS) incl. BLS**

Conflict resolution training and ***local fire training*** will be incorporated into the F1 teaching programme

Time for Mandatory Training

All healthcare professionals have a professional responsibility to ensure they comply with the necessary requirements for their role. This includes ensuring they have completed the necessary mandatory training.

A number of aspects can be covered via e-learning modules, as part of the NHS Core Skills Framework.

Time to complete these should be provided within your work schedule. This can be done by applying for "***study* leave**" on allocate. If you select "***mandatory training***" in the drop-down box, this means it will not be deducted from your annual study leave allowance.

Core and **Specialty Trainees** are required to ensure they are up-to-date with their mandatory training requirements, ideally ***within two weeks of starting at the Trust***

The following need to be completed annually:

- **Data security awareness (Information governance)**
- **Manual Handling**
- **Blood transfusion training**
- **Infection Prevention and Control (incl. hand hygiene)**
- ***B*asic *L*ife *S*upport**

The following need to be completed less frequently:

- **Equality, Diversity & Human Rights**
- **Fire Safety (general)**
- **Health, Safety & Welfare**
- **Safeguarding Adults (Level 2)**
- **Safeguarding Children (Level 2)**
- **Preventing radicalization**
- **Conflict resolution training**

Other role specific mandatory training may also be required. These should be discussed with your Educational / Named Clinical Supervisor.

CLINICAL EDUCATION AND TRAINING

Departmental Educational Programmes

Each department delivers a formal clinical educational programme, with sessions usually held at least weekly. It is expected the sessions within these programmes have agreed learning outcomes and have been mapped to the curriculum of the learners who are expected to attend the session. Separate educational programmes are delivered for the F1 and F2 doctors in the trust, which have been mapped to the foundation programme learning outcomes. As the aim of the foundation programme is to support doctors in developing generic knowledge and skills, some of the sessions may be relevant to doctors outside the foundation programme.

All doctors in training are expected to attend at least 70% of the formal teaching provided for them within their clinical placement. The majority of this, for doctors outside the foundation programme, will be in sessions delivered within the department where they are allocated, but the ***Grand Round***, which takes place on a Friday lunchtime is also considered to be part of the formal teaching provided for all doctors in training allocated to the trust. Additional learning opportunities may be available in ad-hoc formal teaching sessions within departments.

In recognition of the importance of attendance at formal educational sessions, the trust has an "***Access to Teaching***" process (see page 17) whereby the attendance at formal teaching sessions is monitored. Thus, where a doctor in training has an unauthorised absence from a teaching session, their Named Clinical and/ Educational Supervisor will be asked to meet them, to discuss the reason for non-attendance. This is to ensure appropriate support is given where needed and the needs of the service do not override the educational needs of the doctors in training.

If you feel patient safety would be compromised, if you left your clinical duties to attend a formal educational session, then an exception report should be completed. If this is not an isolated incident, then it should be discussed in the initial instance with your named clinical and/or educational supervisor. Failure to resolve the issue can be discussed further with the College Tutor (Trust Specialty Lead) in the department where you are working, or ultimately, the Director of Medical Education.

Regional Teaching

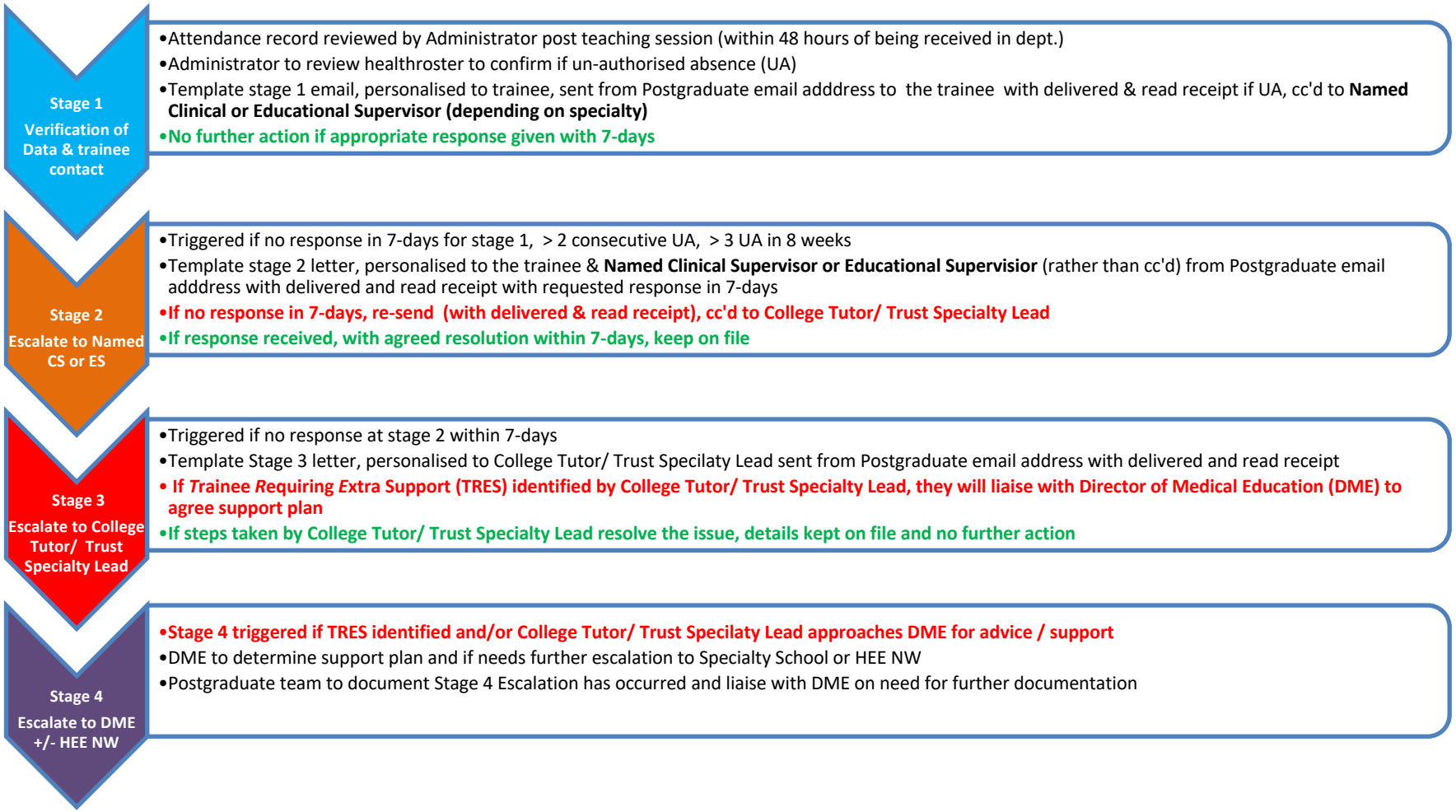
Some training programmes provide regional formal educational programmes, based on the specific educational needs of the trainees at their current stage of training. The trust supports attendance at these sessions, but you may need to e-mail the OSM/ rota co-ordinator in the clinical area where you are working, to inform them of the date and time of the teaching, as each specialty school has its own arrangements. Some schools expect you to apply for study leave to attend, whilst others consider it as "protected teaching time". Additionally, the day, time and frequency also vary from school to school. Any difficulty accessing such teaching sessions should be discussed in the initial instance with your named clinical and/or educational supervisor. Failure to resolve the issue can be discussed further with the College Tutor (Trust Specialty Lead) in the department where you are working, or ultimately, the Director of Medical Education.

Opportunities for teaching

The trust is happy to support doctors in training in developing their own teaching skills. There are opportunities for teaching within the both undergraduate and foundation teaching programmes, as well as in clinical skills and simulation. Please contact member of the medical education team if you are interested.

Process for Supporting Access to Teaching for non-foundation trainees (SOP)

This aim of this process is to provide clarity of responsibility at each Stage of the process, identifying who is responsible for actions and the various points at which escalation to the next Stage is required.



Author: Ann Holden / Dawn Aspinall

March 2021

NHS
Southport and Ormskirk Hospital
NHS Trust

DEPARTMENTAL EDUCATIONAL PROGRAMMES

Day	Speciality	Time	Location
Monday	Paediatrics	12:30 - 13:30	Doctors room, Clinical Department, ODGH
	Trauma & Orthopaedics (Alt weeks)	12:30 - 13:30	Plaster Room, SDGH
	Medicine Meeting	13:00 – 14:00	Clinical Department, SDGH
	Medicine (F2-CT2)	14:00 – 15:00	Clinical Department, SDGH
Tuesday	Paediatric	12:45 – 13:30	Doctors room, Clinical Department, ODGH
Wednesday	Anaesthetic Core Training	08.30 – 10.30	
	Foundation Year 2	14:00 – 16:00	Lecture Theatre, CEC, SDGH
	Paediatric	15:00 – 16:30	Doctors room, Clinical Department, ODGH
	Obs & Gynae	13:00 – 17:00	Clinical Department, ODGH
	Opthalmology	14:00 – 16:00	Clinical Department, ODGH
	A&E (senior staff and SAS doctors)	15:30 – 16:30	Clinical Department
Thursday	Foundation Year 1 (alt. weeks)	08.30 – 16:30	Lecture Theatre, CEC, SDGH
	A&E (junior staff)	13:30 – 15:30	Learning Zone 1, CEC, SDGH
	Student Educational Forum (monthly)	15:00	
Friday	Anaesthesia Associates	08.30 – 11.30	Theatres, ODGH
	Grand Round (all specialities)	12:00 – 14:00	Lecture Theatre, CEC, SDGH, plus via MICROSOFT TEAMS
	Anaesthesia Governance/ CPD	14:00 – 16:30	Learning Zone 1, CEC, SDGH
	Surgery	14:00 – 16:00	Learning Zone 2, CEC, SDGH
Please note there will be limited availability of rooms in the CEC at these times			

