Ward Leaders Guidebook

A Guide to Becoming a Ward Leader in
United Lincolnshire Hospitals NHS Trust

OUTSTANDING CARE
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Special Thanks

This Ward Leaders Guidebook has been kindly drawn together from the experience and knowledge of Ward Leaders in post at United Lincolnshire Hospitals NHS Trust.

Information within comes from experienced ward leaders and has been provided in recognition for the amazing journey that you are about to undertake.

It is with special thanks that we recognise the time, effort and energy that has taken for all involved to provide you with this Guidebook. Our appreciation goes to:

Karen Goodwin - Ward Lead, Neustadt Welton

Emma Noton - Ward Lead, Navenby Ward

Lorraine Warby - Ward Lead, Digby

Chelsea Spencer - Ward Lead, ACU

Nadiya Mappouras - Ward Lead, Burton

Sophie Easton - Ward Lead, Lancaster

Adele Bogg - Ward Lead, SEAU

Charlotte VanNoordt - Ward Lead, Stroke

Sarah Bardney - Ward Lead, Clayton

Cheryl Butler - Ward Lead, Dixon

Joanne Coupland - Ward Lead, Bostonian

Teresa Lee - Ward Lead, Hatton

Saffy Gee - Project Manager, IID

GREAT LEADERS ARE NOT THE BEST AT EVERYTHING.

THEY FIND PEOPLE WHO ARE THE BEST AT DIFFERENT THINGS AND GET THEM ALL ON THE SAME TEAM.

Welcome to your new Ward Leader Role

Your exciting pathway to becoming a ward leader starts here

This Guidebook is designed to guide you through your induction and onward journey through to becoming a ward leader in United Lincolnshire Hospitals NHS Trust.

Being a Ward Leader is a rewarding and sometimes demanding role, which is why we have developed this Guidebook to help guide you through. This handbook has been written by Ward Leaders across the Trust who have been in the same position as you are today. We have gathered information on a variety of topics you may find useful as you transition into your new role.

You will see quotes and messages of inspiration throughout the handbook. These have all been provided by our Ward Leaders across the Trust to hopefully give you the boost and reassurance you may need.

Your Induction Week

Putting your best foot forward

The first week in your new role is a golden opportunity to understand your role as a Ward Leader. Everyone will approach this position in their own unique way. It is up to you to shape this role into the rewarding position you want it to be. Don't feel like there is a right and a wrong way of developing; believe in yourself and recognise that you are bringing your own strengths and personality to the role.

By following the advice in this Guidebook, you will be able to form your own unique way of being a ward leader.

Below is a suggested checklist of things to complete in your first week:

- ✓ **Walk the shop floor** - get to know your ward area, inside and out!
- ✓ **Meet the team** - grab a coffee with the team on your ward and really get to know them.
- ✓ **Meet your matron** - write down who your matron is and how to contact them.
- ✓ **Find a buddy** - finding a buddy can really help you with any questions you may have.
- ✓ **Join Ward Leaders MS Team chat** - an open and honest place for support and asking questions.
- ✓ **Change** your ID badge.
- ✓ **Order** your new uniform.
- ✓ **Amend** your email signature.
- ✓ **Update** your Staff record to reflect your change of role**.**
- ✓ **Update** Healthroster.
- ✓ **Update** Workforce intelligence.
- ✓ **Request access** for Datix authorisation.
- ✓ **Request access** for Empactis authorisation.
- ✓ **Request and save** Matrons/lead nurses P.A. email list.
- ✓ **Check with your Matron** which meetings you need to be added to.
- ✓ **Request access** to myworkspace.
- ✓ **Inform finance** lead for ward of your new role.
- ✓ **Request** Occupational Health Cority access.

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Find a Buddy

Build relationships across the Trust

Having a buddy when taking on a new role is a fantastic idea. Maybe more than one, to provide a range of different support structures.

There's nothing like a good cuppa coffee and a friend like you to share it with!

Let's catch up!

It not only provides support emotionally and mentally but ensures you have a friendly face to go to at any point. Being able to speak to someone in the same position is valuable for peer to peer and mental support.

Your buddy can help you to share experiences and ideas, work alongside them to gain confidence, or talk through an issue or challenging conversation you may need to have.

They will be able to help you with finding the best contact for a certain department or where to find a certain policy for example. Taking away the burden of these small issues that can often cause stress, can help to relieve the pressure and make a huge difference.

Make finding a buddy a priority; we all need a friend to have a cuppa with.

You can find a Buddy at the Training and Wellbeing sessions, via MS Teams chats or by reaching out to Ward Leaders at other hospital sites within the same speciality. Look at the next chapter for a list of Ward Leaders you may already be familiar with or who might be beneficial getting to know.

Get to Know Your Ward Leaders

Who's who across the Trust

Getting to know other ward leaders across the Trust can help you build your confidence, provide peer to peer support, and offer a useful resource when needed.

Below is a list of ward leaders across the Trust, note that sometimes ward leaders can move across the Trust so check with your Matron if you are unsure.

Lincoln Site:

LCH - Ward	Name	Speciality
Ashby	Olubunmi Ogunyemi	Neuro Rehab
Branston	Karen Bird	Gynae
Burton	Nadiya Mappouras	Renal/Dialysis Unit
Clayton	Sarah Bardney	HCOP
Cardiac short stay	Maria Wilson	Cardiology
Digby	Lorraine Waby	Ortho
Dixon	Cheryl Butler	Gastro
Greetwell	Natalie Beaumont	Ent/Surgery
Hatton	Teresa Lee	HDU/Surgery
Hemswell	Tanya Wilson	Gynae Clinic
Intensive Care Unit	Patricia Mason	ICU
Johnson/CCU	Jaisun Kadalikkattil	Cardiology

LCH - Ward	Name	Speciality
Lancaster	Sophy Easton	HCOP
MEAU A	Juliet Turner	Medical Admissions
MEAU B	Sarah Loughton	Short Stay Medical
Navenby	Emma Noton	Endocrine
Nettleham	Sally Dawes	Ante/Post Natal
Neustadt Welton	Jane Tyler	Covid/Medicine
Rainforest	Carol Hogg	Paediatrics
Safari	Julie Jones	Day Unit Children
Scampton	Gemma Hayselden	HCOP
Shuttleworth	Ann Faherty	Orthopaedics
Stroke	Charlotte Van Noordt	Stroke
Surgical Admissions Lounge	Colette King	Day Surgery
SEAU	Adele Bogg	Surgical Admissions
Waddington	Georgina Foster	Oncology/Haematology
Witham/RSU	Joanna Parkinson	Respiratory

Boston site:

PHB - Ward	Name	Speciality
ACU	Chelsea Spencer	Cardiology
AMSS	Lisa Codd	Acute Medical Short Stay
IAC	Claire Davies	Admissions Medical
ICU	Helen Chance	ICU
Bostonian	Joanne Coupland	Oncology/Haematology

Stroke unit	Lyndsey Teft	Stroke
Ward 1	Kelly Harwood	Acute Medicine
Ward 4A	Hayley Warner	Paediatrics
Ward 5A	Tracy Fox	Vascular/Urology
Ward 5B	Emma Thompson	Vascular/Urology
Ward 6A	Rachelle Cryan	HCOP Female
Ward 6B	Anne-Marie Palmer	HCOP Male
Ward 7B	Claire Lofthouse	Respiratory
Ward 8A	Jessica Stevens	Gastroenterology
Ward 9A	Jo Allbones	Orthopaedic

Grantham Site:

GDH - Ward	Name	Speciality
EAU	Lucy Blakey	Admissions
Harrowby	Louise Lai	HCOP
ED	Teresa Shepherd	Accident and Emergency
General Surgery	Charlotte Rowson	Surgical
Theatres	Peter Chrzanowski	Theatres Manager

A week in the Life of a Ward Leader
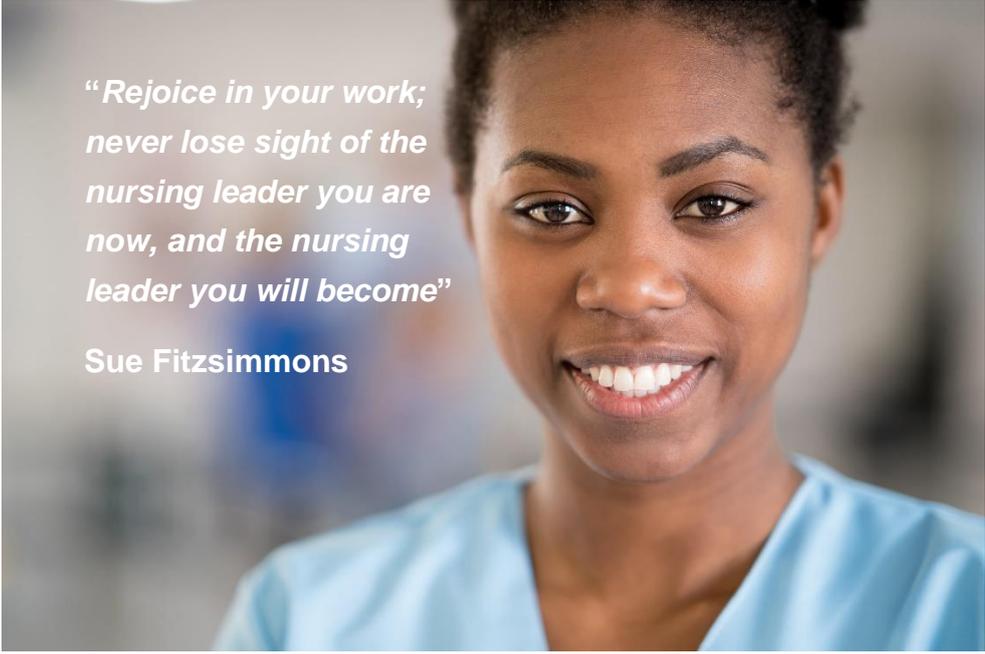
"*Rejoice in your work; never lose sight of the nursing leader you are now, and the nursing leader you will become*"

Sue Fitzsimmons

"Take your time, this role will take 6 months to stop feeling overwhelming and ask for help, you are not alone in this".

The journey you are about to commence will be full of a range of emotions; highs, lows, and frustrations. Look for support and advice along the way. No question is a stupid one and every one of us has been on the same path.

This challenge will see you grow and develop, with lots of learning along the way. You will have times when you may want to give it up, feel like you don't know what you're doing and feel very alone. Remember there is lots of support out there and you're feeling the same as every new ward lead has felt at some point.

Remember why you wanted this position; you will make a difference and you *will* achieve your goals. Watching your ward area develop and changes take effect, will provide you with job satisfaction. Enabling your staff to grow will make it all worthwhile and the pride that comes with that will make it even more satisfying.

The ward lead position means that you have a number of different roles to fulfil. You might feel that you are spinning plates to complete all of your tasks.

PLANNING

We recommend trying to have a routine to keep structure in your daily planner. We have included examples for you to try, eventually you will have your own routine. Everyone is different and does things in their own way, do what is best for you.

Advice from a Ward Leader

- Your to do list will never be fully completed – it helps to remember the 4 D's:
  - **Do** – Get your small tasks done quickly
  - **Defer** – delay anything that doesn't need to be done straight away
  - **Delegate** – hand over tasks to others where possible
  - **Delete** – scratch any tasks that don't really need to be done at all

- Really try to look after your staff, they will look after the patients to a good standard if they are happy in their work and essentially they will look after you.

- Try to be accommodating and understanding, this is something we really believe in and has helped us lots!

- We all have a wobble from time to time. It is OK to not feel OK. Try not to do it in front of the staff – we always try to put our positive pants on for the staff! You can speak to your matron or buddy if you are finding things hard and need someone to talk to.

- It's OK to have a cuppa and a chat with another Band 7 or your matron – don't feel guilty.

PLANNING

What ward leads have said:

"It will all come together but if you feel you don't know something – ask! Don't be embarrassed to say you don't know – all new Band 7's have been in that position and even now, I am finding new things out all the time"

"Take your time, this role will take 6 months to stop feeling overwhelming and don't forget to ask for help, you are not alone in this. And finally give praise to your team, this will go so much further than constant criticism and you will get far more from them going forward."

"Let them see you doing their role, you will gain respect and their support if they see you mucking in".

Example timetable of a week in the life of a Ward lead

🟧 Visual on the ward during these times; Aim to complete monthly tasks such as FLO audit whilst remaining visible.

🟪 Allocated office time; this can be used to complete outstanding reports i.e., SI reports, rapid reviews, complaints. The aim should be to book meetings in during office time, so it does not impact on being visible on the ward.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
08:00-09:00	Send water flushing / Band 7 Spot check / Forward view staffing for the week		Fire audit / Review CD book	Forward view staffing for weekend	
09:00-10:00	Board Round	Board Round / Band 7 spot check	Board Round	Board Round	Board Round
10:00-11:00			Band 7 spot check		
11:00-12:00	Bay Inspections	Bay Inspections	Bay Inspections	Bay Inspections	Bay Inspections
12:00-13:00	Lunch / AMS	Lunch / AMS	Lunch / AMS	Lunch / AMS	Lunch / AMS
13:00-14:00	Appraisal checks	Weekly ward sisters meeting	Core learning checks	Band 7 spot checks	Confirm and challenge prep
14:00-15:00		Work on next month's rota			
15:00-16:00					Band 7 spot checks

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Planning Your Month Ahead

These dates below can help you plan your month ahead, with regular meetings, reports, and audits due, it can really help to plan well in advance. Why not put these dates on a wall planner so it is clearly visible, and you can see what is due when.

Task	Purpose	Where to submit	Due Date
Annual Leave checks	To check annual leave percentage	Healthroster	Weekly task
Appraisal planning	To ensure compliance is up to date.	ESR	Weekly task
Chemical Sedation	Safety	Safeguarding	1st Every month
Confirm and challenge document	Includes safeguarding and IPC report, to be booked in with your Matron.	Matron	7th Every Month
Counting compliments	Feedback	Patient Experience team	1st Every month
Datix check	To identify any new Datix raised	Datix	Daily task
ESR Checks	To ensure compliance with mandatory training	ESR	Weekly task
Finalise roster	Patient safety	Healthroster	4th Every month
Finance Meeting	Helps to understand your vacancies.	Finance dept.	Monthly – arranged by Finance
Fire Audit	Safety	Online Fire page on Intranet	Every Monday
Flo Audit	Safety	Send to: Matron & IPC Flow Returns	30th/31st End of month
HR tasks	A range of HR responsibilities	For example: EF2 forms	Ad hoc
Matron 1:1 paperwork completed	Matron Awareness	Matron	2nd Every month
Recruitment meeting (follows on from Finance meeting)	Review of recruitment. (Put out any jobs after finance review)	Teams or email	Monthly – arranged by Recruitment.
Sepsis screening review	Compliance	Sepsis Practitioner – Laura Strong LCH, Will Hayes PHB	15th Every month
Sickness checks	To check sickness levels on the ward	Empactis/ Healthroster	Daily task (a reminder email from Empactis can help to remind you)
Sisters Meeting	Divisional staff		Weekly meeting
Sisters Meeting	With Director of Nursing	Teams	Monthly meeting

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Planning Day to Day activities

Example of planning day to day activities

Here is a really good example of how a ward has proudly presented their daily activities. This helps everyone on the ward, both staff and patients, understand the flow of the day. The visual display is a great way to make this planning a fun task to complete.

