



Handbook for newly appointed Ward Leaders



Welcome

Becoming a Ward Leader is an exciting time in your career and is an achievement of which you must be justifiably proud.

The role brings with it much responsibility, and I am very keen to support you with this as you take on this new role.

This Handbook has been developed as a 'toolkit' to help you in your new role, providing signposts to where you can get help and support when faced with new issues which you commonly might encounter as a newly appointed ward leader.

Of course, there are many people who can help, including myself and my Senior Team and we are always happy to be contacted individually and to meet on any issues you wish to discuss, so please do not ever be afraid to contact us.

There are also a number of regular Nursing Forums for Sisters and Charge Nurses, the details of which are regularly circulated, and are held every four to six weeks. I would strongly encourage you to attend these sessions, as they provide an opportunity for the Senior Nursing Team, to meet directly with you, discuss issues of professional interest, and to seek feedback on any innovations, or suggestions for change. This is an important part of your role and your continuing professional development as we work collectively together for the benefit of our patients and our staff.

I would like to also direct your attention to the Trust's [Nursing, Midwifery and Allied Health Professionals Strategy](#), which sets out our ambition for the future and aspirations for professional practice. The quarterly Nursing and Midwifery Bulletin is also published on the intranet and provides an update in terms of professional issues across the Trust. You can find out more about the senior nursing team on our Nursing, Midwifery and Allied Health Professionals [webzone](#) which we recently launched along with our new NMAHP strategy.

The Newcastle upon Tyne Hospitals NHS Foundation Trust is a big, busy organisation with a great reputation for its patient care and outcomes. I look forward to working with you to uphold these high standards, and to make sure you get all the help you need to be successful in your role.

Please do not hesitate to contact me at any time, if I can be of any help or if you wish to discuss any concerns or suggestions for improvement.

Maurya Cushlow, Executive Chief Nurse

Maurya.cushlow1@nhs.net



Flourish
at **Newcastle Hospitals**

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1. Who's who in your directorate?

As a Ward Leader, it is really important that you get to know who is in your directorate so that you have an idea of who you can turn to for help, support and guidance. Your Matron will complete the following information so that you have names of the important links within your directorate:

Directorate Manager:

.....

Tel

All directorates have a Directorate Manager (DM) who is mainly responsible for the overall management of the directorate. This includes management of staff, budget, performance and all activity. Any business development and planning goes through your DM.

Clinical Director:

.....

Tel

There is a Clinical Director in each directorate, sometimes more than one depending on its size. This is one of the surgeons / physicians who leads on the service and has accountability for the clinical services within the directorate. Sometimes there are other lead clinicians within directorates so you should find out who they are in your area.

Matron:

.....

Tel

There is a Matron in each directorate, sometimes more than one and also sometimes a Deputy Matron. The Matron will probably be your line manager and your main source of support. You can expect your Matron to provide ongoing help and support as the working relationship between Matron and Sister / Charge Nurse is a very close one.

The Matron will rely on you and you will rely on the Matron!

Clinical Governance Lead:

.....

Tel.....

Each Directorate has a designated clinical governance lead responsible for monitoring and investigating incidents, sharing and disseminating Trust wide learning from incidents and alerts as well as monitoring and initiating audit.

Clinical Educator:

.....

Tel

Most directorates have a Clinical Educator to help support education and development within the clinical areas.

Please find out who your educator is as they will prove to be a great help to you in ensuring that your staff have the relevant skills and competencies.

If you feel there are developments that your educator can help you with, please involve them.

They will also provide help and support in ensuring mandatory training is being delivered.

Again, maybe it would be helpful to meet regularly with your educator to help you monitor your staff's progress.

Other important links and names you will meet and work within your directorate are:

- **Human Resources Officer:**

Tel:

- **Finance Accountant / Link:**

- **Tel:**

- **Infection Control Nurse:**

- **Tel:**

- **Clinical Governance Link:**

- **Tel:**.....

- **Associate Director of Nursing:**

Tel:.....

2. Senior Nursing Team

The organogram below shows the executive and senior nursing structure and portfolio.



Maurya Cushlow
Executive Chief Nurse



Ian Joy
Deputy Chief Nurse



Peter Towns
Associate Director of Nursing,
Prevention, Health Promotion,
Chaplaincy and End of Life Care
& Freeman Site Lead



Lisa Guthrie
Associate Director of Nursing,
Workforce, Practice Education
and NMAHP Research
& RVI Site Lead



Cheryl Teasdale
Associate Director of
Nursing, Clinical Standards
& Community Site Lead



Sue Cook
Associate Director of Nursing,
Vaccinations sites, Covid
testing and Occupational
Health Service



Helga Charters
Associate Director of Nursing,
Children and Young People
(Trust-wide) and Safeguarding



Anna Telfer
Associate Director of Nursing,
Children and Young People
(Trust-wide)



Gordon Elder
Associate Director of Nursing,
Chief Nursing Information
Officer



Chris Bill
Associate Director of Nursing,
Chief Nursing Information
Officer



Ewan Dick
Associate Director of Allied
Health Professionals



Jane Anderson
Associate Director of
Midwifery



John Thompson
Head of Facilities



Iain Bestford
Project Director,
Newcastle Improvement

You can find out more about the senior nursing team on our Nursing, Midwifery and Allied Health Professionals [webzone](#) which we recently launched along with our new NMAHP strategy.

Our Nursing, Midwifery and Allied Health Professionals Strategy
2022 – 2027

Healthcare at its best
with people at our heart

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

SCAN ME!
Scan the QR code to visit our NMAHP webzone

This five year plan outlines how we pledge to work together to continuously improve the experience and quality of care for our patients whilst developing and supporting our staff to be the best they can be.

NMAHP Strategy- Our Six Priorities

Our new NMAHP strategy is underpinned by six key priority areas and how we propose to achieve them through a range of **'High Impact Actions'**. These are currently being finalised and will be launched later in the year.

They will be regularly reviewed and shared through a new dedicated [NMAHP webzone](#) and Twitter feed [@NewcastleNMAHPs](#) where you will find our NMAHP Strategy launch video.

3. Role of the Ward Leader

The role of the Ward Leader (Sister / Charge Nurse) is paramount in ensuring safe and effective, quality care to patients on their wards and departments. An effective ward leader is a clinical expert, a team manager and leader, and an educator of many. The role is recognised to be one of the most challenging yet rewarding positions to hold in the nursing profession.

The strength and effectiveness of Clinical Leadership directly influences the quality of care that patients receive and the experience of staff in these environments. You are being appointed to a highly valued role within the Trust and indeed the NHS - the role is complex and challenging with many priorities at patient, staff and organisational level (NHS Improvement (2018)).

The job purpose

“The role of the ward sister/charge nurse in the UK is ideally situated in the hospital system to supervise clinical care, oversee quality and safety standards, co-ordinate patient care activities at ward level, and promote nursing leadership and mentoring.” (Royal College of Nursing 2016)

Our vision of a Ward Leader is someone who is a visible leader on their clinical area. They set the tone and standards for their area providing and participating in clinical care as a visible role model. This unique role provides professional and clinical leadership to ensure the delivery of the highest standard of quality and harm free care.

To deliver this level of leadership there is also an expectation that the ward leader is on duty for at least four shifts per week, to ensure consistent visibility across the working week.

In achieving this job purpose there are several tasks and duties that need to be undertaken at ward level. It is essential that systems are in place to ensure that all are completed, in your absence, contributing to the provision of high quality patient care continuously. These will include:

Daily Checks: (please see checklist in Appendix 1 for a quick daily guide)

Allocate / Safe Staffing

Safe care data must be entered at the beginning of every shift and includes acuity levels and actual staffing. This needs to be updated on your ‘**How we are doing**’ boards every shift.

The Allocate system should be checked and maintained at least once per shift to reflect actual staffing, and exceptions dealt with in a timely manner. Please refer to user guides on the Intranet [Intranet > Support Services > e-Rostering > HealthRoster Guides](#)

On a weekly basis all shifts for previous weeks should be finalised - exceptions are dealt with daily so that this is quick and easy task. This saves time at the end of the month, allowing for any exceptions to be dealt with in quick succession. Please see user guides available on the Intranet.

Ward Cleanliness

Ensure all equipment and daily cleaning tasks are completed as per Trust Policy and Cleanliness checklists are complete. This should include cleanliness checks, fridge temperature checks,

resuscitation checks, daily line checks, to ensure lines are care for and documented as per policy [Intranet > Support Services > Patient Services > Nursing & Midwifery Strategy 2016-2019 > Safe & Effective Harm Free Care > Saving Lives](#) and any specific to your ward / department).

