RECRUITMENT & INDUCTION EVALUATION

To help us in our aim to regularly review and improve our efforts, I would be grateful if you would spend a few minutes completing the following questions about your recruitment / return to work and the induction process. All the information will be treated confidentially. We would be grateful if you would complete this and return it to the facilitator at the end of your Induction period.

Start Date…… Induction Date ……

Role/Position in Trust…… Dept…… Site ……

1a. Were you employed by the NHS prior to starting here at Ashford & St Peter's?

……..

b. If not were you in full time or part time employment? (if not working please state not working)

……

2. Where did you hear/read about the vacancy?

		✓
a)	NHS Jobs Website	☐
b)	Trust Website	☐
c)	Local Paper	☐
d)	Professional Journal	☐
e)	Friends/Family	☐
f)	Recruitment Event	☐
g)	Job Centre	☐
h)	Other (please state) ……..	

3a. Did you apply on line? (if not please go to question 4)

Yes ☐ No ☐

b. If yes, was all the information easily accessed?

Yes ☐ No ☐

c. Was the on line application form clear and easy to complete?

Yes ☐ No ☐

d. Did you use the links to the rest of the Trust website?

Yes ☐ No ☐

Please go to question 5.

4 Paper Application

a. How long did you wait to receive the job application form?

……

b. Did the information you received in the pack clearly describe your role & responsibilities in the Trust.

Yes ☐ No ☐

5. How long did you wait for notification of an interview date following the closing date:

✓

a) less than 5 days ☐
b) 5-10 days ☐
c) more than 10 days ☐

Comments:

……

6. At interview were you advised when & how you would be notified of the outcome?

Yes ☐ No ☐

7. How long after interview was it before you received an offer of employment?

a) less than 3 weeks ☐
b) 3 – 6 weeks ☐
c) more than 6 weeks – if yes was the delay due to any of following: ☐

CRB Clearance ☐
Occupational Health Clearance ☐
References ☐

8. Please add any other comments you have about Trust recruitment process and how it might be improved.

……
.....
……
……

9. Would you recommend the Trust as an employer?

Yes ☐ No ☐

10. Please give a rating from 1 (Poor) to 5 (Excellent) on the following aspects of the Trust induction programme:

i) The information you received about induction in advance _____

ii) The Induction environment – room, facilities etc _____

Please add any other comments or suggestions for improvements to the information you received in advance, or to the facilities:

_____

Please **circle** the appropriate response:

Programme content:

iii) The presentations were relevant for me. **Yes No**

iv) All the areas I expected to be covered were covered **Yes No**

Materials used:

v) Any training materials used were good **Yes No**

vi) The Induction Manual was useful **Yes No**

Programme delivery:

vii) The presenters knew their subject **Yes No**

viii) The presenters put the subject across well **Yes No**

ix) The presenters established good rapport **Yes No**

My learning:

x) The understanding I have gained will help me in my role **Yes No**

xi) I understand what the next stages of my induction will be **Yes No**

11. Please identify any improvements you would like to see to the programme:

_____

12. Please identify any sessions that you felt were especially good:

_____

THANK YOU. Please return this completed form to the facilitator at the end of your induction period. IF YOU HAVE ANY QUERIES OR WOULD LIKE TO DISCUSS THIS QUESTIONNAIRE FURTHER, PLEASE CONTACT: Cathy Dennis, Recruitment & Retention Manager on 01932 723707 or Sangeeta Singadia**, E-KSF/ESR/OLM Project Manager on 01932 722558**

Ashford and St. Peter's Hospitals NHS

NHS Trust

Welcome to

Ashford & St. Peter's Hospitals NHS Trust

Induction Handbook

Prepared by the Education, Training & Development Department, St Peter's Hospital

CONTENTS

AN INTRODUCTION TO THE TRUST

AN INTRODUCTION TO ASHFORD & ST. PETER'S HOSPITALS

WELCOME!

This book is designed as an accompaniment to the Induction programmes provided by the Trust and also as a tool of reference during your first weeks of work. The handbook contains a collection of information which we think might help you to settle into your new job. The Trust provides a number of induction programmes for staff: a general Trust Induction Programme for all staff, and a Clinical Staff Induction day which introduces nurses, midwives and other clinical staff to current professional issues within the Trust. There is also an induction Practical Skills Day providing manual handling and resuscitation training for staff with patient contact. The format of the programmes is as follows:

The Corporate Trust Induction - Day 1 of the Programme

All new members of staff must attend this part of Trust Induction Programme. This takes place on the first Monday of the month and provides an opportunity for new staff to meet other new staff as well as to gain important information about the Trust. Speakers include a Director or General Manager of the Trust, the Chaplain and representatives from Human Resources, Payroll, Occupational Health and Health and Safety. The programme also includes talks on Clinical Risk, Customer Care, Security and a mandatory Fire lecture and hand hygiene update from the infection control team. Other important information is offered during a supplied sandwich lunch in a 'bazaar' format.

.

The Clinical Staff Induction - Day 2 and 3 of the Programme

This time has been specially developed for all clinical staff. It provides an introduction to issues relevant to clinical areas and includes:

- Information on Infection Control, Clinical Audit and Incident Reporting, Bed Management and Integrated Care Pathways.

Some of this information is also given out in the bazaar format over a sandwich lunch.

Also as part of the Clinical days the practical skills of Manual Handling and Resuscitation techniques, will be delivered but, as there is limited space for these, other dates will be offered for staff unable to undertake the practical sessions on these days.

DEPARTMENTAL INDUCTION

Each department should ensure that appropriate induction arrangements are in place to support new employees joining the Trust.

Line Managers are responsible for ensuring that:

Staff are provided with a comprehensive induction and ongoing training within a defined time scale to ensure their effective induction to the workplace.

Staff receive local training and instruction appropriate to the workplace and to their job function. This must be arranged not only for staff new to the organisation, but also for staff transferring from other departments or responsibilities.

Comprehensive and up to date records of induction, training and instruction should be maintained.

All staff attend the corporate Trust Induction. This is now organised by the HR Department so all new staff start with the Trust induction

The following guidance is provided to assist the line manager in carrying out these responsibilities:

First day at work: This will normally be after attending induction when the managers or their designate should give specific instructions and bring to the attention of the new employee the information as outlined on the departmental induction checklist. This should be recorded and signed off when completed.

First two weeks at work: The induction checklist continues with details of further information and training to be provided to the new employee. This should also be recorded and signed off when complete.

The Departmental Induction Checklist: A copy of the Departmental Induction Checklist will be provided in the Induction Packs of new staff however copies should be kept on all wards and departments to be photocopied and used as necessary. The items on the checklist are to be used as guidance only as all the items may not be relevant to all staff whereas other staff may require additional information not on the checklist.

Temporary staff, e.g. NHSP, locum or agency staff have an alternative local checklist suited to their role.

LOCAL INDUCTION CHECKLIST

Clinical Service Unit / Directorate:.....

Ward / Department: .....

New member of staff: .....

Date of commencement: .....

Line manager or assigned person: .....

Departmental induction facilitated by: .....

DAY ONE	**DATE**	**Signature**
Explain induction process		
Provide tour ward / department		
Show location of: Toilets Fire alarms / extinguishers Emergency exits Changing facilities First aid box / first aiders Smoking facilities Others:		
Meet all staff (note those off duty) including support staff and volunteers		
Complete starter documentation (with H R)		
Note qualification / registration details (with H R)		
Provide uniform or dress code		
Provide name badge		
Initiate provision of Trust email address		
Explain departmental structure		
Explain departmental objectives		
Clarify new staff member's role, agree objectives and arrangements for monitoring performance		
Explain and provide copy of drugs policy if appropriate		
Explain annual leave procedures and card Check any leave already booked		
Explain departmental hours / shifts / duty rotas (if applicable)		

DAY ONE (cont...)	**DATE**	**Signature**
Explain pay days		
Explain time sheets (if applicable)		
Explain / show fire evacuation procedures: Fire bell, alarms, equipment, assembly points and escape routes		
Explain crash call and fire emergency telephone numbers		
Explain ward / department role in Major Incident procedure		
Explain meal and break times		
Show staff dining areas / staff rest room		
Show hospital facilities for staff: Cash machine Shops Trade stalls Others:		
Show location of policies and procedures Allow time to review policies and procedures as appropriate: Incident reporting procedure Inoculation Procedure Health and Safety Policies Major Incident Policies Patient Related Policies Human Resources Policies Sickness Absence and Sickness Reporting Disciplinary and Grievance Leave Policy Others:		
Explain manual handling - local arrangements, lifting aids etc. - Initiate NHSu Manual Handling e-learning programme for non-clinical staff.		
Explain guidance on confidentiality		
Comments:		

WEEK ONE / TWO	DATE	Signature
Provide Health & Safety Training: Health & Safety at Work Act Management of Health & Safety at Work Regulations VDU Regulations PPE Regulations Work and Medical Equipment Manual Handling Regulations COSHH Food Hygiene Fire Regulations		
Provide computer training (as appropriate)		
Provide telephone training: Answering Internal directory Call holding, transfer, call back Bleep system Radio paging Taking messages Switchboard		
Other on the job training and courses as appropriate		
Orientation programme if applicable (to meet other key staff within and outside the Trust)		
Review induction and agree work programme and expectations		
Agree initial PDP and explain the PDR process.		
Explain accident reporting procedure forms		
Provide tour of hospital site / local area		
Arrange attendance at Occupational Health for vaccination update etc.		
Provide any other local information e.g. local shops, banks and other amenities clubs and societies, organised social events		
Comments:		

Signature of new member of staff: _____ **Date:** _____

Print name and job title _____

Signature of manager _____ **Date:** _____

Print manager's name and job title:_____

STANDARDS FOR PRACTICE AND CARE

for all clinical and support staff working directly with patients

Below are shown just the headings of the 'Standards of Practice and Care' that is handed out to all new starters.

Section 1 COMMUNICATION

1 Greeting patients/visitors

2 Answering the telephone

3 Verbal communication within the working environment

4 Patient confidentiality

5 Involving and giving information to patients and relatives

6 Recording information from/to patients relatives and carers

7 Health record documentation

Section 2 MANAGING RISK

8 Safety Climate

9 Health and safety

10 Patient safety

11 Accidents and incidents

12 Patient identity bands

13 Patient call bells

14 Manual handling

15 Equipment

16 Fit state of bed units

17 Patients' property

Section 3 CLINICAL CARE

18 Infection control

TRUST VALUES

PUTTING PEOPLE AT THE HEART OF EVERYTHING WE DO

Striving for excellence

Being open and honest

Providing patient focused care

Treating everyone with humanity and respect

Developing and valuing teams and individuals

Ensuring a safe, clean and caring environment

Humanity - Respect - Caring

Honesty - Safety - Excellence

Ashford and St. Peter's Hospitals NHS

NHS Trust

EMPLOYMENT

ISSUES

POLICIES & PROCEDURES

The Trust has a range of employment policies and procedures which are designed to ensure fairness and consistency as well as defining standards of behaviour at work. All policies are reviewed regularly to ensure they comply with legal requirements and best practice.

The following provides a brief summary of the policies and procedures that exist across the Trust. The full policies available on the TrustNet and folders are kept in the ward areas. All staff are advised to familiarise themselves with the policies. Further advice can be obtained from your manager or the Human Resources Department.

The policies are listed in alphabetical order for ease of reference and in some cases the TrustNet link is shown to enable a download

Alcohol & Drugs

The Trust recognises that alcohol and drugs misuse can threaten the health and safety of the individual, his/her colleagues and patients with whom he/she works. In order to address the issue the Trust is committed to minimising alcohol related problems in the workplace through promoting a sensible attitude to drinking and offering support and advice for employees experiencing alcohol or drugs related difficulties.

Development Review (Performance)

Appraisal is an integral part of the staff management process which provides an opportunity for each member of staff to discuss formally with their manager their current and future job performance and to identify development and training needs. The process incorporates the needs of the individual and the team and is shaped by the objectives of the Trust.

Capability

The aim of this policy is to help and enable employees to achieve and maintain the high standards expected by the Trust. It includes situations where the employee's ability to perform the duties of the job is affected because of lack of skill or aptitude as well as where performance requirements have been raised or job evolved over time.

Code of Conduct /Practice

All staff are covered by codes of practice either as a result of their professional registration or through the Code of Conduct/Practice for healthcare administration and support staff which sets out the responsibilities and requirements for working in this Trust.

Complaints Procedure

The NHS Complaints Procedure came into effect on 1st April 1996 and has implemented across the Trust. The Trust's procedure reflects the requirements of the NHS Complaints Regulations 2004 and 2006 and sets out the Trust's approach to managing patient's complaints and concerns.

Within the procedure a complaint is defined as an expression of dissatisfaction requiring a response.

The procedure is designed to meet a number of guiding principles, which constitute Trust policy in relation to complaints.

1. The timely investigation of, and response to, a complaint is accorded highest priority by all concerned.
2. There are adequate access mechanisms and communication channels for would be complainants.
3. Complaints are adequately investigated.
4. Complainants receive an individualised, full and honest response which provides an account of what happened, why it happened, and, if appropriate, any action(s) taken to avoid recurrence.
5. Any errors or shortcomings are openly acknowledged, and an apology or expression of regret provided. (This will not constitute an admission of liability).
6. Lessons are learned, and action taken to effect changes or improvements in procedure or practice.
7. Staff are treated fairly, are given feedback, and are offered any necessary support.

TrustNet link: http://trustnet/documents/document103a.html

Consent

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery. Seeking consent is also a matter of common courtesy between health professionals and patients. This policy sets out the standards and procedures that aim to ensure that health professionals are able to comply with the guidance laid down by the Department of Health.

TrustNet link: http://trustnet/documents/document809a.html

Disciplinary

This policy deals with situations where an employee's standard of conduct falls below that expected of an employee in this Trust.

The Disciplinary procedure has been designed to ensure that all staff are treated fairly and in accordance with relevant employment legislation and codes of practice. Staff have the right to be accompanied to any disciplinary interview by either a staff

representative from an accredited organisation, or by a colleague. An appendix to the document sets out the Disciplinary Rules, giving examples of standards of conduct required by the Trust.

Equal Opportunities

The Trust is committed to ensuring equality of opportunity for all staff employed by the Trust and its prospective employees. It is the Trust's policy that no employee or job applicant will receive less favourable treatment than another on the grounds of, gender, marital status, dependants, hours of work, age, sexual orientation, race, colour, creed, nationality, ethnic or national origins, religion or disability. It is the duty of all employees to accept personal responsibility for the practical application of this policy.

Grievance

The Trust recognises that from time to time employees may wish to seek redress for grievances relating to their employment. In this respect the Trust's policy is to encourage communication between employees and their managers to ensure that questions and problems arising during the course of employment can be discussed and, where possible, resolved quickly and to the satisfaction of all concerned . Provisions are made for both group and
individual issues to be addressed both informally or more formally if appropriate.

Harassment and Bullying at Work

The Trust is committed to the creation of a climate in which staff are treated with dignity and respect and in an environment free from harassment and bullying. Harassment in the workplace can be one of the most upsetting experiences a person can suffer and there are many reasons why complaints are not made. The policy sets out means by which individuals can seek redress if they are the subject of harassment, bullying or victimisation at work. All issues will be dealt with confidentially and with sensitivity.

Health & Safety

As an employer, the Trust is subject both to a common law duty of care in respect of all employees, and a statutory duty under the Health and Safety at Work Act 1974 to ensure, so far as reasonably practicable, the health, safety and welfare of all employees. It is every employee's duty to take reasonable care for the health and safety of him/herself and of other persons who may be affected by his acts or omissions at work.