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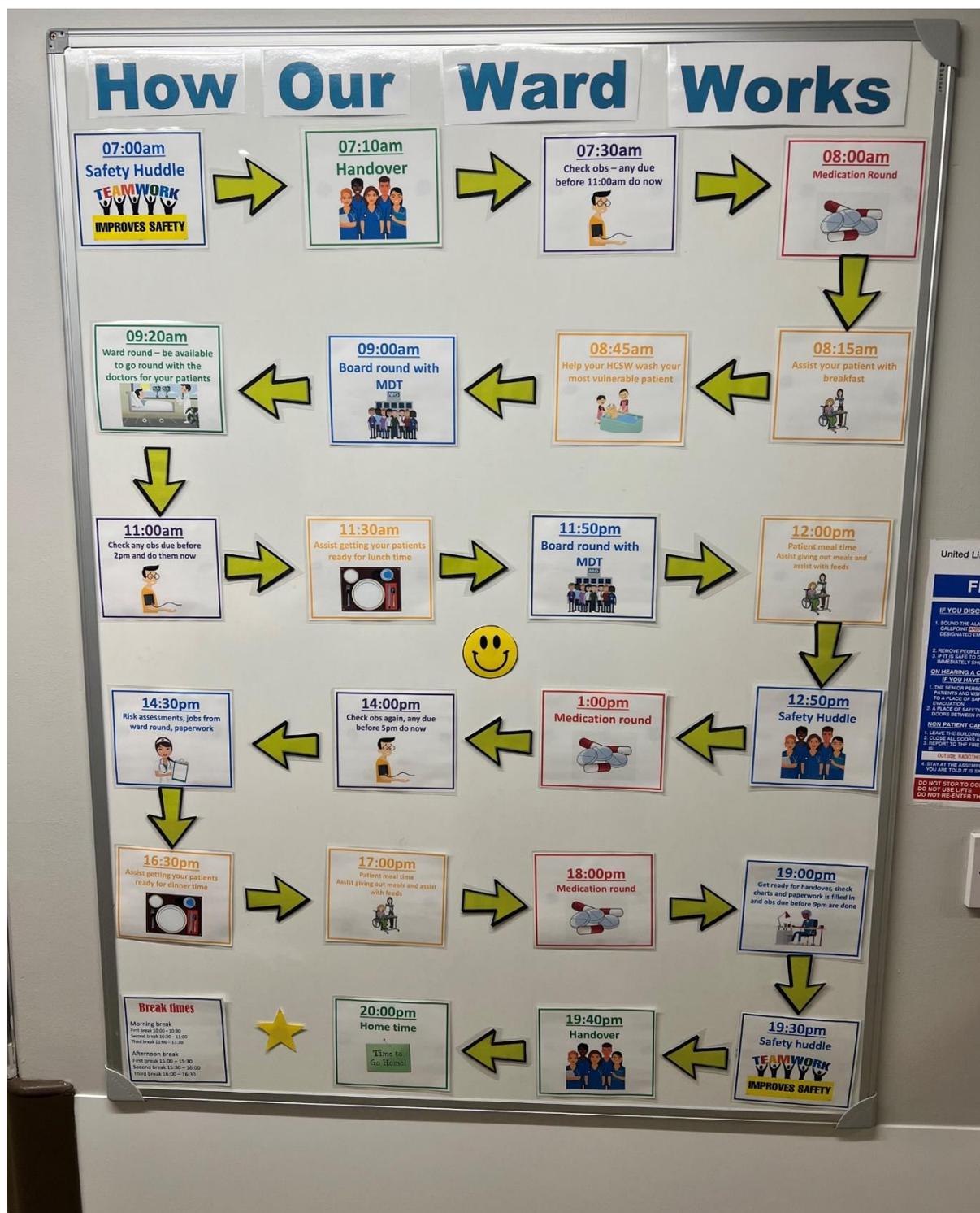
Responsibilities of a Nurse in Charge

An outline of responsibilities

The Nurse in Charge role on a ward comes with a lot of responsibility. You can become an effective and efficient Nurse in Charge with support from your team and guidance from others already in the role. Below is some simple guidance on the Nurse in Charge role:

What Should I be Concerned About Today?

Concern	How to Manage
Staffing	• Ensure staffing is appropriate for day and night, • If not, escalate to staffing matron and ward sister, • Look at staffing for next day and ensure to go out to bank if required, • Look at skill mix, • Allocate staff breaks.
Safe-Care	• Make sure that Safe-Care is completed at 7am, 2pm and 7pm, • Lock shifts off for bank and agency staff, • Transfer staff who are redeployed to other areas (Ask your DSR/DCN to show how to do this), • Add in any staff who have called in sick or absence or any kind.

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Concern	How to Manage
Morning Board Round	• Discuss all the patients once MDT is assembled, • Ensure all patients have a plan for the next 24 hrs; On a Friday make sure there is a 48 hrs plan and weekend reviews if needed. • Update the WebV as going along (ensure all updates are completed by 10:30am for reporting purposes), • Admit any new patients on to WebV, • Discuss 10 by 10 patient for the following day. • Ensure that doctors are aware of importance of EDD completion and TTO's have been ordered, • Consider if transport needs to be booked for patients, • Night coordinator to ensure patient for discharge is washed and dressed ready for transfer to discharge lounge as early as possible, • Update WebV again following ward rounds and have discussion with Senior Doctor around lunch time.
Liaise with MDT	• Discuss about any patient who has fallen or anything you are concerned about, • Talk with PT/OT regarding new patients, • Talk to Discharge Coordinator regarding complex discharge planning, • Ensure that all complex discharge patients are highlighted to ASC asap. This will ensure that delays can be avoided. • Any issues regarding pathway 1,2,3 patients should be escalated to the discharge hub, so support can be arranged, • Complete any referrals required for SALT, Dietician, Palliative, SPA, • Discuss with Pharmacist about potential discharges.
Post Ward Round Jobs	• Update the WebV board, • Speak with Senior Doctor to see if there are any jobs urgent for the nursing staff, • Check with nurses they have checked all patients Daily Plan for every patient.
Staff Support	• Support junior staff members with anything that they need or are worried about, i.e.: • IV's • Time management • Relatives • Observations on Time etc.
Discharges	• Treat discharges as urgent and not routine. Maintaining discharges will enable flow throughout the hospital, right from the point at which an ambulance crew picks someone off the floor through to ED and admission. • Following Doctors morning ward round, speak with Senior Doctor

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Concern	How to Manage
	about discharges for that day and potential discharges for the next day. Make sure pharmacists are aware so they can order any medications required. • Make sure doctors complete the EDD early as possible; this allows time for the EDD to be checked prior to discharge. • Make sure you speak with Discharge Coordinator regarding. • Any potential discharges for today and tomorrow. • Any concerns about such as POC or equipment's to be ordered etc. • Any help with dealing complex discharges. • If any early morning discharges, body map and property list to be completed as early as possible, medications to be given and then to discharge lounge if suitable. EDD to be completed, original respect form to go with patient, make sure bed managers are aware of any transfers happened / not happened as planned.
Bank/Agency Staff	• Complete an agency checklist for all Agency Staff once handover finished, • Give an orientation of ward to bank and agency if it is first time working on ward, • Make sure they have access to WebV (If no access, issue new login and password with the help of Ward Sister/DSR/DCN) and to let NIC aware of scoring patients, • Stress the importance of observations on time, VIP charts, catheter charts, fluid balance charts and new hourly rounding charts including skin checks.
Daily Checks and Assurance	• Check and document the current, min and max of room temperatures, • Check, reset and document the same for fridge temperatures, • Check resus trolley (top of the trolley only): • Check if D-fib says "OK" and has at least 3 bars of battery, • Check if suction is working (turn suction up to full, place your thumb over suction tubing and see if it reaches the top), • Full resus trolley check to be done on every Monday and beginning of each month, • Sign the folder by the resus trolley to state checks have been done and updated if anything outdated, • Sepsis box and hypo box checks (check dates and change anything that is out of date), • CD check (both stock and patients' own must be counted and signed for at the back of CD book), • Need to complete ward assurances/spot checks of random patients (5 per week), • Need to complete VIP score checklist and send to Matron and Ward Sister (10 per week),

Concern	How to Manage
	• Complete covid and PPE audit daily, • RAG rate all those on enhanced care, • Complete IPC pathways as needed.
Bay Inspection	• Bay inspections are to be done at 11am, • Bays are to be graded Red, Amber or Green. The criteria is on the laminated sheet in each bay/door that you write the score on, • Please make a note of what stops the bay being green and discuss it with the Nurse in Charge of that bay, • Go back and check the problems have been addressed/not.
Monitor Observations	• Monitor Observations, • Make sure the Nurses are aware when the Amber ones are going to turn Red, and they are done before this happens. • Know who is scoring Amber 3 in One area OR 5 or above and make sure that a Sepsis Areas • Make sure the Scoring patients are attended to by the doctor. • Be aware of those who are not for CCOT (Critical Care Outreach Team).
Medication	• Ensure that all medications are given, • Order medications that are patient specific and needed stock items as well, • Critical meds should NOT be omitted, these must be obtained at the earliest opportunity. Call Pharmacy for advice or take chart down to the department, • At the weekend Pharmacy is open until 12:30 pm, • If needed ask CSDM (Clinical Site Duty Manager) for help to get any unavailable medicines as they will go to the drug cupboard at set times OR call/bleep CSDM.
Daily Huddle	Update the huddle daily and discuss: • Areas of improvement • Enhanced care patients and RAG • Staffing issues • Diabetics and patients on insulin • Patients on fluid and food charts • Patients with a catheter • Patients on IV's • DNAR's • High falls risk patients • High NEWS Score and poorly patients • NBM • Patients on staged diets • Discharges for the next 48 hrs

Concern	How to Manage
	• Incidents • Serious Incidents – SI's
Events of Fire	• Check the fire panel to locate the fire, • Know when your fire alarm date is, so there is no need to be panicked, • Know where your meeting point is for staff and what your responsibilities are, • Know where your evacuation exits are, • Know the location of the turn-off switch for the medical oxygen, • Make sure staff come to the designated points, • If intermittent alarm then do nothing, just maintain awareness, • If continuous alarm then be aware you may need to start moving patients, • Start to look at who is on O^2 and may need a portable cylinder to move. • Look at who is bed ridden and needs to be moved with special equipment for patient evacuation (can be found nearby each lift of the floor), • Await further instructions by phone from CSDM.
Emergency Bell	• Don't be panicked and locate the bay/bed space which is alarming, • Make all staff aware of how to react for an emergency bell as it will be helpful for tactful management of the situation, • If each staff member could get one equipment (Obs machine, BM box, reus trolley) at a time when rushing to the site, it would save time and energy in saving a life, • Teamwork is very important, and you will need to get a doctor if the patient needs immediate medical attention, • If you can't manage the situation by yourself and you think it's an emergency, don't hesitate to PULL the emergency bell.
Plan for Tomorrow	• Nobody wants to start their day with troubles; be kind and think ahead, • Plan any discharges which are potential for next day so it will be smooth as possible. • Order all TTO's and request EDD's prior, which are expected for next day. • PASS ON any important messages that the NIC needs to be aware of. • Remember, communication is very important.

Training

Systems, access, and training

As part of your role, you will be working on different computer systems. These will be used to help you manage staff, sickness, audits, reporting and much more. It is important you are up to date with training on ESR and aware of the all the systems you may have to use daily.

Training systems you will need to have access to:

- ✓ ESR – This will be used for your mandatory training
- ✓ Datix
- ✓ Healthroster
- ✓ Trac
- ✓ Cleric
- ✓ Empactis
- ✓ WebV
- ✓ Occupational Health Cohort
- ✓ Workplace (finance)
- ✓ Chemical Safety
- ✓ Estates (log an issue)
- ✓ MiCAD

Key Contacts in Training:

Workforce intelligence: Workforce.Intelligence@ulh.nhs.uk

Risk Team: Risk.Team@ulh.nhs.uk

Datix email: Datix@ulh.nhs.uk

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Transport

How to book transport for your patients

Transport requirements should be discussed as part of the admissions process.

Patients should be encouraged to source how they will get home and not expect hospital transport unless absolutely essential.

Please highlight this when discussions of discharge are taking place and encourage all staff to assist with alternatives.

This can help prevent delays and failed discharges if transport doesn't arrive.

For patients who genuinely need hospital transport ensure it is booked in advance. Patients, whose transport is booked on the same day, are more likely to be delayed in getting home or risk an additional overnight stay**.**

TASL

Learning how to book transport, tracking transport and marking patients as ready on the TASL portal, can help to prevent delays for patients on your ward. Training dates are usually available throughout the year, contact: hcptraining@htg-uk.com for the latest dates.

You will need to complete a user account application form (see appendix) and return to HCPTraining@htg-uk.com

Transport Systems you will need to have access to:

- ☐ TASL Portal – Cleric

Key Contacts in Transport:

- ☐ Upcoming training dates: hcptraining@htg-uk.com
- ☐ Account application form: HCPTraining@htg-uk.com

Human Resources

"Give praise to your team, this will go so much further than constant criticism and you will get far more from them going forward."

Your role as a line manager

Working as a Ward Leader you are likely going to be managing staff. In this Human Resources section we aim to provide you with the information you may need to help you be a strong and resilient manager.

HR Systems you will need to have access to:

- ✓ Absence Line
- ✓ E-Rostering
- ✓ Healthroster
- ✓ Trac
- ✓ ESR

Key Contacts in Human Resources:

For an up-to-date list of contacts in Human Resources check out the intranet.

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Covid Advice

The Human Resource section on the intranet provides you with the most up to date information on Covid advice, reporting and what to do if one of your team or you test positive.

Managing Attendance

Below is a table which can help you with managing attendance:

An absence record is based on a rolling 12 months, these are the stages of the Managing Attendance policy:

Just a note: *that once they are in a formal process, they are not permitted to do any bank shifts of extra hours, this is for their wellbeing, they can only do their core hours, you can review this informally with them after 3 months if they haven't been off anymore, and it's at your discretion, at the three month point, if they can start picking up bank shifts again.*

Trigger	Stage	Meeting with	Bank shifts or extra hours
3 absences OR 10 calendar days	Informal stage 1	Manager	Not allowed for 7 days after their return to work
A further 2 absences OR a total of 8 calendar days	Formal stage 1	Manager and HR	Not permitted to do bank or extra hours whilst in a formal process for 6 months, this can be reviewed informally after 3 months and it's at the managers discretion if they can then start doing bank again. Normally this would be allowed if they've had no further absences
A further 2 absences OR a total of 8 calendar days	Formal stage 2	Matron and HR	
A further 2 absences OR a total of 8 calendar days	Capability (and potential dismissal)	Panel, Manager and HR	

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HR Forms

HR forms can be found on the intranet under the HR page and should be completed for staff leavers, maternity leave staff, change of roles, increment adjustments, career breaks, change of hours, secondments, reduction or increase in hours.

They are self-explanatory, complete the form as instructed, submit to the relevant department. Once you have received a confirmation email, then submit to Healthroster.

Below are some examples of the forms you can expect to find on the HR page:

- Submit a Change of Role / Additional Role Form
- Submit a Change of Circumstances Form
- Submit a Change of Division Department Form
- Submit a Leavers Form

EF1 Forms

When to complete an EF1

An EF1 is to be completed for any new starter joining United Lincolnshire Hospitals NHS Trust. An EF1 new starter form should be completed as soon as the new employee commences in post. This form should be completed jointly with the new employee. This form will provide both Recruitment and Payroll with all the necessary details to add someone to the Payroll System (ESR) for them to get paid.