Handover Process

Handover procedures should be completed as per policy, using the SBAR handover process. This should be time limited and split into teams to allow clear and succinct communication.

Team safety briefing must take place at least once per shift in order to identify patient risk factors and safety issues. Copies of Handover documents must be securely stored on the Ward Drives.

Medical Reviews

In order to ensure patient safety, flow, plan of care, and management of pathways it is essential that at least daily medical reviews take place, or a plan of care have been put in place.

During medical ward rounds it is essential that the nurses caring for the individual patients are present. This allows nursing input, patient advocacy and high quality communication.

Bed Management and Patient Flow

EDD requires a daily update to ensure the Patient Services Coordinators (PSCs) can assess and plan regarding patient flow.

Datix

Best practice is that Datix incident reports are checked daily, this ensures a quick and effective investigation. If left longer the patient may no longer be an inpatient and staff members may not recall the detail and any actions taken. Details of Datix training is included at the end of the handbook.

Weekly Checks:

Patient Safety Assessments and Documentation

On at least a weekly basis the Ward Sister/Charge Nurse should perform a documentation audit of all patient records to ensure:

- All safety assessments are completed - on admission, following a change in condition and then weekly reassessments thereafter. The safety assessment includes MUST, Braden, Falls and Moving and Handling.
- Ensure nursing documentation is of high standard and reflective of care administered.

Property Books

It is Trust policy that all property books and safe contents are signed and checked on a weekly basis. Any patient property should be returned to the patient or their family as soon as possible.

Controlled Drugs (CD) Checks

These checks must take place at least weekly or more frequently depending upon your clinical area. It

is the Ward Sister/Charge Nurses' responsibility to ensure this is carried out and a ward checklist is included as an appendix.

Monthly Checks:

Clinical Assurance Tool

Completion of the clinical assurance tool (CAT) is required on a monthly basis and this is now completed electronically.

Ward Leaders should use this tool to measure the clinical assurance on their ward or department. The tool should highlight areas in which Ward Leaders may need to focus on, or to identify improvements required.

This is a self-assessment tool, so it is very important that it reflects actual practice and standards on your ward – be as honest and transparent as you can – this is an opportunity to learn and improve.

Complete Payroll in Allocate (Electronic Rota) for all staff

If you are not already using Allocate, you will require some training and permission for access. Again ask your Matron about how you can get this training and although it might seem a little daunting, payroll is much easier on this electronic system (and more accurate) than its old paper based predecessor.

Rosters should be approved at least monthly to ensure publication - this allows staff to access their shifts electronically and prevents late holiday requests which can prevent you from approving payroll at the end of the month, which can cause delays.

Monitor Nursing & Midwifery Staff NMC registration

Nursing & Midwifery Revalidation Tracker on ESR will help you and your staff track progress against NMC revalidation. You should develop your own system for monitoring and reminding staff about NMC registration - this must comply with Trust policy for Professional Registration, which is there to protect both nurses and patients. There is a lot of useful information in ESR so either ask your Matron or HR Officer about how to get access and help in finding your way around the system.

1:1 with your Matron

1:1s should take place at least monthly with your Matron. This allows any issues to be dealt with any action plans to be put in place. Your Matron will follow a specific format for the 1:1, but you will have the opportunity to raise any issues.

Finance - Whole time Equivalent (WTE) Reports and Budget

Bimonthly meetings should take place with your Matron and Finance officer for your Directorate. You will be sent your WTE and Budget Reports monthly. It is essential you take the time to read and check these, highlighting any inaccuracies promptly.

Human Resources Meetings

Bimonthly meetings should take place with your Matron and HR advisor for your Directorate.

During the meeting, you will be discussing:

- Statutory and Mandatory Compliance for your team
- Current sickness/absence on an individual staff basis.
- Sickness/absence management plans and any actions required, such as counselling letters and meetings.

All of this information can be found on ESR under Business Intelligence Statutory and Mandatory report and Directorate Dashboards)

- Capability issues - this is the time to escalate any concerns and formulate plans with the advice from the HR officer
- Professional Registration – Due in next month or two to discuss. short expiry dates

Regular Meetings to Attend

Clinical Leaders Forum (6 weekly)

This is your opportunity to meet with our Executive Chief Nurse Maurya Cushlow and the Senior Nursing Team, to hear about Trust priorities and contribute to discussion about their implementation and raise any issues.

We want this to be a useful and supportive forum for you - the more Sisters / Charge Nurses who attend, the richer the discussion.

Patient Safety Briefings (monthly)

Normally the 4th Monday of every month between 12:00noon and 12.30pm. You should find these really useful as they are a means of learning from other areas across the Trust and are only 30 minute sessions. Useful for any staff of any discipline to attend.

Safeguarding Communication Forum

This quarterly lunchtime forum updates key learning from safeguarding cases or changes in practice and guidance. Do try and ensure someone from your team attends – it does not need to be yourself, but you would no doubt find it useful and informative.

Schwartz Rounds

Schwartz Rounds are a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the emotional and social challenges associated with working in healthcare. Rounds provide a confidential space for reflection and exploration.

They are led by trained facilitators, and each month a panel of volunteers share their experiences to prompt discussion. Attending a forum can be a very powerful experience and help you reflect on your own practice.

List any Departmental meetings you will be required to attend below:

e.g. Sisters / team meetings / Heads of Department meetings

Meeting	Frequency/comments

Harm Free Care

The Ward Leader has a significant contribution to make in reducing avoidable harm and must also respond to incidents causing harm that have occurred.

We understand that this can be upsetting as you will be supporting the patient, their family and your own staff whilst also looking at the incident to identify any learning.

You are not alone in this. Matrons, all members of the Senior Nursing Team and the leads for specific harms are here to support you.

We operate a learning culture, whereby incidents are investigated in an open and transparent manner with a focus upon highlighting good practice and identifying any learning points.

This is to improve quality and safety in healthcare, encouraging the reporting of incidents, allowing the teams themselves to investigate, sharing learning both within directorates and across the organisation to prevent reoccurrence and share best practice.

It is evident Wards and Departments with strong leaders who instill a “harm free care culture” have a low incidence of harms.

Leadership is key in the prevention of harm, creating safe and quality standards of care.

One of the most important aspects is to ensure individual patient risk factors are identified and risks are mitigated against.



Case Study

An example of this in practice is Ward 46 at the RVI - a colorectal surgical ward where nurses care for complex and dependent patients, many of whom have some degree of nutritional depletion and reduced mobility, which increases their risk to harm.

Following a period of increased incidence of pressure damage the ward sister led a quality Improvement project, involving a charge nurse led daily skin integrity check of all patients.

By engaging the whole team in the process, this work led zero hospital acquired pressure ulcers - a great achievement for the team creating great pride in their work.

The senior nurse walk around still continues on a daily basis, despite a change in leadership.

The ward has since gone nearly 5 years without incident. This model has been applied elsewhere in the Trust leading to an overall reduction of Trust acquired pressure damage.

Ward Leaders make a real difference.

Leadership around harm free care, role modelling what you expect and looking for assurance and showing staff this matters in a positive, open to lessons to learn approach - rather than blame - is important.

What to do when harm has occurred

When harm (ie. fall, pressure damage or hospital acquired infection) has occurred:

- **Encourage staff to report via Datix**
- **Ensure patient/family is informed and an apology provided and documented.** If applicable, ensure **Duty of Candour** policy implemented [Intranet > General Information > Clinical Governance & Risk Department > Risk Management > Duty of Candour](#)
- **If harm is significant** make sure your Matron and the lead for that area are aware.
- **Start and look for the Root Cause** - For significant harm, formal Root Cause Analysis Reviews will be undertaken. The RCA process is not to look at 'who' or 'what' to blame, it allows an in-depth review of practice, highlighting good and requires improvement practice.
- **This is absolutely led by the ward teams:** your knowledge and findings are invaluable to the process, but again you are not alone in this. Ensure staff are involved as this is an excellent learning opportunity for them. Get support from your Matron or the Clinical Standards and Quality Improvement Lead if this is a new process for you.
- **Ensure staff are supported** – encourage them to reflect on the episode of care and identify their own learning could be used as a reflection as part of revalidation.
- **Share the learning** from your analysis or the RCA with all your team.
- **Lead any practice changes or quality improvements** that have been agreed following the incident.

