



East Lancashire Hospitals
NHS Trust

Your Trust Quality Handbook

Safe | Personal | Effective



Welcome to your Trust Quality Handbook

Here at ELHT, we are always trying to improve and we place a great deal of focus on the quality of our service and patient experience. The purpose of this handbook is to equip you with the information about the Trust that will help you understand and demonstrate our vision and values, and the context in which you contribute to safe, personal and effective care.

The quality of our services is checked regularly by the Care Quality Commission when they visit our premises to carry out reviews and inspections. Their process is explained in this handbook, but remember, a CQC visit is a great opportunity to demonstrate the fantastic work done on behalf of the people of East Lancashire and beyond by the staff and volunteers of ELHT.

A handwritten signature in black ink, appearing to read 'K.P. McGee'.

Kevin McGee
Chief Executive

About East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust (ELHT) was established in 2003 and is a large integrated health care organisation providing high quality acute secondary healthcare for the people of East Lancashire and Blackburn with Darwen.

We aim to deliver high quality, high value care and contribute to a health gain for our community.

We treat over 700,000 patients a year from the most serious of emergencies to planned operations and procedures. Our high quality healthcare services are offered across five hospital sites, and various community sites.

We also provide a regional specialist service to Lancashire and South Cumbria for hepatobiliary, head and neck and urological cancer services, and cardiology services. In addition the Trust is a network provider of Level 3 Neonatal Intensive Care.



We offer care across five hospital sites, and various community sites, using state-of-the-art facilities



Last year we saw over 121,000 inpatient admissions; 580,000 outpatient attendances and 185,500 A&E attendances



We employ around 8000 people, some of whom are internationally renowned and have won awards for their achievements



Our performance has continued to improve and we have delivered cost savings of £85m over the last five years

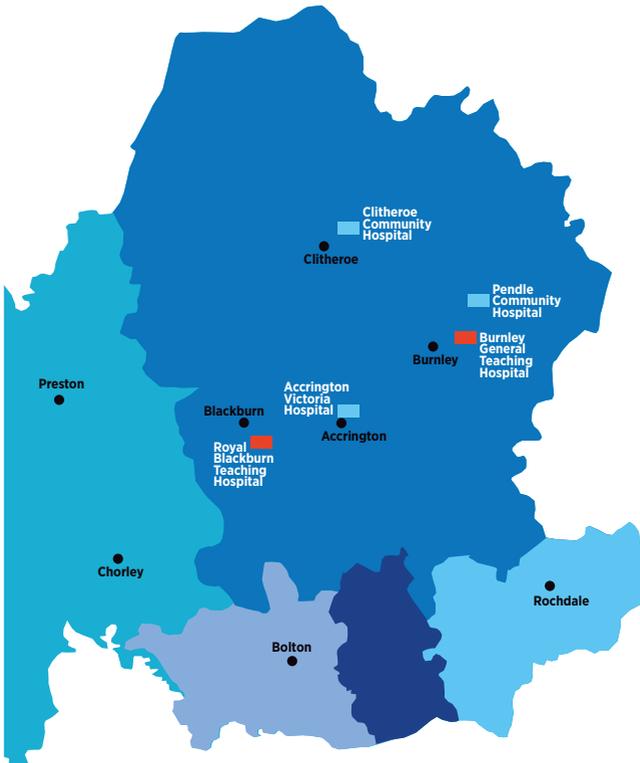


We are a teaching organisation and have close relationships with our academic partners the University of Central Lancashire, Blackburn College and Lancaster University.

Our Hospitals

We operate 5 hospitals, serving the population of East Lancashire and Blackburn with Darwen:

- Royal Blackburn Teaching Hospital
- Burnley General Teaching Hospital
- Clitheroe Community Hospital
- Accrington Victoria Community Hospital
- Pendle Community Hospital



Royal Blackburn Teaching Hospital

You can see a detailed site map on OLI



Burnley General Teaching Hospital

You can see a detailed site map on OLI



Our services

We provide a full range of acute hospital and adult community services. We are a specialist centre for Hepatobiliary.