All new starters will receive an EF1 with their contract of employment, however if you need any EF1 forms, please contact the Recruitment Department or your local Site HR Department.

Please note that until the Recruitment Team have received and processed the completed EF1 form, it will not be possible to pay the new employee, therefore it is very important that the form is completed in a timely manner.
Please also note that should the employee be placed on a salary point other than the minimum then evidence of their previous service or written confirmation will be required.
It is important that all EF1s are sent to Recruitment as soon as possible.

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HUMAN RESOURCES

There are payroll cut-off dates each month, any forms that are received in Recruitment after the cut-off date cannot be added to the payroll system and will result in non-payment of wages in that month. Please note that all arrears will be made in the next month's pay.

To view payrolls cut-off dates, please visit the Payroll Section of the Trust's Intranet.

How to complete an EF1

It is imperative that all EF1 forms are completed accurately and fully to ensure that the form can be processed in a timely manner. All forms that are not completed will be returned to the relevant appointing manager, which may result in the form missing the payroll run.

Please see Appendix Figure 11: EF1 Form .

Who can authorise an EF1?

To be able to sign/authorise a new starters EF1 form, **you must** have the appropriate level of authorisation.

As per the Trust's Authorisation Matrix, to sign/authorise an EF1 you must have one of the following levels of authorisation:

- Level 2 Human Resources
- Level 3 Human Resources
- Level 4 Human Resources

If an EF1 is authorised by an appointing manager who does not have the appropriate level of authorisation, the EF1 will not be actioned and will be returned.

To view your current level of authorisation, please go to the Finance pages on the Trust Intranet and click on 'Authorisation Matrix', and search by name. http://intranet/Subsites/Finance/

If you are unsure who has the correct level of authorisation for your Cost Code, please go to the Finance pages on the Trust Intranet and click on 'Authorisation Matrix', and search by cost centre.

How do I get on the Authorisation Matrix?

If you are not on the Matrix or do not have the relevant level of access and you wish to, please find all details on the Finance pages on the Trust Intranet, under 'Authorisation Matrix', and click on 'How to Get Authorised'.

HUMAN RESOURCES

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Appraisals and 1:1's

About Appraisals

Top Tip! See the Appendix, Figure 5: How to record an appraisal date in ESR for information sheet on how to record Appraisal dates in ESR.

Appraisals paperwork and information can be found on the intranet under 'A'.

The Appraisal process is an opportunity to discuss your overall work performance, your development, and any career goals you might have.

The Trust requires all staff to have an annual Appraisal. The Appraisal discussion should be **supported with regular 1:1 meetings** with your line manager (or 'check-ins') and a **mid-year review** which should take place approximately 6 months after the annual Appraisal. The purpose of the 1:1s and the mid-year review is to make sure you are on track to achieve your objectives and to discuss any support you might need.

An effective or good Appraisal should be a two-way process, where you are encouraged to speak honestly and openly about your role and how it is supporting the Trust to deliver Outstanding Care. The discussion is an opportunity to review the last 12 months, your achievements, any challenges you may have encountered, to receive as well as give constructive feedback and agree objectives for the next 12 months.

The Appraisal Process – important principles

An Appraisal should be held in private, on a one-to-one basis. You should also be given enough notice of your Appraisal meeting date. You may be asked to complete part of the Appraisal documentation before the meeting. The purpose of this is to help both you and your line manager prepare for your annual Appraisal discussion.

The Appraisal process is based upon a 'no surprises' principle. What this means is a performance issue is always discussed during an individual's 1:1 and not raised for the first time during the Appraisal meeting. The process also is designed to support

HUMAN RESOURCES

OUTSTANDING CARE *personally* **DELIVERED**

an open and honest conversation about your performance, including how your behaviour demonstrates the Trust's Values.

You may (if required) be invited to share and present your professional portfolio and can use the Appraisal meeting as evidence of your continuous professional development

Benefits of an Appraisal if you are a Line Manager

- Provides an overall assessment of performance, including how the staff member contributes to delivering outstanding patient care
- Opportunity to explore what's gone well, challenges and possible solutions
- Celebrate achievements as well as say thank you
- Agree objectives for the coming year
- Discuss career and development goals

Benefits of an Appraisal if you are Staff Member

- Reflect on how the past 12 months have gone
- Highlight achievements as well as challenges
- Give as well as well as receive feedback
- Agree future objectives
- Share any career aspirations and/or development goals

For more information

General queries and questions about Appraisal, please email: OrganisationalDevelopment@ulh.nhs.uk

For ESR log in issues visit the MyESR area of the intranet

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Appraisal Factsheet: Effective Appraisal Tips for a Line Manager

1. Effective and Positive Behaviours to Demonstrate during an Appraisal and Career Discussion if you are a Line Manager

- ✓ To help the staff member feel comfortable and at ease (as well as build trust), begin the discussion by simply asking how the staff member is.

- ✓ Ensure your calendar shows you are busy to limit interruptions (remember this protected time to share feedback, exchange ideas and discuss how the staff member is contributing to delivering Outstanding Patient Care).

- ✓ Using the section of the Appraisal and Career Discussion form completed by the staff member, probe the responses given to explore what has gone well, challenges etc.

- ✓ Listen more than you speak!

- ✓ Recognise what the staff member has delivered, be appreciative and respectful of any challenges they have encountered, say clearly what you think they have done well. ⌉ Be clear what you are asking from the staff member if you think there needs to be an improvement in performance.

- ✓ Say thank you.

- ✓ Share your assessment of the staff member's performance, i.e., what you feel has gone well, how they have addressed challenges etc.

- ✓ Remember one of the most important principles of the Trust's Appraisal process is it is based upon a 'no surprises' principle. What this means is concerns relating to performance are not raised for the first time during the Appraisal meeting and discussed during regular 1:1s / check-ins.

- ✓ Ensure your assessment of the staff member's performance is balanced and fair i.e., not based on only one example of good or poor performance. Your assessment should also take into account feedback the behaviours the staff member has demonstrated towards patients, you, peers, direct reports etc.

- ✓ Show respect if your views differ. This will limit the risk of the discussion escalating into a confrontation.

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✓ Invite feedback on what the staff member would like you to do more and/or less as their line manager. This does not mean allowing the staff member to use language or say things that are in no way disrespectful and do not align to the Trust's Values.

✓ Ask for clarity (such as examples), if you are unsure or do not understand what the staff member is trying to say. To demonstrate you have understood the points raised by summarising the key points (or paraphrase).

✓ Allow a few pauses. This will provide you and the staff member time to reflect on key points and consider what to say next.

2. Ineffective and Negative Behaviours NOT to Demonstrate during an Appraisal and Career Discussion if you are a Line Manager

✗ Cancelling the Appraisal meeting at the last minute/giving the staff member minimal notice of the discussion.

✗ Share with others what the staff member has discussed during the Appraisal and Career Discussion.

✗ Allowing the Appraisal meeting to be interrupted by non- urgent calls.

✗ Failure to ask how the staff member is feeling.

✗ Raise for the first time during the Appraisal meeting issues in relation to performance.

✗ Behaving defensively by not listening and/or 'talking over' the staff member.

✗ Not being patient (or respectful) to allow the staff member to finish what they are saying or trying to explain.

✗ Interrupting the staff member whilst they are speaking.

✗ Dismissing feedback.

✗ Failing to invite the staff member to discuss and agree objectives.

✗ Demonstrating behaviours which do not align to the Trust's Values i.e., not listening, showing no interest in the staff member's point of view, avoiding eye contact, not looking at the staff member whilst speaking.

Health and Wellbeing

How to manage health and wellbeing for you and others

"What if I fail? Oh, but my darling, what if you fly?"

Erin Hanson
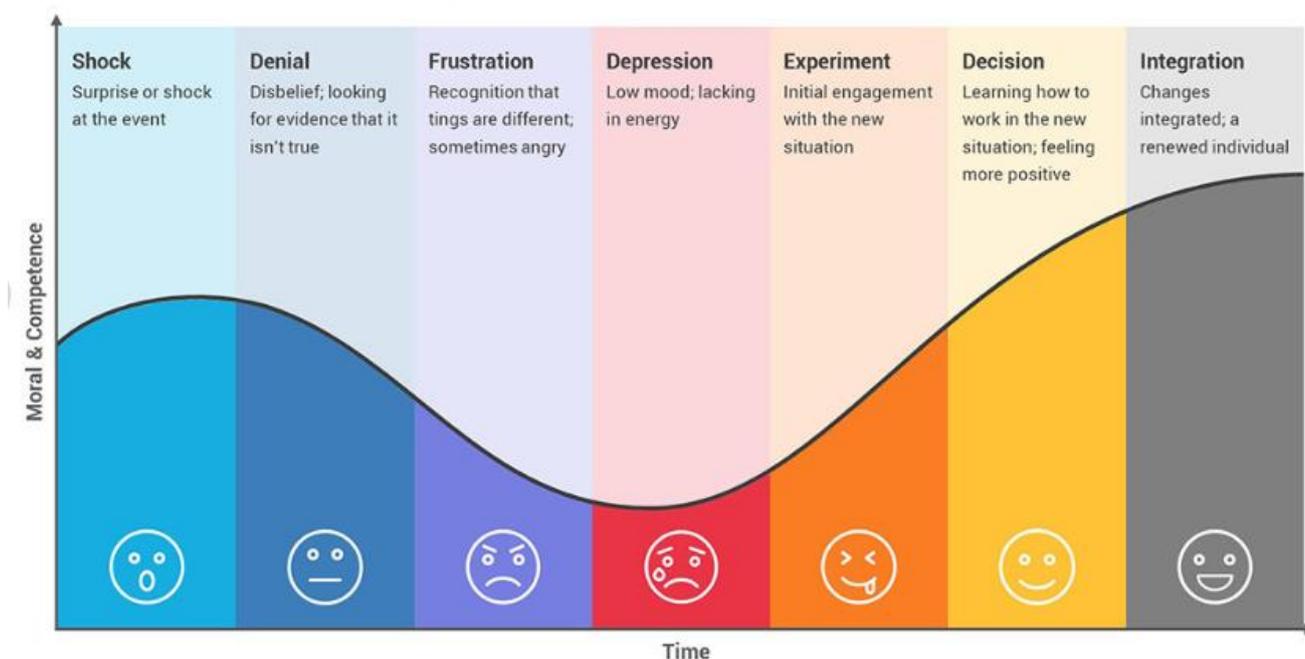
Key Contacts in Health and Wellbeing:

- ✓ Look on the intranet, there are several Health and Wellbeing Champions across the Trust who can help and support you. There might be one on your ward or area.
- ✓ Search 'Wellbeing at ULHT' on the intranet for the most up to date contacts for Health and Wellbeing.

Managing your health and wellbeing is an essential part of being a ward leader. It is important that you are taking regular breaks and booking in your annual leave. There is a range of support that the Trust can offer to support you with your health and wellbeing. Look on the intranet under Health and Wellbeing and see what is on offer.

As you move through your journey of becoming a ward leader, you may feel a mixed range of emotions. Remember it is OK to not feel OK. If you are feeling like you need some more support, you may find that speaking to colleagues can help.

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The Change Curve is an illustration on the likely emotions that you may feel during your journey. You can see the various emotions that you will feel when becoming a ward leader, you might have some low points and feel frustrated at times, but you will become very happy in your role as you progress through your development journey.

Kübler-Ross Change Curve Model

Shock	Denial	Frustration	Depression	Experiment	Decision	Integration
Surprise or shock at the event	Disbelief; looking for evidence that it isn't true	Recognition that tings are different; sometimes angry	Low mood; lacking in energy	Initial engagement with the new situation	Learning how to work in the new situation; feeling more positive	Changes integrated; a renewed individual

Moral & Competence (vertical axis)

Time (horizontal axis)

Ward Leaders who have been in the same position as you are today, suggest taking the time to find a buddy. This could be someone you look up to, or it could be a peer who works on a different site to you. Your buddy should be someone you trust and are happy having an open and honest conversation with.

Take your time to discover what health and wellbeing offers are available, you might not need them all now, but being aware of how to access the services can help you in the future when you need it the most.

HEALTH & WELLBEING

Offers of help to support you

Employee Assistance Programme

Getting the support you need.

A 24-hour helpline from Health Assured to support you through any of life's issue or problems.

There are a whole range of services available, including:

- **Life support:** Access to counselling for emotional problems and a pathway to structured therapy sessions (employees only) at your convenience.
- **Legal information:** For issues that cause anxiety or distress including debt management, consumer, property, or neighbour disputes (employees only).
- **Bereavement support:** Health Assured offers qualified and experienced counsellors who can help with grief plus legal advisors to help with related legal matters.
- **Medical information:** Qualified nurses are on hand to offer support on a range of medical or health-related issues offering practical information and advice.
- **Online CBT:** We recognise the value of self-help tools in dealing with a range of issues, which is why we have a range of CBT self-help modules, informative fact sheets and invaluable advice videos from leading qualified counsellors.

Health Assured also offers support for you and your immediate family members such a spouses/partners and children aged 16 to 24 in full-time education, living in the same household, 24 hours a day, 7 days a week, 365 days a year by calling:

0800 028 0199

HEALTH & WELLBEING

My Healthy Advantage Plus Mobile App
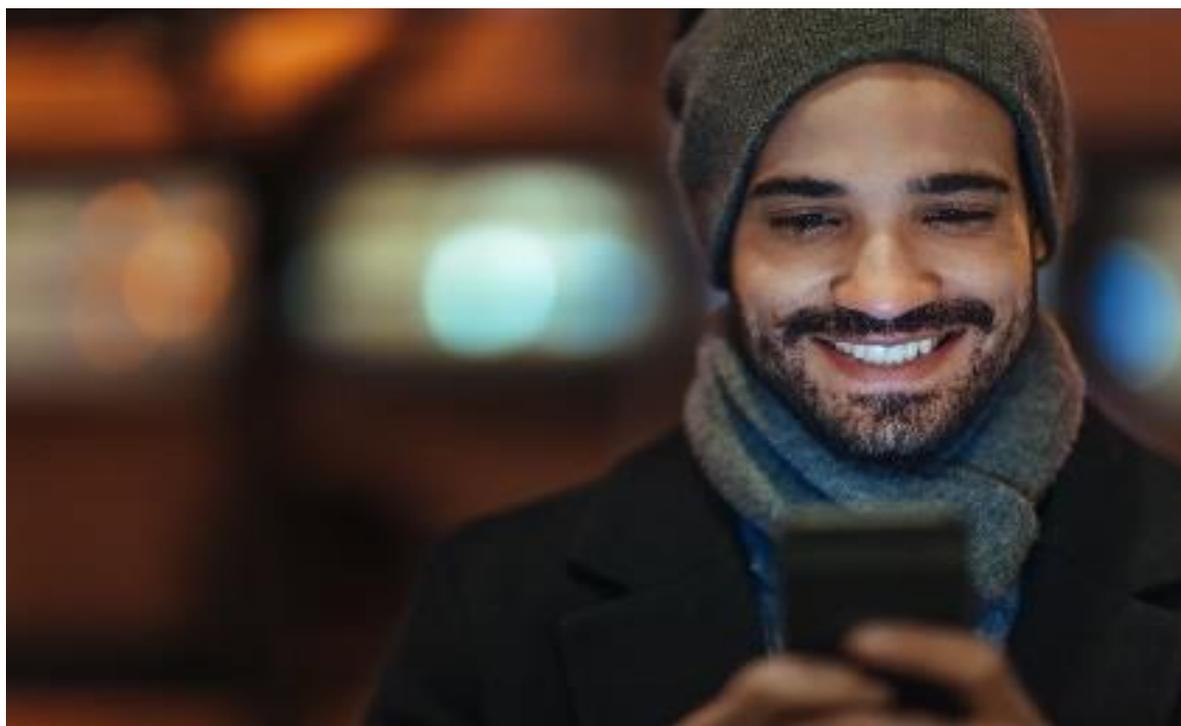
In addition to the EAP, we are excited to offer you all access to 'My Healthy Advantage', the comprehensive health and wellbeing app.