Useful Contacts

- Clinical Standards and Quality Improvement Lead - Linda Morgan (39183) Linda.Morgan@nhs.net
- Tissue Viability – Heather Agar, Tissue Viability Nurse Specialist (31405) Heather.Agar@nhs.net
- Falls Prevention – Keith Gawler, Falls Prevention Coordinator (38337) Keith.Gawler@nhs.net
- Continence / Catheter Associated UTI – Jackie Rees, Nurse Consultant Continence Care (31323) Jacqueline.Rees2@nhs.net

Useful Documents

Management and Reporting of Accidents and Incidents Policy

<http://nuth-intranet/apps/policies/accidents/ManagementofAccidentsandIncidents202202.pdf>

Major Incident Plan:

<http://nuth-intranet/apps/policies/operational/MajorIncidentPlan202202.pdf>

Duty of Candour Policy:

<http://nuth-intranet/apps/policies/operational/BeingOpen201709.pdf>

It can be emotionally hard when an episode of harm has occurred on “your patch”.

Your patch is our patch too - we are here to support you and your teams.

Do let Matrons, Specialist Leads and Senior Nurses know if we can be of any help to you.

4. Clinical Assurance

As a Ward Sister / Charge Nurse, it is essential that you ensure clinical standards and assurance are maintained.

There are several means of monitoring the progress in your areas, looking at key performance indicators and trends – this will help you monitor your own area and help to give you a better insight into the outcomes in your area.

Clinical Assurance Audit

In January 2022 the new clinical assurance tool was launched, this tool will allow you to audit and review standards in your area. As a digital based tool, we will be renewing and reviewing all of the components regularly.

Local, national, and feedback from yourselves will be utilised to ensure this tool is useful, current and addressing the requirements needs to improve standards and fundamentals of care.

The link is emailed to you on the first Monday of the month for completion within a 28 day period. The functionality of the system will allow instant display of results, additionally the ability and expectation for you to apply action plans to improve areas of concern. This should be used to inform one to one discussions with your Matrons.

Ward Dashboard (formerly “how we are doing” boards)

All wards have a noticeboard for staff and patients which displays information about the area. This includes things like harm-free care such as Hospital Acquired Infections, for example C-Diff, Pressure Ulcers and Falls, Cleanliness and Hand Hygiene scores.

This information is currently sent by the Clinical Standards and Quality Improvement lead on a monthly basis.

Patient feedback - what percentage of patients would recommend the ward to a friend or relative is also collected and shared.

The information can be printed from Business Objects. It is important to display accurate and up to date information on the Ward, and to be proud of improvements made.

5. Infection Prevention & Control

As a Ward Sister / Charge Nurse, your Infection Prevention & Control Nurse (IPCN) will be really helpful to your role.

Your IPCN is:

The Infection Prevention and Control Nursing (IPCN) Team is a Trust-wide service, with teams based at the RVI, FH and CAV/Community.

Key contacts and numbers:

- Matron Infection Prevention and Control - DECT 20584
- Practice Development Lead Infection Prevention and Control – DECT 39592
- RVI Site Lead IPCN – DECT 21622
- FH Site Lead IPCN – DECT 26411
- CAV/Community Site Lead IPCN – 0191 2826470 or Mobile 07768800606

Normal working hours and out-of-hours arrangements:

The IPCNs based at RVI and FH are available Monday – Friday 09.00 – 17.00 and Saturday - Sunday 09.00 – 16.00.

The IPCNs covering CAV/Community are available Monday – Friday 09.00 – 17.00.

At weekends and Bank Holidays 09.00 – 16.00 the RVI/FH IPCNs are available for advice.

Outside of these hours an on-call Microbiologist contactable via switchboard for urgent advice.



Key IPC Facts:

- The reduction of Healthcare-Associated Infection (HCAI) is fundamental to the Trust's strategy to improve patient safety, prevent harm and achieve the organisational objectives in relation to clinical governance and performance; in which Infection Prevention and Control (IPC) plays an integral part. On a monthly basis, both directorate and individual clinical area dashboards will be sent to you monthly by the Clinical Standards and Quality Improvement lead, this will include an individualised a trajectory of required reduction.
- The IPC Team is multi-disciplinary and comprises the Director of Infection Prevention and Control (DIPC), IPCNs and Medical Microbiologists, with each site (Freeman, RVI and CAV-Community) represented by an IPC Doctor (Site Lead). The Corporate Nursing Team, IPC Healthcare Scientist, Antimicrobial Pharmacist and Information & Development Support Manager (Patient Services) are also part of the core team who contribute to the Trust HCAI Strategy and Action Plan.



Key IPC Facts:

- The IPC Team support Directorates to deliver high quality care implementing evidence-based IPC policies with robust monitoring processes to minimise transmission of potential pathogens. Where cases of infection have occurred, the team promote shared learning via Safety Briefings and Key Messages from Serious Infection Review meetings to Nursing and Medical Staff forums.
- If you do have an infection on your ward / department, it may be necessary to have an urgent rapid review meeting to identify any root causes or deficiencies in care. If this is required, you will be contacted (along with other members of your clinical team) by the Infection, Prevention & Control Team. If you do have to attend an RCA meeting or maybe a Serious Incident Review (SIR) meeting, you will be supported by your Matron and medical staff - don't worry, you won't be expected to do this alone.

There is always help out there so please read on to see what services and departments can support you!

Your Key Actions as the Ward Sister / Charge Nurse:

- Be the Role Model for the best of good practice.
- Ensure visibility, accessibility and constantly observe the practice of all the staff in your area.
- Identify any areas of practice that don't meet the required standard and teach and educate your team members accordingly.
- Develop a strong working relationship with your IPCN – they can help you with advice, education and also support your leadership.
- Support your harm free care leaders to be active and help empower them – this role is vital in your team but they will need your support.
- Work closely with Hotel Services colleagues – your domestic and also Domestic Supervisor. Working together will help you to achieve the environmental and cleanliness standards that you want and expect.
- As the Ward Sister / Charge Nurse you set the standards, so your role is key promoting harm free care for your patients

6. Human Resources

This is a really important department and can be very helpful to you in your role – all directorates have a Human Resources (HR) Officer and Assistant HR Officer.

Your HR Officer is:

Tel:

Education & Training Workforce Link is:

Tel:

Healthcare Assistant (HCA) Academy Link:

Tel:

The Human Resources Department is based at Regent Point in Gosforth (buses available to get you there and back if you need to go).

Ask your Matron or DM to invite you to meetings with your HR Officer – most directorates have a monthly catch up with the HR Officer as a means of checking up on progress regarding sickness management, appraisals and mandatory training.

Ask to set these meetings up if not already organised - they can be very useful to help you keep track of your ward / department's progress.

Electronic Rostering and Attendance (ERA - Allocate)

ERA is used at Newcastle Hospitals to ensure that rosters are fair, consistent and fit for purpose with an appropriate skill mix. This guide should be used in conjunction with the Electronic Rostering & Attendance Policy (non-medical) <http://nuth-intranet/apps/policies/personnel/ElectronicRosteringAttendancePolicyNonMedical201910.pdf>

E-Rostering has 6 components:

- Rostering
- Absence Management.
- Registering attendance at work
- Payroll
- Safe Staffing (inpatient areas where patient dependency requirements are also analysed)
- E-Rostering reports to facilitate audit and service management decisions

A variety of resources and quick help guides are available [Intranet > Support Services > e-Rostering](#)