STUDY LEAVE

It is recognised that doctors in training may have learning needs, which require learning activities outside their routine training. In such circumstances, study leave is needed to support these learning needs, which should be aligned to the relevant training curriculum and/or future career aspirations. Health Education England (HEE), in recognition of feedback received from doctors in training, recently changed the guidance on how and when study leave could be used. All doctors in training are entitled to 30-days per annum. However, it was recognised that for foundation doctors, much of this would be utilised in delivering the formal educational programme to support their curriculum outcomes. Thus, both national and regional guidance allows 5-days per annum for F1 doctors and 10-days per annum for F2 doctors to be used to support their individual learning needs. Guidance has also been provided on what is considered to be an appropriate use of study leave for foundation programme doctors and can be found at: https://www.nwpgmd.nhs.uk/foundation-policies-and-processes

F1 and F2 Doctors

The process is outlined in the flow chart below

Study leave is granted and administered within the trust. The leave period needs to be applied for and approved on allocate. Once that is completed, the form MSL 2 needs to be completed and signed by their named clinical or educational supervisor. This needs to be forwarded to the Foundation Programme Co-ordinator for approval by the Foundation Programme Director or Director of Medical Education. Form MSL 2 approves the funding for the study leave and allows the applicant to claim reimbursement of any expenses incurred during the study leave. The appropriate Study Leave Expenses Claim form needs to be submitted, again to the Foundation Programme Co-ordinator, following the leave period. Receipts relating to the expenses claim also need to be submitted with the claim form. Once the claim form and receipts have been approved by the Foundation Programme Director or Director of Medical Education, the expenses will be reimbursed via payroll through your salary.

For F1 doctors, study leave will usually only be approved for life support courses or a taster week, related to future career choices. The doctor should ensure that they are up-to-date with their foundation learning outcomes and portfolio documentation, prior to applying for the leave

For F2 doctors, study leave will usually only be given for life support courses, or other courses or meetings, relevant to their personal and professional development as a doctor, or future career choices. The doctor should ensure that they are up-to-date with their foundation programme learning outcomes and portfolio documentation. This is to ensure that doctors are not distracted from their primary focus, which is to achieve successful completion of the foundation programme, by achieving the necessary outcomes.

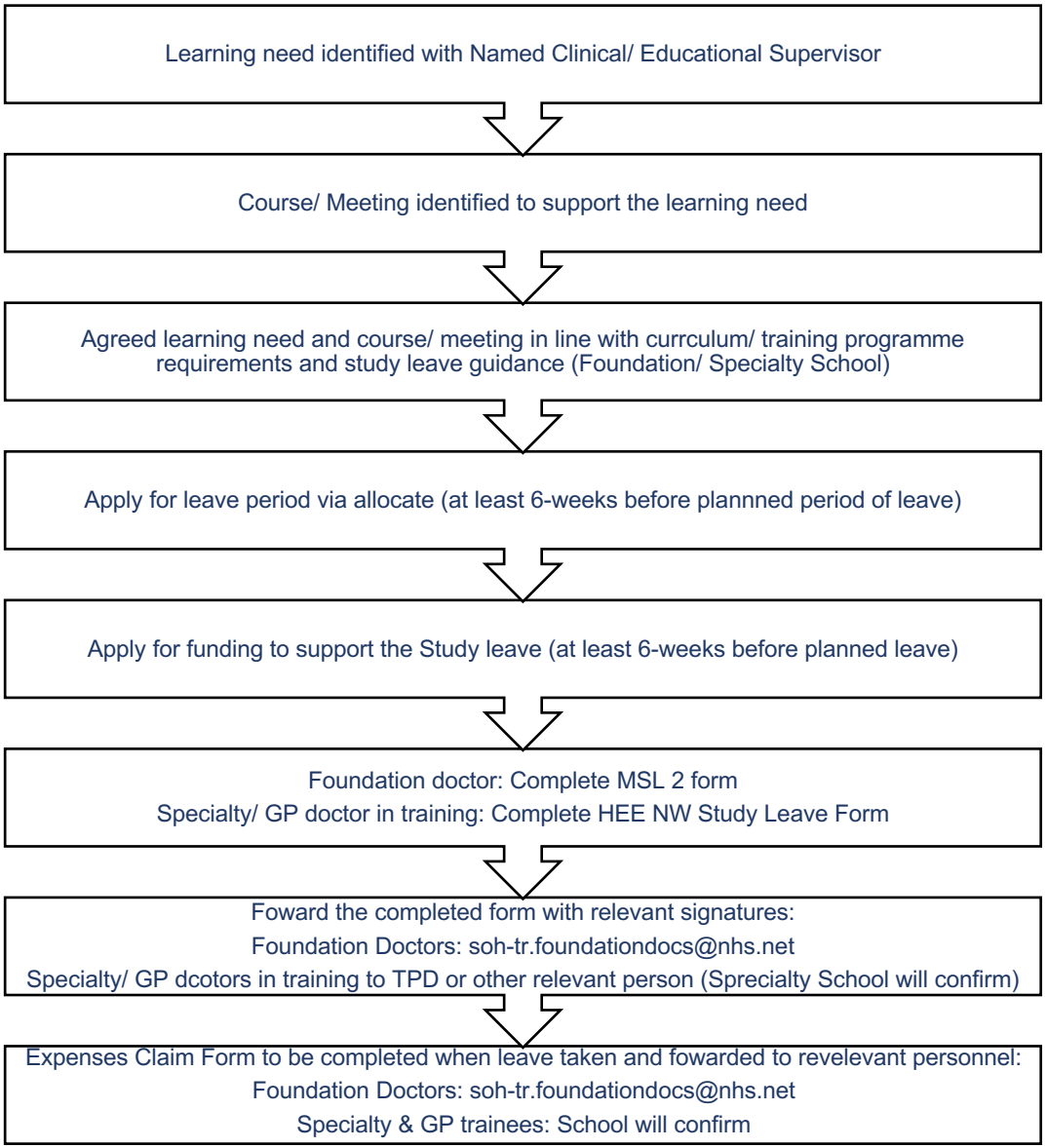
Doctors in Training (excluding F1 and F2)

The leave period needs to be applied for, via the trust process on allocate. However, approval for funding is via the specialty school. The process is outlined in the flow chart below. The form and details of the administrators can be found on the HEE NW website:
https://www.nwpgmd.nhs.uk/studyleave

Locally Employed Doctors/ SAS/ Consultants

There is a separate trust policy which needs to be followed, which can be found on the trust intranet in the ***"Policies"*** section

Flow chart outlining the study leave process



LIBRARY & KNOWLEDGE SERVICES

Introduction

The Library & Knowledge Service is open to all Southport & Ormskirk NHS Trust staff and students who are on placement. To join the library, complete the library membership form and hand in at the library help-desk, or e-mail to us. Membership covers both libraries.

The NEW ENGLAND JOURNAL of MEDICINE

DynaMed Powered by EBSCOhost

BNF

The library is accessible outside of staffed hours. Your Trust ID badge can be activated to allow out of hours access to the library. Please ask library staff to set up ***24 hour*** access and receive the required security induction.

Book Loans

Library members may borrow up to 12 books at one time. Loans are for a 4 week period and can be renewed up to 4 times unless reserved by another library member.

Library Catalogue

You can search online for items available in the library at: http://southportandormskirk.nhslibraries.com/

PC Access

You can access the PCs in the library with a Trust username and password. To obtain a Trust username and password, complete an IT Network Application Form. You will need to get it counter-signed by the Undergraduate Administrator and submitted to the IT Department.

WiFi

A **WiFi** network is available in the Hanley and Sanderson Libraries for your own device and also a WiFi printer (Hanley Library only). Please ask library staff for the passwords.

Photocopying, Printing Scanning

There is a multifunction machine available in both libraries. To use, log in with the Trust username and password used to log onto the PCs or register for Safecom (ask library staff for details).

Study Areas

There is a quiet study room in both libraries and there are extra PCs at the Hanley Library in the Dinwoodie Suite when it is not booked.

Liverpool University Loans

We can request loans of University library books to be delivered for you to the Hanley Library. Please ask library staff for details.

E-Resources

We will set up an NHS Athens account for you when you join the library. You will receive an e-mail from Athens with a link in to activate your account, which should be done as soon as possible before the link expires. This is a temporary account whilst you are on clinical placement. Resources you can access via Athens include BMJ Learning, Dynamed Plus, the BNF and BNFC and the whole range of Oxford Handbooks online. Log into your account at: **www.openathens.net** once it is activated.

ANNUAL LEAVE

The annual leave year for most doctors in training runs from the first Wednesday in August until the first Tuesday the following August. Their entitlement is determined by national terms and conditions, but is usually 27 days (25 days plus 2 statutory days) for those on the minimum first and second increment points (usually foundation doctors). This increases to 32 days (30 days plus 2 statutory days) for those on the third increment and higher. This is in addition to Bank Holiday entitlement, which can vary across the year, but is usually 8 per annum. For doctors undertaking Less Than Full Time (LTFT) training, their entitlement is pro-rata, depending on the percentage of full-time training they are undertaking.

Applications for annual leave must be made at least 6-weeks in advance of the proposed leave period. For all doctors in training the application should be made via employee on line allocate system (EOL-allocate)

Patient safety is a priority at all times, so departments need to balance the needs of the individual, with the needs of the service. All efforts should be made for annual leave requests to be made equitably across the training year. Departments are expected to support annual leave requests for a period pro-rata to the duration of the placement. In a department where you are undertaking a 4-month placement, they would expect you to only take one third of your leave entitlement during that placement. Exceptions may be accommodated, at the discretion of the department. As annual leave is usually allocated on a first come, first serve basis, it is advisable to discuss exceptional requests as early as possible before the proposed leave period.

Whilst the principles and adherence to the relevant policies are the same within each department, how they are implemented may vary slightly from department to department. Requests will usually involve approval from the relevant OSM (Operational Service Manager) and details on the departmental process should be contained within the Departmental Handbook, a copy of which should be made available to you, at your departmental induction.