Through the app, you will have access to a range of features, all aimed at improving your health and wellbeing.

These include:

- ✓ Live chat and support
- ✓ Personalised news feed
- ✓ Weekly mood tracker
- ✓ Four-week plans
- ✓ Mini health checks
- ✓ Breathing techniques
- ✓ Health hub and goals
- ✓ Contact directory

Available for iOS and Android devices

You can access My Healthy Advantage with our unique Trust code:
MHA226570

HEALTH & WELLBEING

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Procurement and Charitable Funds

How to make the most of Charitable Funds

The United Lincolnshire Hospitals Charity strive to make a real difference by providing additional equipment, services and amenities for our patients, our visitors, and our staff. This goes beyond the NHS budget and supports and invests in pioneering research that will improve the care received and health outcomes across Lincolnshire.

We work hard with the Trust to develop and fund innovative and exciting projects that make a real difference to the lives of our patients, their families and the staff that take care of them. By 2025 we will demonstrate that we have been a key enabler of improving and transforming healthcare across Lincolnshire.

To find out more about the Charity or to request items please visit the intranet page: **United Lincolnshire Hospitals Charity.**

The purpose of charitable funds is to provide additional equipment, services, and amenities to our patients to improve patient's care and experience.

For any items less than £5000 this is quite a simple process: -
- Discuss with procurement/purchasing to find out what suppliers we use
- Obtain quotes from appropriate suppliers
- Complete Charitable funds request form
- Address all quotes to United Lincolnshire Hospital Charity

For any items over £5000 you would need to submit a Case of Need and a Seal of Approval sign off sheet – this process is also accessed through the above intranet page.

Key Contacts in Charitable Funds

Ben Petts, Charity Manager: ben.petts@ulh.nhs.uk
Strategic overview of the charity, supporting the team to deliver income coming to the charity and grants being supported by the Charity.

Beverley Judge, Charity Grants Officer: Beverley.judge@ulh.nhs.uk
Supporting with advice, best practice, and the processing of requests over £5,000.

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FINANCE

Gary Burr, Charity Fundraiser: gary.burr@ulh.nhs.uk
Supports members of the public, staff, and businesses to fundraise for the charity. Organising events and activities to drive income.

Nina Girdham, Charity Administrator: nina.girdham@ulh.nhs.uk
Supporting and processing requests under £5,000. The first point of call for general enquiries.

Finance

Managing finances on your Ward

Managing the finances on your ward is an important element to ensuring you are running efficiently and effectively.

Having a clear understanding of your ward budget, costs of agency and bank spend and the cost per day of keeping someone in hospital is beneficial to keep your ward running smoothly.
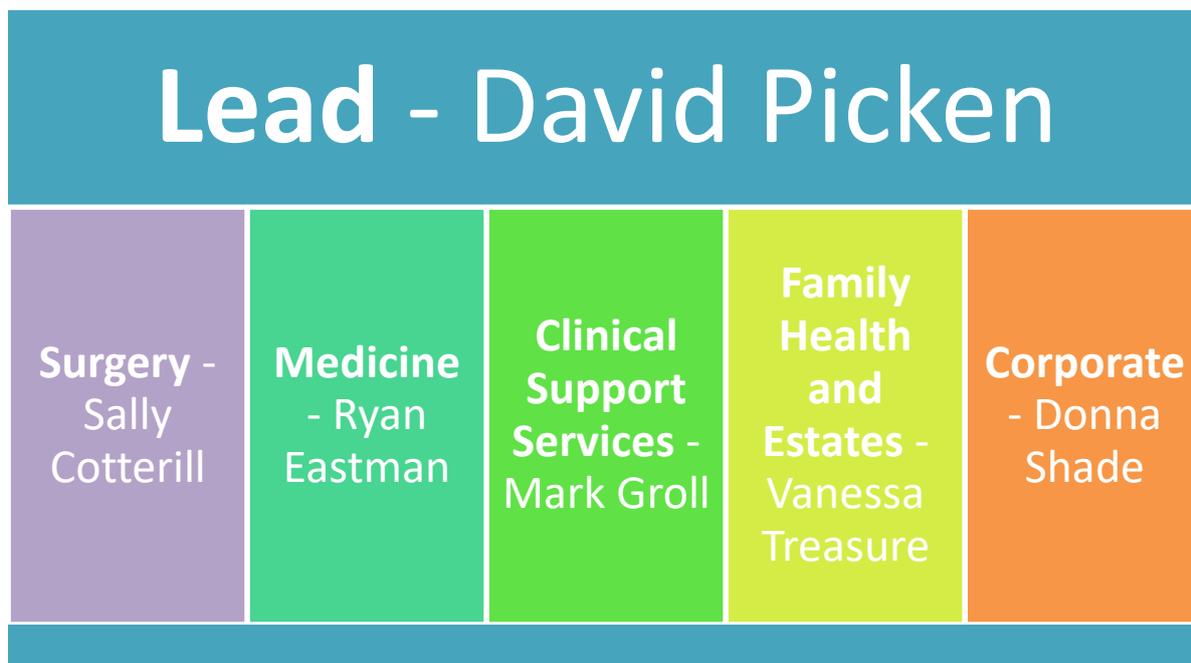
Don't worry if you find finance a bit overwhelming. There is lots of support to help you, on the intranet, via the finance team and through your matron. It is a good idea to have open and honest conversations with your Buddy or other Ward Leaders on how they manage their ward finances.

The Finance Management Department can offer you comprehensive support, you can find them on the intranet through the A-Z. The department provide a professional and comprehensive financial management to the Trust, including:

- Production of monthly management accounts, including assurance that the reported financial position is robust.
- Supporting the development of financial recovery plans if the financial position is adverse to plan.
- Using information (financial and non-financial) to make recommendations for improvements to the efficiency and effectiveness of the Clinical Divisions and Corporate Directorates.
- Provision of comprehensive financial advice to the Clinical Divisions and Corporate Directorates.
- Significant contribution to the business planning process, including the production of annual budgets and assurance that the financial plan is realistic and affordable plan through developing the use of benchmarking data, capacity planning and close working relationships with the Clinical Divisions and Corporate Directorates.
- Supporting Trust service developments.
- Supporting the development and delivery of QIPP and CQUIN plans, and maximisation of income.

The Financial Management Department is structured into five teams:

Lead - David Picken				
Surgery - Sally Cotterill	Medicine - Ryan Eastman	Clinical Support Services - Mark Groll	Family Health and Estates - Vanessa Treasure	Corporate - Donna Shade

Being in control of your wards budget is an essential part of your new role.

Find out who is you finance manager and set up monthly meetings to ensure you understand the wards expenditures fully.

FINANCE
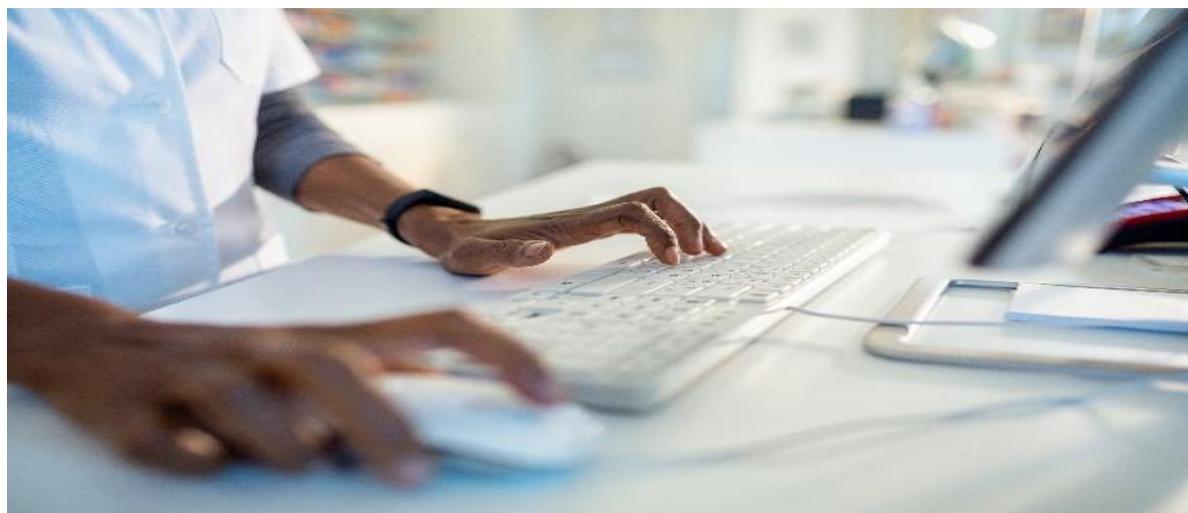
WebV Compliance

Understanding how to complete WebV to maintain ward compliance

WebV should be used as a real-time patient administration system. By using WebV in this way you can reduce the amount of time a patient stays on your ward, increase flow through the hospital, increase patient experience and increase staff experience too. Completing WebV is an easy task to complete, and we encourage you to know how to fill it in correctly so you can provide leadership to those around you who might not be as sure.

Below is some simple guidance on how to complete WebV and how to check your compliance.

Check daily and complete before 10am	
Expected Discharge Date	Has this date been reviewed and changed according to needs? The Medically fit date should ONLY be changed under medical circumstances. The Expected Discharge Date should be reviewed regularly and adjusted accordingly, the scoring for this assesses whether the date is today or in the future

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Patient's MDT plan	Enter today's date first (dd/mm/yyyy) followed by the plan from the doctors. if ward round is held later then add information at next huddle. If not seen add **"aw r/v"**
Pathway and Responsible Agency	This box must have a pathway entered and review if SPA referral is required and if OT/Physio referrals need to be made. If discharge team available check for update. *If you are unsure of what pathway a patient is on, information is available on the intranet and within this guidebook.*
Today's Actions	Today's date should again be put in first. Wards vary what information they put in this box which is acceptable but keep brief clear and relevant to care.
Delays	This box is very important and Bronze command will pick up delays at 10am so that they can be chased. Please enter in the following format so that non-clinical staff can see which department this is for. Date …Division…what patient is waiting for.
Thumbs up/Thumbs Down	Red thumbs down/ green thumb up accordingly

Your Matron will be monitoring your compliance during their routine audits. **Your compliance should be at 95% or more.**

You can check your compliance using the SQL Server Reporting Services system, search for 'Webv123 – Discharge Completeness'. In the report select the date, hospital, and ward and 'view report'. This will give you a visual grid of your overall score and the delays for each patient as recorded in WebV.

WEBV

Discharge Pathways

The below should be used as a guide when planning for patient discharge, which should take place as soon as a patient is admitted to our care:

Pathway 0 - Likely to be minimum of 50% of people discharged.

- Simple discharge home
- No new or additional support is required to get the person home or such support constitutes only:
- Informal input from support agencies
- A continuation of an existing health or social care support package that remained active while the person was in hospital- e.g returning to care home if a permanent residence

Pathway 1 - Likely to be minimum of 45% of people discharged

- Able to return home with new, additional or a restarted package of support from health and/or social care. This includes people requiring intensive support or 24-hour care at home.
- Every effort should be made to follow home first principles, allowing people to recover, re-able, rehabilitate or die in their own home. e.g D2A

Pathway 2 - Likely to be maximum of 4% of people discharged

- Recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, before returning home. e.g Community hospital bed

Pathway 3

- For people who require bed-based 24-hour care. Includes people discharged to a care home for the first time (likely to be a maximum of 1% of people discharged) plus existing care home residents returning to their care setting (for national data monitoring purposes, returning care home residents will count towards the 50% figure for pathway 0).
- Those discharged to a care home for the first time will have such complex needs that they are likely to require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs.

For any questions about discharge pathways, please contact Lead Nurse for Discharge Emma Coulson in emma.coulson@ulh.nhs.uk

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DISCHARGES

Criteria Led Discharge

Accelerating patient discharge to increase flow.

Improving patient flow throughout United Lincolnshire Hospitals NHS Trust is a key priority to maintaining patient care and decongesting our Emergency Departments.

Using Criteria-led discharge can help us to achieve flow through the hospitals by accelerating discharges for patients against set criteria.

Criteria is enacted when the use of agreed clinical criteria and related clinical parameters is used to guide clinical decisions regarding patient discharge from hospital. By using the criteria, it enables a range of health care professionals to lead a patient's discharge. This can potentially lead to an increase in discharges pre-midday and over weekend periods (when discharges are historically low).

Criteria-led discharge will work best with morning ward rounds and proactive decision making.

How Does It Work?

At board round the senior clinician will discuss with the MDT and make a decision on the clinical criteria for discharge. This will be noted in the patient's notes and discussed with the patient following board round. The EDD/PDD (expected/predicted date of discharge) is agreed and noted on WebV and in the notes.

If there are no complications or concerns, a health care professional can discharge the patient once the criteria has been met.

Training on criteria-led discharge will ensure you are competent and understand the process fully. This training is signed off through your clinical area lead and competencies should be measured by the ward lead.