The ERA support line for managers is **26555** or email nuth.erasystem@nhs.net

ERA – Practical Points

- Ensure that any requests for a day off or preferred day to work are recorded as a request on the rota. The number of requests allowed in a 4 week period is set out in the policy and is pro-rata.
- Fixed patterns of work are discouraged and must be agreed with Matron ie. Where a dual contract is in place.
- Where requests are made around childcare or carer commitments every effort is made to be supportive but needs of the service come first and cannot be guaranteed. A flexible working request can be submitted if a member of staff has a case of need. The off duty is published 6 weeks in advance to support staff to plan their personal commitments.
- Shift swaps should be kept to a minimum, staff are responsible for negotiating their own swaps and they must be agreed with Sister.
- Do not input Days Off (DO) on the roster unless it is requested, this may cause problems for staff when they are looking to book bank shifts.
- Where there are gaps in the roster offer additional basic units to part-time staff before putting shifts out to bank staff. A Shift Cost Cover card is in appendix B of the policy so that an informed decision can be made.
- A list of regular bank nurses is recorded in the holiday book including their telephone number and the area where they live in case of bad weather or disruption to public transport.
- Bank nurses are encouraged to advise the department of their preferences and unavailability so that we can book shifts in advance if required.
- If there aren't enough duties available consider moving an unused duty from an earlier date forwards by 'Moving Demand' (Right click unused duty > left click move demand then complete fields). Always use cancel reason of 'Move Demand'
- Creation of additional shifts should only be required to create cover for a Waiting List Initiative (WLI) clinic. Please speak with your line manager or ERA if you encounter any problems.
- Overtime and WLI is also recorded on the WLI & overtime Patient Services spreadsheet, in Overtime Patient Services on the 'I' drive. This is for cross charging to the host directorates.
- Exceptions should be reviewed every day or two and TOIL reviewed. TOIL tolerance is 30 minutes prior to the start of a duty and 15 minutes following the end of duty.
- TOIL should only be accrued by prior arrangement unless there are exceptional circumstances.
- TOIL should be repaid at the earliest opportunity.
- TOIL accrued or repaid is recorded as actual clock time but please monitor the time deducted as ERA may adjust to include breaks.
- A full shift of TOIL is recorded as a cancelled shift, 'cancellation reason TOIL'
- Bank shifts should be finalised daily.
- All finalisations for payroll should be completed as soon as possible after the 1st of the month to allow time for senior management to complete before the deadline.
- Backdated amendments to the roster that require payment will not be actioned if the occurred before the previous three month period.
- ERA is linked to the Electronic Staff Record (ESR) re attendance and leave.

Safecare and Nurse Day Count

The Nurse Day Count is a system for Sisters/Charge Nurses to record the number of nursing hours actually worked on the ward each day and night shift. This is compared with the number of hours that were planned to be worked. The planned and actual hours are reported to NHS England each month and are published on the [NHS website](#).

The Nurse Day Count system also enables the recording of nursing red flags, which include things like shortages of nurses on a shift, staff unable to take their breaks, and patient observations not completed.

Safecare data should also be entered in to Allocate twice in a 24-hour period to reflect the acuity and dependency of patients. Safecare descriptors are the same as Safer Nursing Care (SNCT) tool descriptors but are used for a very different reason. They provide an “at a glance” picture of the issues that a ward or department have.

It is useful to complete Safecare data with the nursing team to ensure that the correct descriptors can be agreed and to educate the wider nursing team to allow consistency.

Recruitment & RCG

On receipt of an employee’s resignation letter or occasionally on verbal notification the recruitment plan should be discussed with Matron. In some instances a skill mix review may be appropriate or a discussion around a flexible working request may also take place.

All nursing vacancies need to go through an approval process. If the post is for a 'Direct Replacement' this is processed through the Trac Recruitment Management System.

A 'Direct Replacement' is a post that is within your establishment and budget and is vacant as a result of the post holder leaving the post. The post can be permanent or temporary. All other vacancies are required to go to Recruitment Control Group.

Recruitment Control Group (RCG)

The RCG meet and the following are approved on a weekly basis:

- Change of hours
- Temporary posts
- Skill mix changes
- New Posts
- Extensions of contract

The Recruitment Control Group (RCG) meets every Tuesday morning and considers applications to replace vacant posts. Use the links under the HR website to take you directly to an RCG application form which should be submitted to finance by noon on the Friday before the Tuesday’s RCG panel.

Once this has been agreed, you will receive confirmation of the decision made – this will then take you into the process of centralised recruitment or give you advice on how to proceed with advertising.

The Recruitment and Selection Policy sets out the process. <http://nuth-intranet/apps/policies/personnel/RecruitmentandSelectionNonMedical202104.pdf>

The RCG template: http://nuth-intranet/cms/Portals/0/HR/Recruitment/Non%20Medical/RCG%20Request%20Form_July%202019.doc

New starters

All staff starting at Newcastle Hospitals attend the corporate induction programme at the earliest opportunity, within 4 weeks of start date. 3 days for clinical staff and 2 days for non-clinical staff.

A request needs to be made for all new employees to get access to eRecord. This is made via Click - <https://nhsnewcastle.service-now.com/ess1/>

Health Care Assistants new to Newcastle Hospitals must attend the Health Care Assistant Academy before they can start work – there is a workbook to complete. In conjunction with the individual their manager also has a form to complete confirming that they have achieved the fundamental standards of care expected and have a personal development plan in place, this is usually emailed to the manager by the HCA Academy coordinator.

The induction programme covers core mandatory training, policies, Trust information and support. A First Day Kit <https://view.pagetiger.com/FirstDayKit/> is sent out in advance in the start date confirmation email to new employees for reference.

Information regarding appointments for new uniforms is also sent out and new ID badges are usually issued on the first day of employment.

Local induction to the department should be completed within 4 weeks of the start date and needs to be recorded as a competency on ESR as well as using the checklist, see the Induction Policy appendix 3 <http://nuth-intranet/apps/policies/personnel/InductionPolicy201707.pdf>

Local induction includes familiarisation of the working environment and local moving and handling training. Each new member of staff should ensure that they have completed their medical devices competence as appropriate to their department - a local list will be provided in their induction pack. Check their swipe card can open all the doors required for their role and contact nuth.cardaccess@nhs.net if anything needs changing.

You should also ensure that any new starters have the contact details for the department, a copy of 'What to Do if you are sick and Unable to Attend Work' found on HR site and review the Dress, Appearance and Uniform Policy <http://nuth-intranet/apps/policies/personnel/DressAppearanceandUniformPolicy201807.pdf>

Each new member of staff will also be given their role specific departmental Induction and Training Plan workbook which they should work through over their probationary period.

Probationary Period

All employees are subject to a six month probationary period to demonstrate that they meet the key elements of their role. The probationary period can be extended if the employee is sick during this time period or if they are not performing to the required standard. Please refer to the Procedure for Managing Probationary Periods for up to date details.

<http://nuth-intranet/apps/policies/personnel/ProbationaryPeriods201712.pdf>

Preceptorship

New registrants (band 4 & 5) and those who have completed a Return to Professional Practice Programme should be provided with a period of Preceptorship in accordance with the Preceptorship Policy: <http://nuth-intranet/apps/policies/personnel/PreceptorshipPolicy202103.pdf>

This is to provide support during the transition from student to registered practitioner. A preceptor must be identified who has a minimum of 12 months experience in the clinical field. The Preceptor should work with and support the Preceptee to achieve the competencies outlined in the Preceptorship Framework (Draft in Appendix 1 of the Preceptorship Policy) The Preceptorship period will run concurrent to the Probationary period.

Appraisal

This guide should be used in conjunction with the Appraisal Review and Development Policy: <http://nuth-intranet/apps/policies/personnel/AppraisalPolicy202007.pdf>

All members of staff have an annual appraisal to provide a formal opportunity for personal development and discussion with their appraiser. The aims are to support the individual to attain their full potential and to review the Trust's Professional and Leadership Behaviours in relation to their own performance.

Direct the Appraisee to the 'Appraisals Good Practice Guide' available on the Intranet: <http://nuth-intranet/cms/Portals/0/HR/Employment/appraisal/2019%2010%2018%20Appraisals%20Good%20Practice%20Guide.pdf>

NMC Revalidation

Registered Nurses should also provide evidence of reflection and progress towards their NMC revalidation each year. Prior to their appraisal Registered Nurses and Nursing Associates must log onto ESR self-service and answer six mandatory questions relating to their progress towards NMC revalidation.

Business Intelligence and ESR are automatically linked to NMC and should be checked monthly for NMC registration renewal dates. The Professional Registration Policy <http://nuth-intranet/apps/policies/personnel/ProfessionalRegistrationPolicy201807.pdf> stipulates that an employer check of the NMC register should be carried out regularly and a copy saved of the results. A record of NMC registrations and expiry dates is held for each area.

Clinical Supervision

As ward leaders we have a responsibility to ensure that all staff have access to a supervisor for Clinical Supervision. Restorative supervision is now provided via Professional Nurse Advocates, who offer group, peer or individual supervision. The Supervisee should record the session for their own records, to support development and provide evidence for their appraisal. The session should also be recorded on ESR Self-service.

Managing Poor Performance

Employees are expected to work to all Trust policies and procedures in harmony with the Professional and Leadership Behaviours. Communication of the expected standards forms part of employee

induction. This is reiterated by regular updates on the Intranet, Trust wide communications, appraisal and staff meetings. Your role is key in monitoring and addressing any concerns promptly and should be regularly reviewed. Formulation of action plans on an informal and formal basis are essential in supporting staff and leaders.