Royal Blackburn Teaching Hospital provides a full range of hospital services to adults and children. This includes:

- General, specialist medical and surgical
- Full range of diagnostic (e.g. MRI, CT scanning) and support services.
- New operating theatres and robotic surgery
- Urgent Care Centre
- Emergency Department
- State-of-the-art inpatient facilities
- Centralised outpatients department
- Blackburn Birth Centre (off-site).

Burnley General Teaching Hospital provides a full range of hospital services. This includes:

- General, specialist medical and surgical services
- Full range of diagnostic (e.g. MRI, CT scanning) services
- Specialising in elective treatments
- Urgent Care Centre for minor injuries and illnesses
- The Lancashire Women and Newborn Centre
- Centralised consultant-led maternity unit
- Level 3 Neonatal Intensive Care Unit
- Midwife-led birth centre
- Purpose-built Gynaecology unit
- New East Lancashire Elective Centre.

Pendle Community Hospital in Nelson provides:

- Inpatient intermediate care and medical beds
- Medical and nursing care for people with long term conditions
- Rehabilitation service for people following illness or injury.

Accrington Victoria Community Hospital provides:

- Audiology Clinics
- Inpatient Services
- Minor Injuries Unit
- Occupational Therapy
- Outpatient Services
- Physiotherapy
- Renal Services
- X-Ray.

Clitheroe Community Hospital provides:

- Inpatient Services
- Outpatient clinics and services
- Inpatient and Rehabilitation Day Unit service.

Our outpatient services are also provided at a range of local community settings, enabling patients to access care closer to their homes wherever appropriate. The Trust provides a range of services in local community settings across each locality. This enables patients to access care closer to home wherever appropriate. Services include:

- District Nursing
- Health Visiting
- Intensive Home Support Service (IHSS)
- Integrated Neighbourhood Team Coordinators
- Specialist Nursing Services
- Treatment Rooms
- Outpatient Clinics



Our Vision:

To be widely recognised for providing safe, personal and effective care



Our Objectives:

Put safety and quality at the heart of everything we do

Invest in and develop our workforce

Work with key stakeholders to develop effective partnerships

Encourage innovation and pathway reform, and deliver best practice



Our Values:

- Put patients first
- Respect the individual
- Act with integrity
- Serve the community
- Promote positive change



Our Operating Principles:

Quality is our organising principle.

We strive to improve quality and increase value.

Clinical leadership influences all our thinking

Everything is delivered by and through our clinical divisions

Support departments support patient care

We deliver what we say we will deliver

Compliance with standards and targets is a must.

This helps secure our independence and influence.

We understand the world we live in, deal with its difficulties and celebrate our successes.



Our Improvement Priorities:

Reducing mortality

Avoiding unnecessary admissions

Enhancing communications and engagement

Delivering reliable care

Timeliness of care

Our Leadership



Professor Eileen Fairhurst
Chairman



Kevin McGee
Chief Executive



Jonathan Wood
Director of Finance and
Deputy Chief Executive
(Voting)



Dr Damian Riley
Medical Director and
Deputy Chief Executive
(Voting)



Martin Hodgson
Director of Service
Development and
Deputy Chief Executive
(Voting)



Christine Pearson
Director of Nursing
(Voting)



David Wharfe
Non-Executive
Director and
Vice-Chair
(Voting)



Naseem Malik
Non-Executive
Director and
Vice-Chair
(Voting)



Stephen Barnes
Non-Executive
Director
(Voting)



Richard Slater
Non-Executive
Director
(Voting)



Richard Smyth
Non-Executive
Director
(Voting)



**Professor
Mike Thomas**
Non-Executive
Director
(Voting)



Trish Anderson
Non-Executive
Director
(Voting)



Mike Wedgeworth
Associate
Non-Executive
Director
(Non-Voting)



John Bannister
Director of Operations
(Non-Voting)



Christine Hughes
Director of Communications
and Engagement
(Non-Voting)



Kevin Moynes
Director of Human
Resources and
Organisational
Development
(Non-Voting)

Our Regulator: The CQC

As our regulator, the Care Quality Commission's (CQC) role is to ensure that our patients receive high quality care.

You can find out more about their role at www.cqc.org.uk

The CQC monitors, inspects and regulates services to make sure that they meet fundamental standards of quality and safety. It publishes its findings, including performance ratings, to help people choose the best place for their care.