Hepatitis B and Employment

It is the Trust's policy to offer Hepatitis B vaccine to all staff at risk of contracting Hepatitis. Immunisation will be mandatory for all staff carrying out invasive procedures (those where there is a risk that injury to the health care worker may result in the exposure of the patient's open tissues to the blood of the worker).

HIV and Employment

The HIV infection cannot, at present, be reversed. This means that as well as being infected for life, the patient is also infectious for life and staff and patients may be apprehensive of contact with an HIV carrier. It is therefore the Trust's intention to allay fears through promotion of understanding about how HIV is spread, and by providing practical assistance to anyone affected. Health care staff have an ethical duty to protect patients. Those who believe they may have been exposed to an infection with HIV in their personal life or during the course of their work must seek medical advice and, if appropriate, diagnostic HIV antibody testing.

Job Sharing

Job sharing opens up a greater variety of career opportunities to those employees who wish to work part time and may include use of flexible working hours.
Job sharing involves the division of full time post(s) between two or more people. The duties and responsibilities will be divided between the job sharers and each will receive a proportion of the full time salary, annual leave and benefits. All posts in principle can be offered for job share.

Leave

All staff have an annual leave entitlement which is stated within their employment contract . There are also provisions for other categories of paid and unpaid leave, and subjects covered by the policy include: annual leave, carer leave, parental leave, paternity leave, adoption leave, bereavement , special leave and career breaks. All categories of leave should be authorised in advance by the relevant manager.

Maternity

The policy outlines what staff need to do when they are pregnant and what rights and responsibilities they have. Any member of staff who becomes pregnant should inform their manager and access the policy on the intranet which includes the Maternity Leave application forms.

Retirement

It is the intention of the Trust to ensure its staff are well prepared for retirement and their transition from employment to retirement is a smooth one. Staff are encouraged to consider their retirement plans including their pension options in particular the NHS pension scheme, as early as possible to help safeguard their financial security in retirement.

Sickness Absence

From time to time any employee will be absent from work because (s)he is ill or injured. All staff should be fully conversant with the correct procedures in their work area for reporting sickness absence. The policy also stresses the importance of the health and welfare of the member of staff which are sympathetically considered at all times. The Trust seeks to minimise the pressure on services and other staff by carefully monitoring and managing the levels of sickness absence. The Policy also

outlines entitlements to sick pay and procedure for addressing continued sickness absence which causes concern. The Trust has an Occupational Health Department which advises on the appropriate selection of staff for jobs and advises on health at work.

Smoking

This Trust is 'Smoke Free' and smoking is not permitted anywhere on the sites, indoors or outside. Support to give up smoking is available. Smoking onsite is a disciplinary issue.

Staff Concerns (Whistleblowing)

Occasionally staff may have concerns about serious issues such as unlawful conduct, financial malpractice or dangers to the public or the environment. This policy sets out the means by which staff can raise concerns at an early stage. This procedure is primarily for concerns where the interests of others or the organisation are at risk. If aggrieved about a personal situation staff should refer to the Grievance Policy.

Training

The training and development of employees is essential to the delivery of effective and efficient hospital services and is of importance for the motivation and job satisfaction of employees at all levels. The Trust considers it in the interests of the employee and of the service for training to be provided to enable employees to carry out their current duties in the most efficient manner and to prepare them for possible changes to their responsibilities. The Trust will encourage employees to realise their full potential and develop skills to meet the changing needs of the Health Service by gaining appropriate experience, training and qualifications.

Violence

The NHS Zero Tolerance of Violence campaign was launched in 1999 with the aim of preventing violence to staff and enabling staff to handle potentially violent situations as they arise. The Trust has on-going training for staff.

RECORD KEEPING, STANDARDS OF HEALTH RECORDS & CONSENT FORMS

The primary function of health records is to support patient care as a communication tool that records information relating to clinical decision making and treatment.

Your notes should be:

- Legible
- Written in black or approved ink
- All entries should be dated, timed and signed
- Your signature should be identifiable and your bleep number recorded
- Amendments should be crossed out with a single line and sign*ed*
- *Chronological documentation of patient care is essential it helps communicate the path of treatment the patient has received*
- Standard history recording should include:
  - Patient assessment
  - Diagnosis
  - Treatment plan
  - Operation details
  - Anaesthetic details
  - Prescription sheet details
- Transfer details should include the Consultants name and the reason for transfer
- Discharge arrangements
- Consent forms should have the risks, benefits and alternatives of treatments/procedures recorded

In Legal terms if a patients care has not been documented it has not happened. Help us to improve communication and patient safety by maintaining the above standards.

DRESS CODE POLICY

Amendments			
Date	Page(s)	Comments	Approved by

Compiled by: Uniform and Dress Code Working Group

In consultation with: JSCC and NMC

Ratified by: Management Board

Date: 11 June 2004 (endorsed by JSCC 22 September 2004)

Review Date: Annual

Comments on this document to: Joyce Winson Smith, Director of Nursing

ASHFORD & ST. PETER'S HOSPITAL NHS TRUST

DRESS CODE POLICY

See also:

- Control of Infection – Universal Precautions Policy, January 2002
- Smoking Policy, July 2000
- Standards for Practice and Care, 4th Edition, May 2004

1. APPLICATION AND PURPOSE

This Policy applies to all staff including those who do not wear a specified uniform. It covers all Trust employees including contracted-out groups, volunteers, pre- and post-registration students and work experience students. Temporary staff can reasonably be expected to meet the same basic standards.

The Policy is intended to cultivate a positive image of staff, as part of the professionalism and high standards of behaviour and appearance that would reasonably be expected by patients, colleagues and the wider public. It is hoped that the Policy will help staff to feel good about their appearance and proud of their personal and professional image.

It is not possible or desirable to be totally prescriptive across the wide range of staff groups and work situations. It is expected that managers will apply common sense in applying the guidelines within the Dress Code Policy, depending on the specific circumstances. However, it is expected that the purpose and principles of the Policy will be met in full.

2. PRINCIPLES

Apart from the underlying aim of cultivating a positive and professional image of staff, there are specific principles underlying particular elements of the dress code:

a) to avoid unintentional injury to patients (e.g. from wristwatches or jewellery worn by staff involved in the personal care or handling of patients).
b) to reduce risk of cross-infection (e.g. improved hand hygiene if no jewellery or false nails).
c) to reduce likelihood of injury to staff (e.g. assault – neck chains).
d) to avoid offence to people of different cultures or beliefs (e.g. unduly "skimpy" clothing).

3. IDENTIFICATION

Visible name badge to be worn at all times.
Photo identity card to be carried at all times. If openly displayed, only clip on style allowed for staff in direct patient contact [infection control advice]. Option for other staff to display on "snap release" neck chain or ribbon – Trust style ribbon only (corporate blue with Trust name in white lettering).

4. GENERAL PRESENTATION AND APPEARANCE

Staff should look clean, tidy and well groomed.
Clothes and any uniform to be free from obvious dirt and stains.
Good standard of personal hygiene.
Hair – clean and tidy. For staff in uniform, hair off the face, above shoulder level or tied back neatly and securely.
Male staff clean shaven or with trimmed and tidy beard/moustache.
Make up discreet (staff working in patient or public areas).
Tattoos discreet or covered up.
Nails
- clean and well manicured.
- staff in direct clinical care: nails short and unvarnished, no false nails

No chewing gum or consumption of food in patient care areas.

5. JEWELLERY

6.

a) Staff in direct clinical care
- no facial or tongue studs or rings except:
  i. discreet ear studs or one pair discreet earrings
  ii. one discreet nose stud
- no visible body piercing
- no rings except plain wedding band (no stones)
- no visible neck chains
- no wristwatches or bracelets for staff involved in the personal care or handling of patients
- no visible ankle chains

b) Other staff

- no facial or tongue studs or rings except
  i. one discreet nose stud
  ii. earrings or ear studs
- no visible body piercing

7. CLOTHING

6.1 <u>Dresses/skirts</u>
Not see through
No mini or micro skirts
Culottes for authorised staff groups

6.2 <u>Tops/blouses</u>
Not see through
Not low cut
No vest style or strap tops
No bare midriffs

6.3 <u>Shirts/ties</u>
Male staff working in patient or public areas who do not wear uniform – shirt and tie, or "smart casual".

6.4 <u>Cardigans/jumpers</u> (IMPLEMENTATION DATE PENDING – AWAIT FURTHER NOTIFICATION)

Trust style only for uniformed staff in clinical/patient areas (but not to be worn within immediate clinical setting).

6.5 Trousers

No jeans, ski pants, or leggings. No cropped trousers as part of uniform.
Tailored or smart trousers
For authorised staff groups only, as part of uniform: Smart tailored shorts (length just above knee)

6.6 Tights and stockings

In good repair
For certain staff groups: colour may be specified in local or professional policy

6.7 Maternity wear

The same principles apply.

6.8 Scrub suits

May be worn only by authorised staff groups. Not to be worn outside the clinical area unless with a white coat. Never to be worn outside hospital premises.

6.9 Protective clothing

As required for Health and Safety and Infection Control purposes (to include Universal Precautions and correct use of gloves and plastic aprons).

8. WEARING OF UNIFORM OUTSIDE TRUST PREMISES

It is accepted that some staff will travel to and from work in their uniform. On public transport or in public areas, dresses/tunics should be fully covered by a coat.

9. CHANGING AND LAUNDERING OF UNIFORMS

For infection control purposes, it is best practice for direct care staff to change uniforms every day and immediately if contaminated with blood or body fluids. Uniforms should be washed separately at 60-65˚C (or at the hottest temperature shown on the manufacturer's label) and exposed to heat through drying in direct sun or tumble dryer or ironing when dry with a hot iron.

10. FOOTWEAR

Trainers may be worn ONLY in accordance with an approved local policy, as part of uniform

- Agreed colour and agreed style range

All footwear safe and practical for role
All footwear clean and in good repair
No suede shoes for direct care staff [infection control advice].

11. RESPONSIBILITIES

Management Board is responsible for approving Trust wide policy and for authorising any local policy and practice.

Local managers are responsible for ensuring that their staff are aware of the Dress Code Policy and adhere to the requirements.

Staff are individually responsible for their general presentation and appearance and for dressing in accordance with the Dress Code Policy.

OCCUPATIONAL HEALTH

The mission of the Occupational Health Department at Ashford & St. Peter's Hospitals NHS Trust is to promote the highest degree of physical, mental and social well being of staff in all occupations.

The service is committed to preventing occupational hazards, facilitating employee / work adjustment, supporting the employee recruitment process and providing specialist advice to enable the Trust to fulfil its health, safety and welfare responsibilities.

1/ **Pre employment Health Screening** is undertaken to ensure people work in an environment that will not adversely affect their health and that they are fit to do the work for which they are employed. A health declaration form is completed initially and the information is confidential to the Occupational Health staff. Health interviews with the nurse Advisors or with the Consultant Occupational Health Physician are arranged as appropriate.

2/ **Fitness to Work Assessment** may be indicated after short term/ long term sickness absence and/or for planning rehabilitation programmes facilitating a return to the work environment. Both Manager and self referrals can be made to the OH department for further advice or support on fitness to work.

3/ **Immunisation** records are maintained and staff offered and / or advised to keep certain vaccinations up to date, e.g. Hepatitis B, Heaf/Mantoux test, B.C.G. The Occupational Health department is a **designated Yellow Fever Vaccination Centre** and advice is available on Travel Vaccinations as required, including hepatitis A, typhoid, rabies etc.

4/ **Health Surveillance** is carried out as appropriate in line with COSHH Regulations and may involve simple procedures such as lung function test.

5/ **Environmental Assessments** are carried out where working conditions are thought to be adverse to health and impartial advice from the Occupational Health staff can be obtained.

6/ **Counselling** is offered via the Employee Assistant Programme available to all members of staff.

7/ **Health Promotion/Education** is done either on an individual or group basis, relating to health, safety and welfare, or current issues within the working environment. **Lifestyle Assessments** are offered to all staff, this involves completion of a health questionnaire which is discussed in confidence with an OH Advisor and gives staff an opportunity to discuss any work or non work related issues in further detail. A number of test are carried out as part of the assessment including blood pressure, height, weight, BMI, finger prick cholesterol screen, urinalysis and lung function test. Referral to GP is made if any health problems are identified as a result of the lifestyle assessment.

Appointments can be made by telephoning the department between 0900 – 1700 via ext 2404 at SPH or direct line 01932 722404.

LOCAL G.P.s

We recommend that staff moving into the area register with a local GP. Below is a list of G.P.s in the areas surrounding the Trust.

ADDLESTONE

Addlestone Health Centre, 45 Station Road, KT15 2BH	☎01932 847808
	☎01932 840123

ASHFORD

50, Church Rd, Ashford, Middx	☎01784 420700
95, Stanwell Road, Ashford, Middx	☎01784 253565
4, Fordbridge Road, Ashford, Middx	☎01784 253975
107, Feltham Hill Road, Middx	☎01784 252027

CHERTSEY

Family Health Centre, Stepgates, Chertsey, KT16 8HZ	☎01932 565655
	☎01932 561199

CHOBHAM

The Surgery, Windsor Road, Chobham	☎01276 857117

EGHAM

Grove Medical Centre, Church Road, Egham	☎01784 432191

ENGLEFIELD GREEN

Health Centre, Bond Street, Englefield Green	☎01784 437671

HERSHAM

The Surgery, Pleasant Place, Hersham	☎01932 229033

STANWELL

St David's Health Centre	☎ 01784 241031

KNAPHILL

Knaphill Surgery, Sussex Road, Knaphill	☎01483 473464

LIGHTWATER

The Surgery, All Saints Road, Lightwater	☎01276 72248

OLD WINDSOR

Medical Centre, Newton Court, Old Windsor	☎01753 863642

OTTERSHAW

Ottershaw Surgery, 3 Bousley Rise, Ottershaw, KT16 0JX	☎01932 875001
(emergency no.)	☎01932 872261

PIRBRIGHT

The Old Vicarage, The Green, Pirbright	☎01483 474473

SHEPPERTON

Shepperton Health Centre, Laleham Road, Shepperton	☎01932 220524

STAINES

Staines Health Centre, Knowle Green, Staines TW18 1XD	☎01784 456619
112, Pavillion Gardens, Staines	☎01784 454838

STANWELL

St. David's Health Centre, Hadrian Way, Stanwell	☎01784 241031

SUNBURY

Sunbury Health Centre, Green Street, Sunbury	☎01932 787861

SUNNINGDALE

Magnolia House, Station Road, Sunningdale	☎01344 20404

VIRGINIA WATER

Packers, Christchurch Road, Virginia Water	☎01344 842951

WALTON-ON-THAMES

The Health Centre, Rodney Road, Walton-on-Thames	☎01932 228999
Fort House Surgery, Hersham Road, Walton-on-Thames	☎01932 253055

WEST BYFLEET

Health Centre, Madeira Road, West Byfleet	☎01932 336880

WEYBRIDGE

Health Centre, Minorca Road, Weybridge	☎01932 853366

WOKING

St. John's Health Centre, Hermitage Road, Woking	☎01483 723451
Sunnymeed, Heathside Road, Woking	☎01483 772760
York House Medical Centre, Heathside Road, Woking	☎01483 760014
Health Centre, Goldsworth Park, Woking	☎01483 727447
Southview Surgery, Guildford Road, Woking	☎01483 763186
The Surgery, 175 Send Road, Send, Woking	☎01483 225055

CONFIDENTIALITY

Confidentiality is important for effective communication and is essential in gaining the trust of patients, relatives and visitors to the Trust. Standards of confidentiality should be made clear to patients, visitors and staff.

1) Be aware that careless talk can lead to a breach of confidentiality. Do not discuss information that you see or hear in the course of your work with others inside or outside the Trust, unless you are authorised to do so.