It is an employee's responsibility to maintain their knowledge and skills by reviewing changes to practice highlighted in the regular updates on the intranet.

An inability to achieve these standards is managed under the Capability Procedure <http://nuth-intranet/apps/policies/personnel/CapabilityNonMedical201808.pdf>

Failure to achieve the required standards because of carelessness, lack of effort or negligence could be viewed as misconduct and would be dealt with under the Disciplinary policy <http://nuth-intranet/apps/policies/personnel/Disciplinarypolicy202006.pdf>

Special Leave

The Special Leave Policy <http://nuth-intranet/apps/policies/personnel/SpecialLeave202205.pdf> sets out the types of special leave that are available to employees and aims to support the working lives of employees.

It is important that you review the policy and discuss with your Matron before agreeing special leave where possible.

Maternity Leave is one of the most common instances of leave available to staff and the policy [http://nuth-intranet/apps/policies/personnel/MaternitySupport\(Paternity\)LeaveandPay202105.pdf](http://nuth-intranet/apps/policies/personnel/MaternitySupport(Paternity)LeaveandPay202105.pdf) should be checked at each time as it is subject to change with Government legislation as well as NHS terms and conditions.

Electronic Staff Record (ESR) and Business Intelligence (ESR BI)

ESR is an NHS wide platform to record all staff employment, competencies, training and sickness. The eLearning platform and My ESR can be accessed by all staff to complete their mandatory training, view payslips, Total Reward Statement (Pension) and update any changes to their personal information.

A number of core NHS training units are available which are transferrable between NHS employers.

Managers have supervisor access to ESR to view their team. Supervisor access is only available with a NHS Care Identity Service chip & pin card. Additional training guides for ESR are available [Intranet > Support Services > Human Resources > ESR](#) The guides can be downloaded as PDFs for reference but please ensure that you are referring to the most up to date guide.

ESR has a number of areas but as ERA is linked to ESR for absences we mainly use it to add competencies and appraisals. The update occurs on a Tuesday so there can be a lag in data transfer.

Business intelligence is the area that you should look at monthly to view your team compliance. All staff should review their training compliance when they log in to check their payslip however a reminder may be needed for some.

Business intelligence is accessed on the ESR self-service menu but opens as another window. Through this platform we can view a series of dashboards, the main three that we use are:

- Directorate Reports
- ESR Summary
- Statutory & Mandatory Training Compliance Reports

Detailed information can be found in the viewing ESR Business Intelligence Reports guide

<http://nuth-intranet/cms/Portals/0/HR/General/ESR/2016%2003%2003%20ESR%20Business%20Intelligence.pdf>

Annual Leave

This guide should be used in conjunction with the Annual Leave & General Public Holidays Policy

<http://nuth-intranet/apps/policies/personnel/Annualleave202007.pdf>

and the Electronic Rostering & Attendance Policy (non-medical) <http://nuth-intranet/apps/policies/personnel/ElectronicRosteringAttendancePolicyNonMedical201910.pdf>

<http://nuth-intranet/apps/policies/personnel/ElectronicRosteringAttendancePolicyNonMedical201910.pdf>

The annual leave year runs from 1st April to 31st March each year. Employees are expected to take all of their annual leave within the current year. Carrying over of annual leave is discouraged but may be necessary due to long term sickness, maternity leave, adoption leave, shared parental leave or paternity leave. Matron and the Directorate Manager need to approve any leave carried over.

Sickness Management

This guide should be used in conjunction with the Employee Wellbeing Policy Incorporating Attendance Management Procedure:

<http://nuth-intranet/apps/policies/personnel/HealthWellbeingPolicy202208.pdf>

Advice is available from the Senior Sisters, Matron, Human Resource Advisor and Senior Human Resources Manager. There are a number of useful documents available on the Intranet:

[Intranet > Support Services > Human Resources > Employment > Policies Procedures & Forms > Absence Management](#)

The documents are subject to change and therefore should not be saved for future use.

It's useful to provide all new employees a copy of 'What to Do if you are sick and unable to Attend Work'

[http://nuth-intranet/cms/Portals/0/HR/Employment/Policies%20Procedures%20and%20Forms/Absence%20Management/2014%2010%2015%20wellbeing-what-to-do-5%20\(3\).pdf](http://nuth-intranet/cms/Portals/0/HR/Employment/Policies%20Procedures%20and%20Forms/Absence%20Management/2014%2010%2015%20wellbeing-what-to-do-5%20(3).pdf)

[http://nuth-intranet/cms/Portals/0/HR/Employment/Policies%20Procedures%20and%20Forms/Absence%20Management/2014%2010%2015%20wellbeing-what-to-do-5%20\(3\).pdf](http://nuth-intranet/cms/Portals/0/HR/Employment/Policies%20Procedures%20and%20Forms/Absence%20Management/2014%2010%2015%20wellbeing-what-to-do-5%20(3).pdf) as part of their local induction and include the direct numbers for Ward Managers.

Employees must telephone and speak to the Nurse in Charge or their deputy if they are unable to attend duty, no other form of contact is acceptable on the policy.

The above information is required for the Notification of Absence form which needs to be completed, saved to the individual's file and emailed to HR Filing nuth.filing.Humanesources@nhs.net

If a member of staff is absent due to stress, anxiety or depression then a stress risk assessment should be completed in discussion with the individual. The template is available in appendix 6 of the Management of Stress in the Workplace Policy which you should refer to in conjunction with the Wellbeing policy <http://nuth-intranet/apps/policies/healthsafety/StressManagement202003.pdf>

Leaving, Retiring, Flexible and Agile Working

Staff will move jobs throughout their career and should give notice in accordance with the Notice Periods Policy <http://nuth-intranet/apps/policies/personnel/NoticePeriodsPolicy201610B.pdf> and their contract of employment.

The way that we work is changing and being reviewed as the service demands change but also as a result of the annual staff surveys. A flexible approach to work may mean that staff are retained in the Trust who may otherwise have left, this is especially important for short term changes during a crisis in their personal lives.

“The key principle at the heart of getting flexible working right is finding a working pattern that works for the organisation / service, the team and the individual.”

NHS England

At Newcastle Hospitals, we want to change the culture around flexible working. We want to move away from thinking of flexible working discussions as ending in a yes/no answer. Instead, we see flexible working as a partnership between the person requesting flexible working, their manager/head of department, and the whole team, to come up with a solution that works for everyone.

Staff are encouraged to “feel free to talk about flexible working” however an individual’s preferred working practices may not be suitable for the role that they perform and the service provided in the department. Refer to the policies for the most up to date information.

Examples of flexible working arrangements offered by the Trust are:

- Reduced or less than full-time hours, including job share, term time working, variable time working
- Flexible hours working including compressed hours
- Team-based self-rostering
- Career breaks
- Annualised Hours
- Diverse, multi-form working

More details, guides for both employees and leaders can be found:

[Intranet > Support Services > Human Resources > Employment > Policies Procedures & Forms > Flexible Working](#)

Dignity and Respect

All staff members are expected to act in accordance with the Trust’s values and be respectful of their patients and colleagues. Where staff do not act in a dignified or respectful manner there is clear guidance in the Dignity and Respect at Work policy on how to manage unwanted conduct: <http://nuth-intranet/apps/policies/personnel/DignityRespectWorkPolicy202208.pdf>

Use your Matron and HR Officer to help you with all the other policies and procedures within HR management – these are numerous but all can provide structured help in managing staff.

7. Finance and Procurement

Budgetary management and control is one of your responsibilities so it is really important to have an overall knowledge and insight into the finances and budget for your ward / department. We understand this might be a new area of responsibility for you – please don't feel daunted as there is lots of help for you to understand the budget for your ward.

All wards and departments have a cost centre and a set budget – this will include staff and non-staff costs. You should get access to this and familiarise yourself with the details of your budget.

Every month you should receive an updated finance statement for your area – it is really useful to look at this closely, it helps you to see trends in spending, if you are over / under spent and also costs of staff / bank nurse usage and any overtime costs.

Whole Time Equivalent (WTE) Reports

You will also receive a monthly whole time equivalent (WTE) report – This is an updated list of staff contracted to your team and those in post. Please take time to review this carefully and let finance know of any changes or corrections needed. This helps to keep staff details up to date and also prevents any staff changes being missed.