The annual leave application should be made to the department where you will be on placement at the time of the proposed leave. This may be different than the department you are working in at the time of the leave application. If in doubt, advice can be sought from your named clinical and/or educational supervisor or medical staffing by emailing: soh-tr.medicalhr@nhs.net

SICKNESS ABSENCE REPORTING AND ATTENDANCE MANAGEMENT

Overview

The GMC makes it quite clear that as medical practitioners registered with a licence to practice, it is our professional responsibility to ensure that we medically fit to perform our clinical duties. Our own personal health and well-being is as important as caring for our patients. Reasonable adjustments can and should be made, to accommodate any short or long-term health issue and/or disability. There are various avenues to access help and support. In the initial instance, you should approach your named clinical and/or educational supervisor, who will be either able to sign post you appropriately or seek further advice to support you. All issues are treated with the utmost confidentiality.

Foundation doctors are employees of Southport and Ormskirk NHS Trust, whereas doctors in training, outside the foundation programme are employees of the Lead Employer, St Helens and Knowsley Hospitals NHS Trust. The process for reporting a sickness absence and the management process, following a period of sickness absence, are broadly the same. However, the documentation to be completed, for Self - Certification of a period of sickness absence and the Return to Work Interview, are different.

Reporting Sickness Absence

Except for exceptional circumstances the doctor who is unable to attend work due to sickness, should report their intended absence themselves, via the recently introduced trust ***Absence Call Line.*** This can be accessed 24-hours a day.

You should also inform the department where you are working of your intended absence. Each department has a nominated person to be informed. You should be briefed on the process as part of the departmental induction and details should be contained in the departmental handbook.

It is expected that a self-certificate is completed from day 1 of the sickness absence. If you are absent for 7-days or more, including weekends, then a doctor's note needs to be provided on day 8 of the absence.

NEW SOHT Absence Call Line

0330 088 6240

1. To report a NEW absence
2. To CHANGE your expected return to work date
3. To REPORT FIT FOR WORK
4. You will be asked for your Assignment Number.
5. It is important you use this as we need to make sure it's you
6. You can find your assignment number on your pay slips
7. You will be asked a series of YES and NO questions
8. Say YES or NO
9. Or use your telephone keypad: 1 = Yes & 2 = No
10. You will be asked for the date you expect to be FIT FOR WORK

Returning to Work

On your return to work, you should complete a Self-Certification form, if appropriate (namely your absence was 1-7 days). If your absence was for longer than 7-days, then a Statement of Fitness to Work ('Fit Note') from your medical practitioner (usually GP) should be provided. In addition, you should participate in a Return to Work interview. This should be undertaken with your named clinical or educational supervisor, although in some departments this may be done on their behalf by a member of the department operational staff (usually the OSM or rota co-ordinator). This interview documents the reason for your absence, which needs to be completed on the relevant pro-forma and forwarded to the medical staffing department. In addition, this interview allows your supervisor to determine whether your learning objectives/ PDP need to be amended in the light of your sickness absence. Thus if the Return to Work interview is conducted by someone other than your supervisor, you should arrange to meet them separately to review your learning objectives/ PDP.

The GMC requires all doctors in training, who have had 14-days or more sickness absence in 1 training year, to have their training period reviewed. Thus, undertaking a review of your PDP on your return to work, can be used to demonstrate that your training has not been adversely affected by your sickness absence period. All training programmes are competency-based, within an expected time period, so provided doctors can demonstrate they have achieved their necessary learning outcomes, a period of sickness absence may not delay progression in training. This is usually determined by the ARCP panel, who will take advice from your named clinical and/or educational supervisor.

Attendance Management

Both the trust and the Lead Employer have attendance management policies and processes which are triggered by periods of sickness absence – usually 1-prolonged period or several shorter periods with a relatively short space of time. Whilst your supervisor completed the Return to Work interview and pro-forma, they are not responsible for this process. These management processes are initiated and managed by the relevant medical staffing/ HR departments. If you are invited to formal meeting(s) under these policies, your supervisor may be the appropriate person to accompany you, as all employees have a statutory right to be accompanied to such meetings. The aim of these management policies is not punitive, but to provide support if needed within the workplace.

The ***Insight Service*** is available to provide help and support to all doctors in training.

PAY AND PENSIONS

The foundation doctors are employees of Southport and Ormskirk Hospital, whereas all other doctors in training are employees of the Lead Employer, St Helens and Knowsley Hospitals NHS Trust. The Payroll department for all doctors in training, based in the trust is at Whiston Hospital, as Southport and Ormskirk NHS Trust has a service level agreement with St Helens and Knowsley to provide payroll services.

Salaries are paid monthly for all staff. Reimbursed expenses including study leave and travel are paid via the monthly salary payment, usually by BACS. Exception reports may result in either TOIL (***T***ime ***O***ff ***I***n ***L***ieu) or extra payment; these payments will also be paid via BACS. Locum payments may well be paid separately, via BACS, depending on the arrangements made at the time of agreement of the locum shift.

All doctors will usually be automatically enrolled in the NHS pension scheme. Details are available from the Payroll department or via the website: www.pensions.nhsbsa.nhs.uk

HEALTH AND WELLBEING

It is important for all staff involved in healthcare, including doctors, to be aware of their own physical and mental health needs. Neglecting ones' own personal health and wellbeing has a potentially devastating personal cost, as well as implications for patient safety.

The complex environment in which healthcare is delivered can lead to stress for all those involved. This can be further exacerbated, if resources are limited within that environment. For example, if there are gaps on a rota. It is important that doctors recognise their own frailty in such situations, as well as the frailty of their colleagues. Recognising and acknowledging stress, is important in developing appropriate coping mechanisms.

Inevitably adverse events, both anticipated and unanticipated, can occur within healthcare and can be particularly stressful for doctors in training, who may be encountering such events for the first time. Talking to your colleagues about such events may be helpful, ensuring patient confidentiality is maintained at all times. Your named clinical and/or educational supervisor may be another source of support.

Occasionally, the pastoral support of your colleagues and supervisors is insufficient. In such circumstances, there are a variety of sources where help and support can be provided. Your named clinical and/or educational supervisor may be able sign post you to appropriate resources or seek advice on how best to advise you.

We also have a "***Wellbeing Zone***" in the Clinical Education Centre at Southport. This room which is opposite the Clinical Skills Lab, is a quiet area to allow time away from the clinical area, to give you the opportunity for reflection. There is also information about resources which may be helpful

The ***Insight Service*** provides a range of services and support that can be accessed by all doctors in training (including foundation, specialty and in general practice). These can be accessed directly or via a referral from medical staffing or the Lead Employer.

I'M SAFE

A checklist adapted for clinicians to assess fatigue and fitness to work

Illness

- Have you been unwell or suffering from symptoms of pregnancy?
- Has your health been put at risk by clinical work; e.g. needle-stick injury, or risk of exposure to infectious disease?
- Do you need to talk to the Occupational Health team?

Medication

- Are you taking prescribed or over-the-counter medication that might be affecting you?

Stress

- Are there work or non-work related factors that might affect your performance?
- Do you need to speak to someone before going on or off shift?
- Does the team need to debrief / give feedback?

Alcohol

- Could there still be alcohol in your system?
- Consider your consumption in the last 24 hours, not just the last 8 hours.

Fatigue

- Have you had restricted sleep* in the last 2 weeks?
- Do you have a sleep debt*?
- Have you had trouble speaking coherently or keeping your eyes open?
- Would a short sleep make you safer?

*Please see 'Fatigue: the Facts' poster for more information about these.

Eating

- Have you had something to eat or drink? Do you need to?

References
"Flight Fitness: The "I'm Safe" Checklist". FAA Medical Certification. Pilot Medical Solutions, Incorporated. Retrieved 20 Dec 2011

GAT AAGBI GROUP OF ANAESTHETISTS IN TRAINING

The Faculty of Intensive Care Medicine

RCoA Royal College of Anaesthetists

AAGBI FOUNDATION

www.aagbi.org/fatigue

Most healthcare professionals, including doctors are shift workers. This inevitably can affect both the amount and quality of sleep. This can lead to fatigue, which has both short, medium and long-term effects on both physical and mental health. The trust is committed to the ***BMA Charter on Fatigue*** and is working on improving the facilities to support it.

Regular exercise is proven to support both physical and mental well-being. Shift work can make this a challenge. Most towns and cities have a "***Parkrun***" every Saturday morning at 9am. It is a timed 5K event, which people can either run or walk. Details of the events and how to register (it is free) can be found on the website: https://www.parkrun.org.uk

The ***"I'M SAFE"*** Checklist can be used to help you determine whether you are "fit to work"

PATIENT SAFETY

"Place the quality of patient care, especially patient safety, above all other aims" (Don Berwick, 2013). Patient safety is the responsibility of all healthcare professionals and all organisations involved in the delivery of healthcare.

Healthcare delivery occurs in a complex and changing environment. Recognition this complex and changing environment and the interactions which occur within it, has inherent risks which could compromise patient safety, is what has become known as "Clinical Human Factors". This accepts that even the best people can make mistakes and encourages system design which minimises these mistakes from causing harm to patients.

The trust is currently developing a "just culture" which supports patient safety, through using an understanding of human factors and systems design, when analysing adverse events which have or could have ("near misses") caused harm to patients. Feedback from those involved in direct healthcare delivery on "the shop floor" is crucial in understanding how the trust processes and procedures work in practice. No system is perfect and it is only through implementing processes that the "latent errors" (unanticipated "glitches" in the system) can be identified.

Datix is the incident reporting system used within the trust and the main process by which feedback can be given. It can be accessed on the desktop on all trust computers. It is also the main system through which ***all*** concerns can be raised.