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DISCHARGES

SAFER Patient Flow Bundle

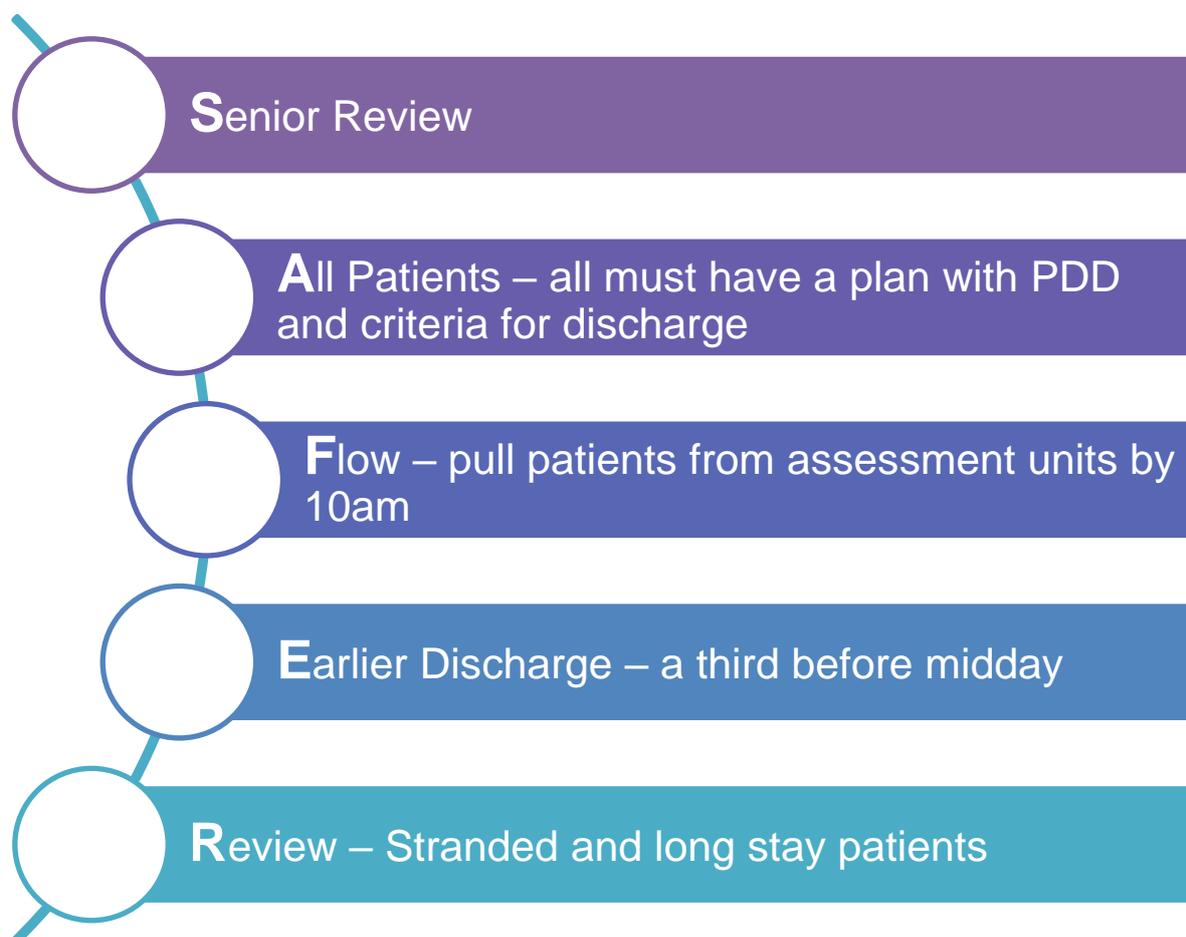**Optimising flow throughout our hospitals.**

The SAFER patient flow bundle is a practical tool to reduce delays for patients in adult inpatient wards (excluding maternity).

When followed consistently, length of stay reduces, and patient flow and safety improves. The SAFER bundle blends five elements of best practice. It is important to implement all five elements together to achieve cumulative benefits.

The SAFER patient flow bundle works particularly well when it is used in conjunction with the red2green approach.

What Does SAFER Mean?

Senior Review

All Patients – all must have a plan with PDD and criteria for discharge

Flow – pull patients from assessment units by 10am

Earlier Discharge – a third before midday

Review – Stranded and long stay patients

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S — Senior Review

- All patients will have a senior review before midday by a clinician able to make management and discharge decisions

A — All Patients – all must have a plan with PDD and criteria for discharge

- All patients will have an Expected Discharge Date and Clinical Criteria for Discharge.
- This is set assuming ideal recovery and assuming no unnecessary waiting.
- The patient and their loved ones should be aware of the plan.

F — Flow - Pull patients from assessment units by 10am

- Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E — Earlier discharge - A third before midday

- 33% of patients will be discharged from base inpatient wards before midday

R — Review stranded and long stay patients

- A systematic MDT review of patients with extended lengths of stay (> 7 days – 'stranded patients') with a clear 'home first' mind set.

To find out more about SAFER patient flow bundle visit NHS Futures, ECIST workspace. There is a lot of information on there to support how you deliver SAFER on your wards.

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DISCHARGES

Business Units

Who is in your Business Unit?

The Business Unit is there to support you in your role, you can escalate issues up to them and they will offer advice and guidance.

The Business Unit are responsible for:

- Doctor cover
- Finance
- Business Cases
- Appointments
- Clinic Organisation
- Demand and Capacity
- Work Force Planning

You can find out more information on the intranet. Current Clinical Business Unit Leads are pictured on here. Navigate to the home page and 'Divisional Management Structure' to find out more.

Professional Development

How to develop your skills further

There are lots of opportunities for you to develop in your new role. Take your time to explore what offers are available across the Trust to support you, talk with your Matron about any training coming up and raise your ideas during your 1:1 and appraisal so they can be discussed in full with your line manager.

There are some suggestions below of where to find training and development opportunities:

- **Leadership Training Course** – this is available through ESR.
- **OD** coaching development course
- **Shadow** your matron or one from another area/specialty during an operational shift so you can gain insight into staffing decisions.
- **Attend** a Quality Dashboard Assurance meeting
- **Shadow Clinical** Site Duty Manager to develop your knowledge on responsibilities of this role.
- **Mary Seacole** – Comms often release dates when new applications are open, keep your eye on the Weekly Bulletin for an update.
- **Improvement Academy** – offers include Coaching, Fundamentals in a Day, QSIR, Demand and Capacity and SPC training. Look on the intranet for more information on how to apply.
- **NHS Events** – there are often webinars and national events going on covering a variety of topics look on their website for more information: www.events.england.nhs.uk
- **NHS Futures** is a platform utilised by colleagues across the system, there are lots of different workspaces and forums that you can join up to and gather more information and training from. Go to: https://future.nhs.uk/ to explore the site.
- **Talent Academy** is our ULHT training offer providing courses and apprenticeships to support professional development. Search for the Talent academy on the intranet to see the full list of courses available.

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Band 6 Development

How to develop your Band 6 staff

Having the right team to support you is key to ensuring that you don't feel overwhelmed.

The development of your Band 6's will assist you with your workload, as well as ensuring they are being developed to undertake the role of a ward lead in the future.

Below is a checklist of the access and training required when they commence in this role:

- Access/training to Healthroster
- Access/training to Datix
- Access/ training to audits
- Access/training to Empactis
- Access/training to ESR
- Access/training for appraisals
- Book on leadership training courses

Once they have access, tasks can be allocated to your Band 6's their experience will develop, and your workload will decrease.

An example of how you can develop your Band 6 is to assign a small group of staff for them to manage. They can be responsible for managing appraisals, core learning and training. Below is a table taken from a whiteboard on a ward where Band 6's manage small groups of staff; this provides a good example of what you can potentially produce in your own area:

| Band 6 Team: Emma			
Staff member	**Core learning %**	**Training booked**	**Appraisal due**
Amy	100%	none	June 23
Claire	86% (2 x red, 1 x amber)	Fire 2/4/23 10am teams	Sept 23
Jane	92% (1 x red, 1 x amber)	Conflict resolution booked 3/5/23	Aug 23
Steph	100% (3 x amber)	none	May 23

Clinical Education Team

How the ClinEd Team can support you

The ULHT Clinical Education Team are committed to inspiring excellence through education to ensure our staff deliver high standard, safe and effective patient-centred care.

Promoting a positive patient experience and a well-respected, caring, and compassionate workforce.

If you would like to find out more about the Clinical Education team, information can be found on the Intranet which will provide useful information regarding training courses, for registered and non-registered staff, relevant paperwork and contact information.

To get in touch with the Clinical Education Team, please use the email below, and one of the team will get back to you: **clinicaleducationteam@ulh.nhs.uk**
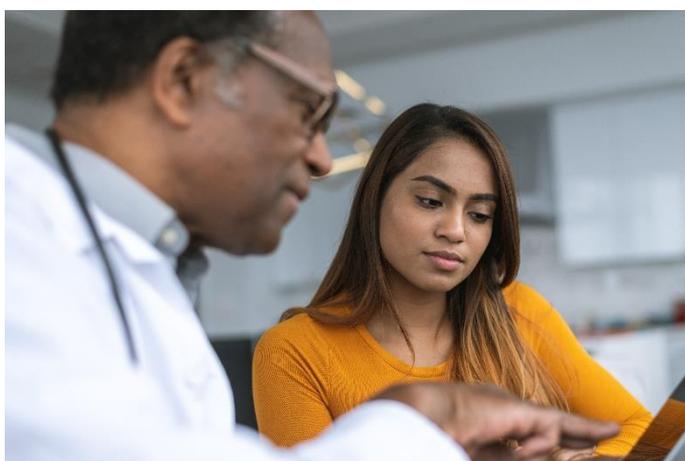
Quality Matrons

Get the support you need

The Quality Matrons are all involved in the ward accreditation process, providing ward / department assessments and reports, also offering support and recommendations to the areas to help facilitate any improvements.

Members of nursing and midwifery teams are encouraged to spend time with Quality Matrons taking part in the accreditation process so they can see how it is executed.

All Quality Matrons check datix' daily to ensure we are aware of and escalate relevant incidents. They will be able to support and assist you with completing deep dives into concerns that you may face.

Below are our names and other work we are aligned to:

Matron	Area
Jennie Deeks	Patient safety focus of Falls prevention and management, also involved in Schwartz rounds, band 7 weekly spot checks, Patient experience and monitoring incidents involving positive patient identification.
Ellie Jones;	Patient safety focus on Deteriorating patient, nutrition, and hydration.
Kelly Simpson;	Deputises for falls prevention and management and Hand Hygiene
Natalie Gunthorpe	Patient safety focus of tissue viability (skin integrity)

Key Contacts:

Email: Quality.matrons@ulh.nhs.uk
Tel: 07393801789

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Facebook: ULHT Quality Matron Team

If you would like to find out more about the Quality Matrons or follow their newsletter, please see the intranet for more information.

Contacts

Contact details for wards and departments across the Trust

Lincoln Site:

Lincoln County Hospital, Greetwell Road, Lincoln, Lincs, LN2 5QY. 01522 512512

Lincoln – Wards/Departments	Specialty	Contact Number
Accident & Emergency	Accident & Emergency	421945 reception / 421943 / 573401/ 573400
Antenatal	Antenatal, Maternity, Ultrasound scan	573338 573341 midwives' office
Antenatal Assessment Centre	AAC	573138 / 573839
Ashby	Rehab	572380 / 582580
Bardney	Labour	573140 / 573317 / 573889 / 573139
Branston	Gynaecology	573132 / 573492 / 597653
Breast	Screening, Breast Care, Mammography	573783 573790 nurses' desk 573677/ 582632 Specialist nurses 573999-screening 573790- Patient delays
Burton	Medical/Renal	573082 / 707484 / 582568
Cardiac Short Stay	Cardiology	597928 / 597906 / 707102
Cardiac testing (Located clinic 3)	Cardiac Testing, ECG, Echo, Rapid Chest Pain	573823 573282 nurses' room 582422 Treadmill room 582591 Nurses room 582929- Patient delays
Carlton Coleby	Medical/Respiratory	309304 / 309305 / 707131
Catheter Lab	Angiograms	573797 recovery 1 582648 recovery 2 (Coordinators bleep 2257) 582681 Secretary 582506 sisters' office 582437 waiting list 582150 scheduler
CCU Johnson	Coronary	572399 / 572392 / 303700

CONTACTS

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Lincoln – Wards/Departments	Specialty	Contact Number
Central Goods	Central Goods	573034
Charlesworth	Female Mental Health	573541 / 573542 / 597799
Clayton	ENT/Ortho/MaxFax/ Urology	307165 / 421933 / 421932
Clinic 1	General Medical, Diabetes, Dieticians, Gastroenterology, Care of Elderly, Neurology, Stroke	573251 582929 Sisters office 582929 - Patient delays
Clinic 11	Orthopaedics, Fracture	582612 582475 Pre-op clinical room 707053 Sisters' office
Clinic 2	Respiratory, Cardiology, Chest, Nephrology, Renal	573245 582601 Nurses room 582929 - Patient delays
Clinic 4	General Surgery, Colorectal, Urology, Vascular,	573411 582722 sisters' office 573595 Pre-op desk 582407 Clinical Room
Clinic 5	Paediatrics	573274 572375 weighing room 572375 - Patient delays
Clinic 6	ENT, Hearing Aid, Audiology	573256 573255 sisters' office 573255- Patient delays
Clinic 7 **Open for blood tests** **Mon-Fri 8am till 5pm**	Haematology	573753 573724 Consultants' secs 597791 / 572347
Clinic 7	Specimen Reception	573722 573269 Biochem lab 01522530336 PCT anticoag 573747 Blood bank
Clinic 8	Ophthalmology, Eyes, Orthoptics	307180 307128- Patient delays
Clinic 9	Oral Maxillo Facial, Orthodontics, Teeth	307438 / 582494 office
Clinical Engineering	Clinical Engineering	573663
Complaints	Complaints	573883
Connolly	Male Mental Health	573535 / 573533 / 582131
Cytology/Fertility	Samples received at Clinic 8 specimen reception	573755
Dermatology	Skin, Phototherapy	573748 573712 internal only 573247 dermo nurse's helpline 573299 phototherapy
Diabetic Retinal Screening	Endocrine and Diabetes	01205 445383 445097 573074 diabetic nurses
Digby	Orthopaedic	572256 / 572256 / 582749
Discharge Lounge	Discharge	597661 / 707051
Dixon	Medical/Gastro	573124 / 307393
Endoscopy	Endoscopy, Colonoscopy, Bowel Screening	573045 582167 sisters' office

Lincoln – Wards/Departments	Specialty	Contact Number
		573016 recovery nurses 573849 appointments 582901 also appointments
EPAU	Early Pregnancy Assessment Unit	573677
Estates	Estates	01205 445201
Greetwell	Surgical	573130 / 573161 / 597832 / 573777
Gynaecology	Female health and pregnancy	573552 / 573336 / 573338
Hatton	Surgical	597711 / 573258 / 597588 / 597601
Hemswell	Gynae day cases	307361
HR	Human Resources	707227
ICU Female	Intensive Care/HDU	458629 / 572300 / 572275 / 573169
ICU Male	Intensive Care/HDU	458629 / 573746 / 573169
Infertility	Infertility	573551
Ingham	Chemotherapy day case	572261 / 572260
IT	IT	445800
Johnson	Cardiology	573630 / 573125 / 582858
Kitchen	Kitchen	573071
Lancaster	Care of Elderly	597761 / 573039 / 597708 / 597707
Langton	Pre-Op	307190 / 573595 / 573190
Linen Room	Linen Room	573211
MEAU B Side	Short stay admissions	307164 / 307926 / 307925
MEAU Med Assessment	Medical Emergency Assessment	573157
Medical Day Unit	Medical/DVT	573066 / 572082
Medical Physics	Nuclear Medicine,	573103 573668 Dextra Scan, Bone Density bookings 582927 rest room 573651 internal calls only 573662 equipment
Navenby	Endocrine	307269
Neonatal/NICU/SCUBU	Paediatrics	573141 / 572365 / 573604 / 597668
Nettleham	Pre/Post Natal	573134 / 597824 / 597743/ 582003
Neurophysiology	Neurophysiology, EEG, Nerve Conduction Testing	572379
Neustadt/Welton	Acute Medicine	597710 / 597582 / 573150 / 582731
Nurse Bank	Nurse Bank	573049
Occy Health	Occupational Health	573597
Oncology	Cancer, Oncology, Radiotherapy, Chemotherapy	572266 572261 Ingham chemo suite 572260 Ingham chemo suite
Oncology Assessment Unit	Waddington	307841
Pain	Pain Relief, Acupuncture	573717