Providers of health and care services are regularly inspected. Whenever we have an inspection it is a great opportunity to showcase all the fantastic work we do, demonstrate we know where we need to improve and describe what we are doing about it.

A CQC inspection is not about catching people out or finding fault; it's about capturing a genuine picture of the kind of organisation we are then reflecting back to us so we can celebrate and share what is great about East Lancashire Hospitals NHS Trust and learn from what we can do better.

There are six questions (or Key Lines of Enquiry) they will ask about our services:

- **Are they safe?**
- **Are they effective?**
- **Are they caring?**
- **Are they responsive?**
- **Are they well-led?**
- **Are our resources used effectively or efficiently?**

You shouldn't be nervous about talking to inspectors; an inspection should be a positive and informative process for everyone.

It's an opportunity for you to share your story and a chance to tell the CQC what a fantastic job we do here at ELHT for our patients.

Whatever your role in the Trust, you are a vital part of the team delivering Safe, Personal, Effective care every single day.

CQC Rating System

Following an inspection, the CQC will give one of four ratings:

Outstanding:

The service is performing extremely well

Good:

The service is performing well and meeting our expectations

Requires Improvement:

The service isn't performing as well as it should and we have told the service how it must improve

Inadequate:

The service is performing badly and we've taken action against the person or organisation that runs it

How the CQC rated us last time:

Safe	Effective	Caring	Responsive	Well-led		Overall
Good	Good	Good	Requires improvement	Good		Good

The CQC Inspection Process

Prior to an inspection we will have already submitted information about our work and our performance to the CQC, so the inspectors will know some things about us before they arrive – but don't assume they will have remembered it all.

There are normally 20-30 people in the inspection team. Everyone in the CQC team will be wearing a visitor lanyard and CQC ID badge. Members of the inspection team always introduce themselves. If they don't, please ask them to show their ID - just as you would with anyone.

What happens during an inspection?

During an inspection, members of the CQC team will:

- Observe care and review patient notes
- Talk to teams, managers, clinicians, administrators, receptionists, cleaners, porters etc
- They will also talk to patients, carers and visitors
- They will distribute cards/comments boxes around the Trust seeking feedback on our services.

What to do when the team arrives?

- Welcome them and ask to see their identification
- Alert the most senior member of your team
- Inspectors know that patients and families come first. If you are busy with a patient, just let the inspector know and they will wait.

If an inspector asks to talk to you

- There isn't a right or wrong answer to the questions they will ask
- Be honest and as helpful as you can
- Be proud and positive of the excellent work you do. This is your opportunity to demonstrate your skills and commitment.
- Remember to keep your conversations away from public areas to avoid disruption or breaching patient confidentiality.
- Respect patient privacy and dignity. Always check with the patient first if the inspectors want to observe your treatment or interaction with them
- If you don't understand the question or don't know the answer, just ask for clarification or say where you would look for the answer

If an inspector asks to see additional information or documentation

You may be asked to show the inspector documentation, for example:

- Daily checklists
- Staff rotas
- Statutory and mandatory training records
- Patient information leaflets or policies/procedures

You may want to remind yourself now where you can find these documents.

The inspector can look at the information but should not take any documents away. If needed, the inspectors can send a note to the central team to request the information.

What if an inspector wants to access patient notes?

The inspection team will want to review patient notes. They are allowed to view these but patient information must not be taken away.

What if the inspection team pick up an issue?

- Act promptly and responsively
- Be open and honest
- Where issues are raised, put it right if you can straight away.
- Tell your team manager/leader that issues have been raised
- If you cannot resolve the problem, please let a senior member of staff know straight away.

The CQC Inspection Process (cont.)

The CQC's focus is on good, safe patient care. They will follow these key lines of enquiry and ask questions based on each.

1 – Are Our Services Safe?

This is all about the safety of patients and staff, protected from abuse and avoidable harm. Here are some of the main areas it covers:

- Incidents and learning from them
- Infection control and hygiene
- Environment and equipment
- Medicines management
- Records management
- Safeguarding
- Training
- Staffing
- Protecting information

Some questions for you to think about:

- Do I know what to do in an emergency?
- Do I know how to report an incident, near miss or allegation of abuse, or a safeguarding issue?
- Have I been trained in safeguarding?
- Do I make sure that the clinical environment is safe?
- Are the medical devices I use well maintained?
- Are medical devices decontaminated before and after use?
- Do I know where to locate resuscitation equipment?
- Are medicines securely stored?
- Are patient notes kept securely?
- Do you adhere to the policies of the Trust (e.g. No Smoking Policy)
- Do I follow hand hygiene procedures?
- Do I know who to contact for advice on infection control?
- Do I know how to raise day-to-day concerns or make a complaint internally?
- Do I know what the Trust's whistleblowing policy is?
- Do I always lock my computer screen when I step away?