There are a number of options for doctors in training to raise concerns:

- ***In the department***
  - Speak to Named Clinical/ Educational Supervisor
  - Speak to Specialty Lead of the department where you are on placement
  - Speak to Clinical Director of the department where you are on placement
- ***Contact Medical Education Team***
  - Speak to the Foundation Co-ordinator: *Lucinda Edwards*

- Speak to Postgraduate Co-ordinators: *Zoe Whiteside/ Laurie Baldwin*
- Head of Medical Education: *Dawn Aspinall*
- Contact Clinical Programme Manager: *Andy Burke*
- Contact Clinical Education Facilitators: *Vanessa Elliott/ Craig Skelland*
- Contact Director of Medical Education: *Ann Holden*

- ***Contact other personnel within the Trust***
  - Freedom to Speak up Guardian: *Martin Abrams* (martin.abrams@nhs.net)
  - Executive Medical Director: *Kate Clark* (kate.clark11@nhs.net)
  - Executive Lead with responsibility for raising concerns: *Director of Nursing: Bridget Lees* (b.lees1@nhs.net)
  - Chief Executive with responsibility for raising concerns: *Trish Armstrong-Child* (trish.armstrong-child@nhs.net)
  - Non-executive Board Lead for raising concerns: *Pauline Gibson* (p.gibson3@nhs.net)

Other ways to ***raise concerns:***

- Exception Reports
- Safety Huddle prior to F1/ F2 teaching
- Contact Guardian of Safe Working
- Trainee Doctor Forum

(See Clin Corp 69: Freedom to Speak Up: Raising Concerns Policy for further details

Patient Safety can be affected by many things. Things which you could become aware of in course of your clinical practice, may include:

- Lack of resource to treat the patient appropriately
- Lack of resource to deliver the service (this may include lack of personnel on the ward or on a rota)
- Critical Incidents, whereby the patient has actually or may potentially be harmed:
  - This may be a recognised complication of a procedure or treatment
  - This may be an unexpected event, which wasn't anticipated
  - As a result of a mistake
- Near Misses
- Medication errors
- Performance and/or behaviour of colleagues or other healthcare professionals

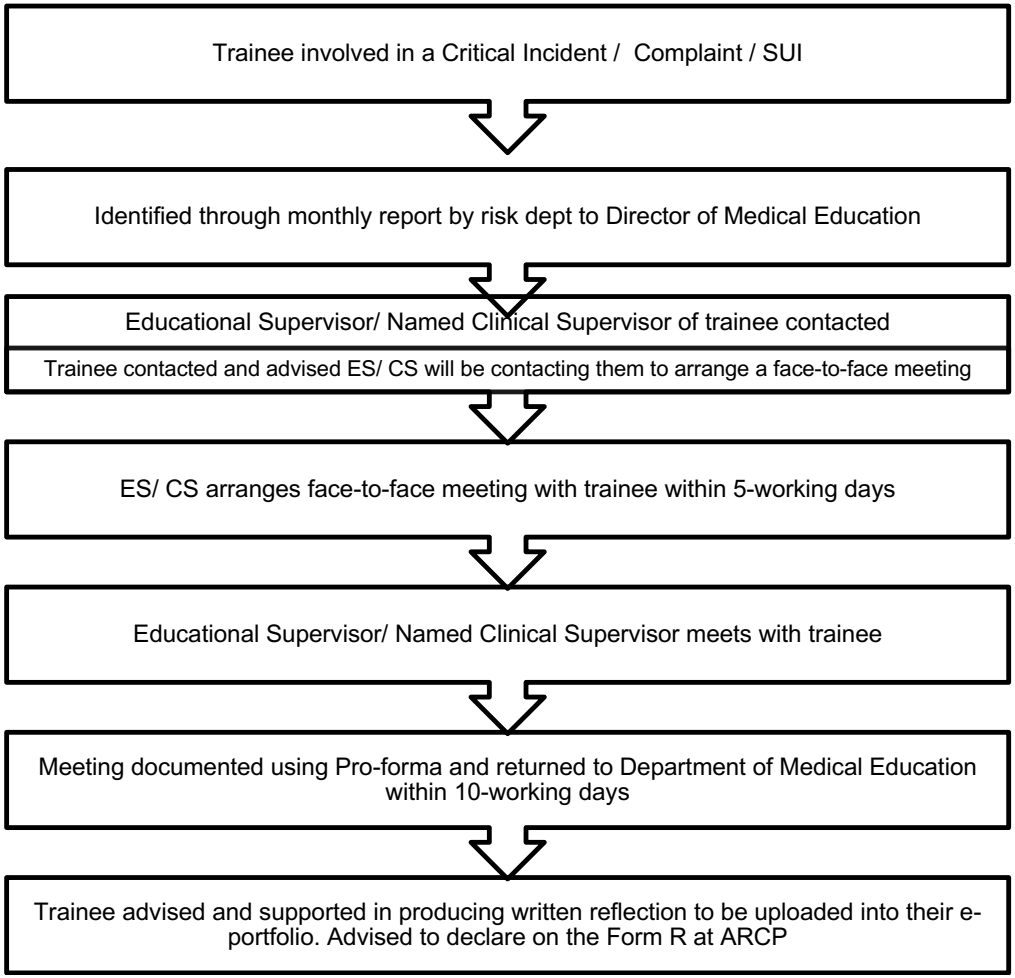
If you recognise such an event, then you should complete a Datix incident report, as soon as is practically possible after the event. The trust is currently looking at how it provides feedback to those individuals who report an incident on Datix.

Issues relating to education and training matters can also be highlighted through Datix. The Director of Medical Education receives a monthly report on all the Datix incidents, which have been reported by or involve any trainee. Confidentiality is maintained at all times, as information governance principles apply to information with regard to doctors in training, in the same way it applies to patient data.

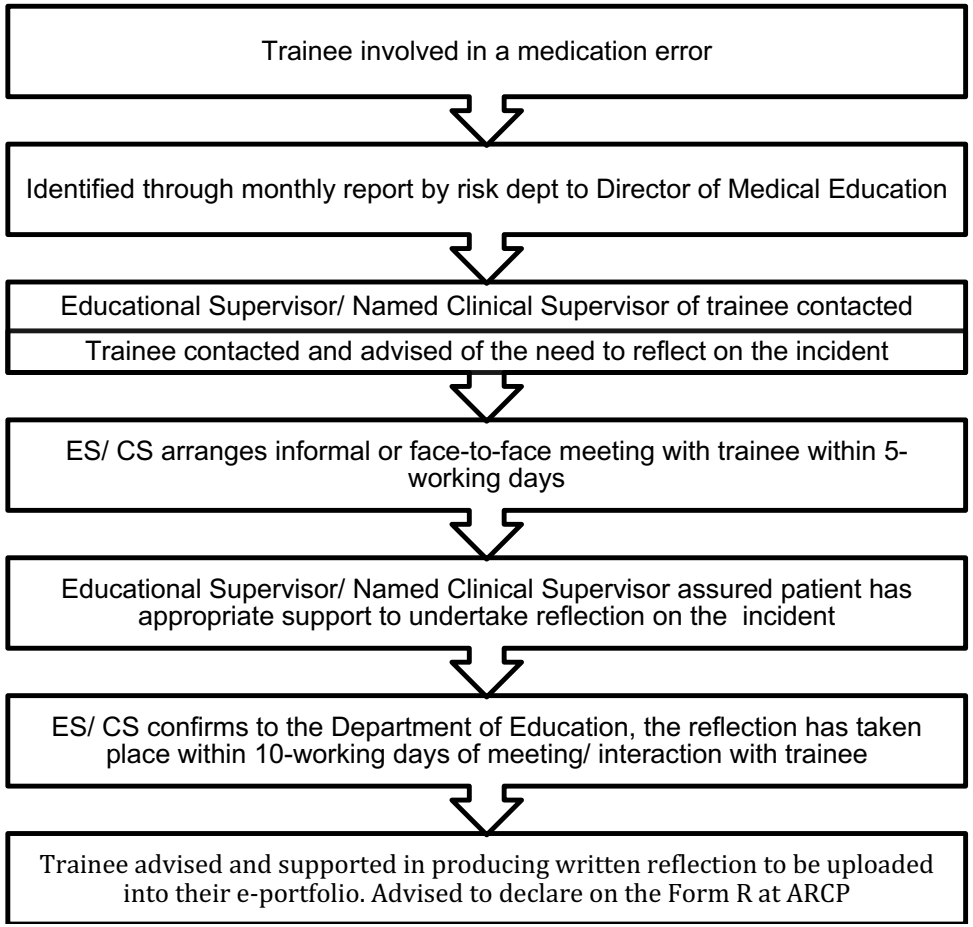
The report includes whether any trainee has been involved in any critical incident/ complaint/ SUI or medication error. Involvement in such events and any resultant investigation can be stressful for all those involved. It is important that doctors in training receive the appropriate pastoral and professional support, to manage such situations; they are an inevitable aspect of clinical practice. The Flow Chart outlines the process followed in the trust

Datix®
Software for patient safety

Flow Chart outlining process



Flow Chart outlining the process



The GMC considers reflection to be a key professional attribute and so it is important that doctors in the training, are supported in developing the appropriate skills. Given the complex nature of healthcare, even with appropriate vigilance, medication errors will occur. Personal reflection can support individual learning. If there are wider systems learning opportunities to be gained from the reflection, then feedback to the Pharmacy department can be made

The Flow Chart outlines the process followed in the trust

Mortality Screening & Structured Judgement Review

Legally, all trusts are required to review all deaths which have occurred in hospital. The purpose of this is two-fold. Firstly, to identify any lessons which can be learnt and secondly to determine whether the deaths were avoidable. The process by which is this is done at S&ODGH, uses the ***Datix Mortality Screening*** tool.

This allows all deaths to be "screened" to determine which then undergo a more detailed in-depth review, using the ***Structured Judgement Review*** methodology developed by the Royal College of Physicians. This is usually done on 10-20% of the deaths which have occurred.