Lincoln – Wards/Departments	Specialty	Contact Number
PALS	PALS	707071
Payroll	Payroll	421578
Pension	Pension	421558 / 421500
Physiotherapy	Physiotherapy	573945 597725 new appointments
Porters	Porters	582882
Rainforest	Paediatrics	573129 / 573786 / 573788 / 573423
Recruitment	Recruitment	573601 / 597736
Renal Unit	Outpatient Dialysis	573561 572332 technicians
Rheumatology	Rheumatology	597658 573828 Helpline - answerphone 573036 secretary 573413 secretary 582765 Patient delays
Risk team	Risk team	307334 / 573794
RSU	Resp. support unit	458617 / 458616
Safari	Paediatric day case	573178 / 573172 / 572288
Safe-guarding	Safe-guarding	573831
Saxon Suite	Gastro Day Unit	307774
Scampton	Care of Elderly	309042
SDEC Same Day Emergency Care	Acute medicine	307584
SEAU	Surgical Emergency Assessment	573127 / 573793
Shuttleworth	Trauma/Orthopaedics	707009 / 573155 / 597727 / 573113
Stroke Unit	Stroke	573265 / 597705 / 597713 / 582567
Surgical Admissions Lounge	Surgical Admissions	573089 / 573144 / 582739 / 582087
Surgical Appliances	Orthotics, Surgical Appliance	573493
TIA/Stroke	TIA/Stroke	573260
Transfer of Care Hub	Discharges	07759701051
Urgent Care	Walk-in Service	512303 / 521943 / 521945
Urology Investigation	Cystoscopy, Biopsy, Urodynamics	707199 573821 Urology nurses
Waddington Unit	Oncology/ Haematology	307198 / 572255 / 307199 / 572258
Witham	Cardiology/ Respiratory	573929 / 582540 / 582629
Xray	Xray, Radiology, Radiography, CT, MRI, Ultrasound. GP's requests seen Mon - Fri 8:30 - 16:30	573452 573948 reception 597929 PACS 573069 Appointments line 573228 A and E Xray desk

Boston Site:

Pilgrim Hospital Boston, Sibsey Road, Boston, Lincs, PE21 9QS. 01205 364801

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Boston - Ward/Department	Specialty	Contact Number/Bleep
2ND floor theatre	Theatres	445397 / 445393
Accident and Emergency	Emergency	445376 / 446186 / 446823
Accident and Emergency Coordinator	Emergency	445982 / 446826 / 445480
Accident and Emergency Reception	Emergency	445379
Accident and Emergency Resus	Emergency	445451
ACU	Acute Cardiac Unit	445524 / 445939
AMSS	Acute Medical Short Stay	445995 / 445996 / 445917
AMU coordinator	Acute Medical Unit	445983
Audiology	Hearing	446478
Bereavement	Bereavement	445255
Bostonian	Oncology / Haematology	445347 / 446148
Cardio	Cardio	445443 / 446565
Chaplain	Chaplain	445243
Chemo suite	Oncology	446548
Clinical Governance	Clinical Governance	446276
CT	CT	445473 / 445474 / 333649
Day case	Day case surgery	446905 / 446901
Discharge lounge	Discharge lounge	445514
Domestic supervisor	Domestics	445276 Bleep 123 / 124
Endoscopy	Endoscopy	446556 / 446559
Facilities/fault reporting	Facilities/fault reporting	445201/ 445312
Ground Floor Theatre	Theatres	445378 / 445367
HR	HR	445281 / 445711 / 446537
IAC	Admissions Medical	445965 / 446830
ICU	Intensive Care Unit	445628 / 446232
Income office	Income office	446610
Infection control	Infection control	446336 / 446303 Bleep 111
IT Help	IT Help	445800
Kitchen	Kitchen	445616
Labour ward	Maternity	445424
Linen room	Linen room	445463
M1	Maternity	445429 / 445427
M2	Maternity	445431 / 445432
Main reception	Main reception	445241
Max Fax	Max Fax	446452 / 446491
Medical Engineers	Medical Engineers	445205 / Bleep 001
Medical physics	Medical physics	445326
Medical records	Medical records	445296 / 445319
Mortuary	Mortuary	446320
MRI	MRI	Pilgrim: 446071 Grantham: 464880 / 464886
Nurse Bank	Nurse Bank	573049
Occupational Health	Occupational Health	445315
Occupational therapist	Occupational therapist	446470 / 446286 / Bleep 031
Operations centre	Operations centre	446169 / 446170
Outpatients	Outpatients	446446
Pantry	Pantry	445253
Payroll	Payroll	01522 421578
Pharmacy	Pharmacy	445600 / 445601
Physiotherapy	445359 / 446412	556 / 135
Porters	445277	076 / 099

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Boston - Ward/Department	Specialty	Contact Number/Bleep
Respiratory	Respiratory	445554 /445584
Resus Office	Resus Office	446622 / 446626 Bleep: 293 / 262
Rota Coordinator	Rota Coordinator	446190
Royle Eye Dept	Royle Eye Dept	445626
SDEC	Same Day Emergency Care	445526 / 445246
Shop	Shop	445252
Site Duty Manager	07896928856	094 / 446974
Social work	445342 / 445343 / 445345	Caroline 07876850611
Stores- Brandon	445104/446587	Michael 446584
Stores-stationary	Stores-stationary	445320
Stroke	Stroke	445657 / 446261
Transfer of Care Hub	Discharges	01205 445311
Ultrasound	Ultrasound	445471
Vascular	Vascular	446077 / 446159
Ward 1	Ortho / Trauma Assessment Unit	445635 / 446069
Ward 1B	Gynaecology / Breast	445432 / 445431
Ward 5A	Vascular / Urology	445653 / 445732
Ward 5B	Vascular / Urology	445649 / 445731
Ward 6A	HCOP Female	445661 / 446820
Ward 6B	HCOP Male	445208 / 446601
Ward 7A	Discharge Lounge	445120
Ward 7B	Respiratory	445665 / 445663
Ward 8A	Gastroenterology	445677 / 445654
Ward 8A PIU	PIU	446854
Ward 9A ortho	Orthopaedic	445632 / 445532
X-ray	445483 /445482 / 445491	043

Grantham Site:

Grantham and District Hospital, 101 Manthorpe Road, Grantham, Lincs, NG31 8DG.
01476 565232

Grantham - Ward/Department	Specialty	Contact Number/Bleep
A&E Doctors	Accident and Emergency	464854/464217
A&E Nurses/Sisters	Accident and Emergency	464055
A&E Reception	Accident and Emergency	464291
Boston S/Board	Switchboard	445000
Clinical Engineering	Clinical Engineering	464233
Community Midwives	Midwifery	464334
Covid Swabbing (patients)	Covid	858380
Dining Room	Catering	464295
Discharge Lounge	Discharges	464030
Domestic Supervisor	Housekeeping	464043
EAU Nurses	Emergency Assessment Unit	464634/464430
EAU Ward Clerk	Emergency Assessment Unit	464345

Grantham - Ward/Department	Specialty	Contact Number/Bleep
Endoscopy Appointments	Endoscopy	464366
Endoscopy Nurses	Endoscopy	464085
Endoscopy Reception	Endoscopy	464182
Eye Clinic Reception	Ophthalmology	464811
Facilities Reception	Facilities	464601
Fracture Clinic Nurses	Fracture clinic	464379
Fracture Clinic Reception	Fracture clinic	464358
GDH S/Board	Switchboard	464000
GUM/Family Planning	GUM clinic	464755
Gynae Appointments	Gynecology	464401
Gynae Reception	Gynecology	464342
Harrowby Ward	HCOP, Gastro and Respiratory	464030
Harrowby Ward	HCOP, Gastro and Respiratory	464369
Income Office	Finance	464784
Kingfisher Appointments	Children's ward	464287
Kingfisher Nurses	Children's ward	464092
Kingfisher Reception	Children's ward	464284
Kitchen	Catering	464293
LCH S/Board	Switchboard	573000
Manthorpe Centre Reception	Mental Health	464838
Medical Physics Reception	Medical Physics	464208
MRI Reception/Appts	MRI	464880
OPD Appointments	Outpatients	464740
OPD Nurses/Sisters	Outpatients	464372
OPD Reception	Outpatients	464713
Ops Centre	Operational Command	464041/464894
Orthodontist Reception	Orthodontics	464406
Orthotics Reception	Orthotics	464412
Path Lab Reception	Pathology	464706
Pharmacy Reception	Pharmacy	464276
Physio Reception	Physiotherapy	464253
Porters	Porters	464099/464013
Porters Post Room	Post Room	464231
Pre-Assessment	Pre-Op	464844/464851
Pre-Assessment (Patient)	Pre-Op	858350
Purchasing	Purchasing	464644
Social Services	Adult Social Care	464642
Surgical Unit Floor One Nurses	Surgical	464245/464420
Surgical Unit Floor Two Nurses	Surgical	464719/464218
Theatres Manager	Theatres	464386
Theatres Reception	Theatres	464381

Grantham - Ward/Department	Specialty	Contact Number/Bleep
Transport Tessa	Transport	464373
Volunteers Hub	Volunteers	858496
Waiting List Ophthalmology	Ophthalmology	858438/464211
Waiting List Orthopaedic	Surgical/Gastro	858309/464238
Waiting List Surgical/Gastro	Surgical/Gastro	464841/464865
Waiting List Urology	Urology	464203
Xray Main Number	Radiology	858318
Xray Radiographers	Radiology	464327/464502

Louth site:

County Hospital Louth, High Holme Road, Louth, Lincs, LN11 0EU. 01507 600100

Louth – Ward/Department	Specialty	Contact Number/Extension
Endoscopy Unit	Endoscopy	01507 600100 ext. 1236
Fotherby Ward	Orthopaedic and Surgical	01507 600100 ext. 1229
Urology Suite	Urology	01507 600100 ext. 1308
Woldside Unit	Outpatient department	01507 600100 ext. 1296 (O/P) ext. 1205 (Woldside)

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Appendix

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Abbreviations

ACU – Acute Cardiac Unit

CCU – Coronary Care Unit

CD – Controlled Drugs

CSDM – Clinical Site Duty Manager

DCN – Deputy Charge Nurse

DSR – Deputy Sister

ED – Emergency Department

EDD – Electronic Discharge Document

EDD – Estimated Date of Discharge

HCOP – Health Care of Older Patients

HDU – High Dependency Unit

IAC – Integrated Assessment Unit

ICU – Intensive Care Unit

IID – Improvement and Integration Directorate

IPC – Infection Prevention and Control

MDT – Multi disciplinary team

MS – Microsoft

NBM – Nil By Mouth

NHS – National Health Service

NIC – Nurse in Charge

OD – Organisational Development

OT – Occupational therapy

PDD- Predicted Date of Discharge

PPE – Personal Protective Equipment

PT – Physiotherapy

QSIR – Quality Service Improvement and Redesign

RAG – Red, Amber, Green

RSU – Respiratory Support

SALT – Speech and Language Therapy

SEAU – Surgical Assessment Unit

SPA – Single Point of Access

SPC – Statistical Process Control

TTO – To Take Out

VIP – Venepuncture insertion pathway

WebV – patient administration system

Example SI

Rapid Review Report (possible Serious Incident)

Figure 1: Example Rapid Review Report

Datix ID		StEIS Ref (if applicable)	
Incident date	3 January 2023	Incident reported date	3 January 2023
Incident category	Medication/Biologics/Fluids	Sub-category	Administration to Patient
Hospital site	Pilgrim Hospital, Boston	Location	Acute Cardiac Unit (Pilgrim)
Division	Cardiovascular CBU	Specialty	Cardiology
Author of report	Chelsea Spencer / Sophie Rudge		
Date of report	06/01/2023		

What happened?

Patient admitted on the 2nd December 2022 and treated for chronic diabetic foot ulcer and atheromatous vascular disease. Treated with IV abx and IV fluids.
Patient journey
IAC on 03/12/2022
5B on 03/12/2022
8A on 24/12/2022
ACU on 28/12/2022 due to hyperkalaemia for treatment and to be cardiac monitored. Blood glucose levels were not controlled since admission had hypoglycaemic episodes but also episodes of hyperglycaemia. Was on VRII 21st – 29th December but lantus not given 23rd (on ward 5B) 26th/ 27th (on ward 8a) 30th/31st/1st/2nd Dec (on ACU)
On 29th December, endocrine reviewed as well as diabetes specialist nurse. VRII to be stopped as per their advice and stat lantus and actrapid to be given. Lantus was given however actrapid was not. These were prescribed on two different insulin charts.
Patient had ketone check on 2/1/23 which was 3.1. VBG was requested and taken but then not taken to the lab. Staff then requested a further VBG to ascertain if he was acidotic.
Patient had pH of 7.29 and bicarb 15.4 but ketones had improved to 2.1 at 16:44. Not documented but ward sister spoke to doctor following this blood gas and he said not to treat as DKA as now did not meet the criteria due to blood glucose levels and ketone improving.
Hyperkalaemia bundle repeated complete at 19:50. Blood glucose at 22:02 was 13.6.
03/1/23 06:23 blood glucose checked 27.3 ketones were then checked and were 5.6. Patient escalated and moved to IAC for them to deliver DKA pathway.
Overall, patient missed long-acting insulin for some doses and cannot find documentation as to who held this as all documentation states to keep giving long-acting insulin. There is lack of documentation to state that it was handed over that the patient had raised ketones on the 2/1 when handing over to the nurse on the night shift. No documentation from medical team on the 02/01 or the 03/01 prior to starting DKA pathway.

Action taken

Spoken to the diabetes team and obtained a preventing diabetes flow chart to assist staff with escalating and caring for hyperglycaemic patients. This will be printed in colour and A3 format.
Added to safety huddle regarding importance of escalating high BM's to the doctors for review
Added to safety huddle regarding the importance of documenting when any action has been escalated to the doctor as their proof of escalation.
Post added to private Facebook group regarding importance of documentation.

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Diabetes training checked and is 100% - emailed all registered staff to complete again for refresh.

Is any urgent action required (before the investigation is complete)?

N/A

If this is a patient care incident, what level of harm came to the patient? (please select)

☐ **No harm** – *Either the impact of the incident was prevented (a near miss) or the impact occurred but did not cause any harm to a patient*

☐ **Low harm** – *The incident resulted in minimal harm to one or more patients, requiring extra observation or minor treatment*

☒ **Moderate harm** – *The incident resulted in significant but not permanent harm to one or more patients, requiring a moderate increase in treatment, possible surgical intervention, or transfer to another area*

☐ **Severe harm** – *The incident appears to have resulted in permanent harm to one or more patients*

☐ **Death** – *The incident directly resulted in the death of one or more patients*

*If the incident has been graded as **Moderate harm**, **Severe harm**, or **Death**, please confirm if Duty of Candour requirements have been complied with:*

In person notification completed	*YES*
Written follow-up completed	*YES*

What factors have been identified as potentially causing or contributing to this incident? If a Serious Incident is declared, these may be used as terms of reference for the investigation.

Patient should have had long acting insulin while on VRII and when this was completed – this was not given on 7 occasions on 3 different wards.
Patient should have had ketones checked far more regularly if the preventing diabetes emergency algorithm had been followed. This could be down to inexperienced staff.
Poor documentation from nursing staff regarding escalation of patient.
Lack of documentation from medical staff regarding treatment of ketones and commencement of DKA.