2 – Are Our Services Effective?

This looks at whether the care, treatment and support we provide to our patients achieves good outcomes, helps maintain quality of life and is based on the best available evidence.

Here are some of the main areas it covers:

- Evidence-based care
- Availability of pain relief
- Nutrition and hydration
- Patient outcomes
- Multidisciplinary working
- Health promotion
- Consent, Mental Health Capacity, Deprivation of Liberty Safeguards (DoLS).
- Respecting equality, diversity and inclusion
- Ease of access to policies and information

Some questions for you to think about:

- Do I assess the patient holistically and consider all their care needs?
- Are these reflected in the care plan?
- Do I involve patients in preparing their own care/treatment plans?
- Do I ensure multidisciplinary involvement in patient care, and participate in handover and multidisciplinary meetings?
- Have all my competencies been assessed and signed off this year?
- Am I aware of NICE guidance relevant to my work? Is this followed?
- Do I get involved in clinical audits and can I evidence improvements?
- Am I given the opportunity to learn and develop?
- Do I fully understand the relevant consent, deprivation of liberties, mental health capacity and decision-making requirements?
- Do you know how to access Trust policies?



3 - Are Our Services Caring?

This looks at whether we involve and treat patients with compassion, kindness, dignity and respect.

Here are some of the main areas it covers:

- Compassion, privacy and dignity
- Respecting confidentially
- Involving patients in their care
- Named Consultant
- Named Nurse
- Emotional support
- Awareness of different cultural and religious practices and preferences

Some questions for you to think about:

- Do I always introduce myself by name?
- Do I wear my NHS ID badge at all times?
- Do I give patients/carers information about services available to them, about their treatment or medication, and where to get further support?
- Do I always involve patients/carers in decisions about their care and treatment?
- Do I always treat patient and carers with dignity, respect and kindness?
- Do I respect privacy and confidentiality at all times?
- Is the environment clean and comfortable?
- Do patients know how to make a compliment or complaint?
- Do I always consider the patients' personal, cultural or religious needs?
- Are all noticeboard and information leaflets up to date?
- What do I understand by discrimination, equality and diversity?



4 - Are Our Services Responsive?

This looks at whether services are organised so that they meet peoples' needs.

Here are some of the main areas it covers:

- Service planning and delivery to meet the needs of local people
- Access and flow, including smooth patient referrals and transfers between departments
- Meeting patients' individual needs
- Learning from complaints and concerns

Some questions for you to think about:

- Do I take a personalised approach to care?
- Do I always prioritise patients according to their needs?
- Do I know how to make arrangements to support special needs (e.g. learning disabilities)?
- Do I know how to arrange an advocate or interpreter for a patient?
- Do I provide information on the benefits / risks of treatment? Do I gain valid consent and do I know how to document this?
- Am I able to test for capacity under the Mental Capacity Act and do I understand Deprivation of Liberty (DoLs)? If a patient lacks capacity, do I know how to ensure their best interests are assessed and recorded?
- Do I encourage patient feedback and do I act upon it?
- Are call bells answered promptly?
- Does my team share lessons learned from clinical audits, incidents or complaints/compliments?
- Do Share to Care meetings take place on my ward?



5 - Is Our Organisation Well-led?