2) Disclosure to other staff should be on a need to know basis, pass on information only to those authorised to receive information and those who understand the obligation of confidentiality.

3) If you are concerned about an issue of confidentiality or disclosure, discuss the issue with the patient or client. It may be appropriate to encourage them to disclose the information themselves. If you need additional guidance you can talk to your manager without disclosing information.

4) Verbal reporting should be carried out in private. If this is not possible, information should be discussed in a tone unlikely to carry to others nearby.

5) Do not leave confidential documents lying around. When working with confidential material, be aware of keeping it from people who do not need to see it.

6) If you are unsure about your authorisation to disclose information, or the authority of another person to receive confidential information, seek clarification from your manager, before saying anything.

If you hold a professional qualification, your right to practice depends on your registration. You should ensure you are familiar with the professional code of conduct and any guidance on confidentiality. Other staff are covered by the Code of Conduct/Practice for Healthcare administration and support staff.

The NMC Code of Professional Conduct (NMC 2004).states that registered nurses and midwives shall:

> "Respect confidential information obtained in the course of professional practice and refrain from disclosing such information without the consent of the patient/client, or a person entitled to act on his/her behalf, except where disclosure is required by law or by the order of a court or is necessary in the public interest."

The Trust's disciplinary rules and your contract of employment make it clear that a breach of confidentiality will be taken very seriously.

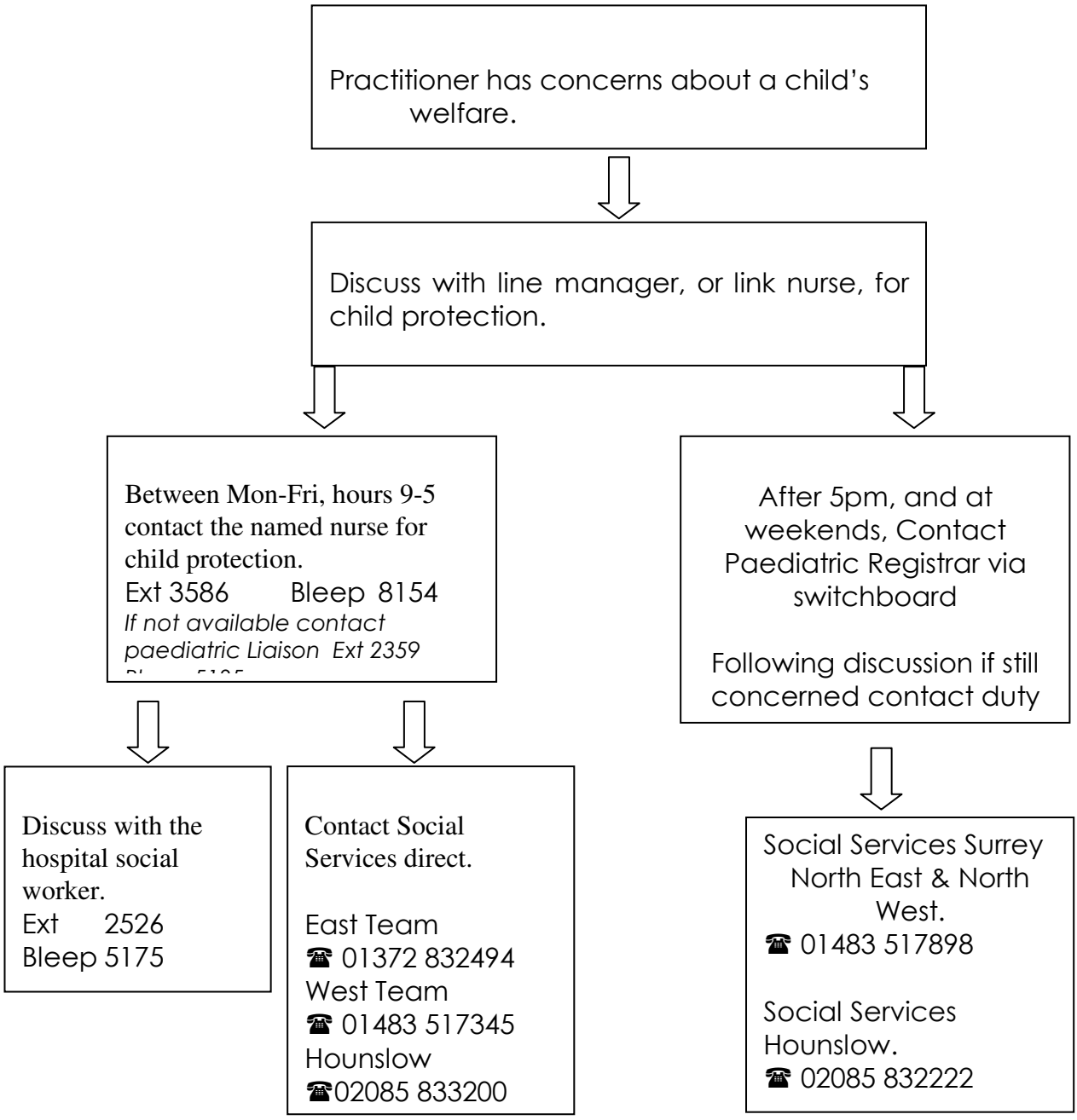
CHILD PROTECTION PROCEDURES

Ashford & St Peters Hospital Trust employ Surrey SCB (Safeguarding Children's Board) Procedures.

Any MEMBER OF STAFF who come into contact with children, or adults who are parents/carers, have a responsibility to safeguard and promote the welfare of that child.

The Referral Process

The main purpose in recognising and reporting suspected abuse is to prevent further harm to the child. The welfare of the child is the paramount consideration.



Important Contacts:

- Designated nurse child protection: **Jenny Banks** ☎ **01483 728201**
- Named nurse North West PCT: **Chris Robjohn.** ☎ **01784 477929**
- Named nurse Surrey Heath and Woking PCT: **Jan Baker.** ☎ **01483 728201**
- Named Doctor: SPH **Dr Wajdi Nackasha.** ☎ **01932 722764**
- Named Doctor: Community **Dr Sharmalene Fernando** ☎ **01483 728201 x 212**

See Appendix 2 (Manual of Child Protection Procedures) for more information, including Police and Social services.

West Assessment Team: Woking, Addlestone, Chertsey, Camberley, Frimley and Egham.
East Assessment Team: Shepperton, Staines, Walton, Ashford, Molesly and Laleham.
Hounslow Assessment Team: Hanworth, Feltham and Bedfont.
All staff employed by Ashford & St Peters Hospital Trust need to follow the Surrey Procedures available on line via trust net/Depts/Child Protection.

Ashford and St Peters Hospitals NHS Trust.

Child Protection.

What is your role?

Anyone who comes into contact with children, or adults who are parents/carers, have a responsibility to safeguard and promote the welfare of that child.

You have a duty to act on anything that makes you feel uncomfortable or worried.

Any concerns you have must be discussed with your manager.

Familiarise yourself with the trust policies and procedures relating to child protection. Guidance will be given on your induction day.

What should you be concerned about?

Child abuse is not always very easy to recognise. There are usually a combination of factors that contribute. These may include family stability and social relationships, ability of the parent to provide basic care and emotional warmth.

There are a recognised group of vulnerable children, whose parents/carers may have mental health problems, misuse drugs, or alcohol, or are involved in domestic violence.

Staff may often be worried about passing on concerns because of confidentiality issues, or they may feel it will damage the relationship they have with their clients.

Speak to someone senior about your concerns. Failure to pass on information that may prevent a tragedy could expose you to criticism, as everyone has a duty to safeguard children.

Where should you go if you are concerned?

Discuss your concerns with your manager and together agree on the next appropriate action. For additional advice and support contact the named professional.

Named nurse for child protection

Elaine Welch
Tel no: 3586
Bleep: 8154

Named doctor for child protection

Wajdi Nackasha
Tel no: 01932 723540
Bleep: 8428

Named midwife for child protection

Teresa Spinks
Tel no: 2292
Bleep: 8776

It is your responsibility to ensure that your concerns are being acted upon.

Where can you get more information on child protection?

Familiarise yourself with red child protection manual (hard copy) OR access via the intranet – Departments - Child Protection – SSCB (Surrey Safeguarding Children's Board) Procedural Framework
There is a list of useful telephone numbers in the back.
Try to find time to read through "What to do if you are Worried a Child is Being Abused"
You will find a copy in the front of the child protection manual

Ensure you attend one of the child protection training sessions

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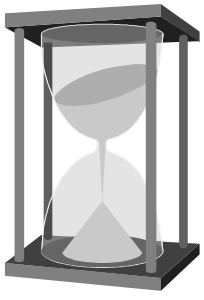
TIME MANAGEMENT

Tips for Time Management

- ✧ Count all your time as 'on time' and try to get satisfaction out of every minute.
- ✧ Don't waste time regretting failures.
- ✧ Have a light lunch to avoid getting sleepy in the afternoon.
- ✧ Skim books quickly looking for ideas.
- ✧ Examine old habits for possible elimination or streamlining.
- ✧ If you have to wait, consider it a 'gift' of time to relax or plan.
- ✧ Keep your long term goals in mind while doing the smallest thing.
- ✧ Plan first thing in the morning and set your priorities for the day.
- ✧ Give yourself time off and special rewards when you've done important things.
- ✧ Make use of specialists to help you with special problems.
- ✧ Try to handle each piece of paper only once.



STAFF

FACILITIES

BENEFITS AND FACILITIES

NURSERIES & PLAYSCHEMES

Both Ashford & St Peter's Hospitals have on site nurseries. First Steps Day Nursery at St Peter's offers places to babies from the age of 3 months up to school age. There is usually a waiting list particularly for baby places, so expectant mothers are advised to contact the nursery at the earliest opportunity to find out details and book a place. First Steps at Ashford provides places for babies up to school age. Although there is a smaller waiting list at Ashford, parents are advised to contact the nursery at the earliest opportunity if they require a place. For more details contact Lindsey Waghorne on ext 2192 at St Peter's and Sylvia Lyes on ext 4757 at Ashford.

Playschemes

Playschemes are run at Ashford &t St Peter's during school holidays for children school age to 10 years, dependant on demand and staffing. Staff should contact First Steps Nursery on ext 2192.

Housing

By working in partnership the Trust is able to offer a range of accommodation from single rooms in shared houses to 2 and 3 bedroom houses, at different geographical locations, either on or close to both hospital sites. As with any resource it is limited, and certain groups have priority, for example student nurses, medical students and junior doctors, and work groups were there are difficulties in recruiting and retaining staff.

In addition staff may be able to register with the local authority for housing, and with the focus on keyworker housing, there are many schemes being developed by both local authorities and housing associations to tackle the housing needs of key-workers in the locality.

If you require accommodation, or advice as to the opportunities for accommodation in the area please contact:

Caroline Tindall
Housing Co-ordinator, Surrey
Tel 01932 722985
Email: caroline.tindall@asph.nhs.uk

Pension

Staff are strongly advised to consider their own pension arrangements.
The NHS Pension Scheme is available to all employees. Contribution is made up of 6% deducted from gross pay, plus an employer contribution of 7% as at 01/04/2001 Retirement pension is based on years contribution to the scheme. In addition to retirement benefits it also offers ill health retirement benefits and improved

redundancy benefits dependent upon years of contribution and age. Further advice can be obtained from the Pensions Officer on ext. 2799.

Charity Donations via the Payroll

Donations to your favourite charity can be made before tax via the payroll system. Please obtain the necessary form from the Payroll Department.

Health Checks

The Occupational Health Department runs regular free health checks for staff. They can also provide assistance with health issues such as giving up smoking or losing weight.

League of Friends Shop (Monday - Friday 9.30am to 5pm)

This shop, based in the main reception area of St. Peter's, sells confectionery, stationery, newspapers, greetings cards and toiletries etc.

Abbey Wing

The League of Friends café and shop in the Abbey Wing is open from 10:00am to 4:30pm. There are also vending machines in this area.

League of Friends Cafeteria

This is located in the main entrance. They serve sandwiches, hot meals, beverages and pastries.

"The Atrium"

This cafeteria also run by the League of Friends is based at Ashford. Hot and cold food, cakes, snacks and drinks are served.

Staff Restaurants

There are staff dining areas at both hospitals which are open 7 days a week. Please ask your manager or a colleague for directions and serving times.

The Royal Bank of Scotland Cashpoint

This is situated in the main reception area at St. Peter's and accepts Barclays, Lloyds and Royal Bank of Scotland cards. At Ashford the nearest cashpoints are located in Tescos.

Post Boxes

At St Peter's there are post boxes at the entrances to the Departmental Block and the Abbey Wing and in the main reception area at Ashford.

Vending Machines

A number of vending machines, kiosks and trolleys selling snacks and drinks are situated throughout both hospitals.

Smoking Facilities

NHS non smoking policy - site regulations etc.
Smoking rooms are available at both sites. Please ask your manager for the location at your site.

Chapel

You are welcome to use the Chapels at any time. The St. Peter's Chapel is situated on the level 2 corridor at the rear of the new A&E Building and the Ashford Chapel is located close to the main reception area.

Dry Cleaning

A reasonably priced, dry cleaning service is available to staff on site at St Peter's.

Security Escorts

A security guard is available to escort staff across the hospital premises during the night. The number to call is 2279 or Page 5148 at St. Peter's or ext. 4497 or Page 5500 at Ashford.

Car Parking

There are a number of car parks across the both hospital sites. Car parking permits are issued free to members of staff and can be used at either site. Initially permits can be obtained from Human Resources.

Inter-site Transport and Peterbus

A free inter site staff and visitor bus operates at regular intervals on weekdays between the Ashford and St Peter's Hospital sites. Pickup points are outside Main Reception at Ashford and outside the Main Entrance to the departmental block (by the escalator) at St Peter's. Peterbus covers the St. Peter's area and may be used by staff at a very reasonable cost. For further details please contact the Transport Department on 2218.

Newsletter

The Trust newsletter 'Aspire' is published in black & white fortnightly and distributed to all staff and 4 times a year the Aspire magazine is published in colour. . A full colour 'Aspire' is published 4 times a year. It aims to keep staff up to date with what's going on in the Trust. Anyone who wishes to contribute should contact Jane O'Kill on ext. 2163. The Trust also has a daily E-bulletin giving more important updates on news every day.

LEARNING AND TRAINING OPPORTUNITIES

Learning and training at Ashford and St Peter's Hospitals NHS Trust is supported by a wide range of in-house expertise reflecting the diversity of skills within the modern NHS. As a teaching hospital it not only addresses the educational and skills needs of all staff within the setting of their day to day work, but also the training experience of new doctors from several medical colleges in accordance with frameworks established as part of the NHS Plan.

Lifelong Learning

The Trust's learning environment is now governed and heavily influenced by the theme of Lifelong Learning. Much more than just a set of national standards, this is an approach which is about growth and opportunity, about making sure that staff, the teams and organisations they relate to and work in, can acquire new knowledge and skills, both to realise their potential and to help shape and change their environment and experience for the better. Inherent in this is the idea of flexible learning opportunities with equal access to all in the pursuit of Trust, departmental and individual goals.

The process of implementing Lifelong Learning, and in particular the NHS framework of '*Working Together – Learning Together'*, necessitates that an emphasis be placed upon appropriate skills development linked to Trust priorities. This is no lees so with the inception of Agenda for Change and the Skills Escalator that wil revolutionise the linking of skills to remuneration and ensure appropriate skills for optimum healthcare delivery and staff development.

Further, the Trust commitment to '*Improved Working Lives'* also means that Training and Development are seen as fundamental to the rounded development of the individual and essential for a healthy work-life balance through the realisation of work related and personal skills, aptitudes and potentials.