Your role in supporting this is to complete the Datix Mortality Screening form, which takes less than 5 minutes, when you attend the Bereavement Office to complete the MCCD (*see page 36 for further details*)

CONSENT

Capacity

In order to give consent, an adult must have capacity to ***receive*** and, ***understand*** information, ***retain*** that information and ***use it***, to ***make*** a decision, which they can communicate to others. ***All adults are assumed to have capacity, unless there is significant evidence to suggest otherwise.***

Best Interest Decisions

Sometimes a patient may need urgent or emergency treatment and there may be not be feasible to undertake a formal ***M***ental ***C***apacity ***A***ssessment (MCA). If there is doubt that the patient has capacity to give informed consent for any procedure, then a ***Best Interest Decision*** may have to be made by the healthcare professional looking after the patient.

Consent may be written, but is often ***verbal*** or ***implied.*** Many patients are aware that the trust supports the training of healthcare professionals, but consent should be sought from patients who provide the clinical learning opportunities for students.

(*see Clin Corp 04: Consent to examination Policy for further details)*

DUTY OF CANDOUR

Whilst the aim is to give the right care to the right patient, at the right time, healthcare, by its very nature is uncertain. This means there will be circumstances when things go wrong. This may be a recognised complication of treatment, or an unanticipated event, or even as a result of an error, which may or may not be related to the performance of the healthcare professionals involved in the care of the patient.

The professional bodies involved in the regulation of healthcare professionals, including the GMC, expect that it's a core professional responsibility to be open and honest with patients, when something goes wrong with treatment or care, which has or has the potential to cause harm or distress. This means we are all expected to:

- Tell the patient (or advocate, if appropriate) when something has gone wrong
- Apologise to the patient (or advocate, if appropriate)
- Offer to remedy things, as well as to provide help and support to correct things
- Explain fully to the patient, the short and longer term effects of what has happened

More details on the professional duty of candour can be found at:
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/candour---openness-and-honesty-when-things-go-wrong/the-professional-duty-of-candour

The trust has a statutory duty candour, to be open and transparent with patients when things go wrong. This was introduced following the enquiries into high profile failings of patient safety considerations in healthcare, such as the events which occurred at Mid-Shaffordshire NHS Trust. You may be asked to support the trust, in a number of ways, in satisfying its duty of candour. Firstly, by acknowledging when something has gone wrong

and perhaps by initially speaking to the patient and/or their advocate. You may feel you need additional help and support in doing this, so speaking to your Named Clinical and/Educational Supervisor, or your supervising senior at the time of the incident may be helpful. NHS Resolution also provide guidance, which can be accessed at: https://resolution.nhs.uk/resources/saying-sorry/. Supporting the investigation of incidents and preparing appropriate reports, may be other ways in which you will be asked to support the duty of candour.

(see Rm 24: Being Open and Duty of Candour Policy for further details)

BULLYING AND HARASSMENT

Individuals can sometimes be unaware of the impact their behaviour has on others. Whilst it may have been acceptable in the past to tolerate someone's behaviour under the guise "that's just x…", it is no longer acceptable.

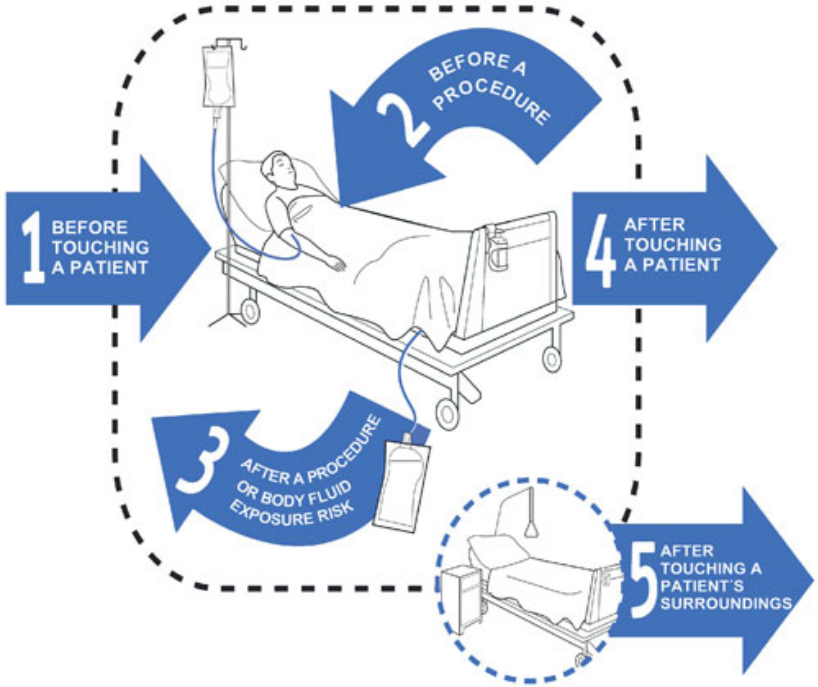
There is no official definition of bullying and harassment, but ACAS define it as *"offensive, intimidating or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient".*

The trust has a zero tolerance approach to bullying and harassment. If you feel you have been the recipient of such behaviour then you should raise your concerns with your named clinical and/or educational supervisor. The ***Freedom to Speak Up Guardian***, ***Martin Abrams***, may be an alternative point of contact, as is ***Ann Holden***, the ***Director of Medical Education***, who is a ***Freedom to Speak Up Champion*** within the trust.

INFECTION PREVENTION AND CONTROL (IP&C)

All healthcare professionals undergo regular mandatory training in IP&C. so they understand their personal responsibility in delivering best practice. This is to support the effective prevention, detection and managed of healthcare associated infection. This can be demonstrated in a number of ways:

- Compliance with ***hand hygiene policy***
- Use of ***personal protection equipment*** (PPE)
- Aseptic technique
- Safe handling and disposal of sharps
- Safe handling and disposal of waste
- Use and care of invasive devices (IV cannulae, urinary catheters etc)
- Prevention of occupational exposure to blood-borne viruses
- Use of single use medical devices
- Antimicrobial prescribing
- Packaging, handling and delivery of laboratory specimens
- Reporting of infections
- Adhering to uniform and dress code



Hand hygiene is the simplest, most effective measure in the prevention of healthcare associated infections (HSAIs). All healthcare personnel need to be familiar with the trust policy, to understand how, when and where hand hygiene is undertaken, the methodology that should be used, as well as the materials to be used.

(See IC01: Hand Hygiene Policy and IC02: Infection & Control Policy for further details)

SHARPS/ NEEDLE STICK INJURIES

Whilst a sharps injury may occur as a result of a needle stick injury, other medical equipment may also cause a sharps injury. These could include syringes, scalpels, lancets and glass from ampoules or broken equipment.

- Immediate actions, if a sharps injury occurs:
  - Encourage the wound to bleed, ideally by holding under running water
  - Wash the wound using running water and plenty of soap
  - Do not scrub the wound while you are washing it
  - Do not suck the wound
  - Dry the wound and cover it with a waterproof plaster or dressing
- You should then seek advice from the trust Health and Well Being Service, on the next steps
- If you are unable to contact them, then advice should be sought from the Accident and Emergency Department
- You should complete a Datix report and consider informing your Named Clinical and/or Educational Supervisor

(see Corp 15: Management of Exposure to Body Fluids and Sharps Injury Policy for further details)

ESCALATION OF THE DETERIORATING PATIENT

Vitalpac is the electronic system which is used for recording the observations of patients within the trust.

Early warning scores (EWS) systems can help to detect critical illness early. These systems allocate points to the measurements of routine vital signs on the basis of their deviation from the "normal" range. The score is weighted, so that the greater the deviation from the normal, the greater the intervention is indicated. There is now a ***N***ational ***E***arly ***W***arning ***S***coring system, which has been recently up-dated and therefore the scoring system now in use is "NEWS 2"

There is a ***M***odified ***O***bstetric ***E***arly ***W***arning ***S***core (MOEWS) used in obstetrics and ***P***aediatric ***E***arly ***W***arning ***S***core (PEWS) used in paediatrics.

There is an escalation protocol in use for the deteriorating patient, which is based on the NEWS 2 Score. This indicates the frequency of observations and who should review the patient based on the NEWS 2 score.

There is a 24-hour Critical Care Outreach service based on the Southport site, who should be contacted for all patients with a NEWS 2 score of 5 and above. There is no outreach service on the Ormskirk site, no MET team on either site, but there is a cardiac arrest team on both sites.