This looks at the leadership, management and governance of the organisation, making sure it is providing high-quality care that is based around peoples' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Here are some of the main areas it covers:

- Vision and strategy
- Governance, risk management and quality measurement
- Leadership of the Trust, and individual services and departments
- Culture; what the organisation is like to work for
- Staff engagement
- Demonstrates continuous improvement and innovation

Some questions for you to think about:

- Did I have a corporate and local induction when I started working for the Trust?
- Do I know the Trust vision and values?
- How do these values apply to me?
- Is my mandatory training up to date? If not, do I know how to arrange this?
- Have I had my annual appraisal?
- Do I have a personal development plan?
- Do I attend team meetings and training events?
- Do I know how to complain, whistle-blow or raise a safeguarding alert?
- Do I know how to find support in human resources, occupational health or a union, or how to contact the Trust's Freedom to Speak Up Staff Guardian - Jane Butcher?
- Do I know what the current risks are for my team or service?
- Are lessons shared and learning from incidents, complaints, audits and patient feedback? Do I know what actions are in place following these?
- Do I know who the Chief Executive, Executive team and Board members are?



6 - How Well Do We Use Our Resources?

This element looks at how well the organisation uses the resources at its disposal.

Effective use of resources is fundamental to enable us to deliver and sustain safe, high-quality services for patients.

Here are some of the main areas it covers:

- Clinical services
- People
- Clinical support services
- Corporate services, procurement, estates and facilities
- Finance

Some questions for you to think about:

- How well do we use our resources to provide clinical services?
- Do we have significant gaps in current staff rotas? What am I doing to address these?
- Do I/my team use the Trust e-rostering system?
- Do I know what the staff retention rate in my area is?
- Do I know what the staff sickness absence and turnover rates are in my department/ward?
- How much do we rely on temporary staff, in particular agency and locums?
- Do I know what our non-pay costs are and do I scrutinise these on a regular basis?
- Am I on target to meet my budget?
- How often do I look for cost efficiencies and am I able to realise these?
- Is there an appropriate skill mix for the work being carried out?



Useful Information

Duty of Candour

Patients, families and carers must be given open, honest and timely communication following incidents that cause moderate or severe harm, or death. This means being open and honest about what we think has happened and what we are doing about it. All our staff should act in an open and transparent way with our patients, and their relatives and/or carers.

To meet the requirements of Duty of Candour, we must:

- Tell patients, their relatives and/or carers as soon as possible if an incident has occurred which has caused moderate or severe harm, or death. This should include a discussion about what has happened.
- Offer an apology and let the patient, their relatives and/or carers know we will be undertaking an investigation into the incident. An apology is not an admission of liability.
- Report the incident via the Datix electronic incident reporting system and to senior staff immediately.
- Follow this up by sending the patient / carer a letter summarising the disclosure, apology and next steps within 10 days of the incident occurring.
- Provide patients and their relatives and/or carers with the appropriate support following an incident.
- Share our findings with the patient, family and/or carers.
- Share learning and improvements across the Trust.

Did you know? There is a standard letter template available in the Quality and Safety section of OLI.

For more information:

Policy C075: Openness and Honesty when things go wrong - incorporating requirements of Duty of Candour

Respecting Equality, Diversity and Inclusion

We are all part of the East Lancashire Hospitals team and are committed to delivering care to everyone regardless of their background. This is equally important for our patients and our staff.

We work to ensure that these principles are underpinned in everything that we do and that we consistently and inclusively deliver excellent services for our patients, communities and our workforce.

We will ensure that:

- All our patients are treated to the highest possible standards
- Individuality is recognised and celebrated
- Everyone is treated with dignity and respect
- Equality, diversity and meeting human rights are our business as usual

We strive to deliver a quality service to all people, irrespective of:

- Age
- Disability
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity status
- Race
- Religion or belief
- Sex
- Sexual orientation

These are the nine protected characteristics included in the Equality Act 2010

Consent

Valid consent is...

“the voluntary and continuing permission of the patient to receive a particular treatment, based on an adequate knowledge of the purpose, nature, likely effects and risks of that treatment including the likelihood of its success and any alternative to it”

(MHA COP 23.31)

According to our local policy (C014):

“Consent is a patient’s agreement for a health professional to provide care”

Why is consent important?

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery.

Seeking consent is also a matter of common courtesy between health professionals and patients. It must be given voluntarily and freely without pressure or undue influence.

For more information:

Policy C014: Policy For Consent To Examination Or Treatment.



Freedom to Speak Up Guardian

Freedom to Speak Up Guardians have a key role in helping to raise the profile of raising concerns, and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.