If you feel that a monthly meeting with your finance accountant / assistant accountant would help you in the management of your budget, please just ask – it's a complicated business but there is help and everyone is willing to explain and support you. There is also a lot of information on the intranet:

[Intranet > Support Services > Finance & Procurement](#)

Scheme of Delegation

The Trust has a Scheme of Delegation for financial decisions and approval we are audited by external auditors annually. Each directorate must identify an individual who has delegated authority to authorise purchases up to a determined amount. The Directorate Manager will decide on the authorised signatories for each area and their approval level.

When you become a signatory you will be asked to provide an example of your signature and have an account set up by finance to authorise non-stock orders on Oracle Cloud Self-Service Procurement. You will be told the cost centres you can authorise and to what level.

You will also be responsible for reviewing department budget reports on a monthly basis. The report is for the financial year 5 April – 4 April. Annual budgets are set for the year but to help monitor spend throughout the year the budgets are split into 12 equal months for non-staffing.

The staff part of the report shows the budget per grade and then the established WTE and actual WTE.

The non-staff report is for all other services and goods. The spend can be monitored by looking at the in-month spend, the Year to Date spend and the under/overspend per account line. By looking at your departmental finance report regularly changes in practice or demand can be highlighted and if necessary a discussion can be held around reviewing the budget or to highlight the cost pressure.

For example, when Newcastle Hospitals' policy changed and phlebotomy moved from needles to butterflies the increased spend was significant and an overspend was seen quickly and responded to.

8. Procurement & Supplies

The majority of ward stock will be on a top-up system and replenished on a regular basis. Top-up items are classed as 'stock' and are available from the NHS supply chain catalogue managed by the Materials Management team. Your ward will have a stock profile already set up. This may need review on occasion if ward requirements change.

For queries regarding materials management contact:

- RVI ext. 25243
- Freeman ext. 37731

Items not available via the NHS Supply chain are classed as 'non-stock' items. These will always need to be ordered on a non-stock requisition unless there is a contract arrangement set up, which will also need to go through a procurement process. All non-stock items are reviewed via finance prior to ordering. This includes specialist non-catalogue requests given that we have very specialist services.

As a Ward Manager you will be able to authorise orders of items up to £1000 - anything over this value will need to be signed and agreed by the Directorate Manager.

For any other queries not related to Materials Management contact Colin Smith – Assistant Supplies Manager on ext. 37952.

9. Newcastle Occupational Health Service

Based at Regent Point, Newcastle OHS is a fully integrated multi-disciplinary department comprising Doctors / Nurses / Physiotherapists / Psychologists and Counsellors.

They assist the Trust with sickness absence referrals and protecting staff from occupational illness.

Early referral to Newcastle OHS is recommended so that they can assist staff to stay healthy at work. Staff can self-refer for work advice as well as physiotherapy and counselling services.

Key Contacts and numbers:

Steven Forster - Clinical Lead Manager 39725

Dr Elizabeth Murphy – Clinical Director 29761

Email Newcastle.ohs@nhs.net (preferred method of communication)

Normal working hours and out of hours arrangements:

8:00am – 5:00pm outside of these hours – needlestick injuries (via emergency departments) / infection control (via Infectious diseases).

10. Safeguarding

The safeguarding teams are located in the Old Children's Out Patient Department at the RVI and provide a corporate service to all Trust staff across acute and community services.

Head of Safeguarding	Helga Charters	(0191 91 77147)
Named Nurse Safeguarding Adults	Lesley Sinclair	(0191 28 26811)
Named Nurse Safeguarding Children	Gill Clare	(0191 28 29263)
Named Midwife	Sue Simpson	(0191 28 29759)

The teams work Monday to Friday excluding Bank Holidays and operate a **duty nurse system** to offer support and advice and answer telephone enquiries from other agencies.

Safeguarding Adults:	0191 (28) 20959	(08:30 to 16:30 Monday to Friday)
Safeguarding Children:	0191 (28) 29150	(08:30 to 16:30 Monday to Friday)

For safeguarding advice out of hours for children or adults please contact:

Patient Services Co-ordinator on 0191 (28) 24300 or
Newcastle Social Care duty team 0191 278 7878.

You will find all of the relevant safeguarding information including key contact numbers, policies, newsletters, information on training, details of safeguarding communication forums and all the relevant documentation you should need here [Intranet > Support Services > Safeguarding Children and Adults](#)

The **Named Midwife** will provide support and advice in relation to maternity services and women's services and is the single point of contact for enquiries regarding FGM.

The **Safeguarding Adult's Team** includes the MCA/DoLS Lead for enquiries and support around mental capacity and deprivation of liberty safeguards.

Safeguarding Adults are the single point for PREVENT (radicalisation), MAPPA, and MARAC (domestic abuse) for patients and staff. The adult team would also be the key contact if you needed to discuss concerns in relation to a member of staff.

The Nurse Specialists for Learning Disability help staff in children's and adult services to ensure reasonable adjustments are made to meet the needs of service users with a learning disability. They also support the transition from children's services to adult services.

Safeguarding Children hold a case review meeting each week followed by a 'safeguarding surgery' where clinical teams can **pre-book** to discuss a complex case where there are safeguarding concerns. Please contact the duty nurse to arrange a time to attend.

Key functions of the safeguarding teams are:

- To provide support and advice to Trust staff
- To provide safeguarding training to Trust staff
- To provide safeguarding supervision
- To contribute to multi agency working
- To provide assurance to the Trust in respect of safeguarding procedures

11. Patient Services Coordinator (PSC)

The PSC is a senior nursing role and provide help and support 24 hours a day across the Trust. PSCs respond to most incidents and present at arrest calls, fire calls, security and major incidents to name a few. They can provide you and your staff with immediate support during these and other similar situations.

The PSC team is integral to ensuring that high standards in emergency and elective care patient flows are maintained throughout the year, managing surges in activity and pressures on capacity. They have an excellent working knowledge of the organisation which enables them to think innovatively and ensure patients are placed in an area that is safe and appropriate for their presenting condition. Accurate and timely decisions, monitoring and follow-up information is essential in ensuring that clinical teams are provided with accurate information regarding placement of patients.

The Patient Services team manage allocation of beds, emergency and elective admissions so it is vital that you maintain up to date communication with the PSC regarding your bed state and when you need / will have available beds.

Very often you might just need some advice or feel concerned about leaving your ward / department when there is a difficult situation. Remember the PSC is there 24 hours a day so contact them at any time to discuss any concerns.

Contact Numbers

- PSC Matron 39460
- PSC FH 26623
- PSC RVI 24300
- Discharge Nurse 48900

It might be useful if you could spend some time with a PSC to get a better understanding of the breadth and depth of their role - shadowing is a good way of doing this and developing vital links with this very important team.

Discharge Team

Please contact the Discharge Nurse Specialists if you have any queries or concerns about the discharge process. They can facilitate discharge of complex patients, liaise with challenging patients or families, provide information on CHC, transport, repatriation, social work, housing and homelessness, patient choice and out of area discharge processes. Please report any patient who requires repatriation or is a delayed transfer of care to the Discharge Nurses.

Discharge Nurse Specialists:

- Freeman Paula Watson (48900)
- RVI Sandra Ponting (48870)

Safe Friday

Each Friday afternoon the Matron for your area will be expected to submit information to the Patient Services Coordinator to handover any important safety messages for the weekend – e.g. senior cover for the directorate, issues about staffing and any concerns about certain patients etc. It would be helpful if you could bear this in mind on Fridays so that you can gather any specific information or concerns you have about your ward.

12. Facilities

Facilities Manager - John Thompson (ext. 39896) John manages portering and security, hotel services and catering services.

Deputy Facilities Manager – Mick Brannen (ext. 39433)

Portering & Security

Manager Rob Stead (ext. 24893) covers both sites.

Location of Services: RVI

- Supervisor 29204
- Portering advisor 29200
- Security 29209

Location of Services: Freeman

- Supervisor 48801
- Portering advisor 39509
- Security CCTV control 38551

Porters can provide invaluable support to you and your team, so working closely with them and involving them in your team, will develop a good working relationship

Both the portering rooms are covered 24 hours every day. Contact supervisors if no response from the relevant office numbers.

For any ID any or door swipe / access issues contact any of the supervisors via e-mail or phone.

If any of your staff leave, remember to contact security to remove their swipe access from the system.

You will be sent a list of staff access to medicines rooms on a six monthly basis – please make sure that this is checked and any changes / updates returned to ensure only the correct staff have access to certain areas.