Partnerships

The Trust is proud of its long standing relationships with a wide range of learning and educational providers. These include local FE Colleges, such as Brooklands and Guildford, Surrey University and the European Institute of Health and Medical Sciences. Equally a range of developing partnerships include Unison and the WEA (Workers Education Association) and other providers addressing both basic skills and assisting support grades to climb the skills ladder and to give a sense of direction in future career development.

With this increasing network of partnership, support and involvement, all staff are encouraged to look to their future growth and, together with their line manager, create a Personal Development Plan via the appraisal process that reflects Trust priorities, departmental and personal growth. Ashford and St Peters are committed to implementing a clear plan of equal access and of realising innovation in learning

approaches and methods whether this be focused around an NVQ, training with an NHS Learning account or more academic courses.

The Training Department

The main Training Department falls with the Human Resources directorate and provides for all training outside of profession specific activities and career development funded by individual departments. All the courses provided by the Training Department are free to all employees and an annual training directory is produced that presents courses in the categories of Staff Development, Statutory Training, IT Training, Training for Support Staff, Management Training and Personal Development. Courses typically include:

* Fire refreshers
* Health and safety courses
* Resuscitation updates
* Presentation Skills
* Communication Skills
* Dealing with Conflict
* Appraisal Skills
* Customer Care
* Manual Handling
* Management Training
* Patient Administration System
* Recruitment & Selection
* IT Training

Additional to the HR training function, there are Post Graduate Education Centres on each site and with which, although primarily concerned with medical education, there is a healthy dialogue within the ethos of multi-disciplinary training.

Dispersed throughout both sites there are various training rooms and resources, some assisted by comprehensive audio-visual, IT, intranet and internet services. Indeed e-learning is gaining in popularity and availability as a means to provide flexible choices for staff to access learning wherever they are and whenever they want. To this end the ‘Minerva’ learning centre fully equipped with modern e-learning facilities, has greatly assisted us in achieving our goals of ensuring the delivery of core IT skills, and in particular the ICDL qualification, for all staff and of allowing for greater learning flexibility within the 24/7 culture.

Skills development specific to Nurses is addressed on separate information sheets and covers ENB courses, clinical skills, degrees and diplomas, Care NVQs and study days conference days.

Overall, whatever your staff group and your background, there are training opportunities which you can access that will give added impetus and enjoyment to your work and generate a positive spin off in your personal and professional life.

Key Telephone Numbers

Sangeeta Singadia: (*E-KSF/ESR/OLM Project Manager*)	2558
Sue Wane: *(Training Administrator*)	2634
Harriet Stephens: *(Acting Education, Training & Development Manager))*	4940
Angela Langwith-Green: *(Education & Centre Business Manager)*	3731
Darren Pirson: *(Undergraduate Education and Programmes Manager)*	3621
Lynn Moran: *(Ashford, Education Centre Manager)*	4522
Gladys Essien: *(St Peters, Education Administration)*	3987
Julie Doughty: *(Clinical Skills Education Manager)*	3815
Vacant *(NVQ Programme Manager)*	2414
Vacant *(Management Development Trainer)*	

HEALTH SCIENCES LIBRARY

The Health Sciences Library at Ashford and St. Peter's hospitals is a busy multidisciplinary library serving all categories of NHS and social care staff working in local hospital, community and primary care settings. The Library and Knowledge Services team aims to meet the information needs of users by providing access to the most relevant and up-to-date evidence-based data which is delivered at the time and point of need.

Staff

Library & Knowledge Services Manager	Laura Strafford
Deputy Library & Knowledge Services Manager	
Assistant Library & Knowledge Services Manager	Sandy Komiliades
Senior Library & Knowledge Services Assistant	Andrew Ratcliffe
Library & Knowledge Services Assistant	Di Ellis
	Anne Campain
	Yasir Haniff

Opening hours

Monday-Friday 0900-17.00
(Access outside these hours is available on application)

Membership

Users are required to complete a registration form and provide hospital identification. A library membership card is issued which may be used at libraries on both sites

Resources

The library provides a comprehensive collection of knowledge and learning resources with over 19,000 books and documents, and some 230 current journal titles. In addition, access is provided to a comprehensive range of on-line resources through KA24 (Knowledge Access, 24 hours), the National electronic Library for Health, and other accredited sites.

KnowledgeNet

KnowledgeNet aims to provide a virtual library on the Ashford and St Peter's intranet and web page, with links to KA24; over 1,900 full-text journals; a range of alerting services; links to accredited information by professional and subject portals; and an increasing number of training presentations and on-line tutorials. Visit KnowledgeNet on the trust web site at

http:///www.ashfordstpeters.nhs.uk

Services

- **Information Service**

A full information service is available.

- **Literature Searches**

KA24 (Knowledge Access 24 hours) provides access to a range of health care related databases (Medline, Embase, BNI, Cinahl, PsycINFO, DH-DATA, AMED) and over 1000 full-text journals, from within the library or from the office, clinic or home. Staff are encouraged to apply for an Athens authenticated username and password to use KA24. Trained staff will also help with searches or undertake a search on request.

- **Alerting Services**

Alerting services are available on a range of topics to enable users to keep up-to-date with recent publications. The on-line format provides links to full-text articles where available.

- **Document Supply**

A full document supply service is provided, including loans, photocopies and interlibrary loans.

Loans The majority of books and documents in the library may be borrowed. The loan period is 4 weeks, and 2 renewals are allowed. A shorter loan period of 1 week applies to videos and heavily requested items.

Photocopies A self-service photocopier is available. A charge is made for this service.

Interlibrary loans Documents are obtained from other health service libraries, the BMA, and the British Library.

- **Computing Services and study facilities**

There are excellent study facilities, and a comfortable and well equipped learning environment which is accessible 24 hours a day. Learning Resources Rooms are available in both libraries and offer a range of computing facilities including Publisher, Word, PowerPoint, Excel and Access, as well as on-line access.

- **Information Skills Workshops and User Education**

There is a programme of Clinical Evidence and Knowledge Skills workshops, and introductory tutorials are available for KA24 and other on-line resources.

How do I contact the Health Sciences library?

Tel: ext 2047 (St Peter's) ext 4343 (Ashford)
Fax: ext 3197 (St Peter's) ext 4588 (Ashford)
Email: Laura.strafford@asph.nhs.uk

RESEARCH AND DEVELOPMENT

Research and Development is an important part of the Trust's core activities. The Trust is keen to enhance its R&D profile at regional and national level and strengthen links with local universities and pharmaceutical companies. It is important that the Trust develops a positive research culture and provides facilities for research as this leads to evidence-based best practice.

Ashford and St Peter's Hospitals NHS Trust is engaged in a wide range of research projects. Research projects include clinical trials, student projects, basic and applied research. The Trust is particularly strong in research in the following areas:

Cardiology
Obstetrics and Gynaecology
Rheumatology
Respiratory Medicine
Elderly Medicine

The R&D Committee scrutinises all research proposals before work commences to ensure that the research will be of high quality, ethically sound and meet prescribed standards of patient care. If you intend to start a research project it must be approved by:

1. The R&D Office of the Trust
2. The Research Ethics Committee **(REC)**

The R&D office is responsible for managing **Intellectual Property (IP)** for the Trust and works very closely with NHS Innovations South East. If you have any innovative idea, please discuss it with R&D Office staff.

For further information on R&D please contact:

Dr Isaac John (Ext-2901) or Dr Ann Spiropoulos (Ext-2125)
Clinical Effectiveness and R&D Manager

Telephone: 0193-272-2901/2125
Fax: 0193-272-2554
E-Mail: Isaac.John@asph.nhs.uk and Ann.Spiropoulos@asph.nhs.uk

CHAPLAINCY

CONTACTING THE CHAPLAINS

ASHFORD HOSPITAL

If a Chaplain is on site he/she will carry bleep 5-965.
The Hospital switchboard is always able to contact an appropriate Chaplain for you. Contact the switchboard by dialing '0' on one of the internal phones or 01784 884488 if you are calling from outside the hospital.

Roman Catholic Chaplaincy	Father Ken Rimini Mrs Frances Castledine
Church of England Chaplaincy	Mrs Maureen Body Rev Harold Nicholson
Free Church Chaplaincy	Rev John Izzard

ST PETER'S HOSPITAL

The Hospital switchboard is always able to contact an appropriate Chaplain for you. Contact the switchboard by dialing '0' on one of the internal phones or 01932 872000 if you are calling from outside the hospital.

Roman Catholic Chaplain	Sister Mellitus Lawlor	Via switchboard
Church of England Chaplaincy	Rev Judith Allford	01932 872000 Extension: 3324* Bleep 143 (or radio page 8-387 or via switchboard)
Honorary Chaplain	Mrs Di Manthorpe	Via switchboard

*Please do not leave urgent messages on answerphones.

Free Church Chaplaincy	Rev Bob Younger Rev John Izzard

The Chaplains are happy to visit anyone, whether or not they belong to a particular denomination or faith. They may also be able to help you to contact the patient's own religious leader/faith representative, if appropriate. Please also refer to the blue folder "Meeting the Patients' Religious Needs", which should be available in the ward/clinical area.

Judith Allford
February 2008

UNION STEWARD/HEALTH & SAFETY REPRESENTATIVES

Union	Ext.	Local Representative/ Work Place	Base	Health & Safety Representative	Full Time Officer
AEEU Amalgamated Engineering and Electrical Union					Peter Leaver
ACB * Association of Clinical Biochemists					
BDA * **British Dietetic Association**	2202	Elma Phillips/Dietetics	SPH	Zoe Wood (Ext 3937)	David Woods (National Officer)
BIOS * **British and Irish Orthoptic Society**	2146	Aqsa Syed/ Ophthalmology	SPH		David Woods (National Officer)
CSP * **Chartered Society of Physiotherapists**	4484	Rachel Measures	ASH	Fenella Fabling(ASH)	Yvonne Burr Accreditation Officer
	2813 Bleep 5157	Linda Berwick	SPH	Samar Nafisf(SPH)	Mike D'Arcy
GMB	Bleep 5129	Paul Stevens	SPH	Paul Stevens	
Guild of Health Care Pharmacists	3208 Bleep 5297	Anne Chetwood/ Pharmacy	SPH		
RCM * **Royal College of Midwives**	2413	Shirley Anne Smith/ Community Midwives Office	SPH	Rosemary Cooper	Trish Dutfield
RCN * **Royal College of Nursing**	3941		SPH		Cathy Baker
	3941	Caroline Gichero/SAU	SPH		
Union	Ext.	Local Representative/ Work Place	Base	Health & Safety Representative	Full Time Officer

SOR * **Society of Radiographers**	4169	Joann Simpson/ Radiography	ASH		
UNISON	3920,3905, 3906 07879 417129	Anne Curran/Aspen	SPH		Sarah Hayes
	4440 Bleep 500 07879 417135	Anthony Foster/ Portering(Chairperson)	ASH		
	4440 Bleep 500 07879 417139	John Minchin/Porter	ASH	John Minchin/Porter	
	4287	Robert Gray/Dental Surgery	ASH	Mike Davis/Porter	
	4177	John Tallentire/Pharmacy	ASH	Ruth Linstead/ Occupational Therapy	
	Bleep 8961	Steve Harrison/Estates	SPH	Steve Harrison/Estates	
UNITE (formerly Amicus)	3032	Carol Ream/Pathology	SPH	Steve Blackman (Ext 3542)	
	3048	Susan Pugh/ Haematology	SPH		
	4049 Pager8837	Gary Jones/ Estates	ASH		
	4287	Ian Shrimpton/ Dental Surgery	ASH	Ian Shrimpton/ Dental Surgery	
	0845 8504242	Michael Parkin/Estates	SPH		
		Daniel Harrison/Pathology	SPH		

* Membership only available to those who hold a relevant professional qualification.

Updated Oct 2007

HEALTH

&

SAFETY

HEALTH AND SAFETY GUIDELINES FOR STAFF

It is your duty to take reasonable care for the Health & Safety of yourself and other persons who may be affected by your acts or omissions at work (Health & Safety Act 1974).

1. Management of Health and Safety at Work Regulations

● Your workplace should be assessed for risks to the Health and Safety of employees. This risk assessment should be carried out by the relevant manager in line with the Trust Health and Safety Risk Assessment Policy / Procedure. Once an initial assessment has been undertaken, new assessments are only required when new equipment / facilities or working practices are introduced. However, the Hazard Reporting Procedure should be followed as required.

● Both the Hospital Health & Safety Policy and a Departmental Health & Safety Policy should be available for you to read in your department.

● It is your responsibility to attend and comply with any training provided for you in relation to Health & Safety issues, in addition to any instruction provided.

● Your manager will supply you with any safety equipment - you should notify him / her if this equipment is lost or damaged.

● Safety notices and the names of safety representatives should be posted on notice boards.

● Trust procedures relating to the reporting of injuries, diseases and dangerous occurrences should be followed.

2. Health and Safety Display Screen Equipment Regulations

● For detailed advice please refer to the **Display Screen Equipment Policy, Volume 3 Section 1(3).**

● Your workstation should be assessed and a representative from Occupational Health will carry out an assessment on request.

● Various criteria relating to the equipment and environment of VDUs needs to be met. These include: the characters on the screen, the keyboard, document holders, footrests, lighting, noise and heat where applicable.

● As far as possible you should organise your working day so that you take regular breaks or change your activity from long periods of VDU work.
● All staff whose work involves the use of a VDU should have vision tests carried out by the Occupational Health Department.

3. The Provision and Use of Work Equipment Regulations

- This covers everything from hand tools to complete plants and includes maintenance, cleaning and repair of equipment.

- Any equipment you use must be assessed initially for suitability for use, and properly maintained.

- You should receive and comply with instructions and training relating to specific equipment.

- Dangerous parts of any machine should be guarded.

- Warning signs should be used where applicable and adequate lighting and accessible control systems should be in place.

4. Personal Protective Equipment at Work Regulations

- For detailed advice please refer to the Personal Protective Equipment Policy in the Trust Policy and Procedures Manual.

- You should be supplied with suitable personal protective equipment and clothing related to your job.

- This should be safely stored and properly maintained. You should report any lost or damaged equipment or clothing.

- You should receive and comply with information, instruction and training relating to the use of your personal protective equipment or clothing.

5. Manual Handling Operations Regulations

- For detailed information please refer to the Manual Handling Policy in the Trust Policy and Procedures Manual.

- Manual handling should be avoided wherever possible.

- If manual handling is unavoidable, the risk should be assessed.

- If possible the task should be automated or mechanised in order to eliminate or reduce the risk.

- Your manager, with your assistance, should ensure that working procedures and practices are designed to reduce the risk of manual handling injuries as far as possible.

- You should familiarise yourself with procedures for manual handling and comply with training in this area.

- You should report any injuries to your manager immediately.

6. The Workplace (Health, Safety & Welfare) Regulations

These are a set of regulations relating to the environment of the workplace, for example:

- There must be effective and sufficient amounts of fresh or purified air.

- A reasonable temperature must be maintained.

- There must be sufficient, preferably natural, lighting. Emergency lighting must be in place.

- Floors, walls, furniture and fittings must be kept clean.

- Windows must be designed in such a way as not to cause a hazard.

7. Control of Substances Hazardous to Health

- These regulations aim to control the exposure of employees to hazardous substances encountered at work.

- Managers are required to undertake a comprehensive assessment of every hazardous substance used in the workplace - generally either toxic, harmful, corrosive or an irritant. They must then ensure that appropriate control and monitoring procedures are adopted.

- Regular Health Surveillance will be carried out on 'at risk' personnel.