Reviewer's recommendation (please select)

☐ *Declaration and investigation as a Serious Incident; if so, please identify the relevant SI type on **Table 1** below*

☐ *Comprehensive divisional investigation (requiring a full written report, but not declared as a Serious Incident)*

☐ *Concise departmental investigation (documented on Datix)*

Serious Incident Panel decision

Risk and Incident Team to add following SI Panel.
Rapid Review presented by [Name of Person] at [RR/SI] Panel meeting on [Date] (present [insert panel members names]). Agreed that this [did/did not] meet the criteria for reporting as an SI because

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Table 1

Serious Incident type	X
An act or omission occurring as part of NHS-funded healthcare resulting in unexpected or avoidable death of one or more people.	
An act or omission occurring as part of NHS-funded healthcare resulting in unexpected or avoidable injury to one or more people that has resulted in serious harm	
An act or omission occurring as part of NHS-funded healthcare resulting in unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent death or serious harm	
An act or omission occurring as part of NHS-funded healthcare resulting in actual or alleged abuse	
A Never Event (as defined in the national Never Events list), please specify:	
Failures in the security, integrity, accuracy, or availability of information that prevents, or threatens to prevent, the organisation's ability to continue to deliver an acceptable quality of healthcare services	
Security issue or property damage that prevents, or threatens to prevent, the organisation's ability to continue to deliver an acceptable quality of healthcare services	
Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population	
Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS)	
Systematic failure to provide an acceptable standard of safe care (which may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services)	
Activation of Major Incident Plan	
Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or the organisation	

Duty of Candour Example Letter

Figure 2: Example Duty of Candour Letter

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NHS
United Lincolnshire Hospitals
NHS Trust

Hospital
Sibsey Road
Boston
Lincolnshire
PE21 9QS

Tel: 01205 364801

www.ulh.nhs.uk

PRIVATE AND CONFIDENTIAL
PATIENTS ADDRESS#
DATE

Dear PATIENTS NAME

I am writing to you today to follow up our conversation regarding the quality of care you received at HOSPITAL.

I understand that (WHAT HAPPENED) there were missed does of insulin whilst you were on an alternative insulin regime. This was then not followed up correctly and we are unsure if as a result you developed diabetic ketoacidosis, which has now been treated and resolved. On behalf of the Trust, I would like to express how sorry I am for any pain, discomfort, or distress this has caused you and your family.

I would also like to reassure you that we will review this episode of care so that we can try to understand what has happened and put in place measures if required to reduce the risks of this nature from happening again. If there are any particular concerns that you would like us to look into, please let me know.

In the meantime, if you have any questions or if there is anything else I can do to help and support you please do not hesitate to contact me. My contact details are as follows:

Telephone: MANAGERS NUMBER

Email: MANAGERS EMAIL

Yours faithfully,

MANAGERS NAME

PLACE OF WORK

Lincolnshire Hospitals NHS Trust

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Cleric

Transport Portal User Access

Figure 3: Transport Portal User Access Form

Please complete the following user account application form. This will be used by HTG-UK (formerly Thames Ambulance Service (TASL)) to ensure that all information collected for each user is correct and up to date.

Please return this form to HCPTraining@htg-uk.com

Required Information			
Full Name:			
Job Title:			
NHS Trust:			
Email Address:			
Contact Telephone Number:			
Line Manager:			
Ward/Department/Clinic:			
Hospital/NHS Facility:			
Signature of applicant:		Date:	
Signature Immediate Manager:	Sign:	Date:	
	Print:		

Upon receipt of this form, you will receive email notification that your application form has been received, and you will be offered training dates and times.

We will create your account on Cleric. You will receive an email containing your Username and Password along with a 'How to' guide attached once training is completed.

Please contact the above email address if there are any issues or queries.

Please note that inactivity of more than 60 days may result in the account being made inactive and a request for a new password would need to be made.

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Figure 4: SPA form

DISCHARGE SINGLE POINT OF ACCESS (SPA) REFERRAL FORM

If CHC fast track funding is required, please contact the palliative team - <u>do not</u> complete this form

PATIENT NAME:	DOB:	NHS No:
SECTION 1	POTENTIAL PATHWAY (Pathway 0 – simple discharge home. SPA <u>not</u> required and ward facilitate patient discharge)	
Recommended pathway based on current needs	Choose an item.	
Reason for choosing this pathway & rationale for referral		
Patients' goals and wishes		
SECTION 2	ADMISSION AND LOCATION	
Reason for admission		
Date of admission		
Diagnosis & past medical history		
Ward name and hospital site		

SECTION 3	PRE-ADMISSION LIVING SITUATION	
Does the patient live alone?	Choose an item.	Additional information
What is the patients' current living situation? Care home, house, bungalow etc.		
Does the patient have any formal or informal support? Carers, meals on wheels, voluntary services, mental health input etc. If yes, who provides this?	Choose an item.	Additional information
Next of KIN Name, relationship and contact number		
SECTION 4	CURRENT COGNITION AND BEHAVIOUR	
Does the patient require cognitive or behavioural support?	Choose an item.	Additional information Enhanced care plans etc.

Can the patient give consent to the discharge plans?	Choose an item.
If no, has an MCA/best interest assessment been completed?	Choose an item. Please attach any completed assessment forms

SECTION 5	CURRENT FUNTIONAL ABILITY	
Are carers required?	Choose an item.	Additional information Any questions answered as "assistance" please provide the specific information.
If yes, how many?	Choose an item.	
Hygiene needs	Choose an item.	
Mobility	Choose an item.	
Continence	Choose an item.	
Pressure care	Choose an item.	
Meal and drink preparation	Choose an item.	
Medication	Choose an item.	
Bariatric	Choose an item.	
>3 admissions in the last 6 months	Choose an item.	
ReSPECT form completed	Choose an item.	

SECTION 6	INFECTION RISK
Any infections known?	
SECTION 7	**ADDITIONAL INFORMATION**
Please provide any additional information or concerns for support on discharge from hospital	e.g., multiple falls within the last 6 months; home potentially unkempt/unsafe; safeguarding concerns; wandering etc.
SECTION 8	**REFERRER DETAILS**
Name	
Designation	
Contact details	
Completion date	

Please attach the Moving and Handling form if completed

Email Discharge SPA referral to: ulh.dischargesspa@nhs.net

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How to Record Appraisal Dates in ESR

Figure 5: How to record an appraisal date in ESR

How to Record Appraisal Dates in ESR

ESR contains functionality that allows managers/supervisors to record Appraisal Dates within the system. It is NOT intended that individual employees record their own information as this still will necessitate the Manager/Supervisor/main Appraiser to access ESR and go through the Appraisal Screens to check the details.

Once the appropriate dates are stored within ESR they will automatically send reminders, both to the Manager and the Employee.

Please note: Notifications can only be sent if the Next Review Date field has been populated

➢ Log into ESR Portal
➢ My ESR
➢ Manager
➢ My Team Career Information
➢ Appraisals and Reviews

1. The first screen you will see is as below showing Appraisals in Progress

2. Click on **Go** next to Create Standard Appraisal
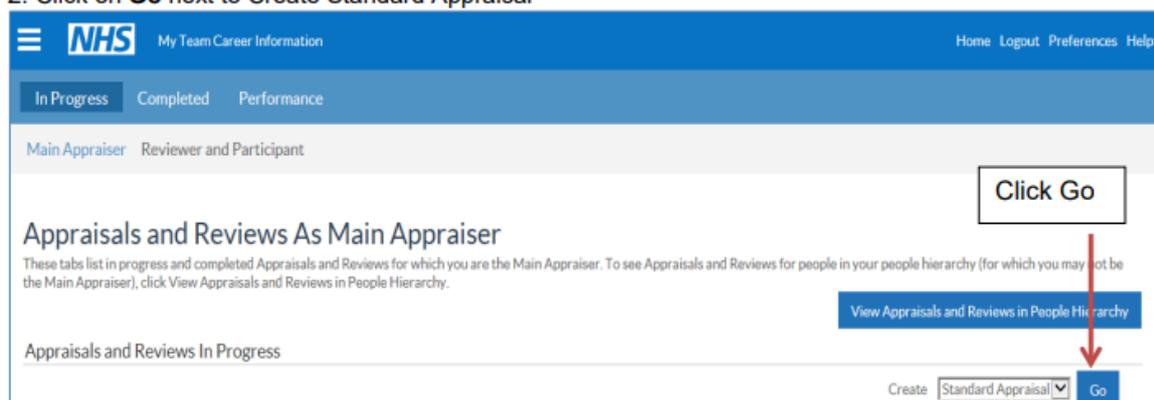
3. You will then see a list of staff in your ESR Self Service hierarchy

Click the plus icon to display more staff in the hierarchy as required
OR
Type last name in name box and click Go.

4. You are now ready to enter the Appraisal information

> 6. Click on the drop down arrow to the right of **Review Type** and choose the appropriate type from the available list – usually **Performance Appraisal**

> 7. Enter date beginning and end of financial year e.g. 1 -Apr-2017 / 31 -Mar-2018 (see note below)

> 8. Click on the **magnifying** icon next to the **Template** (see 9 and 10 below)

NOTE: The fields use the format 'DD-MON-YYYY'. The period start date will be the start date of the financial year we are in or the start date of the employee whichever is later.

5. After clicking the template drop down arrow, the following screen will display. Click **Go**.

6. This will display the list of templates. Select the latest **357 ULH Non Medical Appraisal**

7. The **Appraisal Date** should be completed with the actual date of the Appraisal. Please note this box will auto populate with 'todays' date and amendment may be required

8. The **Next Appraisal Date** should be the date of the next appraisal – this will generate a notification reminder to both the Main Reviewer and the Employee 4 months and 1 month prior to the date entered. Please Note in the example shown below the Next Review Date is that of the next Annual Review

9. **PLEASE NOTE: If Appraisal dates are being entered on behalf of the Main Reviewer, the Main Reviewer will need to be an ESR manager or Supervisor Self Service User and still need to log into ESR and open and action the notifications relating to the Appraisal**

10. The Main Reviewer field should contain the name of the person who is the Reviewer as this will be the person who will receive the notifications that the next review is due. **This field will automatically populate with the name of the person logged in recording the information. If this is not the name of the Reviewer, click into the Main Review Box and enter the Last Name followed by a % sign, then click the Tab key.** This will list names matching those of the surname entered, you should choose the correct name from the list using the **Quick Select** icon – this will then populate the Main Reviewer box

11. Once all of the details have been completed, as the example below, click on **Add Details**

12. You may enter the agreed outcome in the overall comments box as per example below, then click on **Save and Proceed**

13. Click on **Complete Appraisal**

14. Click on **Continue**

15. Click on **Submit**

OUTSTANDING CARE *personally* **DELIVERED**

16. You will then see the following message, if you are happy with the details you have entered please press **Yes** to complete the recording of the appraisal dates
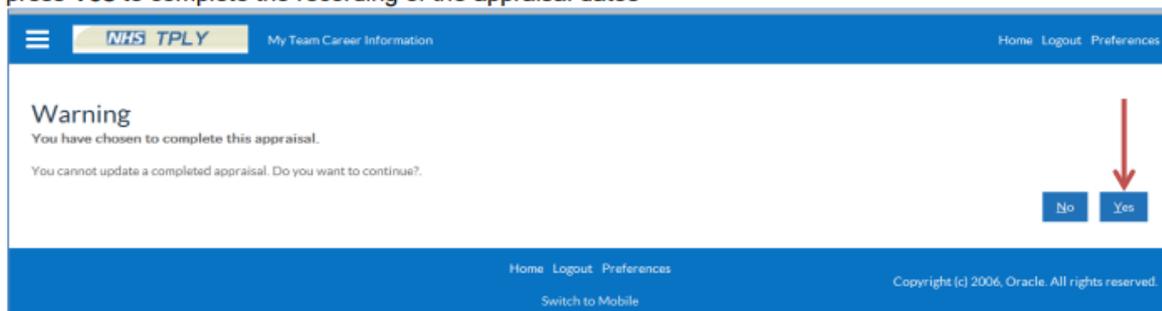
17. Once you have entered the details you will be returned to the main appraisal screen
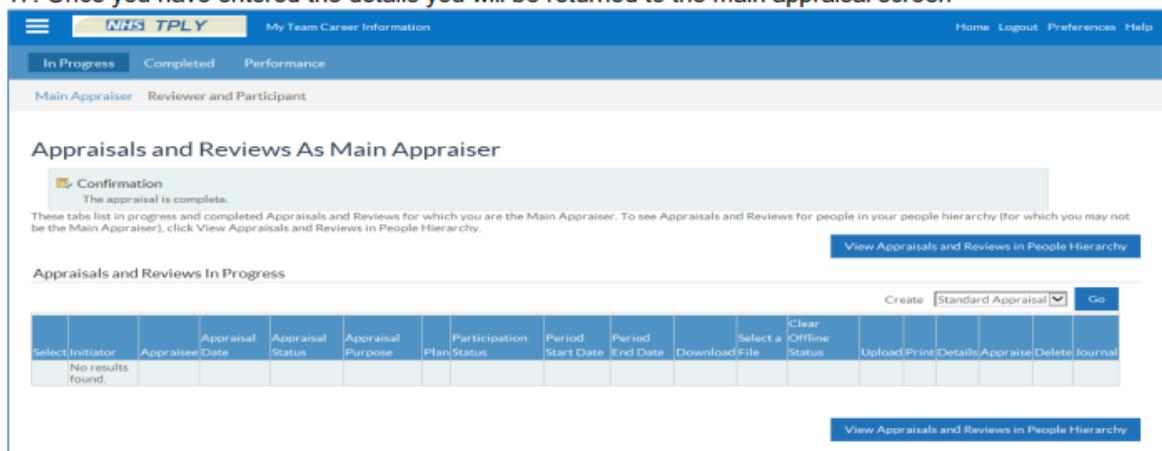
18. By clicking on the **Completed** tab you will be able to see all appraisals you have completed via ESR Supervisor Self Service
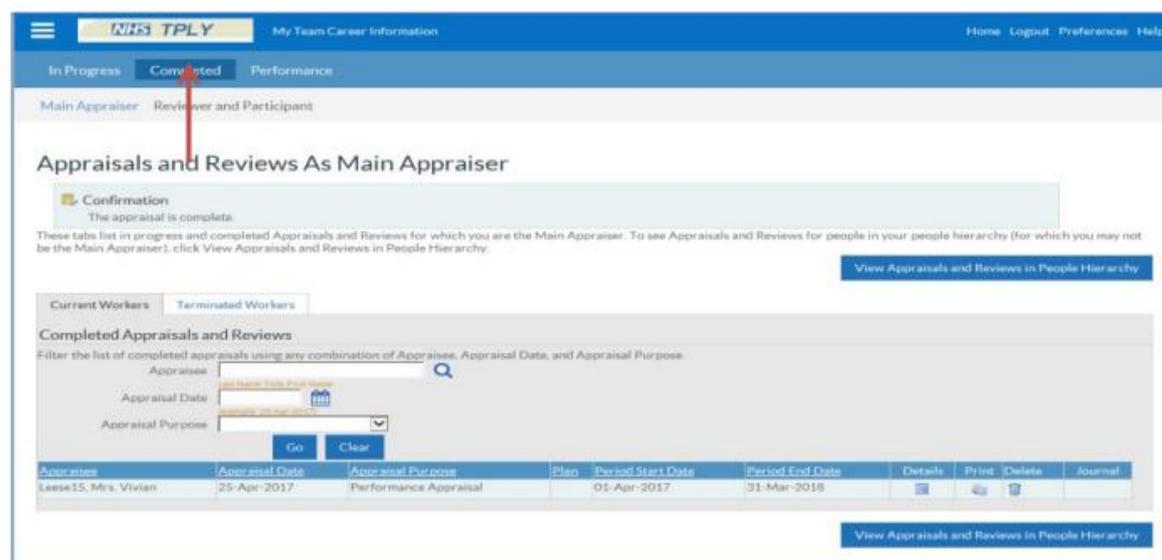
All Staff - Mid-Year Review Form

Figure 6: Mid-year review form

SECTION 1: ABOUT ME			
Name:		Job title:	
Team:		Grade:	
Line manager:			
Date of Review:			
SECTION 2: Review of Objectives			

Review Relevance, Progress, Concerns, Support needed

Review of how you are demonstrating the Trust values and how you contribute to patient care.	*Patient Centred, Respect, Excellence, Safety and Compassion.*

SECTION 3: ABOUT MY WELLBEING – FOR DISCUSSION

There are support services and staff networks that you can access should you need it. These can be found on the Trust Intranet Wellbeing at ULHT - Home (sharepoint.com) and Health and Wellbeing - United Lincolnshire Hospitals Intranet

Please highlight what you would like to discuss about your wellbeing in the space below

SECTION 4: Mid-Year Summary

Line manager's summary

Staff member's summary

SECTION 5: SIGNATURES

Appraiser/manager signature:		Date:	
Staff member signature:		Date:	

1:1 Template

Figure 7:1:1 check in discussion template

1-1_Check-in Discussion (Template)

This document does not need to be recorded, signed, or shared with anyone. The aim of this form is to guide and support line managers in having 1:1 discussions with direct reports.