Hotel Services

RVI site

Tara Robinson (ext. 29397) – Manager

Claire Hall (ext. 29875) – Deputy Manager

Freeman site

Christine Lewis (ext. 48154) – Manager

Declan Garland (ext. 39208) – Deputy Manager

Linen stores

Your linen will be reviewed on a daily basis through the week for the purpose of top-up. In the event you require additional linen or run low on linen for the ward contact the linen room on 48071 (Freeman) and 24222 (RVI). Out of hours you can contact the Domestic Services supervisor who has access to linen stores. This may be particularly important for stock over the weekend/bank holidays.

Rapid Response Team

The rapid response team will attend the ward on request for terminal cleans and if the use of the HPV (hyperchloride ventilation machine) is required. You contact the rapid response team via switchboard 24/7.

Catering

RVI site (ext. 24714) – Manager

Freeman site (ext. 48681) – Manager

There should be food for patients available at any time. If you require a meal through the day, out-with meal times/trolleys or a meal to cater for a specific dietary requirement e.g. kosher, please contact the catering Department for advice and ordering.

There are also snack boxes available in designated areas around the Trust with many wards having snack fridges. Please familiarise yourself with these and identify those closest to your ward.

13. Estates

Part of your role will be to maintain oversight on the upkeep of the furnishings and fittings of your clinical area and surrounding corridors. Faults and concerns are to be reported through the helpdesk – ext. 21000. Ongoing maintenance or improvements should be discussed with your Matron and will be required to be signed off by your Directorate Manager.

Please familiarise yourself with the Minor Work (white form) procedure on the Trust intranet, which can be accessed at [Intranet > Support Services > Estates > Useful Documents](#)

14. Pharmacy

Pharmacy provides a wide range of services based at the Freeman Hospital, Northern Centre for Cancer Care (NCCC) and Royal Victoria Infirmary (RVI). They also provide services to other centres and satellite hospitals such as the Dental Hospital, Newcastle Fertility Centre, and our Community Health services. The pharmacy page on the intranet has more in depth information regarding this service [Intranet > Clinical Directorates > Pharmacy](#)

Each ward has a named pharmacist

Your named pharmacist is:.....

Tel:.....

What to do if you have a supply problem

Inform your ward pharmacist or the pharmacy department if you think there is a supply problem of any particular drugs on your ward. If pharmacy are made aware of likely supply problems by manufacturers/wholesalers, they may also contact you to alert you of the problem and discuss alternative stock in the interim.

What to do if you require a drug not stocked on the ward out of hours

Guidance can be found on the pharmacy intranet page and there is a specific guideline on what to do, who to contact and also what is stocked in the emergency drug cupboards at the Freeman and RVI. You can also borrow stock from other wards.

What to do if you have a missing controlled drug

Full guidance can be found in the Medicines policy:
<http://nuth-intranet/apps/policies/drugs/MedicinesPolicy202204.pdf>

You should initiate a search for the missing drug, review patient's electronic records to see if any doses have been given but not recorded, complete a full check of all controlled drugs on the ward, inform your Matron (in-hours) or the Patient Services Co-ordinator (out of hours), contact and inform your named ward pharmacist the next working day and complete a Datix.

As a ward sister/charge nurse you will also be responsible for and/or involved in the investigation of medication errors. There is a Trust Investigation tool for Medication incidents and near misses which will help structure your investigation and identification of actions for individuals/teams/systems moving forward.

Dispensary Services

There are two dispensaries, one at RVI and one at Freeman, providing inpatient dispensing services for wards and departments. Outpatient dispensing services are provided in partnership with Lloyds Pharmacy.

Opening hours (RVI)

Mon – Fri	8.30am to 5pm
Saturday	9:00am to 12.30pm
Sunday	Closed

For further information contact Mark Tweddle, Dispensary manager (24416) or Stephen Ashton, Patient Services Operations Site Lead (24488) or visit the Pharmacy Intranet site:
[Intranet > Clinical Directorates > Pharmacy > Dispensary Services](#)

Medicines Information

MI is based in the Pharmacy at RVI and answers queries from any healthcare professional working within the Trust, including queries about drugs in pregnancy and breastfeeding. Opening hours Mon-Fri 8.30am to 5pm. Contact number 25398.

Outside of these hours the Emergency Duty Pharmacist should be called via switchboard. For further information contact Catherine Horne, Senior Lead Clinical Pharmacist on 25398 or visit the Pharmacy Intranet site
[Intranet > Clinical Directorates > Pharmacy > Medicines Information](#)

Clinical Pharmacy Team

The team deliver services to wards including chart review, patient counselling, discharge planning and medicines information.

For further information contact Nicola Vasey, Senior Lead Clinical Pharmacist (29295) or Steven Brice, Deputy Director of Pharmacy (24612) or visit the Pharmacy Intranet [Intranet > Clinical Directorates > Pharmacy > Clinical Pharmacy](#)

Medication Safety

The Trust Medication Safety Officer is Lorna Clark, Assistant Director of Pharmacy (31458).

The MSO provides advice and support for all medication safety issues, including incident investigation using the Trust Tool and medication related quality improvement initiatives.

Further information is available on the Sign up to Safety Intranet page [Intranet > General Information > Clinical Governance & Risk Department > Patient Safety > Sign Up to Safety > Medication Safety](#)

15. End of Life Care

Within Newcastle Hospitals there is a Specialist Palliative Care Service and an End of Life Care Team. These teams have core elements to their work which overlap and keys elements which are specific to the work of each service. However, these teams act as one integrated service.

Key contacts and numbers:

Lead Nurse End of Life and Bereavement Care - Sarah Turnbull 07874 887557
sarah.turnbull4@nhs.net

Specialist Nurse End of Life and Bereavement Care – Elizabeth Zabrocki DECT 29016 Ext 38303
elizabeth.zabrocki@nhs.net

Macmillan End of Life Project Staff Nurse - DECT 39628 or Ext 38304

Specialist Palliative Care Teams

- RVI Palliative Care Team – Ext 24019
- Freeman Palliative Care Team - Ext 37221
- NCCC Palliative Care Team - Ext 38606
- Community Palliative Care Team - Ext 23289 or Tel 0191 2261315

Normal working hours and out-of-hours arrangements:

Palliative Care

RVI 9am – 5pm Mon- Fri

NCCC 9am – 5pm Mon-Fri

Freeman 9am – 5pm Mon –Fri

For Specialist Palliative Care clinical advice after 5pm week days, weekends and Bank Holidays the 'HospAdvice' Line can be contacted by professionals via the Trust's switchboard.

Community 9am – 5pm 7 days a week including Bank Holidays.

Community also respond to Assessment Suite and Emergency Department Saturday, Sunday and Bank Holidays.

CHIPS – Children’s Palliative Care Service - 0191 91 77570 DECT 77570

End of Life Team

Support is available Monday-Friday 08:30-16:30

The Specialist Palliative Care service exists to provide clinical advice and support for all patients and the carers of those diagnosed with a life limiting condition this support may include symptom control advice, psychological support, advance care planning, end of life. The service also provides education, and support for all staff.

The End of Life

The End of Life Care team provide non-specialist support and education to all staff groups providing end of life care across the Trust. The Macmillan End of Life project aims to compliment the care provided by non-specialist staff by being available to sit with patients and provide practical and emotional support to patients and their relatives/friends.

Your Key Actions as the Ward Sister / Charge Nurse:

- To identify those patients on your ward with specialist palliative care needs and empower and support your staff to care for these patients to their level of knowledge and skill.
- To refer to the Specialist Palliative Care service when ward or department staff need help and support to care for these patients, or when the level of skill and knowledge of the clinical team has been reached and Specialist support is required.
- To ensure your staff feel confident and competent in caring for patients in the last days/hours of life, and to seeking additional support and education if this is not the case.
- To identify those patients on your ward or department who are at end of life and if appropriate, to ensure that the Caring for the Dying Patient document is used to provide a framework create an individualised plan of care.

16. Chaplaincy

Chaplaincy Team phone number is 0191 244 8149. The team are available 24 hours a day 365 days a year. Out of hours the on-call chaplain can be contacted via switchboard.

Head of Chaplaincy Department is Reverend Capt. Katie Watson. email Katie.watson21@nhs.net

Chaplains are there for patients, relatives, carers and staff, not just for their religions. Whilst there are structured services and representatives from multiple religious denominations they are keen to support to all spiritual needs, whether that be a listening ear, a chat or a wander outside to see the garden.