HEALTH & SAFETY QUIZ

How up to date are you? Assess your knowledge of Health & Safety Issues. Place a tick as appropriate once you have read the questions. (Answers at the end of the handbook).

QUESTION	TRUE	FALSE
1. Under the Health & Safety at Work Act 1974 the employer has a duty of care for the health and safety of non employees, i.e. public and patients who may be in our hospital premises.		
2. Managers or Supervisors can be prosecuted individually by the HSE.		
3. Employees do not have any real responsibility for the safety of others.		
4. There were six new E.C. Directives that came into force in January 1994.		
5. The responsibility of the Health & Safety of contractors working in our Trust premises lies with the contractors, not the Trust.		
6. The Health & Safety at Work Act 1974 applies to only some of the employees of the Trust. Medical staff are excluded.		
7. An employee is responsible for reporting their own accidents to their manager and completing an accident form.		
8. An employee is responsible for completing a record of any accident sustained at work in the Accident Book held in the Accident Centre in the Hospital.		
9. The Trust is responsible for reporting all accidents to staff to the HSE under RIDDOR.		
10. COSHH regulations require employees to assess the toxicity of substances and how they are being used, stored and controlled.		
11. The main priority of the COSHH regulations is to ensure that the staff are provided with Personal Protective Equipment.		
12. There should be no difference between the Trust Health & Safety Policy and any ward / departmental Health & Safety Policies.		
13. The Trust is responsible for reporting to the HSE any accident that results in an employee being off sick for more than three days.		
14. Spilt mercury should be carefully disposed of, by using a special mercury spillage kit.		
15. Batteries and empty aerosol cans must be put into yellow bags for incineration.		
16. The continuous use of Display Screen equipment damages your eyesight.		
17. All users of DSE are entitled to free glasses.		

18. The Personal Protective Equipment Regulations covers uniforms worn by nurses and other staff in the hospital.		
19. There is no minimum temperature that an employer needs to maintain in his / her workplace.		
20. Employers only need to carry out a Risk Assessment if there has been a serious accident or incident.		
21. The term Workstation as defined under the Health and Safety at Work Act is: a place where either British Rail or London Underground staff are required to work.		
22. First Aiders must attend refresher training and examination every three years.		
23. The Disability Discrimination Act (1996) came into force in December 1996 and guarantees work for all employees injured whilst at work.		
24. The Working Time Directive has no bearing under H. & S. Legislation and does not affect the Health Service.		

Please make yourself familiar with the Trust's Health and Safety Policies.

Advice can be sought from your Manager, Health and Safety Representative or the Occupational Health Department.

RISK MANAGEMENT LEADS

LEAD OFFICERS OR SPECIALIST ADVISERS RELATING TO QUALITY AND RISK MANAGEMENT

Area of expertise	Designation	Extn	Pager	Base
Buildings, land, plant, non medical equipment	General Manager, Facilities	4908	8262	Ashford
Clinical Governance Quality	Director of Nursing & Operations	2216		St Peter's
Catering and food hygiene	Head of Hotel Services	4202	8821	Ashford
Clinical Audit and Effectiveness	Clinical Effectiveness & R&D Mgr Audit & Risk Officers Critical Care Audit & Risk Officer Theatre Audit and Risk Officer Clinical Governance Midwife	2125 4664 2616 2129 3578		St Peter's Ashford St Peter's St Peter's St Peter's
Clinical Risk/NHSLA	Clinical Risk Manager	2613	8780	St Peter's
Clinical Risk, NHSLA Clinical Governance Quality	Head of Quality and Integrated Governance	2535	8437	St Peter's
Clinical Risk Obstetric Risk Management	Clinical Governance Manager	3578	8783	St Peter's
Clinical Governance	Medical Director Director of Nursing & Operations Deputy Medical Director	3121 2216 3129		St Peter's St Peter's St Peter's
Clinical Governance Clinical Risk	Chair, Clinical Governance Committee, Clinical Risk Committee	3129 3129		St Peter's St Peter's
Controls Assurance	Non Clinical Risk Manager	2121	8931	St Peter's
Complaints	Complaints Manager	2612		St Peter's
De-contamination	Head of SDU/HSDU	4525 2974		Ashford St Peter's
Emergency Planning	Non Clinical Risk Manager	2121	8931	St Peter's
Environmental Management	General Manager, Facilities	4908	8262	Ashford
Financial Management	Director of Finance	2819		St Peter's
Fire	Fire Safety Advisor	2883	8809	St Peter's
Health & Safety COSHH	Health & Safety Advisor	2227	8813	Ashford
Human Resources	Director of Human Resources	2699		St Peter's
Infection Control	Consultant Microbiologists	4512 3031		Ashford St Peter's
Information Management and Technology	Head of Information & Technology	2675		St Peter's

Litigation	Head of Customer Affaires	2631	8826	St Peter's
Management of purchasing and supply	Procurement Manager	2633	8447	St Peter's
Medical Devices Management	Trust Estates Manager	2065	8933	St Peter's
Risk Assessment Tool (RAT)	Non Clinical Risk Manager, Clinical Risk Manager, Health and Safety Advisor	2121 2613 2227	8931 8780 8813	St Peter's St Peter's St Peter's
Risk Register	Non Clinical Risk Manager	2121	8931	St Peter's
Medicines Management	Chief Pharmacist	2024	8897	St Peter's
Moving and Handling	Manual Handling Co-ordinator	3664	8120	St Peter's
Professional and product liability	Director of Finance	2774		St Peter's
Records management	Director of Performance, Information & Facilities (Also Caldicott Guardian)	3254	8269	St Peters
Security	Health and Safety Advisor	2883	8809	St Peter's
Staff Health	Manager, Occupational Health	2625		St Peter's
Transport	Transport Manager	2060	8935	St Peter's
Waste Management	Non Clinical Risk Manager	2121	8931	St Peter's

CLINICAL RISK MANAGEMENT
(Incident Reporting)

Ashford and St.Peter's Hospitals NHS Trust have a Quality and Risk Management Strategy 2007 – 2008 and an integral part of this strategy is the Incident Reporting System. Access to this policy is on the Trust intranet under organisational policies.

The main advantages for reporting an incident event are:

- To ensure timely and appropriate follow-up to all accidents, incidents, concerns, near misses and unexpected clinical outcomes.
- To identify contributing factors to these incident events.
- To provide a means for identifying preventative measures or procedural changes that need to be made in order to eliminate or reduce risks.
- To evaluate the effectiveness of control measures, improving the safety of patients, staff and other persons.
- To reduce the risk of litigation.
- To meet national, regional and statutory requirements (*e.g. National Health Service Litigation Authority (NHSLA) and "An Organisation with a Memory" (report.).*

We want to encourage staff to report all incident events. There is a strong non blaming (though accountable) culture in the Trust and no action will be taken against an individual for reporting such an event, save in the exceptional circumstances where there are malicious motives or knowing disregard of required practice or procedure, or lack of compliance with required professional or Trust standards.

There is a supply of incident event forms in all departments (in pads of 50). Please complete one of these forms if you wish to report an incident event and on completion of the form it should be given to your Manager. (*Guidelines for completing the form are available in your area of work)*.

The Manager then sends the completed incident event form to the Quality Department where all the information is entered on to a database and incident trends are determined.

Every member of staff will get confirmation by letter that their incident form has been received by the Quality Department.

Feedback from incidents should be sought from Divisional Heads of Nursing, Matrons, Clinical Directors or Departmental Managers.

Any concerns regarding incident investigation or how to use any of the tools to aid root cause analysis can be sought from the Clinical Risk Manager.

Marty Williams Ext 2613

CLINICAL EFFECTIVENESS & AUDIT

Clinical effectiveness and clinical audit are essential components of the Clinical Governance agenda to improve and assure quality. The Department of Health identifies an expectation that ***all*** healthcare professionals including nurses, doctors, therapists and other members of the healthcare team take part in clinical audit.

Integrated Care Pathways (ICPs) are clinical effectiveness tools to ensure that patients receive the right care at the right time by the right person. ICPs are based on the best evidence available, incorporating both national and local best practice guidance.

The Clinical Effectiveness and Audit Committee (CEAC) meets bimonthly to discuss, report and approve audit projects and progress work relating to clinical effectiveness and evidence-based best practice. Each clinical directorate has a representative on the committee.

CLINICAL AUDIT: a systematic review of clinical care given by healthcare professionals against agreed standards in order to improve the quality of patient care.

Audit does not need to be difficult, KEEP IT SIMPLE

The most effective audits address a quality issue central to healthcare provision. Care should be taken in selection and design of an appropriate audit topic.

Registration of Audit Projects

All audit projects must be registered with the Audit Department (Quality Dept, The Ramp, SPH) before the start of the audit.

The Clinical Effectiveness and Audit (CEA) Team provide help with:

ADVICE	LITERATURE SEARCHES
DESIGN PROFORMA	IDENTIFY AUDIT POPULATION
PULL CASENOTES	PILOT AUDIT
COLLECTION OF DATA	DATA ANALYSIS
REPORT WRITING	MANAGEMENT OF CHANGE ISSUES
PRESENTATION	RE-AUDITING

For further information and/or training in Clinical Effectiveness and Audit contact:

Dr Ann Spiropoulos	Clinical Effectiveness and R&D Manager	2125
Dr Isaac John		2901
Dr Sumita Ganguli	Clinical Effectiveness and Audit (CEA) Facilitator	2356
Wiqar Gondal	CEA Facilitator	4664
Suzanne Littler	CEA Facilitator	3514

Visit the Quality department on Trustnet for information and resources.

MOVING AND HANDLING FACILITATORS

Name	Location	Site
Elyne Abab-Choi	Ash Ward	St Peter's
Katherine Tsang	Paed A & E	St Peter's
Liz Thomas	ICU	St Peter's
Caroline Gee	Elm Ward	St Peter's
Penny Hatswell	Elm Ward	St Peter's
Paul Stevens	Juniper Ward	St Peter's
Karen Allen	CCU	St Peter's
Kimm Scholes	Aspen Ward	St Peter's
Karen Beadle	Aspen Ward	St Peter's
Pearl Christopherson	Maple Ward	St Peter's
Sarah Humbley	Maple Ward	St Peter's
Michael Craig	MAU	St Peter's
Sue Fidoe	May Ward	St Peter's
Evan Aure	Holly Ward	St Peter's
Sophie Wear	Kestrel Ward	St Peter's
Margaret Day	Kestrel Ward	St Peter's
Annie Wheatly	Falcon Ward	St Peter's
Wilhemina Mokgoto	ITU	St Peter's
Isobel Claxton	SHDU	St Peter's
Luisa Micciche	Labour Ward	St Peter's
Carol Humes	DSU	St Peter's
Jan Hooper	DSU	St Peter's
Sue Harris	CSNP	St Peter's
Maricel Cristobel	Xray	St Peter's
Tina Webb	Xray	Ashford
Janet Searle	MAU	St Peter's
Ruth Linstead	Occupational Therapist	St Peter's
Emma Carter	Occupational Therapist	Ashford
Susannah Head	Physio	St Peter's
Flo Icwat	Physio	Ashford
Lydia Allen	Kingfisher Ward	St Peter's
Julie Wheatley	Cedar Ward	St Peter's

Keith Beaman	Porters	St Peter's
Manuel Santiago	Porters	St Peter's
Candy Bhadye	Eye Unit	Ashford
Connie Ramos	Wordsworth Ward	Ashford
Bella Beach	Chaucer Ward	Ashford
Patricia Cherry	Dickens Ward	Ashford
Su Petite	Merlin Ward	Ashford
Pauline Forster	Porters	Ashford
Hilda Milroy	DSU	Ashford
Karen Marsden	Voluntary Services	Ashford
Lindq Woolham	MHDU	St Peter's
Noorah Lachomwicz	MHDU	St Peter's
Nyasha Jena	Walk-in Centre	Ashford
Edward Bird	Estates	Ashford

ANSWERS

&

ACTIONS

ANSWERS TO HEALTH AND SAFETY QUIZ

1: True, under the Health and Safety Act 1974 the employer has a duty of care for the Health and Safety of non employees, i.e. public and patients who may be on our hospital premises.
2: True, H & S Legislation is a Criminal Act, therefore prosecution can lead to imprisonment and / or a fine. The Chief Executive has ultimate responsibility.

3: False, employees have a duty to act in a responsible way and to ensure that their workplace remains safe and healthy.

4: True, there were six new EC Directives which came into force in January 1994. These were:

Personal Protective Equipment Regulations
Work Equipment Regulations
Display Screen Equipment Regulations
Workplace (Health, Safety & Welfare Regulations)
Management of Health & Safety at Work Regulations
Manual Handling of Loads Regulations

5: False, the Trust (through 2 serve and the Estates Department) have to issue *Permits to Work* certificates for work to be undertaken, also need to ensure that contractors have good knowledge and policies covering H & S issues.

6: False, all members of staff are included in the Health and Safety at Work Act 1974.

7: True, an employee is responsible for reporting their own accidents to their manager and completing an accident form.

8: True, an employee is responsible for completing a record of any accident sustained at work in the Accident Book held in the Accident Centre at the hospital, and this is actually a requirement of the DSS for anyone going on to claim benefits.

9: False, the Trust is *not* responsible for reporting all accidents to staff to the HSE under RIDDOR, only certain categories:

Fatal accidents
Major injury accidents / conditions (e.g. fractures, amputations, dislocations, loss of sight, electric shocks / burns, loss of consciousness, acute illness requiring medical treatment resulting from absorption of substance or exposure to biological agent, or any other injury resulting in admittance to hospital for more than 24 hours, hypothermia, heat induced illness or the need for resuscitation).

10: True, COSHH regulations require employees to assess the toxicity of substances and how they are being used, stored and controlled. They also consider harmful, corrosive and irritant substances.

11: False, the main priority of COSHH is to ensure that staff do not handle dangerous substances at all. If there is no alternative, personal protective equipment must be used.

12: True-ish. The local H & S Policy will reflect local issues, whereas the Trust Policy takes a more global overview.

13: True, the Trust is required to report to the HSE using form F2508 if an employee has up to three days off sick as a result of an accident / incident at work. See also Q. 9.

14: True, spilt mercury should be disposed of by using a special mercury spillage kit. See SPH Policy Vol. 2 - no. 3.05. Kits are available from Pharmacy, out of hours, stored in emergency drug cupboard and theatres.

15: False, batteries and empty aerosol cans should be put into orange bags for disposal.

16: It has not yet been proven that the continuous use of VDUs damages your eyesight. However, adequate breaks should be taken away from the screen and the Display Screen Equipment should be set up properly.

17: False, only if designated user and they need glasses for middle distance, i.e. VDU use. If short or long sighted and glasses correct vision for DSE use then cost is down to the employee.

18: False, uniforms do not count as PPE.

19: False, 16°C (61°F) is the minimum temperature within one hour of starting work unless the work is strenuous and involves physical effort, this may be reduced to 13°C. However there is no maximum temperature. Regulations state that the temperature should be comfortable for work.

20: False, Risks Assessments should be carried out to try to stop accidents occurring..

21: False.

22: True, First Aiders must attend refresher training every three years or they cannot continue to practice as First Aiders.

23: False, requires managers to look at all disabled workers and treat them no less favourably than able bodied employees.

24: False, but wait and see. Awaiting policies and discussions with staff side to see how it will be implemented at SPH.

ACTION NOTES

During your Induction course we hope you'll gather lots of information and hear lots of good ideas which will inspire you to take action in your new job. We've designed this form to help you make a note of them and record what you've achieved.