Phone	Freedom to Speak Up Staff Guardian: Jane Butcher on ext. 82540 or 01254 732540 Concern at Work: 020 7404 6609 NHS Whistleblowing Helpline: 0800 072 4725
Email	Freedom to Speak Up Staff Guardian: Jane.Butcher@elht.nhs.uk Public Concern at Work: helpline@pcaw.co.uk
Writing	Freedom to Speak Up Staff Guardian, Park View Offices, Royal Blackburn Hospital, Haslingden Road, Blackburn, BB2 3HH.
Trade Unions	If you are a member of a Trade Union you can seek support from your local representative.
Fraud	Local Counter Fraud Specialist: Jacqui Procter Tel: 0151 285 4798 Email: Jacqui.procter@miaa.nhs.uk NHS Fraud Reporting Line: 0800 028 4060 NHS confidential reporting online form www.cfa.nhs.uk/reportfraud



Mental Capacity Act (2005)

The Mental Capacity Act (2005) sets out a legal framework of how to act and make decisions on behalf of people who lack capacity to decide about their own health and welfare. It applies to people aged 16 and over.

There are 5 key principles:

Presume capacity: Everyone has the right to make his or her own decisions unless it is proven otherwise through a capacity assessment.

Help to make a decision: All reasonable steps must be taken to assist a person to make a decision themselves. This might include providing information in a format that is easier to understand or at a different time of day.

Unwise decision: Making what you think is an 'unwise decision' does not prove lack of capacity. Everyone has the right to make their own life choices if they have the capacity to do so.

Best interest decision: An action or decision made on behalf of a person who lacks capacity must be done in their best interests.

Least restrictive option: Treatment and care provided to someone without capacity must be the least restrictive to their basic rights and freedoms.

The Mental Capacity Test

- Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain, resulting from a condition, illness or external factors like alcohol or drug use? If so, document this in their notes.
- Does the impairment or disturbance mean the person is unable to make a specific decision when the need to? Individuals can lack capacity to make some decisions but have the capacity to make others, so it is vital to consider whether the individual lacks capacity to make the specific decision. Document this in their notes and record the time you asked.

A person is unable to make a decision if they cannot:

- Understand the information relevant to the decision – Document what you asked and the patient's reply.
- Retain that information – Document if the patient has not been able to remember the discussion
- Use or weigh up that information as part of the process of making a decision – Document any questions the patient has and how they demonstrate their understanding.
- Communicate their reply - Document the patient's response, whether verbal or otherwise.

For more information:

Policy C082: How to Implement the Mental Capacity Act 2005 and apply the Supporting Code of Practice.

Deprivation of Liberty Safeguards (2009) (DoLS)

The deprivation of a person's liberty is a major issue and should only happen when absolutely necessary.

Deprivation of Liberty Safeguards (DoLS) apply to patients who need to remain in hospital to receive appropriate care and treatment. It must be in the best interests of the person to protect them from harm.

The point at which restriction and restraint move to deprivation of liberty is not easy to define. It depends on various factors, but applies to people in registered care homes or hospitals who:

- are over 18 years old
- have a diagnosed mental disorder
- lack capacity to give consent to the arrangements for their care
- need to be deprived of their liberty in their best interests, to protect them from harm – where this is a necessary and proportionate response.

There are two key questions to ask:

1. Is the person subject to continuous supervision and control?
2. Is the person free to leave?

For more information:

Policy C082: How to Implement the Mental Capacity Act 2005 and apply the Supporting Code of Practice.



Safeguarding Adults and Children

Safeguarding is everyone's responsibility. It is the process of protecting vulnerable adults and children from abuse or neglect, protecting their health, development and well-being, thus enabling them to live free from harm in a safe environment with the support they require.

We have a responsibility to ensure we keep people safe whilst they are in our care, but we must also recognise and escalate where there are concerns about care and treatment at home.

Effective safeguarding arrangements seek to protect individuals from harm caused by abuse or neglect occurring, regardless of circumstances (NHS England, 2015)

These 6 principles are key to underpinning all safeguarding work:

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent
- **Prevention:** It is better to take action before harm occurs
- **Proportionality:** The least intrusive response appropriate to the risk presented
- **Protection:** Support and representation for those in greatest need
- **Partnership:** Local solution through services working with their communities
- **Accountability:** Accountability and transparency in delivering safeguarding

The 10 forms of abuse recognised within The Care Act 2014 are:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Did you know:

Safeguarding training is available via the Learning Hub.