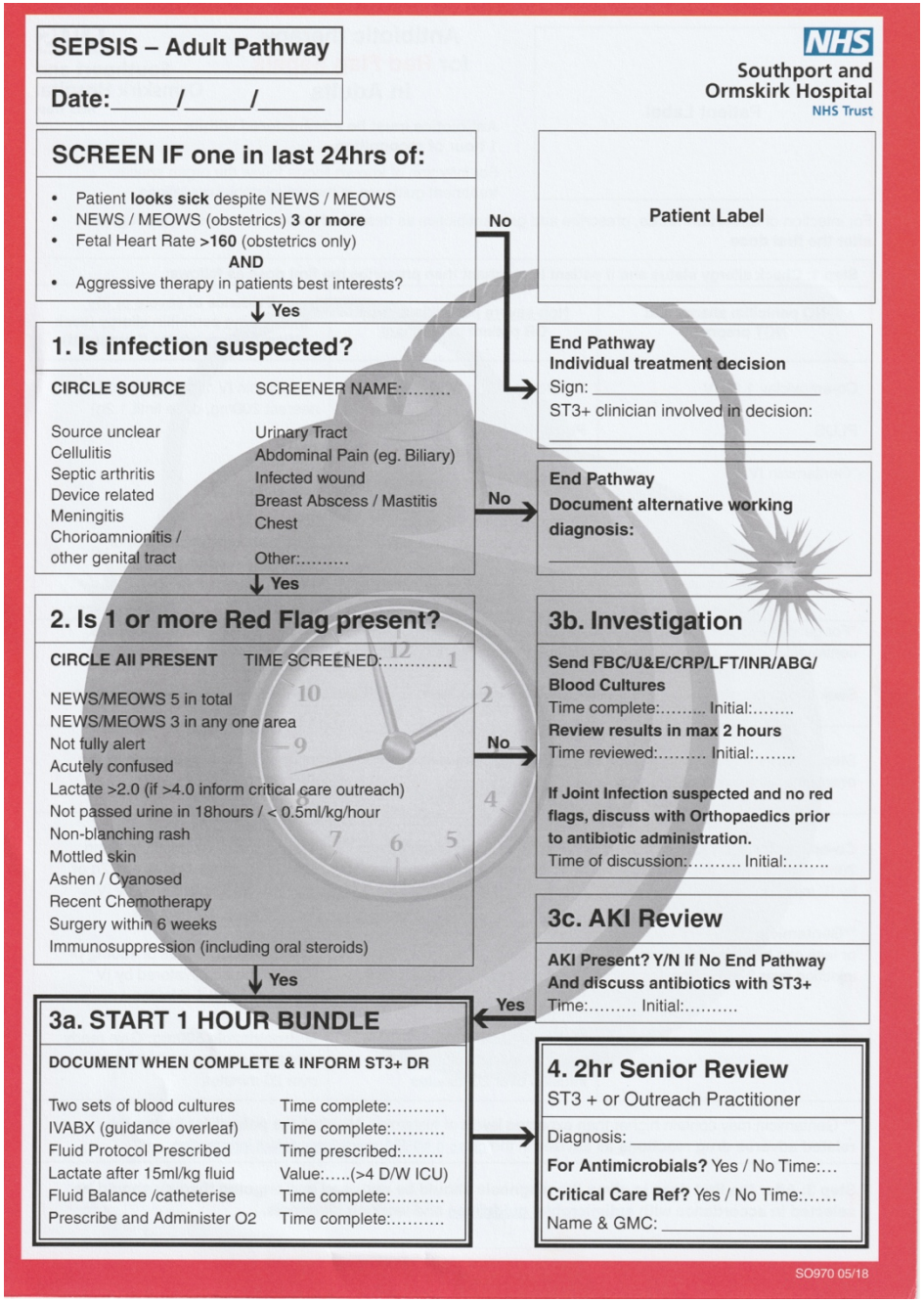
The trust has Sepsis Pathway and AKI Flowchart which should be used for patients with these conditions, as it provides guidance on best practice on managing both conditions.

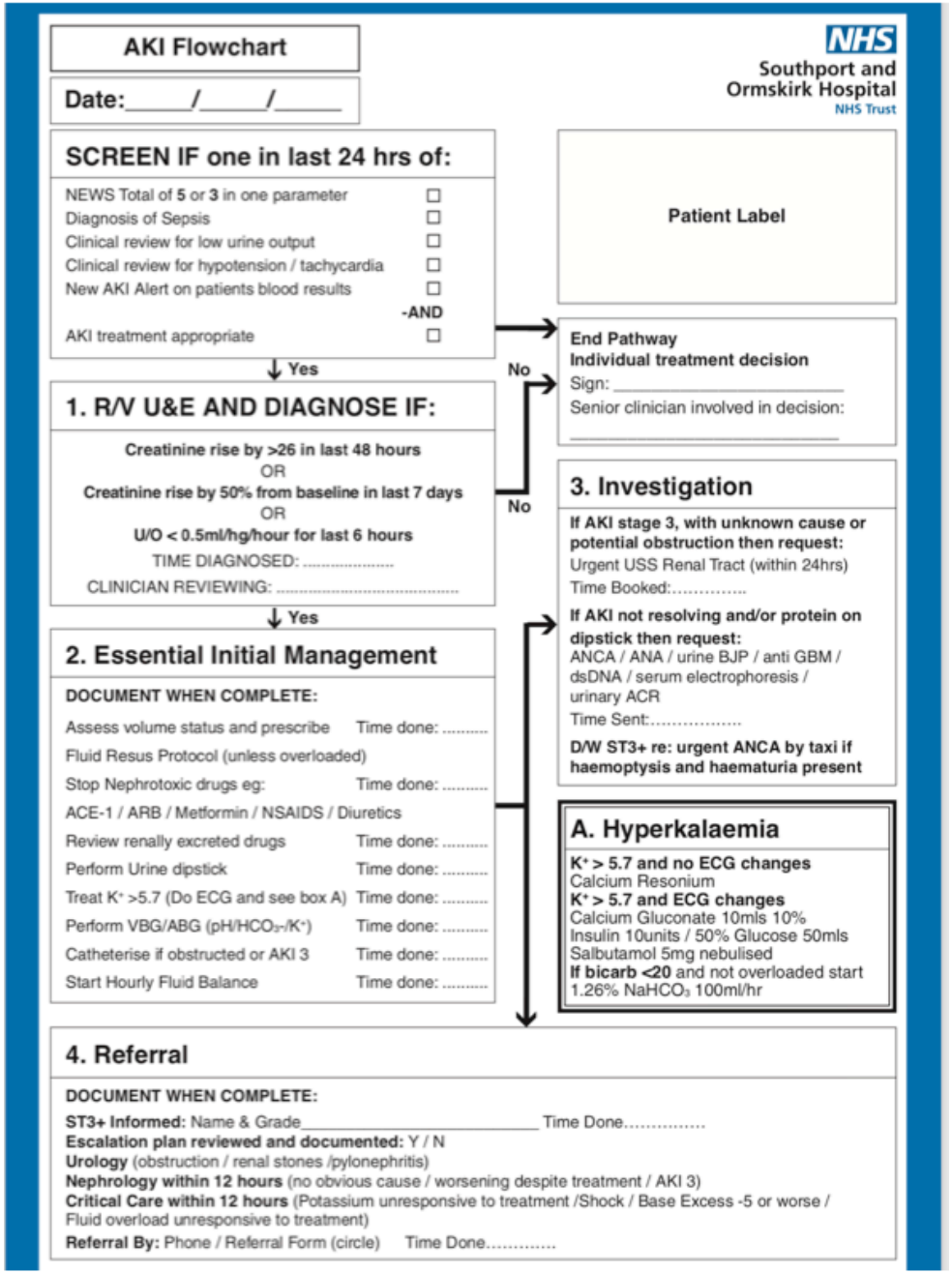
(See Clin Corp 81: National Early Warning Score 2 (NEWS 2) Track and Trigger System Operational Policy for further details)

Process Flowchart – NEWS 2 Escalation

NEWS Score	Minimum Monitoring	Clinical Response		
Total = 0	12 Hourly	• Monitor full set of NEWS observations **at least** every 12 hours.		
Total = 1 to 4	4 to 6 hourly	• Registered Nurse to decide whether to increase observation frequency **above** minimum. • Consider: o Oxygen o Fluid bolus o Nebulizer o Analgesia		
Total = 5 or 6 or 3 in any one parameter (New score or if not improving with treatment)	1 hourly **Commence fluid balance chart**	• Review by medical team within **60 minutes** • Screen for sepsis if infection possible • Contact Critical Care Outreach on bleep 3914 • Review and document escalation ceilings with ST3+ Doctor: **End of Life, Ward** or **Critical Care**		
Total = 7 or more (New score or not improving with treatment)	1 hourly Continuous monitoring where available **Commence fluid balance chart** **Measure hourly input and output**	**Escalation Decision (if none documented default is Critical Care)**		
		End of Life	Ward Care	Critical Care
		Follow Individualised Plan for Care of the Dying If not formulated – ST3+ Doctor and Shift Leader to consider this Document individualised monitoring and medical review	Medical review within **30 minutes** Discussion with ST3+ Doctor within **60 minutes**	ST3+ Doctor review or telephone discussion within **30 mins** Critical Care Outreach review within **60 minutes** (3914)

Changes in the response to the scores above must be made by a **Consultant** and documented in the medical notes
Reductions in observation frequency outside of the above protocol must be made by the **Shift Leader** and the reason documented in the medical notes.


SEPSIS – Adult Pathway
Date:_____/_____/_____
NHS
Southport and Ormskirk Hospital
NHS Trust
SCREEN IF one in last 24hrs of:
• Patient looks sick despite NEWS / MEOWS
• NEWS / MEOWS (obstetrics) 3 or more
• Fetal Heart Rate >160 (obstetrics only)
AND
• Aggressive therapy in patients best interests?
No
Patient Label
Yes
1. Is infection suspected?
CIRCLE SOURCE
SCREENER NAME:.....
Source unclear
Cellulitis
Septic arthritis
Device related
Meningitis
Chorioamnionitis / other genital tract
Urinary Tract
Abdominal Pain (eg. Biliary)
Infected wound
Breast Abscess / Mastitis
Chest
Other:.....
No
End Pathway
Individual treatment decision
Sign: _____
ST3+ clinician involved in decision:
_____
Yes
End Pathway
Document alternative working diagnosis:
_____
2. Is 1 or more Red Flag present?
CIRCLE All PRESENT
TIME SCREENED:.....
NEWS/MEOWS 5 in total
NEWS/MEOWS 3 in any one area
Not fully alert
Acutely confused
Lactate >2.0 (if >4.0 inform critical care outreach)
Not passed urine in 18hours / < 0.5ml/kg/hour
Non-blanching rash
Mottled skin
Ashen / Cyanosed
Recent Chemotherapy
Surgery within 6 weeks
Immunosuppression (including oral steroids)
No
3b. Investigation
Send FBC/U&E/CRP/LFT/INR/ABG/ Blood Cultures
Time complete:..... Initial:.....
Review results in max 2 hours
Time reviewed:..... Initial:.....
If Joint Infection suspected and no red flags, discuss with Orthopaedics prior to antibiotic administration.
Time of discussion:..... Initial:.....
3c. AKI Review
AKI Present? Y/N If No End Pathway
And discuss antibiotics with ST3+
Time:..... Initial:.....
Yes
Yes
3a. START 1 HOUR BUNDLE
DOCUMENT WHEN COMPLETE & INFORM ST3+ DR
Two sets of blood cultures Time complete:.....
IVABX (guidance overleaf) Time complete:.....
Fluid Protocol Prescribed Time prescribed:.....
Lactate after 15ml/kg fluid Value:.....(>4 D/W ICU)
Fluid Balance /catheterise Time complete:.....
Prescribe and Administer O2 Time complete:.....
4. 2hr Senior Review
ST3 + or Outreach Practitioner
Diagnosis: _____
For Antimicrobials? Yes / No Time:...
Critical Care Ref? Yes / No Time:.....
Name & GMC: _____
SO970 05/18