Date Prepared _____

	ACTION	BY WHEN
1		
2		
3		
4		
5		
6		
7		
8		
9		

ABBREVIATIONS

A. & E.	Accident and Emergency
A.C.U.	Abraham Cowley Unit
AH	Ashford Hospital
AHP	Allied Health Professionals
B.H.U.	Blanche Heriot Unit
C.C.U.	Coronary Care Unit
C.H.C.	Community Health Council
C.M.U.	Clinical Management Unit
C.O.S.H.H.	Control of Substances Hazardous to Health
F.H.S.A.	Family Health Services Authority
G.P.F.H.	General Practice Fund Holders
H.C.A.	Health Care Assistant
I.C.P.	Integrated Care Pathway
I.C.U.	Intensive Care Unit
I.T.U.	Intensive Therapy Unit
K.F.O.A.	King's Fund Organisational Audit
N.I.C.U.	Neonatal Intensive Care Unit
NMC	Nursing and Midwifery Council
NVQ	National Vocational Qualification
O.D.A.	Operating Department Assistant
O.D.P.	Operating Department Practitioner
O.H.	Occupational Health
O.M.B.	Operational Managers' Briefing
O.P.D.	Out Patients Department
P.A.S.	Patient Administration System
P.G.E.C.	Post Graduate Education Centre
PPE	Personal Protective Equipment
P.R.E.P.	Post Registration Education and Practice
RCM	Royal College of Midwives
RCN	Royal College of Nurses
R.G.N.	Registered General Nurse
R.S.C.N.	Registered Sick Children's Nurse
S.C.B.U.	Special Care Baby Unit
SHA	Strategic Health Authority
S.H.O.	Senior House Officer
S.P.H.	St. Peter's Hospital

GENERAL

INFORMATION

WARDS & DEPARTMENTS WITHIN BUSINESS CENTRES

1. NURSING AND ACUTE SERVICES DIRECTOR: MICHAELA MORRIS

SURGERY BUSINESS CENTRE		**ASSOCIATE DIRECTOR: JO EDWARDS MANAGER:**
Surgery	AH	Eye Unit (DS wards & outpatients)
	SPH	Falcon
		Kingfisher
		Kestrel
		Julie Andrews Unit
		Orthoptic Services
Orthopaedics	AH	Dickens
	SPH	Elm
		Juniper
		Rowley Bristow (outpatients/fracture clinic)
		Surgical Appliances/Appliance Workshop
Specialist/Practitioner Research Nurses	AH	Leg Ulcers (community led)
		Macmillan Breast Care
		Stoma Care
		Urology
		ACE Respiratory Project Manager/ Medical Research Nurse
		Cardiac Counsellor
		Chemotherapy
		Diabetic Liaison
		Macmillan (community led)
	SPH	Breast Care
		Continence (community led)
		Ophthalmic
		Stoma Care (community led)
		Urology
		Vascular
		Cardiac Rehabilitation
		Cardiac Research
		Diabetic Liaison
		Macmillan
		Respiratory Nurse Practitioner
		Rheumatology

MEDICINE BUSINESS CENTRE		**MANAGER: CATHERINE TOWNSEND**			
	Wards	AH	Chaucer	SPH	Birch
			Wordsworth		Cedar
					CCU
					Holly
					Maple
					May
					Aspen
	Outpatients		Outpatient Departments (A & SPH)		
			Appointment Centre (A)		

EMERGENCY BUSINESS CENTRE	**MANAGER: JEAN HAIRE**	
	SPH	A&E Department
		Medical Assessment Unit
		Surgical Assessment Unit
	AH	WALKIN CENTRE

WOMEN, CHILDREN & SEXUAL HEALTH BUSINESS CENTRE		**MANAGER VICKY WILLIAMS/KAREN CRIDLAND**
Maternity Services	AH	Community midwifery team (Topaz)
		Antenatal clinic
	SPH	Antenatal clinic
		Maternity day assessment
		Maternity ultrasound
		Community midwifery teams (Amber, Jade and Ruby)
		Labour ward
		Joan Booker ward – antenatal and postnatal
Gynaecology	AH	Outpatient clinics
		Day surgery
	SPH	Outpatient clinics
		Inpatient and day surgery
Children's Services	AH	Merlin Children's day unit - Outpatient clinics - Day surgery - Home care nursing team
	SPH	Outpatient clinics
		Ash/Oak wards – inpatient and day care
		Neonatal Intensive Care Unit
		Transitional Care (on Joan Booker ward)
		Child and Adolescent Mental Health Services (CAMHS)
Sexual Health	SPH	Blanche Heriot Unit – Genito-urinary Medicine (GUM)

ANAESTHETICS BUSINESS CENTRE

	Both	Theatres
		Day Surgery
		Endoscopy
		Pain Services
Critical Care	AH	CCU
	SPH	HDU
		ITU

SPECIALIST SUPPORT SERVICES **ASSOCIATE DIRECTOR: ANNE PEARSON**

IMAGING BUSINESS CENTRE **MANAGER: KATIE SHEDDDON**
X Ray Departments
Nuclear Medicine

PATHOLOGY BUSINESS CENTRE **MANAGER: STEVE SHEIL**
Pathology
Pathology Departments
Haematology & Blood Transfusion,
Biochemistry, Microbiology, Cellular Pathology
(Histopathology and Cytology services),
Chemotherapy Services, Anticoagulant Clinics,
Phlebotomy Services

PHARMACY **HEAD OF PHARMACY: LISA JACKSON**

ACTING HEAD OF COMMUNICATIONS :GISELLE ROTHWELL

3. IT, FACILITIES AND ESTATES DIRECTOR: IAN MACKENZIE

STERILE SERVICES **MANAGER: JACKIE BUTLER)**

AH	TSSU
SPH	SDU

FACILITIES **GENERAL MANAGER: REX CASSIDY**
Estates
Fire & Security
Hotel Services Departments -catering, cleaning, portering
Linen & Laundry Services
General Transport & Patient Transport

4. FINANCE DIRECTORATE: DIRECTOR: KEITH MANSFIELD

Finance
Payroll
NHS Supplies

5. HUMAN RESOURCES DIRECTORATE: DIRECTOR: PAUL BENTLEY

HR Department
Education, Training and Development (inc. Postgraduate Education Centres and Libraries)
Occupational Health
First Steps Day Nursery (SPH and AH)
Staff Accommodation (SPH and AH)

6. THERAPIES DIRECTORATE : DIRECTOR: JACQUI SMART

Orthoptics
Occupational Therapy
Physiotherapy
Speech & Language Therapy (community led)
Dietetics

VOLUNTARY SERVICES DEPARTMENT

Ashford & St. Peter's Hospital's NHS Trust is fortunate in having the support of many members of the local community. A large team of over 400 volunteers help out in a variety of roles, for example: ward volunteering, reception work, hospital radio, clerical work, chaplaincy, portering and trolley services to mention just a few. The Voluntary Services Department is responsible for the management of volunteers.

All volunteers are recruited through the Voluntary Services Department and any prospective volunteer will be interviewed by the Voluntary Services Manager and required to complete application procedures including references, health checks, Criminal Record Bureau checks etc.

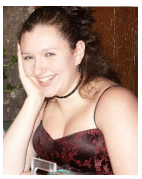
The Voluntary Services Manager has the on-going management responsibility for all volunteers working within the Trust. Any staff wishing for voluntary help in their area should contact the department for a volunteer request form and the notes for staff regarding volunteers, which provides helpful information as to the service.

The Department is always happy to be contacted to see if help can be provided in other ways, for example there is a small store of clothes should patients not have anything to wear on discharge. In addition individual help for patients can sometimes be provided on a one-off basis. The department also has good links with the Ashford Hospital League of Friends and the Friends of St Peter's Hospital and can provide advice on the process for requests to the Friends.

Contact details: Karen Marsden, Voluntary Services Manager: Ext 4227/3239

Help the Stephanie Marks Appeal raise £2.5 million to build and equip a dedicated Diabetes Resource Centre in the grounds of St. Peter's Hospital

Ian Botham, OBE Patron



The Stephanie Marks Diabetes Appeal was launched in June 2003 - 12 months after 17-year-old Stephanie died just days after completing her AS levels. She had been a Type1 insulin dependent youngster for six years. Inspired by the care she had received by the Ashford and St. Peter's Hospitals NHS Trust, her dream was to become a doctor and help other sufferers.

Stephanie's death coincided with the growth in Diabetes which is looking to double, potentially treble, by 2010. Around 1.4 million people in the UK have the condition - one in 700 being school age children. 1 million people are unaware that they have Diabetes which is the *fourth main cause of death* in most developed countries. At this rate, there will be 20,000 people with diabetes within our catchment area.

Aims of the Appeal

The Diabetes Resource Centre will be situated in the grounds of St. Peter's hospital and will serve our entire catchment population of 450,000 people via a sophisticated network of satellite clinics.

It will:-
- raise awareness of diabetes
- serve as a focal point for patients, carers and medical professionals.
- integrate diabetes treatment and services across the community
- enable Ashford and St. Peter's Hospitals to deliver services for the Primary Care Trusts which enable them to meet their obligations under the National Service Framework for Diabetes

Vision for the Stephanie Marks Diabetes Centre

Diabetes affects all ages. Care is complicated involving a wide range of services:

- **Treatment** A cutting edge clinical service will provide routine annual screening, diabetes management, podiatry, retinal screening, consultant referral, specialist nursing and dietetic services.
- **Education** to empower the patient and support healthcare professionals.
- **Research** The Centre will also provide the base for a research unit for the scientific collation of information.

How you can help

- Spread the word
- Take part in one of our fundraising events on www.stephaniemarks.org.uk
- Organise your own event
- Give As You Earn (GAYE) Scheme through the payroll office.

Contact Val Marks, Fundraising Manager on 2330 or
val.marks@asph.nhs.uk
for a chat and to discuss any ideas.

Stephanie Marks Appeal
Making a mark on diabetes

HOSPITAL HOPPER STAFF AND VISITOR TRANSPORT

FREE Inter-Hospital Transport St.Peters -Ashford -Return	**TIMETABLE** **MONDAY TO FRIDAYS**	
ST.PETERS HOSPITAL **O.P.D ENTRANCE**	**AM Departures**	**06.00**
		07.00
		07.30 *
		08.00
		08.30 *
		09.30
		10.00 *
		10.30
		11.00 *
	PM Departures	**12.00**
		12.30 *
		13.00
		13.30 *
		14.15
		14.45 *
		15.40
		16.30 *
	Evening Departures	**17.00**
		18.00
		19.00
		20.40
		21.35
ASHFORD HOSPITAL **MAIN ENTRANCE**	**AM Departures**	**06.30**
		07.00 *
		07.30
		08.00 *
		08.30
		09.00 *
		10.00
		10.30 *
		11.00
		11.30 *
	PM Departures	**12.30**
		13.00 *
		13.30
		14.15 *
		14.45
		15.30 *
		16.15
	Evening Departures	**17.30**
		18.30
		19.30
		21.10
		22.00

No Service on Saturdays, Sundays or Bank Holidays

STARTING MONDAY 13TH NOVEMBER 2006

Subject to Variation

Timetable Monday to Friday

The service operates between the Ashford and St Peter's hospital sites and is freely available to all staff, patients and visitors. The journey takes approximately 25 minutes outside of the rush hour.

There is no service on Saturdays, Sundays or Bank Holidays.

INTERSITE SERVICES PROVIDED BY SPH TRANSPORT AT WEEKENDS

AS FROM 12/11/2006

SATURDAYS, SUNDAYS AND BANK HOLIDAYS

Approx. leaving times from	SPH	AH	Type of service	
	06.20	06.45	Staff	
	08.15	08.45	Specimen, theatres & ad-hoc items run and Staff	
	10.30	11.00	Specimen, Pharmacy, Theatres run and Staff	
	11.30	12.00	Specimen, theatres & ad-hoc items run and Staff	
	15.45	16.15	Specimen, theatres & ad-hoc items run and Staff	
	19.10	19.35	Staff	
	20.40	21.05	Staff	
	21.20		Staff	Woking and Addlestone & Chertsey only when booked
	21.50	22.15	Staff	Ashford only when booked

PLEASE NOTE: THIS SERVICES ARE ONLY FOR STAFF ON DUTY AT EITHER SITE AND NOT FOR ANY OTHER USE

Any abuse of the above services will result in staff being reported and concessions being removed.

SPH STAFF RUNS

Time leaving base	Destination	Arrival time	Return time to base	Site pick up point
06.20	SPH Pick Up			Transport Dept
	Woking Railway Station	06.30		The Ramp
				Abbey Wing
	Walton Road, Woking	06.32		steps
	Albert Drive, Sheerwater	06.35		
	Black Prince, New Haw	06.40		
	Addlestone Library	06.45		
	Murray Road/Mawbey Road, Ottershaw	06.50		
	SPH - Abbey Wing, The Ramp & DOK	06.55	06.55	
06.30	SPH Pick Up			Transport Dept
	Murray Road/Mawbey Road, Ottershaw	06.35		The Ramp
				Abbey Wing
	St Pauls Church, Church Road, Addlestone	06.38		steps
	Addlestone Library	06.40		
	Clay Corner, Chertsey	06.45		
	London Road, Chertsey	06.48		
	Riverbourne Health Club and Sandgates	06.50		
	SPH - ACU, DOK, The Ramp & OPD	06.55	06.55	
07.20	SPH Pick Up			
	Any Area in Chertsey returning via RHC, not leaving the Riverbourne Health Club before 07.45			Transport Dept The Ramp Abbey Wing
	Sandgates			steps
	SPH - ACU, DOK, The Ramp & OPD	07.50	07.50	
07.20	SPH Pick Up			
	Addlestone	07.30		Transport Dept
	New Haw and Woodham	07.35		The Ramp
				Abbey Wing
	Woking Railway Station	07.40		steps
	SPH - Abbey Wing & OPD	08.00	08.00	
19.50	SPH Pick Up			
	Woking Railway Station	20.00		Transport Dept
	Black Prince, New Haw	20.10		The Ramp
				Abbey Wing
	Addlestone, The Holly Tree, London Street Chertsey	20.20		steps
	Riverbourne Health Club and Sandgates	20.25		
	SPH - ACU, DOK, The Ramp & OPD	20.35	20.35	
21.20**	SPH Pick Up			
	Any of the following areas			Transport Dept
	Chertsey, Addlestone, New Haw	Depending on destination		The Ramp
				Abbey Wing
	Woodham and Woking			steps
	** THIS SERVICE MUST BE BOOKED BY 20.00			

TRAVELLING TO THE TRUST

Local Buses

The two sites are also served by a number of routes:

- **Buses to Ashford Hospital**

Route	From	Frequency*	Evenings**	Sundays***	Journey Time
116	Hounslow	15 mins	20 mins	20 mins	26 mins
116	Ashford	15 mins	20 mins	20 mins	26 mins
203	Staines	20 mins	30 mins	30 mins	9 mins
203	Hounslow	20 mins	30 mins	30 mins	36 mins
216	Staines	20 mins	30 mins	30 mins	9 mins
216	Kingston	20 mins	30 mins	30 mins	46 mins
441	Heathrow	30 mins	30 mins	n/a	30 mins
441	Englefield	30 mins	30 mins	n/a	40 mins
555/556/557	Heathrow	20 mins	30 mins	30 mins	25 mins
555/556/557	Walton	30 mins	30 mins	30 mins	40 mins
555/556/557	Addlestone	60 mins	n/a	n/a	51 mins
555/556/557	Sunbury Cross	20 mins	30 mins	30 mins	18 mins
400	Shepperton	5/6 journeys	3/4 journeys	n/a	
416	Kingston	2 journeys	n/a	n/a	
416	Stanwell Moor	2 journeys	n/a	n/a	

- Phone Travel Line (0870 608 2608) for most up-to-date information

Buses to St Peter's Hospital

Route	From	Frequency*	Evenings**	Sundays***	Journey Time
426	Woking	Hourly	2 journeys	n/a	25 mins
426	Staines	Hourly	2 journeys	n/a	17 mins
446	Woking	Hourly	2/3 journeys	Every 2 hrs	40 mins
446	Staines	Hourly	2/3 journeys	Every 2 hrs	17 mins
461	Staines	Hourly	n/a	n/a	17 mins
461	Kingston	Hourly	n/a	4 journeys	72 mins
501	Camberley	2/3 journeys	n/a	n/a	37 mins
557	Addlestone	Hourly	n/a	n/a	8 mins
557	Heathrow	Hourly	n/a	n/a	77 mins
Peterbus 1	St Peter's	7 journeys	n/a	n/a	
Peterbus 2	St Peter's	7 journeys	n/a	n/a	
Peterbus 3	St Peter's	7 journeys	n/a	n/a	
Peterbus 4	St Peter's	7 journeys	n/a	n/a	

Notes: * This is the daytime frequency Monday to Saturday (Peterbus runs Monday to Friday only)

** Evening services are from 19:30 Monday to Saturday *** This also includes public holidays

- Phone Travel Line (0870 608 2608) for most up-to-date information

ACCESS TO 'NHS E-LEARNING' PROGRAMMES

Guidance Notes

The NHS has produced a range of e-learning programmes to support staff and of those three in particular are being rolled out within the Trust. These are **Fire Safety Awareness, Manual Handling and Health & Safety Awareness**. These programmes have been approved by relevant parties within this organisation.