For advice and support:

Safeguarding Adults Team: 01254 732848
Ext 82848 or 01282 803305 Ext 13305

Safeguarding Children Practitioners: 01282 803125 Ext 13125

For more information:

Policy C034: Safeguarding Children Policy, Procedures and Guidelines.

Policy C067: Safeguarding Vulnerable Adults

Policy C113: Safeguarding Children Supervision Policy

Risk Management

What is a risk?

A risk is the probability of something causing harm or damage to people (including staff, patients, visitors), the service provision of the Trust, or buildings and equipment.

What types of risk are there?

Risks can be identified from a number of sources including:

- clinical practice
- environmental
- health and safety
- complaints
- claims
- safety
- organisational

What should I do if I think there is a risk in my ward/department?

If it is safe to do so, make it safe immediately by introducing control to minimise the risk. Inform your manager if a risk still remains. Complete a risk assessment and work on further controls to minimise the risk.

Who is responsible for identifying risks in my ward/department?

Everyone is responsible for identifying risks to their own safety or to that of others, and if appropriate reporting them to their manager.

What is a risk assessment?

It is a systematic process of identifying, quantifying and controlling risks. As part of managing safety in your workplace, you must control the risks. To do this you need to assess what hazards there are and ensure you take reasonable steps to reduce the risk of that hazard causing harm.

Who is responsible for risk assessments on my ward/department?

All levels of staff are responsible for risk assessments. Wards Managers are ultimately responsible for the assessment of risks on their ward.

What is a risk register?

The risk register is a list of all realistic risks that threaten the objectives of the Trust, division, specialty, ward, team or department.

Where would I find the risk register on my ward/department?

Risks are all logged on Datix and can be accessed via OLI.

How do concerns in my area get onto the risk register?

Any risk identified must be discussed with the Ward/department manager or Matron who may then decide to include a risk on the local risk register or, if necessary, escalate as appropriate.

For more information:

C002 Risk Management Strategy and Policy

Incident Management and Reporting

Serious incidents in healthcare are relatively uncommon but when they do occur we have a responsibility to ensure that there are systemic measures in place for safeguarding people, property, NHS resources and reputation. We strongly support an open and transparent incident reporting process to ensure patient and staff safety, and actively promote the importance of learning to prevent re-occurrence.

What is an incident?

An incident is any occurrence that has given, or may give rise to:

- actual or possible injury or harm to a patient, member of staff, visitor or contractor
- damage to Trust property / other assets
- damage to Trust reputation

What must I do if I'm involved in or identify an incident?

Ensure the person(s) affected is safe from harm then report the incident and escalate it to the relevant person and/or your line manager.

How do I report an incident?

Incidents are reported on the Datix incident reporting system. Access to Datix is via the OLI home page. If you do not have access to a PC, please inform your manager who will be able to support you in logging the incident.

How is feedback from issues relating to incidents fed back to me?

Feedback is provided to the reporter by the incident handler (investigator). This can be done through the Datix system. For more serious incidents that have been subject to a formal investigation, the Trust ensures that feedback is included on the associated action plan to facilitate learning and change. Learning is spread through the CEO blog, Team Brief, Share to Care bulletins, staff huddles, messages through the IT system and policy updates.

Why is it important to report incidents?

To highlight risks or actual events which compromise patient, staff and visitor safety and/or quality of care. If you don't report an incident, we won't know what went wrong and why, and what steps we can put in place to help prevent a reoccurrence.

What about reporting near misses?

Reporting near misses is an opportunity to prevent future incidents from occurring. It also plays a key part in information gathering and trend analysis, and contributes to organisational learning. The Trust is supportive of raising concerns about unsafe clinical practice as highlighting such issues can help prevent more serious incidents occurring.

What are Never Events?

Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available and should have been implemented. Examples of Never Events include wrong site surgery, misplaced NG tube, retained foreign object post procedure and administration of medication by the wrong route.

How does ELHT manage serious incidents?