AKI Flowchart
Date:_____/_____/_____
NHS
Southport and Ormskirk Hospital
NHS Trust
SCREEN IF one in last 24 hrs of:
NEWS Total of 5 or 3 in one parameter ☐
Diagnosis of Sepsis ☐
Clinical review for low urine output ☐
Clinical review for hypotension / tachycardia ☐
New AKI Alert on patients blood results ☐
-AND
AKI treatment appropriate ☐
Patient Label
Yes
No
End Pathway
Individual treatment decision
Sign: _____
Senior clinician involved in decision:
_____
1. R/V U&E AND DIAGNOSE IF:
Creatinine rise by >26 in last 48 hours
OR
Creatinine rise by 50% from baseline in last 7 days
OR
U/O < 0.5ml/hg/hour for last 6 hours
TIME DIAGNOSED: .....
CLINICIAN REVIEWING: .....
No
3. Investigation
If AKI stage 3, with unknown cause or potential obstruction then request:
Urgent USS Renal Tract (within 24hrs)
Time Booked:.....
If AKI not resolving and/or protein on dipstick then request:
ANCA / ANA / urine BJP / anti GBM / dsDNA / serum electrophoresis / urinary ACR
Time Sent:.....
D/W ST3+ re: urgent ANCA by taxi if haemoptysis and haematuria present
Yes
2. Essential Initial Management
DOCUMENT WHEN COMPLETE:
Assess volume status and prescribe Time done: .....
Fluid Resus Protocol (unless overloaded)
Stop Nephrotoxic drugs eg: Time done: .....
ACE-1 / ARB / Metformin / NSAIDS / Diuretics
Review renally excreted drugs Time done: .....
Perform Urine dipstick Time done: .....
Treat K+ >5.7 (Do ECG and see box A) Time done: .....
Perform VBG/ABG (pH/HCO3-/K+) Time done: .....
Catheterise if obstructed or AKI 3 Time done: .....
Start Hourly Fluid Balance Time done: .....
A. Hyperkalaemia
K+ > 5.7 and no ECG changes
Calcium Resonium
K+ > 5.7 and ECG changes
Calcium Gluconate 10mls 10%
Insulin 10units / 50% Glucose 50mls
Salbutamol 5mg nebulised
If bicarb <20 and not overloaded start 1.26% NaHCO3 100ml/hr
4. Referral
DOCUMENT WHEN COMPLETE:
ST3+ Informed: Name & Grade_____ Time Done.....
Escalation plan reviewed and documented: Y / N
Urology (obstruction / renal stones /pylonephritis)
Nephrology within 12 hours (no obvious cause / worsening despite treatment / AKI 3)
Critical Care within 12 hours (Potassium unresponsive to treatment /Shock / Base Excess -5 or worse / Fluid overload unresponsive to treatment)
Referral By: Phone / Referral Form (circle) Time Done.....

END OF LIFE CARE

Hospital inpatients, either at the time of investigation, diagnosis, treatment or with complications of, advanced and progressive disease, may benefit from the advice and support of the specialist palliative care services, who are available to help clinical teams with their management. The service is based at Queenscourt and a palliative care nurse specialist can be accessed 9am-5pm on 01704-517422 (Ex Dir HP No.). Palliative Medicine advice is available from the consultants (Drs Karen Groves and Clare Finnegan & team) 24/7 on 01704-517922 (Ex Dir HP No.).

Despite appropriate treatment and management, some patients will not survive and will die in hospital. Other patients will be admitted to hospital as they are approaching the end of their life. It is important to recognise when patients are actively dying, so that the appropriate management and care can be given. This can be very difficult in some patients and may be something which only becomes evident over time or when additional information becomes available. If it is uncertain whether someone will recover from an acute illness on a background of an already poor prognosis, it is important to recognise that they are sick enough to die. This recognition, provides the opportunity to have those uncertainty conversations, with the patient themselves and those important to them, as well as to parallel plan for both possible outcomes.

The **Gold Standards Framework** (GSF) was introduced into this hospital in 2012, to enable the recognition of patients with life limiting conditions, to help them plan ahead to live as well as possible, right up to the end of their life. In the light of this, it is important to give them the opportunity to undertake ***Advance Care Planning*** for a time in the future when they may lose capacity and for clinicians to engage in ***Anticipatory Clinical Management Planning*** for those who may already lack capacity. **Medway** has alerts for those patients, who following appropriate dialogue with their primary care providers, are GSF registered and also for those with some elements of ***Future Care Planning*** (particularly formal ***Advance Decisions to Refuse Treatment*** or ***Lasting Power of Attorney for Health and Welfare***)

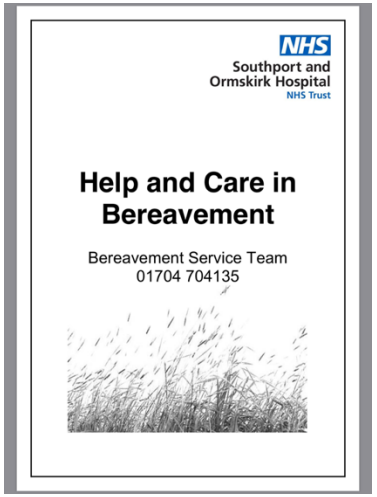
Resuscitation decisions may also have been discussed with patients by their community care providers. The trust is working with community providers to ensure that decisions not to attempt to resuscitation, where it has been agreed they are indefinite, are effectively communicated with the trust, if and when they are admitted acutely. Again, there should be an alert on **Medway** (and **Evolve**) of such patients, to raise awareness of a written decision, which will be with the patient or in the clinical notes. This doesn't mean the patient shouldn't be actively managed for any acute problem, or an exacerbation of a chronic problem, but that a ***ceiling of care*** has been agreed, following previous discussions with the patient.

The Supportive (Transform) and Specialist Palliative Care Teams are available within the trust to provide advice and support to clinical teams, in managing patients who are approaching the end of their life, or who are actively dying.
(See Clin Corp 77A: Policy for the Care of the Dying and Deceased Patient for further details)

DEATH CERTIFICATION/ COMPLETION OF MCCD/ MORTALITY SCREENING

Death should be confirmed and documented in the notes as soon as is practically possible following being informed that a patient has died. When attending such a patient, their identity should be confirmed, by checking the wristband. Death should be then confirmed, with the time and date. This should be signed, with confirmation of your name (printed), designation and GMC number. Whilst there is no current statutory definition of death, the medical practitioner (or other suitably qualified and trained individual) should confirm the following:

- irreversible cessation of neurological activity (pupils dilated and not responsive to light)
- absence of cardiac and respiratory activity
    - absence of central pulse
    - absence of heart sounds on auscultation
    - absence of respiratory effort
    - absence of breath sounds



Relatives will be given the trust bereavement leaflet by the nursing staff and asked to contact the Bereavement Office, during working hours.

The medical certificate of cause of death (MCCD) – the "Death Certificate" – is completed in the Bereavement Office by a member of the team responsible for the patient, as early as possible on the next working day, after the patient has died.

Referral to the Coroner is required where:

- cause of death is unknown
- death was violent or unnatural (this includes sepsis & anyone where trauma, incl. mechanical fall is involved)
- death was sudden and unexplained
- person who died was not visited by a medical practitioner during their final illness
- medical certificate is not available
- person who died was not seen by the doctor who signed the medical certificate within 14-days before dearth or after they died
- death occurred during an operation or before the person came out of the anaesthetic (or had operation within 14-days)
- medical certificate suggests the death may have been caused by an industrial disease or industrial poisoning

This is done by completing the Pro-forma for referral to the Coroner, which is accessed via the patient's Medway notes

The **Datix Mortality Screening** form should also be completed in the Bereavement Office, when the MCCD is completed.

For any questions about the mortality screening process or information about Structured Judgement Reviews, contact Chris Goddard (AMD for Patient Safety/ Trust Mortality Lead) christopher.goddard@nhs.net

(See Clin Corp 68: Verification of Expected Death Policy, Clin Corp 77B: Policy for Care after Death or Clin Corp 103: Reviewing and Monitoring Mortality Policy for further details)

HANDOVER

Effective handover is crucial in delivering safe and effective patient care. This requires effective communicationwhich can be defined as " a two-way process of reaching mutual understanding, in which participants not only exchange information but also create and share meaning". The SBAR (***S***ituation, ***B***ackground, ***A***ssessment, ***R***ecommendation) communication tool is useful to facilitate this and can be used in a range of situations, including shift handovers, but also when escalating the deteriorating patient and/or making referrals to other clinical teams.