You can access this programme from any suitable location where there is a PC as well as in the Minerva centre on a Wednesday and in either of the libraries. However, if you have difficulty getting to either of these then we have two laptops that can be loaned under the supervision of a manger to facilitate access.

There are times where access to a printer will be necessary, and you may benefit from having headphones as some parts of the programmes use sound.

At the end of each programme, we ask you to provide the NHSU with feedback using the on-line evaluation form which provides the necessary information to improve the materials.

After completing the evaluation form, you will see a 'certificate of completion' which is proof that you have successfully completed the learning. You will need to print out the 'certificate of completion' and copy it to the Training Department as proof of having undertaken the course.

If for whatever reason it is not possible to print off the certificate of completion then please take a screen grab (using the 'Print Screen' button) and paste and save that in a Word document or as a graphic file, for example in Paint, and send that instead to Petra Cunningham in Training. If you feel unable to do that then call Petra on ext: 2710 and leave details of when you completed the short course. We will be able to confirm that through the site.

Registering for an NHS e-Learning course

1. Go to www.clpu.nhs.uk
2. If you already have an old NHSu login then login with that.
3. Once registered then login and select the programme from the list on the left hand side.
4. If you are a new user click on 'Register for an Account' and enter your details.
5. Once you have received your userid and password enter these at the top of the page.
6. When you have logged in then choose the required course e.g. 'Manual Handling Awareness', from the list on the left hand side.
7. Start your learning.

'NHS e-Learning' programmes
Trouble Shooting

These notes give additional guidance on how to address common problems that have been encountered by other NHS e-learners.

I don't have a Trust Email address:

Your manager can arrange for you to be set up with an address by complete the TrustNet application by going to http://trustnet/menus/docs/usefuldocs1.html
and selecting 'PAS and Network User Application' in the right hand list. The form needs to be printed off, signed by the manager and sent to the IT Helpdesk, The Ramp, SPH

If it is not appropriate for the member of staff to have an email address then they should be able to register for the e-learning with a personal one. If they do not have one then get in touch with Petra on Ext: 2710.

Pop up screens don't show:

Here you need to disable 'pop-up blocking' so that in this case harmless and essential screen can appear as part of the courseware.

To switch this off go to the 'Tools' menu in Internet Explorer. In the drop down list you will see 'Popup Blockers' . With the mouse over that you will be directed to a list on the side giving you the option to Switch if off. Not al PC have this option and if not then your version of Internet Explorer should not be blocking pop ups anyway.

The Courseware won't play or load material:

This is most likely because you have not got installed the Macromedia Flash 7 player that is required for course material. If this is the case go to:
http://www.macromedia.com/shockwave/download/download.cgi?P1_Prod_Version=ShockwaveFlash and download the player.
Please note that your PC may require you to have administrative rights for the software to install fully and correctly. If you are not sure then contact the IT helpdesk asking if that is the case and for them to install it for you.

The Course won't launch even if I click the 'Start' button

This is often because there is already an Internet Explorer Window open but which is obscured by other applications on the screen. Check to see what is running by looking at the Task bar which is normally at the bottom on the screen. On some PC the icon saying Internet Explorer will show a number saying how many screens using it are running.

Alternatively depress the 'Tab' key while holding down the 'Alt' key. This shows all the programmes running and you can toggle through them by continuing to tap Tab key. When the chosen program is selected release both keys and you will jump to that one. In the list you can see if more than one version of a programme is running.

ACQUIRING YOUR UNIFORM

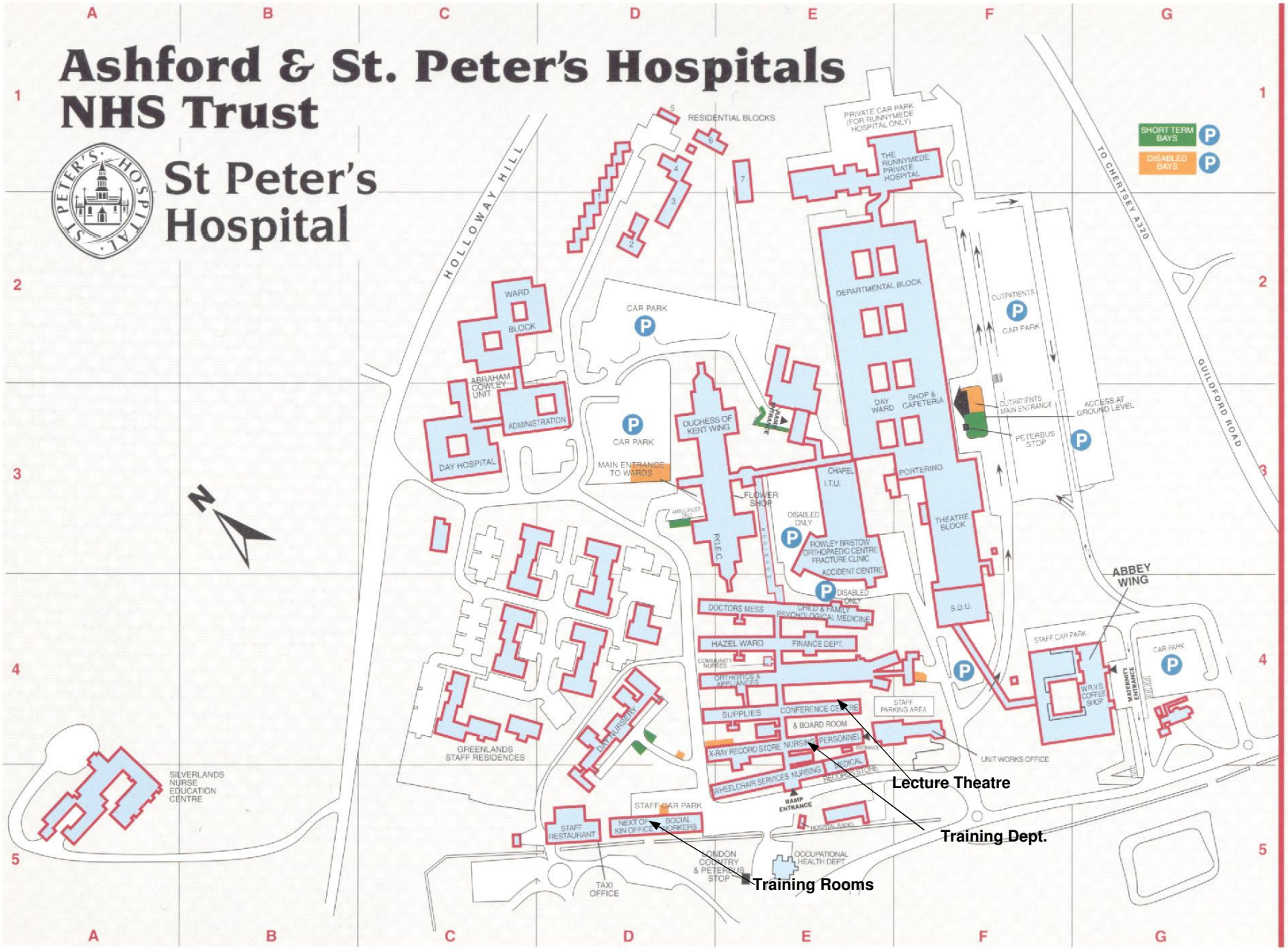
Uniforms are supplied by the Linen room on the ground floor at Ashford hospital (grid ref F5 on the Ashford map in the manual).

In the normal course of events a requisition is submitted by you before your start of employment and then for those at St Peters the uniforms are brought over to the Portering department (Level 3) where they can be collected from there. For those at Ashford they can be collected from the Linen room. Either Pauline Foster (Bleep 8864) or Ivan (4234) will be there to assist you. Collection of your uniforms can take place during your Induction days 1 and 2, or at the end of Induction day 3.

Petra Cunningham

Ashford & St. Peter's Hospitals NHS Trust

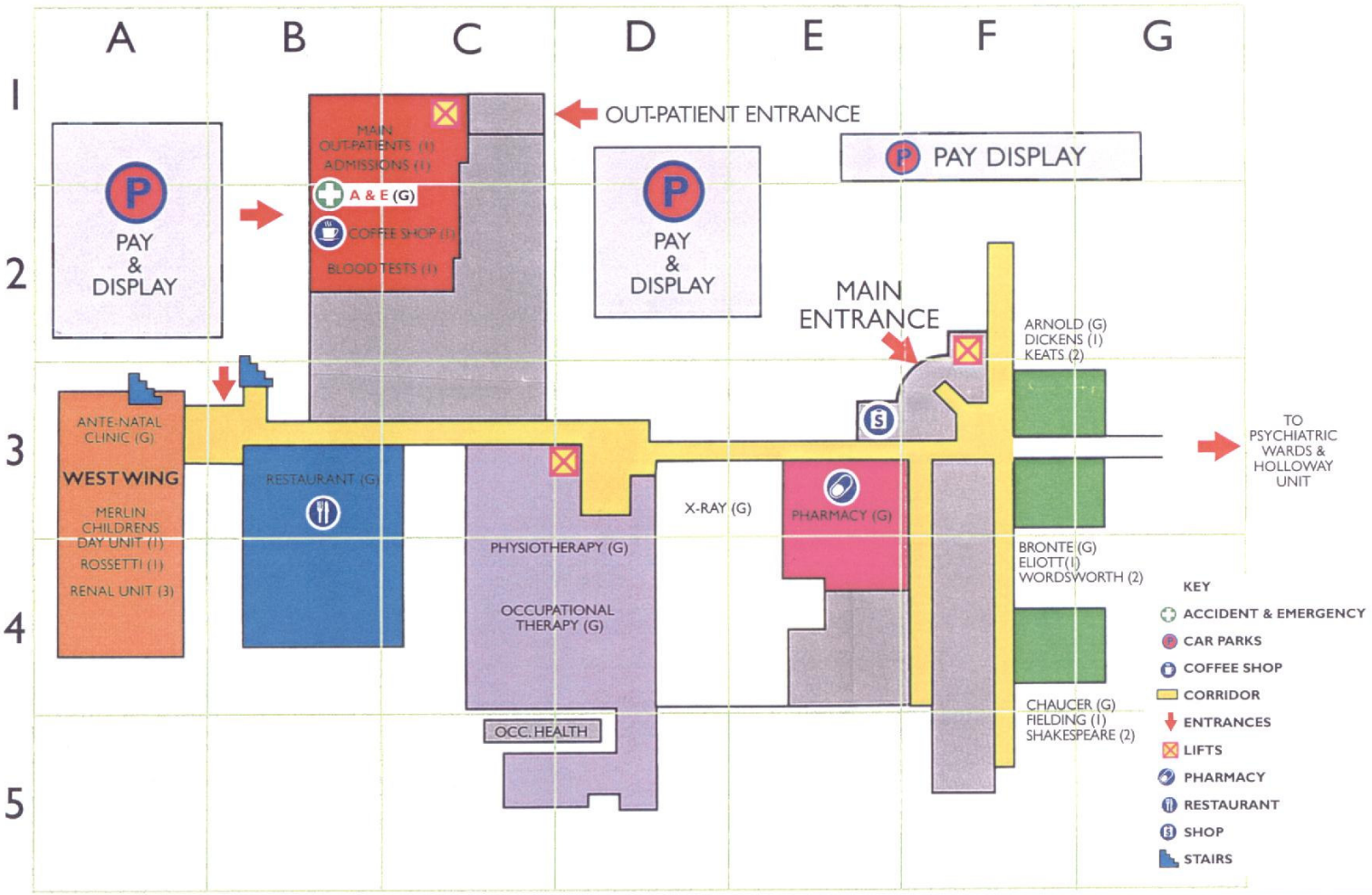
St Peter's Hospital



ABRAHAM COWLEY UNIT	C2/3
ACCIDENT CENTRE	E3/E4
ADMINISTRATION	C/D3
DAY HOSPITAL	C3
WARD BLOCK	C/D2
BUS STOPS	E5/F3
CHAPEL	E3
CHILD AND FAMILY PSYCHIATRY	E4
COMMUNITY NURSES	E4
CONFERENCE CENTRE/BOARD ROOM	E4
DAY NURSERY	D4
OUTPATIENTS BLOCK	F2/F3
LEVEL 1	
MEDICAL PHOTOGRAPHY	
PATHOLOGY	
TOILETS	
LEVEL 2	
APPOINTMENTS	
BONE DENSITOMETRY	
CAFETERIA	
CARDIAC RESEARCH	
CARDIOLOGY & E.C.G.	
CASH DISPENSER	
CLINICAL MEASUREMENT	
COFFEE SHOP	
HEART PROTECTION STUDY	
HOSPITAL MANAGEMENT	
HYDROTHERAPY	
JULIE ANDREWS UNIT	
MAIN ENTRANCE	
MEDICAL RECORDS	
MEDICAL SECRETARIES	
MRI SCANNER	
NUCLEAR MEDICINE	
OCCUPATIONAL THERAPY	
PATIENTS FARES / TRANSPORT	
PHARMACY	
PHYSIOTHERAPY	
RHEUMATOLOGY	
SHOP	
TELEPHONES & TOILETS	
LEVEL 3	
BABY CHANGING ROOM	
BREAST CARE NURSE	
CHILDRENS UNIT	
CHIROPODY	
CLINICAL NEUROPHYSIOLOGY	
DAY SURGERY AND ENDOSCOPY	
DIETETICS	
E.E.G. / E.M.G.	
HAEMATOLOGY / ONCOLOGY	
HEARING AIDS	
LUNG FUNCTION	
OUTPATIENT CLINICS 1,2,3,4.	
SPEECH THERAPY	
X-RAY	
TOILETS	
DUCHESS OF KENT WING	D/E3
LEVEL 2	
POST-GRAD EDUCATION CENTRE (P.G.E.C.)	
HEALTH SCIENCES LIBRARY	
LEVEL 3	
FLOWER SHOP	
HOSPITAL SCHOOL	
LINK TO DEPT BLOCK	
MAIN ENTRANCE	
ASH	E3 (LEVEL 3)
ELM	E3 (LEVEL 3)
JUNIPER	E3 (LEVEL 3)
OAK (& ACORN)	E3 (LEVEL 3)
LEVEL 4	
CORONARY CARE UNIT	
BIRCH	E3 (LEVEL 4)
HOLLY	E3 (LEVEL 4)
LAUREL	E3 (LEVEL 4)
MAY	E3 (LEVEL 4)
ABBEY WING	F/G4
GROUND FLOOR	
ANTENATAL CLINIC	
BLANCHE HERIOT UNIT	
DAY ASSESSMENT UNIT	
TRANSITIONAL CARE	
1st FLOOR	
JOAN BOOKER WARD (MATERNITY)	
ELLIOTT	G5 (2nd Floor)
2nd FLOOR	
FALCON WARD	
KESTREL WARD	
3rd FLOOR	
NEONATAL UNIT (S.C.B.U.)	
PALMER SUITE (LABOUR WARD)	
ULTRASOUND (APPOINTMENTS)	
DAY SURGERY	F3
DOCTORS MESS	E4
FINANCE DEPARTMENT	E4
FRACTURE CLINIC	E3
GREENLANDS STAFF RESIDENCES	C4
HAZEL WARD	E4
HOSPITAL RADIO	E5
I.T.U.	E3
NEXT-OF-KIN OFFICE	D5
N.H.S.SUPPLIES	E5
OCCUPATIONAL HEALTH	E6
ORTHOTICS & APPLIANCES	E4
PERSONNEL DEPARTMENT	E4
PORTERING SERVICES	F3
ROWLEY BRISTOW ORTHOPAEDIC CENTRE	E3
RUNNYMEDE PRIVATE HOSPITAL	E1/F1
S.D.U.	F4
SOCIAL WORKERS	D5
STAFF RESTAURANT	D5
SUPPLIES	E4
TAXI OFFICE	D6
THEATRE BLOCK	F3
UNIT WORKS OFFICE	F4
WHEELCHAIR SERVICE	E5
W.R.V.S. COFFEE SHOP	G4
X-RAY LIBRARY	E4