Employee name:		Date of discussion:	
Job title:			
Line manager name:			
Q1. How are you?			
Q2. What would you like to discuss today?			

Q3. What can I do to support you in your role, or in achieving your goals?

Other/Misc

i.e., development / training needs

Agreed actions and next steps:

Appraisal Discussion Template

Figure 8: Appraisal Template

All staff- Appraisal and Career Discussion: Part One
Please return your completed form to your line manager/Appraiser 2-3 days before the date of your appraisal and career discussion meeting

SECTION 1: ABOUT ME			
Name:		Job title:	
Team:		Grade:	
Line manager:		Appraiser (if different from line manager)	
Date of Appraisal:		Date of most recent Appraisal:	
SECTION 2: ABOUT MY PERFORMANCE – FOR DISCUSSION			
Q1. Overall, how do you feel the past 12 months/few months (if you are new) have gone			
Q2. Summarise your achievements i.e., successes, compliments etc.			

Q3. Highlight if/what you have found challenging or difficult?	
Q4. Share improvements or changes that would help you to do your job better	
Q5. Think about how you demonstrate the Trust values and how your role impacts on patient care.	*Patient Centred, Respect, Excellence, Safety and Compassion.*

SECTION 3: ABOUT MY PROFESSIONAL RELATIONSHIPS – FOR DISCUSSION

Q6. How would you describe your relationship with the following individuals and groups:

(Tick relevant box ☒)	Excellent	Positive	Getting better	Needs improving
6a. Line manager	☐	☐	☐	☐
6b. Immediate team i.e., colleagues you work alongside	☐	☐	☐	☐
6c. Direct reports i.e., colleagues who report to you	☐	☐	☐	☐
6d. Peers i.e., colleagues outside of your team	☐	☐	☐	☐
6e. Others (please state), i.e., patients, NEDS, volunteers, partners	☐	☐	☐	☐

SECTION 4: ABOUT MY CAREER AND DEVELEMENT GOALS – FOR DISCUSSION

Q7. This section is to help you reflect and discuss where you are at a given point within your career.

If you are considering a change of role, this can include a sideways move, stepping down into a less senior role or moving up into a more senior role.

OR

| I am content to remain in my current role | I am considering another role now / in the near future and would like to explore this further |

| What I would like to achieve in my current role over the next 12 months: | What role/s I am considering OR where I might see myself in the future in terms of my career: |

| What support / development might I need to achieve this: | What support / development might I need to achieve this: |

| **SECTION 5: ABOUT MY WELLBEING – FOR DISCUSSION** |
| There are support services and staff networks that you can access should you need it. These can be found on the Trust Intranet Wellbeing at ULHT - Home (sharepoint.com) and Health and Wellbeing - United Lincolnshire Hospitals Intranet |
| Q8. Please highlight what you would like to discuss about your wellbeing in the space below |
| |

All staff- Appraisal and career discussion: Part Two

Part two is to be completed with the member of staff during the appraisal, agreeing objectives for the next 12 months. Please consider how realistic and achievable the objectives will be within the timeframes set.

It may be helpful to refer to SMART objectives within the appraisal guidance.

SECTION 1: AGREED JOB ROLE OBJECTIVES FOR THE NEXT 12 MONTHS		
	Agreed deliverables for the next 12 months	End date
Objective 1:		
Objective 2:		
Objective 3:		
Objective 4:		
Objective 5:		

Objective 6:		

Line managers/appraisers: encourage staff to consider alternative development options in addition to formal training. This can include for, example, 'stretch opportunities', contributing to quality improvement initiatives/projects, contributing to, or undertaking a research project, receiving coaching or mentoring, a secondment, job shadowing, cover for holiday/maternity cover.

SECTION 2: DEVELOPMENT GOALS

	Brief description	How will this be achieved
Development goal 1:		
Development goal 2:		
Development goal 3:		

Line managers/appraisers: This section is to provide an overall assessment and summary of the member of staff's performance over the last 12 months, including how they have demonstrated the Trust's values and behaviours in their day-to-day role.

Member of staff: This is an opportunity for you to provide an overall assessment and summary of your own performance over the last 12 months and how you feel you have demonstrated the Trust's values and behaviours when carrying out your day-to-day role.

SECTION 3: OVERALL ASSESSMENT and SUMMARY OF PERFORMANCE

Line manager's overall assessment and summary of performance

Staff member's overall assessment and summary of performance

Line managers/appraisers: Please ensure that you confirm with the member of staff that they are up to date with their training and complete the below.

SECTION 4: MANDATORY TRAINING COMPLIANCE			
(Tick relevant box ☒)	YES (100%)	NO	N/A

Mandatory training complete	☐	☐	
Medical Device and other devices training: Are you confident and competent to use medical and other devises necessary for your role?			

Signature required to confirm that the contents of this appraisal are an accurate reflection of your discussion and that there is agreement in the objectives set.

SECTION 5: SIGNATURES			
Appraiser/manager signature:		**Date:**	
Staff member signature:		**Date:**	

New Starter Forms

Figure 9:Uniform order form

United Lincolnshire Hospitals **NHS**
NHS Trust

United Lincolnshire Hospitals NHS Trust
Estates & Facilities Directorate

STAFF UNIFORM ORDER/ALTERATION FORM

Female staff have the option to wear either a dress or trousers and tunic.

PERSONAL DETAILS	
TITLE (delete as appropriate)	MR/MRS/MISS/MS/DR
NAME	
JOB TITLE AND GRADE	
DEPARTMENT	
DATE OF COMMENCEMENT	
WORK CONTACT TEL. NO.	

TYPE OF UNIFORM REQUIRED	

PERSONAL MEASUREMENTS	
Chest/Bust	
Back of neck to hem	
Waist	
Back of neck to waist	
Inside leg	

You will be notified by the Sewing Room when your uniforms are ready for collection.

Your manager will decide the total number of uniform items you will be allowed. You can ask for a combination of dresses/trousers/tunics up to the maximum number decided by your Manager..

As a guide, the following will apply for nursing staff:

	No. of uniform sets	No. of items issued		Dresses
		Tunics	Trousers	Dresses
5 or more shifts/days worked per week		5	2	5
3-4 shifts/days worked per week		4	2	3 or 4
1-2 shifts/days worked per week		2	2	1 or 2

This section to be completed by your Manager (NOTE: Incomplete forms will be returned)

Manager to insert number of items to be issued.
No. of each item required:

Shirts ☐   Blouses ☐   Polo Shirts ☐   Cardigan ☐

Dress ☐   Tunic ☐   Trousers ☐   Yellow Coat ☐

Signing this form indicates you are on the Trust's authorisation matrix and therefore authorised to commit this expenditure.

NAME OF MANAGER (Please print)	
Signature of Manager	
Cost Code	

SIGNING THIS FORM INDICATES YOU ARE ON THE TRUST'S AUTHORISATION MATRIX AND THEREFORE AUTHORISED TO COMMIT THIS EXPENDITURE.

Staff member to sign for uniform on collection

NAME (Please print)	
SIGNATURE	
DATE	

New Starter Application Form

Figure 10: ID badge request form

NHS
United Lincolnshire
Hospitals
NHS Trust

New Starter Application

Guidance

The **New staff member** will need to fill out Section A and sign Section C to verify the details provided are accurate and they understand the declarations below.

Line manager will need to select the relevant requirements in Section B and print and sign their name in Section C.

Sections A, B and C must be completed in order for the System Access team to process the request.

Identification Requirements

Requirements for ID badges are set out by internal policy.

For an ID badge we require a form of photographic identification; Passport, Driving Licence, HM Armed Forces Identity Card, Biometric Residence Permit, or Identity Card carrying the PASS logo. If absolutely no photo ID is available, the Line Manager may accompany them to verify identity along with a valid form of non-photographic ID such as birth certificate, utility bill or bank statement.

NHS Digital sets out national requirements for Smartcards.

For a Smartcard we require either; **two ID from group A and one from group B, or, one ID from group A and two from group B.**

Group A: Passport, Driving Licence, HM armed Forces ID, Biometric Residence Permit or Identity carrying the PASS logo.

Group B: Utility Bill, Financial Statement, HMRC Statement, Local Authority Tax Bill, Local Council Rent Card, or Tenancy Agreement.

ID Declaration

I agree to pay a replacement fee (detailed below) if the allocated ID card is lost or intentionally damaged.

I agree to return the ID card to the ICT System Access Services on termination of my employment with ULHT.

The ID card is not transferable and is not to be used by any other person. Failure to comply will result in disciplinary action.

The image taken for your ID card will be used to add your image onto your network (computer) account. If you wish to opt out of having, you image added to your network account please tick the box overleaf.

ID Replacement Fee Site	Fee
Lincoln/Louth/Boston/Grantham	£5

To arrange an appointment
If you require an appointment to have a new starter set up with ID/Smartcard/Network access, please contact 445800

New Starter Application

Please complete the following (fields marked * are mandatory) and ensure all fields are signed.

Section A – Personal Information

Title (Dr, Mr, Mrs, Miss, Ms etc.):	
*First Name:	
Middle Name(s):	
*Family Name (Surname):	
Preferred Name (if different):	
*Date Of Birth (dd/mm/yyyy):	
National Insurance Number (Smartcard Related):	
*Job Title:	
*Please indicate if this is an Agency worker	☐ Yes ☐ No
*Department	
*Site	

Section B – Line Manager

The staff member detailed above will require;

☐ **ID Badge (Lincoln & Louth Only)**

☐ **Network & Email Account**

☐ **Smartcard**

☐ **Access Pack (Registered Nursing Staff & Doctors)**

Section C – Signatures

I _____ agree to pay a replacement fee (detailed overleaf) if the allocated ID card is lost or intentionally damaged

I agree to return the ID card to System Access Services on termination of my employment with ULHT

I agree to the use of my photo image on my network account

⠀⠀⠀⠀☐ I wish to opt out of this

Staff Signature_____ **Date**_____

Line Manager Print_____ **Date**_____

Line Manager Signature_____

Figure 11: EF1 Form

Internal Use Only			
ESR Emp No:			
HR Team:		Date:	DD/MM/YYYY
Payroll:		Date:	DD/MM/YYYY
Pensions:		Date:	DD/MM/YYYY

EF1 – Staff Appointment Form

Personal Details:

Title:	Forename(s):		Surname:	
Address:				
			Post Code:	
Home Telephone No:			Mobile:	
Email Address:			NI Number:	
Marital Status:		Previous Name:		Preferred Name:
Date of Birth:			Gender:	
Nationality:			Country of Birth:	

Emergency Contact:

Name:		Relationship:	
Address:			
		Post Code:	
Home Telephone No:		Mobile:	

Confidential Monitoring Information: please leave any sections blank that you do not wish to disclose

Religion:		Sexual Orientation:	
Disability:		Ethnic Group:	

Previous NHS Employment:

Employer	Job Title	Full/Part Time?	Pensionable?	From	To
			Yes / No	DD/MM/YYYY	DD/MM/YYYY
			Yes / No	DD/MM/YYYY	DD/MM/YYYY

Professional Registrations / Qualifications: (e.g., NMC, GMC, HCPC)

Description	Registration No.	Expiry Date	HR Verified
		DD/MM/YYYY	DD/MM/YYYY

Bank Account Details:

Name of Bank/Building Society & Branch:	
Address:	
Bank Current/Deposit Account Number:	
Sort Code:	
Building Society Account Roll Number:	

Employee Statement: you **must** tick either A, B or C below

A	This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, Taxable Incapacity Benefit, State Pension or Occupational Pension.	
B	This is now my only job but since 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State Pension or Occupational Pension.	
C	As well as my new job. I have another job or receive a State Pension or Occupational Pension.	

Student Loan:

Do you have a Student Loan which is not fully repaid, and all of the following apply:

- You left a course of UK Higher education before last 6 April
- You received your first Student Loan instalment on or after 1 September 1998

Yes ☐   No ☐

Select 'No' if repaying your Student Loan direct to the Student Loans Company by agreed monthly payments

If yes, please confirm which plan you are paying into:

Plan 1 ☐   Plan 2 ☐

Pensions & Retirement:

Are you in receipt of a State or Occupational Pension?			Yes / No
If yes, please state:	Start Date: DD/MM/YYYY	Annual Pension:	£
Are you in receipt of an NHS Pension?			Yes / No
Do you have an NHS Added Years Contract or NHS AVC?			Yes / No
Have you received the NHS Pension Scheme Guide?			Yes / No

Auto-Enrol Nurse Bank (where applicable): Staff Nurses and Health Care Support Workers Only

Auto-Enrol on to ULHT's Nurse Bank?		Yes / No / Not Applicable	
HR Ops Completion Only			
All forms received	Yes / No	Bank post created	Yes / No

Employee Declaration:

I confirm that the information on this form is correct to the best of my knowledge. I authorise the deduction from pay of any lodging/board/meals/beverages or other agreed charges.

Employee Signature:		Date:	DD/MM/YYYY

To be completed in full by Appointing Manager:

Job Title:		Grade/Band:	
Department/Ward:		Base/Site:	
Hours per Week:		Cost Code:	
Commencement Date:	DD/MM/YYYY	Start Date in NHS:	DD/MM/YYYY
Starting Pay:	£	Starting Pay Point:	
Contract Type:		Contract Period:	
Contract Termination Date:	DD/MM/YYYY	Hours/Sessions Per Week:	
Supervisor:		Supervisor's Position:	

Medical Staff Only		Banding:	
% On Call:		Additional PAs:	
Weekly Additional Hours:		Weekly Night Hours:	
Weekend Banding:	%	Availability Allowance:	%

Appointing Manager Declaration:

I confirm that I have engaged the person named above and that the information given has been verified where applicable and is correct to the best of my knowledge.

Appointing Manager's Signature:		Date	DD/MM/YYYY
Appointing Manager's Name:			
Appointing Manager's Position:			