- The Trust reviews all incidents that are reported on Datix on a daily basis.
- Any serious incidents that are identified are subject of a Rapid Review whereby the known facts are provided to the Quality and Safety Unit within 48 hours of the incident occurring.
- Once the Rapid Review is completed, a decision is made as to whether the incident will be managed as a Serious Incident Requiring Investigation (SIRI).
- If the SIRI meets certain criteria then it will be reported externally to the national Strategic Executive Information System (StEIS).
- The ensuing Root Cause Analysis (RCA) will be managed by the Trust's SIRI panel.
- All StEIS reportable SIRI RCA's will be submitted to our commissioners for final sign off once approved by the SIRI panel.
- Any SIRI that do not meet StEIS criteria but still require formal investigation will be managed by the Trust's Serious Incident Review Group (SIRG).

Is there dedicated support available?

All incidents must be logged via Datix but if you need some guidance the Quality and Safety Unit has a dedicated serious incidents telephone number (01254 733711 Ext 83711) and email address - incidents@elht.nhs.uk.

If you have concerns, don't forget that you can contact our Freedom to Speak Up Staff Guardian, Jane Butcher on ext. 82540 or 01254 732540.

For more information:

Policy C003: Policy for the reporting and management of incidents including serious incidents.

Complaints and Compliments

If we are to offer the highest quality care, it is important that we work in partnership with patients, their families and carers. This includes gaining a better understanding of the priorities and concerns of those who use our services.

We value comments and compliments about services provided since learning from experiences will help us improve our care for patients, families and carers.

How would the organisation expect me to respond to a concern or complaint?

If patients, relatives or carers are worried about any aspect of their treatment or care, we encourage them to speak with the medical and nursing staff involved with their care as soon as concerns arise. It is important that you listen carefully to their concerns as this could contain valuable feedback.

What should I do if someone comes to me with a concern or complaint?

If you can resolve the issue then please do so. If not, then escalate to the senior person on duty in your area. This is the best and quickest way of resolving concerns, and can often avoid a formal complaint being made.

What should I do if I don't know how to respond to the complaint?

Escalate the issue to the relevant manager or Matron or, if this is not possible, contact the Customer Relations team.

Questions for you to think about:

- How do you take account of patient feedback?
- Can you think of a time when feedback led to a change or improvement in care / service provided?

For more information:

Policy C006: Complaints / Concerns Policy and Procedure



Information Governance

Information Governance (IG) is the collective to describe all the ways the organisation looks after the information it holds through:

- Technical controls – e.g. passwords, protection of our networks against viruses
- Organisational controls – e.g. Trust policies and procedures
- People controls – e.g. training, employment contracts, Code of Conduct

IG is important because:

- It is the process that ensures the integrity, security, availability and confidentiality of information
- We have a legal duty to take proper care of information we hold
- It provides assurance - people will not give us complete and accurate information if they feel we cannot be trusted to look after that information securely and confidentially.
- It supports clinical, corporate and research governance
- It contributes to the Trust receiving correct payment for its services

The General Data Protection Regulation (GDPR) and Data Protection Bill 2018, which came into effect in May 2018, creates a number of new criminal offences. These include:

- Intentionally or recklessly re-identifying individuals from anonymised or pseudonymised data, and knowingly handling or processing such data.
- Altering records with intent to prevent disclosure following a Subject access request
- Retaining data against the wishes of the Data Controller, even where the data was originally obtained lawfully
- Reckless action that causes serious harm via a breach of Data Protection Act
- Contractual and Common law duty of confidentiality

Potential consequences of bad IG practices and data protection breaches include:

- Fines of up to £20m
- Legal action against the Trust and / or individual
- Disciplinary action
- Contractual sanctions from commissions of our services

Did you know: To ensure good IG practices, the Trust has an obligation to ensure that all staff have completed their IG training and assessment annually.

Is there dedicated support available?

Yes, please contact the IG Teams on IG-Issues@elht.nhs.uk

For more information: Policy C079: Information Governance Policy.

Is there dedicated support available? Yes, please contact the IG Team on IG-Issues@elht.nhs.uk

MY CQC Self-assessment

Are you ready for a CQC inspection?

Questions	Yes	No	If no, what action will i take
I know who my line manager and department head are			
I know how to access policies and/or clinical guidelines relevant to my area			
I have had an appraisal in the last 12 months			
My mandatory and statutory training is up to date			
I know how to log an incident on Datix			
I know how to raise a safeguarding concern			
I know who the Staff Guardian is and how to contact them			



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