ASHFORD ST PETER'S HOSPITALS NHS TRUST

WELCOME TO ASHFORD HOSPITAL



Accident & Emergency	B2	Ground Floor	
Admissions	C1	First Floor	
Ante Natal Clinic	A3	Ground Floor	
Arnold Ward	G1	Ground Floor	
Audiology	C3	First Floor	
Bereavement Officer	F2	Ground Floor	
Blood Tests	B2	First Floor	
Bridge Unit	C4	Ground Floor	
Bronte Ward	G4	Ground Floor	
Care of the Elderly	C3	First Floor	
Cashiers	E3	Ground Floor	
Chaplains	F2	Ground Floor	
Chapel of Rest	E4	Ground Floor	
Chaucer Ward	G4	Ground Floor	
Chest Clinic	C3	First Floor	
Children's Day Unit (Merlin)	A4	First Floor	West Wing
Chiropody	C3	First Floor	
Coffee Shop	C3	First Floor	
Day Surgery Unit	C3	Ground Floor	
Dermatology (Skin)	B2	First Floor	
Diabetic Clinic	B2	First Floor	
Dietetic Dept	A4	Second Floor	West Wing
Dieticians	B2	First Floor	
Dickens Ward	G2	First Floor	
Early Pregnancy Unit	A3	Ground Floor	West Wing
E.C.G.	C3	First Floor	
Education Centre	B4	First Floor	
Elderly Day Hospital	C5	First Floor	
Eliott Ward	G4	First Floor	
E.N.T. Clinic	C2	First Floor	
Eye Day Surgery Unit	A4	Second Floor	West Wing
Eye Ward & Clinic	A3	Ground Floor	West Wing
Family Planning Clinic	A3	Ground Floor	West Wing
Fielding Ward	G5	First Floor	
General Medicine	B2	First Floor	
General Surgery (Urology)	B2	First Floor	
Genetic Clinic	B2	First Floor	
Gym (Physio)	C5	Ground Floor	
Gynaecological Clinic	A3	Ground Floor	West Wing
Gynae Theatres	A3	Second Floor	West Wing
Haematology	B2	First floor	
Hairdressers	E3	Ground Floor	
Health Records	F3/4	First Floor	
Hearing Aid Tests	C3	First Floor	
Hearing Tests (Community)	C2	First Floor	
H.S.D.U.	E4	First Floor	
Information & I.T.	A4	Second Floor	
I.T.U.	D4	First Floor	
Keats Ward	G2	Second Floor	
League of Friends Shop	C2	First Floor	
Management Offices	C2/F2	First Floor	
Merlin - Children's day Unit	A4	First Floor	West Wing
Minor Operations	C2	First Floor	
Neurology	B2	First Floor	
Nuclear Medicine	D4	Ground Floor	
Nursing Directorate	A4	Ground Floor	West Wing
Occupational Health	C5	Ground Floor	
Occupational Therapy	D4	Ground Floor	
Oncology	B2	First Floor	
Oral Clinic	C2	First Floor	
Orthodontics	C2	First Floor	
Orthopaedics	C3	First Floor	
Out Patients Department	C3	First Floor	
Paediatric Clinic Thurs	C2	First Floor	
Paediatric Clinic Wed/Fri	B3	First Floor	
Pain Clinic	C2	First Floor	
Pathology	C4	First Floor	
Pharmacy	E3	Ground floor	
Physiotherapy	C4	Ground Floor	
Plastics clinic	C2	First Floor	
Psychiatric Clinic	B2	First Floor	
Quiet Room	F2	Ground Floor	
Registrar	F2	Ground Floor	
Renal Unit	A4	Third Floor	West Wing
Rheumatology	D4	Ground Floor	
Rossetti Ward	A4	First Floor	West Wing
Restaurant	B3	Ground floor	
Shakespeare Ward	G5	Second Floor	
Shop	E3	Ground Floor	
Social Services	A4	Second Floor	West Wing
Speech Therapy	C4	Ground floor	
Theatres	E3	First Floor	
Toilets	B2/C3	First Floor	
Treatment Room	C2	First Floor	
Ultra Sound	A3	Ground Floor	West Wing
Uro dynamics Clinic	A3	Ground Floor	West Wing
Varicose Vein Clinic	C2	First Floor	
Wordsworth Ward	G4	Second Floor	
X Ray	D3	Ground Floor	

Induction Learning Outcomes

Introduction

- A chance to meet your colleagues and discover the wide range of roles within the Trust.

Clinical Effectiveness & Clinical Audit

- What is clinical effectiveness? *(Continually improving the way we work, identifying and following the best practice to improve patient care)*
- What is clinical audit? *(A simple tool to measure how well we are working, a tool to improve patient care)*
- The basic steps in the clinical audit cycle
- The importance of completing the cycle so that recommendations are implemented
- How to obtain help and what kinds of help are available to all staff
- To register all projects and provide results to the Quality Department
- The Quality Department's Audit Database

Human Resources

"To have a basic understanding of the key issues which are relevant to you in the Trust and with your employment with the Trust".

Discharge Planning

The outcome for the session on Discharge planning are as follows:

Discharge team – Roles and Responsibilities

Who they are & where they work

Principles of good discharge planning

Blood Transfusion

There is a serious risk of human error in the checking, documentation and administration of treatments to patients in hospital.

The Serious Hazards of Transfusion (SHOT) reports show that each year in the UK the biggest cause of death from blood transfusion is giving the wrong blood to the wrong patient.

You are going to watch a video that illustrates the most common errors which can cause death from blood transfusion.

This film consists of a short comedy, illustrating how the main types of error may occur, and emphasises the range of staff involved in the transfusion process.

As you watch the movie take time to note the errors and think of possible solutions!

All healthcare professionals involved in blood transfusion are now required by CNST to show, annually, evidence of blood transfusion education. For all Nurses, Porters, BMSs, OPDs, Midwives, and HCAs please consult your line manager so you can sign up for a session this year. It is your responsibility to provide evidence of transfusion education updates.
NOTE: Induction does not count

Some available sessions include:
Bonus P Day
Bonus M2 Day
IV Study Day
For Porters on the Trust wide educational half day
Sessions can also be organised for individual wards.

Major Incidents

1. An appreciation of what constitutes a Major Incident
2. Major Incident's can and do happen
3. Understand individual's/department's roles is in the event of a Major Incident
4. Understand what is happening within the hospital
5. Understand how the hospital facilities are used

ACTIONS FOLLOWING INDUCTION

1. Find the plan
2. Find out what my role is in the event of a Major Incident

Lifelong Learning

- The definition of Lifelong Learning and its key features
- LLL is vital for staff support, development and retention.
- The range of learning options and facilities with in the Trust
- How to access relevant courses and funding for support staff
- The role of the KSF in modernisation and staff development
- How to engage with the National Project for IT via ECDL skills
- What are your needs and how do you wish to develop in the future?

PALS and Complaints

By the end of this presentation, new employees will have an understanding of the following:

The role of the Patient Advice & Liaison Service (PALS)

- How the service fits into an acute care setting
- What we are able to achieve preventing concerns escalating to complaints
- Where this overlaps into the Formal complaint setting
- Why issues and concerns are helpful.

The role of the Formal complaints System

- Why complaints are important to the Trust and its employees.
- The Complaints process and all levels of the Department of Health Complaints Procedure
- An understanding of the Local Resolution process within the Trust (time scales and statements)
- An increase awareness of the importance of dealing with concerns first hand to avoid them becoming formalised complaints.
- How to help someone that is distressed or concerned face-to-face (tips and guidelines)

Customer Service

- What would we like to expect as consumers
- Our role as Ashford and St Peter's NHS Staff
- How poor communication can escalate into formal complaints
- Put yourself in the patient's position – how would you feel???
- 10 steps to dealing with complaints.

Patient Affairs

The aim of the Patient Affairs presentation is to introduce the function of the Patient Affairs Officer to ward staff and to ensure they know what to do in the case of a death on the ward.

- What is Patient Affairs?
- Last Offices Nursing Procedure
- Property and Valuables
- Arrangements for Ashford Hospital
- Medical Cause of Death Certificates and Cremation forms.

Risk Management & Incident Reporting

- Video by the Nation Patient Safety Agency (NPSA) demonstrating the importance of reporting clinical incidents
- Explanation of what happens to incident forms when they are completed
- Where you can get feedback on incidents
- How important it is to learn lessons from incident reporting
- Where to get help or advice about Risk Management issues

Pathology

The outcomes from this session are as follows:

- Where the department is located and what services are offered by Pathology.
- To understand what is involved when a sample is sent to Pathology
- You will learn about the different grades of staff that work in the separate specialities.
- Common problems that the department encounters and how you can help.
- Where to obtain further information and who to contact with any queries

If you have any questions that are not answered during induction or if you would like a tour of Pathology to gain an deeper insight into the work performed please contact Elaine Moore ext 3414 or via e-mail.

Health and Safety

Following the session on Health and Safety new employees will have a better understanding of:

- The implications of work related injuries both financial and social.
- The major risks of working at a hospital.
- The legal responsibilities of employers and employees under Health and Safety law.
- The importance of reporting incidents
- Additional Health and Safety training available at the Trust

Occupational Health

- Understand the role of Occupational Health
- Know how to access Occupational Health
- Overview of the services offered by Occupational Health.

Information Services and Information Governance

Information Services at the Trust

- To understand the role of Information Services within the Trust
- To briefly explain how Information Technology, IT Training, PAS Support, Clinical Coding, and the Information team work together to assist the staff at Ashford and St. Peter's hospitals and the local health community
- How staff can contact the departments
- How staff can benefit from the IT training facilities

Data Protection, Caldicott and Information Quality Assurance

- To explain the practical application of the Data Protection Act
- To introduce the main Caldicott requirements and how they apply to confidential patient information
- To Introduce the principles of good Information Governance and Data Security
- To introduce best practice in respect of Data Quality
- How staff can find out more about keeping information safe and secure

Freedom of Information Act

- What the Freedom of Information (FOI) Act is all about, its history and what it does and doesn't cover
- How it fits in with the Data Protection Act
- Why it is relevant to everyone in the Trust
- What staff should do if they receive a request
- How departments should prepare for FOI
- All three are supported by individual handouts and staff are also directed to the relevant pages on TrustNet or the Trust website.

Together we can call time on hospital waiting lists

"By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment"

NHS Improvement Plan, June 2004

18 Weeks – Clock Start & Stop Guide

Topic Area	Overview
Overview of 18 Weeks	• NHS promise to patients that "by 2008 no one will wait longer than 18 weeks from GP referral to hospital treatment" • Moving away from thinking about stages of treatment (separate parts of the pathway) and moving towards looking at the whole patient pathway from referral to treatment • Desire to treat every patient treated without unnecessary delays
Clock Starts	• Date when the provider receives notice of referral • Choose & Book - when the patient converts their UBRN (Unique Booking Reference Number) **What does start the clock:** Any referral from primary care to: • Consultant led service (irrespective of setting) • Cancer services • Obstetrics • Diagnostics that are "straight to test" • Referral management centres (RMCs) and Integrated care, assessment and treatment services (ICATS) • Practitioners with special interests if they are part of a referral-management arrangement as defined **What does not start the clock:** • Non consultant led: therapy, healthcare science or mental health services • Diagnostics that are not "straight to test" • Primary dental services provided by dental students in hospital settings

Clock Stops	**What does stop the clock:** • First definitive treatment begins • Decision not to treat • Decision to embark on a period of watchful waiting or active monitoring • Decision to add a patient to a transplant list • Decision to return the patient to primary care for non consultant led treatment in primary care • Decision to return the patient to an RMC for non consultant led treatment • Out of clinic clock stops (e.g. telephone conversation with patient) **What does not stop the clock:** • If patient is referred to wrong specialty & needs to be re-referred • Administration of pain relief before a procedure • Steps to manage condition before definitive treatment begins • Consultant-to-consultant referrals • Making a tertiary referral or a referral from one provider to another

Together we can call time on hospital waiting lists

"By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment"

NHS Improvement Plan, June 2004

18 Weeks – Beginner's Guide

Topic Area	Overview
Overview of 18 Weeks	• NHS promise to patients that "by 2008 no one will wait longer than 18 weeks from GP referral to hospital treatment" • Moving away from thinking about stages of treatment (separate parts of the pathway) and moving towards looking at the whole patient pathway from referral to treatment • Desire to treat every patient treated without unnecessary delays
Benefits of 18 Weeks	**Patients -** An improved experience of the NHS by: • An end to hospital waiting • Fewer hospital appointments • Earlier relief of symptoms, pain or discomfort • Reduced anxiety due to earlier diagnosis and treatment • Improved outcome due to earlier intervention • Greater confidence in the NHS **Staff -** The ability to provide improved care through: • Less emergency activity brought about by long waits • Easier to plan and manage workload • Better use of Clinicians professional time – only seeing patients who need their specialist skills • Improved relationships with patients • Greater job satisfaction
Measurement of 18 weeks	• Measured from Referral To Treatment (RTT) • Measure Admitted Patients (requiring an in-patient stay) Non-Admitted patients (out-patients) Incomplete pathways (patients in the process of treatment) • Upgrade to PAS to include 18 weeks • Better understanding of pathways, identifying delays and removing obstacles • Working together with Primary Care – linking thinking and pathways • DoH published commissioning pathways for highest volume specialties for use by Trusts and Commissioners to challenge existing practice
Milestones	• Jan 2007 RTT measurement mandatory • Oct 2007 All patients to be recorded on an 18w pathway • Mar 2008 85% Admitted patients treated under 18 weeks 90% Non-Admitted treated under 18 weeks • Dec 2008 90% Admitted patients treated under 18 weeks 95% Non-Admitted patients under 18 weeks

Information	• 18 Week website is a fountain of knowledge www.18weeks.nhs.uk • DoH Commissioning Pathways can be found on the 18 week website • Trustnet – 18 week link