Situation	Identify yourself Give the patient's name & location	"I am the F2 on call for Medicine and am reviewing a patient on MAU"
Background	Explain the reason for your concern Give a brief summary of the admission details & events to date	"The nurse on the ward has asked me to see a 57yo admitted with urosepsis who has had 2L of saline & their BP is still 80/40"
Assessment	Give information relating to clinical assessment using ABCDE ***A***irway ***B***reathing ***C***irculation ***D***isability ***E***xposure NEWS 2 Score Fluid balance in last 24 hours	 Patent RR = 22, O2 sats 97% on Air Pulse = 100/min, BP 80/40 ***A***lert (AVPU) Temp = 38.2 NEWS 2 Score = 7 Current fluid balance is +2.5L
Recommendation	What do you want from the person you are speaking to How quickly do you want them to respond – give timescale Find out if there is anything they want you to do in the meantime Decide on monitoring plan Make sure that everything is documented in the patient's records including time & date	"They have had antibiotics and fluids and are still hypotensive, I think they might need critical care admission and vasopressors and I would like you to come and review them as soon as possible"

As well as being important for patient care, handovers can also provide a useful educational and learning opportunity, particularly if lead by a senior clinician. Learning about clinical care delivery is important, but is also important to learn about team working, communication. professionalism and the wider healthcare team involved in delivering care. Handovers can be an ideal opportunity to explore this aspect of clinical practice. You should be briefed about the handover arrangements in the clinical area where you are working as part of your departmental induction.

(See Clin Corp 64 Handover of Clinical Care for further details)

FEEDBACK

Feedback is important for learning. This allows you the opportunity to reflect and therefore learn from the clinical situations which you have been involved in. Sometimes the feedback given to you will be formal, for example within a SLE (structured learning event) or WPBA (workplace based assessment) – which is a formative assessment to support your learning. Feedback may also be given informally, on a day-to-day basis, within ward rounds, clinics or on the management of a clinical case.

Feedback on your education and training

It is important that you also provide feedback, both formal and informal, on the education and training you receive within the trust. You will be asked to provide feedback on the formal education sessions that you attend, which will be given to the facilitators of the sessions to support their own personal learning and development as a teacher.

Informal Feedback

Any concerns about your training, in the first instance, can be discussed informally with your named clinical and/or educational supervisor. They may be able to resolve the issue. If that fails to resolve the issue, then the Foundation Programme Director, in the case of a foundation trainee and/or the College Tutor, in the case of a Specialty/ GP trainee may be able to help.

For foundation programme doctors, the safety huddle at the start of the foundation programme formal educational sessions, provides an opportunity to provide informal feedback on any training issues. The Trust Clinical Tutor aligned to the Clinical Business Unit (CBU) where your current placement or the Director of Medical Education can also be contacted to discuss any issues.

Formal Feedback

The GMC is clear that providing feedback on your training is part of the professional role of being a doctor. This means that it expected that all doctors in training should participate in the annual national survey on training. Evidence of completion of the annual GMC trainee survey, usually forms part of the documentary requirements for ARCP.

The monthly ***Trainee Doctor Forum***, which is chaired by the GoSW is another way of providing formal feedback on your training. The forum has representatives from the medical education team, HR and the BMA. Minutes are recorded of all meetings and any actions resulting from the meeting are formally recorded and their progress tracked. Representation is invited from all groups of doctors in training who are allocated to the trust, as part of their training programme

NATIONAL TRAINING SURVEYS
www.gmc-uk.org/nts

DOCTORS MESS

On behalf of everyone at Southport and Ormskirk Hospitals, the Mess Committee would like to welcome you to Southport – we hope you enjoy your time here!

We invite all junior doctors who will be using the Mess or wish to get involved in Mess events to sign up to our Doctors' Mess Fund. For F1s and F2s, we ask for £10 per month salary-sacrifice. For senior doctors we ask for a one off payment of £35.00 to cover food costs. We cater to all dietary requirements.

We use the money to keep the Mess fully stocked on a regular basis and to provide monthly socials for junior doctors of ***all*** levels. We have previously arranged dinners, games nights, house parties and pub crawls. We like to celebrate in style hiring out private rooms and putting money behind the bar.

We have a weekly five-a-side football group – just ask of your Mess Committee if you would like to get involved. Consultants to F1 have gathered to play in the past, everyone is welcome!

General tips:

Directions:

To get to the Mess, follow the sign to Theatres on the 1st floor. There is a door to the right of Theatres – go through this (you'll need your ID card) and head down the corridor, turning right at the first set of doors. There you will find lockers, computers, sofa-beds, games and food. We are a small and tight-knit community so you will always find a friendly face or FIFA opponent waiting for you

Accommodation

Most of the doctors live in or close to Liverpool's city centre, and almost all of our socials happen there too. The commute from Liverpool can take 40-60 minutes. There is a small community of doctors who live in and around Southport, and some do choose to live in hospital accommodation (though not for long!!). We suggest looking in the Liverpool area for accommodation but do what suits you!

If you're tired after an on-call shift and/or nights you can e-mail soh-tr.accommodation@nhs.net to arrange accommodation and go to the Switchboard Office to collect keys. You can also arrange taxis via the Bed Manager or Medical HR.

The 2021-22 Committee are as follows:
Mess Chair:
Social Chair:

Admin Committee Members

If you have any questions, then do not hesitate to get in touch with us at soh-tr.doctorsmess@nhs.net

If you would like to sign up to the Doctors' Mess fund, then please complete the form opposite and send to the above e-mail address

SOUTHPORT MESS FUND SIGN-UP FORM

Thank you for contributing to the upkeep of the mess.

All doctors: Please fill the following details in:

Name: _____

Grade: _____

Email: _____

We may email regarding issues with payment, admin and updates about mess events. If you do not wish to hear about upcoming mess events, please tick this box ☐

Foundation Doctors:

I consent to paying £10 monthly salary-sacrifice towards the mess fund.

Signed: _____

Non-Foundation Doctor - Please pay £35 into the following account:

Sort Code:	30-97-88
Account Number:	00780129
Bank:	Lloyds Bank
Reference:	Name and Grade e.g. MrMessST5

POLICIES

All the trust policies and are available on the trust intranet in the “Policies” section which is on the intranet home page . It is important that you familiarise yourself with all those, which relevant to you, preferably in the first 2-weeks within the trust.

The trust clinical policies are relevant to all doctors in training, as are the infection control policies. Many of the corporate, governance and risk policies are also relevant to all doctors in training within the trust.

Foundation doctors are employees of Southport and Ormskirk NHS Trust, whereas all other doctors in training are employees of the Lead Employer – St Helens and Knowsley Hospitals NHS Trust. This means that whilst the HR and Medical Staffing policies are applicable to the Foundation Doctors, for other doctors in training, it is the Lead Employer rather than than the trust HR and Medical Staffing policies which are relevant to them. A list of the relevant policies can be found at:
http://www.sthk.nhs.uk/workwithus/lead-employer-service/lead-employer-policies-and-forms

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DIRECTIONS TO THE TRUST….
Southport and Formby District General Hospital

By bicycle - The hospital is served by the local cycle path network. There is parking for bicycles near the hospital entrance and elsewhere on site.

By bus - There is bus stop near the entrance to the hospital. Services operate from the surrounding areas and drop off at the hospital or within walking distance. To find information about times and services please contact the Merseytravel Traveline on 0871 200 2233 or visit www.merseytravel.gov.uk. Bus timetables can be found near the hospital reception desk.

By train - Southport railway station is 10 minutes by car or 20 minutes by bus from the hospital. Taxis are available outside the station. For passenger inquiries call the National Information Line on 0345 484950 or visit the National Rail website. Merseytravel (see above) can provide details of bus services linking other local train stations and the hospital.

By motorway - From the South. Exit the M6 at Junction 26 and the join M58. Leave the M58 at Junction 3 following the signs for Southport and Ormskirk. Type our postcode, PR8 6PN, into Google Maps to plan your journey in detail.

From the North - Exit the M6 at Junction 31. Follow signs for the A59 signposted Preston and then follow the signs for Southport. Type our postcode, PR8 6PN, into Google Maps to plan your journey in detail.

Site directions

Once on site, turn right at the roundabout which runs round the hospital and eventually becomes one-way. Most parking is at the back of the hospital.

The entrance to **Adult A&E** is opposite the car park for Blue Badge holders at the front of the hospital.

The **GUM** clinic for help and advice with sexual health matters is at the back of the hospital.

The **North West Spinal Injuries Centre** is about a half of the way round the site and has its own clearly marked entrance.

Ormskirk District General Hospital

By bicycle - There is cycle parking at the front of the hospital. An information leaflet about cycling in Ormskirk can be download here.

By bus - There are bus stops by Dicconson Way along Wigan Road. Services operate from the surrounding areas and drop off at the hospital or within walking distance. To find information about times and services please contact the Merseytravel Traveline on 0871 200 2233 or visit www.merseytravel.gov.uk. Bus timetables can be found at the hospital reception desk.

By train - Ormskirk railways station is a 10 to 15 minute walk from the hospital. Taxis are available nearby. For passenger inquiries call the National Information Line on 0345 484950 or visit the National Rail website. Merseytravel (see above) can provide details of bus services linking local train stations and the hospital.

By motorway - Exit the M6 at Junction 26 and the join M58. Leave the M58 at Junction 3 following the signs for Southport and Ormskirk. Type L39 2AZ into Google Maps to plan your journey in detail.

Site directions

West Lancashire Health Centre, to the left of the main entrance, offers a drop-in GP service from 8am to 8pm, seven days a week for registered and unregistered patients. Telephone 01695 588 800.

Children's A&E is first right off Diconsson Way (the access road to the hospital site) and 200 metres on the left. There is a lay-by for dropping off, and a car park is a further 400 metres through the barrier.

The Maternity Delivery Suite is at the back of the hospital. It can normally be accessed by the main entrance. If the main entrance is closed, follow the signs past West Lancashire Health Centre and round the back of the hospital. The entrance is signposted and monitored by camera. There is a bell to alert the staff you have arrived.

INTER-SITE STAFF TRANSPORT

Southport DGH & Ormskirk DGH

To book a seat ring extension 4596 or 6598

Please be at stores 10 minutes before departure

Leaving from SDGH (Stores)	Leaving from ODGH (Stores)
8:45am	9:25am
10:45am	11:25am
12:45pm	13:25pm
14:30pm	15:25pm