If you or your team have any patient requests or needs that may be pastoral or outside the normal clinical care the chaplaincy team are happy for you to contact them for advice and support.

For details regarding specific services please see the chaplaincy information found in the A-Z of the Trust intranet. The names and contact numbers for the team can also be found on this page. www.newcastle-hospitals.nhs.uk/information-for-all-patients-visitors/important-information-for-all-patients-and-visitors/chaplaincy/

17. Mortuary

Mortuary phone numbers are RVI 24421 / Freeman 31736.

Normal hours are 08.30 - 16.30 both sites.

Mortuary Operations Manager Jeff Potts (21590) email jeff.potts1@nhs.net
16.30hrs - 08.30hrs - on call only from home out of hours via switchboard.

Families who wish to visit their loved ones in the chapel of rest may do so 365 days of the year between 09.00hrs - 21.00hrs, appointments are for 30 minutes.

Please remember that outside of normal working hours all viewings are handled by the On Call mortuary technician who has to cover both the RVI and Freeman Hospital sites.

The most important thing to remember is that when a patient dies they are still patients. They need to be treated with respect and dignity at all times please ensure that they are clean, dressed and have their hospital ID bracelets in situ before transferring to the mortuary.

The mortuary technicians are always available for advice please feel free to contact them with any queries that you may have and please feel welcome to come and visit their facilities for yourselves in order for you to have a better understanding of their work and how they can help you and your staff on the wards during difficult times.

18. Patient Experience

Complaints Management

If you are made aware of a patient or carer wishing to make a complaint or raise a concern, you should try to address the issues immediately wherever possible. If, however, you cannot resolve their concern you should signpost them to the appropriate services. Initially, you can escalate the concern to Matron or (out of hours) the Patient Services Co-ordinators.

Alternatively they can contact **PALS** (Patient Advice and Liaison Service) on 0800 032 0202 for advice and guidance or, for formal complaints, the **Patient Relations Team** on 0191 223 1382.

If you need advice on dealing with a complaint you can contact either Nicola Carr, Patient Relations Service Manager on 0191 223 1546 or Tracy Scott, Head of Patient Experience on 0191 213 9622.

Learning for complaints is cascaded regularly and you should make every effort to ensure that this information reaches your staff.

Monthly mailers are sent out following the Complaints Panel meeting which highlight themes and best practice and action plans are produced with all complaint responses so you should make yourself aware of actions linked to your area in response to any complaints. The team are located on level 1 Freeman Hospital.

Helping to Empower Loved Ones and Patients service

Familiarise yourself with the HELP protocol. This is the Helping to Empower Loved Ones & Patients service & should be available and clearly displayed in your areas.

This is the protocol for families / carers to get help when they have concerns about a patient in your area. This explains how this can be escalated to you as the Ward / department Sister / Charge Nurse, to Matron or where to get help and support out of hours, e.g. via the PSC.

NHS Friends and Family Test

The Trust is required to offer all patients the opportunity to complete the NHS Friends and Family Test. Within the Trust we use a range of methods to do this. Postcards are used within the inpatient areas, maternity services, children's services and some outpatient areas.

The majority of outpatient areas have kiosks where patients can complete the friends and family test. Please ensure your staff encourage patients to complete the friends and family test as the Trust values the feedback and comments received.

Take 2 Minutes

Take 2 minutes cards are available in the main public areas of the Trust. They are used for members of the public, patients, staff and visitors to make comments and suggestions about the Trust. These cards are anonymous but are a good source of quick and balanced feedback.

19. Student Supervision and Assessment

Each ward or department that supports students will have a placement profile hosted on Arc PEP. This will contain information about your placement area and the learning opportunities that are available, as well as a list of the Practice Assessors (PAs) that are attached to your area. This profile and database of PAs should be managed locally by the Nominated Person.

The Nominated Person is a role identified by the NMC (2018) where there is a named person responsible for the co-ordination of the placement and ensuring the correct support is given to learners according to their profession or registered body. This role should be undertaken by the Band 6 or 7 and may be supported in the role by a senior band 5 'education champion' who is developing their skills and knowledge in practice education.

The NMC (2018) states that every registrant should 'support students and colleagues learning to help develop their professional competence and confidence'. This means that every registrant has a professional requirement to be a Practice Supervisor (PS) who will support students on a day to day basis. Training for this role is available, and the most up to date information is available from the Practice Education Team, or on the Intranet site.

Assessment of students will be undertaken by Practice Assessors (PA), who will be existing Practice Supervisors who have undertaken additional training and the most up to date information is available from the Practice Education Team, or on the Intranet site.

In order to continue meeting your responsibilities for on-going knowledge and skills to support learners, a suite of updates has been designed for both PS and PAs.

For any support or advice regarding learners in your area, the various programmes of study that are supported across the Trust or up to date information then please contact the Practice Education Team nuth.practiceplacementfacilitators@nhs.net

Placement areas

Placement areas will be subject to an Educational Audit at least once every three years, or more often when the situation requires, to ensure safe and high quality learning environments as specified by the NMC. The PPF will arrange to carry out the audit with the nominated person.

Please contact the PPF if you require any further information, or if you have any concerns about students in your area.

20. Clinical Research

Research is pivotal in any professional field to advance and improve practice. Research led and delivered by Nurses, Midwives and Allied Health Professionals can drive change.

Evidence from research influences and shapes these professions, informs and underpins policy, professional decision making and actions.

Matrons have an essential role in ensuring that clinical research is embraced and embedded within Newcastle Hospitals so that we create a better future for our patients, our staff and the wider population.

All Matrons in the Trust should understand the importance and far-reaching benefits of research. They will facilitate a research-positive culture, empowering colleagues to lead, support and/or become involved in research.

There are two main ways in which this can be achieved, and the Matron should understand the benefits and importance of both, including how to seek support and guidance:

Make Space for Research

The NMAHP Research Team is responsible for supporting and building research capacity and capability within the NMAHP professions. This is one of the six key pillars in the Trust's NMAHP Strategy.

Capacity and capability building involves supporting individuals and teams in a range of ways to [make space for research](#) activity. The primary aim being to enable NMAHPs at all stages in their career to develop the skills, confidence and knowledge to engage with, support, and utilise research and to become research leaders of the future where the aspiration exists.

Supporting the development of clinical academic careers is a key element of this and the Matron should be aware of the NMAHP Research team who can provide support, advice and guidance with the development of capacity and capability in clinical teams.

Clinical Research Delivery Support

The Directorate of Clinical Research supports and manages the set up and delivery of research within the trust. This [Animation](#) explains how research delivery is structured locally and describes its many benefits.

[The Clinical Research Strategy 2021 - 2026 - Newcastle Hospitals NHS Foundation Trust](#) sets out our vision and plans to take Newcastle Hospitals clinical research activities to the next level, by further embedding research into patient care in our organisation in new and exciting ways.

Further information can be found on the Intranet [Directorate of Clinical Research](#), which includes the structure of the directorate as well as key contacts.

Chief Nursing Officer Strategic Plan for Research

[The Chief Nursing Officer \(CNO\) Strategic Plan for Research \(2021\)](#) sets out a policy framework for developing and investing in research activity across the NHS in partnership with others.

At its heart is the shared ambition to create a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision making, for public benefit.

This plan compliments the ambitions set out in [Saving and Improving Lives: The Future of UK Clinical Research Delivery - GOV.UK \(www.gov.uk\)](#) and will form part of NHS England and NHS Improvement's contribution to the delivery of this vision. This ambition will be achieved through five underpinning themes:

1. **Aligning nurse-led research with public need** – this includes establishing a process to identify and prioritise the next decades most pressing areas for research.
2. **Releasing nurses' research potential** – by concentrating on developing fair and diverse ways for all nurses, whatever their role and setting, to participate in research.
3. **Building the best research system** – this includes developing a coordinated and consistent England-wide approach to building nurse-related research capacity and capability – from pre-registration to professional level.
4. **Developing future nurse leaders of research** – to offer rewarding opportunities and sustainable careers by raising the awareness of the breadth of opportunities for nurses to become involved in research.
5. **Digitally-enabled nurse-led research** – to create a digitally-enabled practice environment for nursing that supports research and delivers better outcomes for the public.

The Matron's role is crucial in the delivery of this vision and should support local research engagement by advising on where to access information to begin research projects and how to access research related training.

They should be aware of local resources available and be able to signpost individuals to the relevant support, including:

- **The current Trust [Research Support Policy](#)** In line with this policy, Research Leave should be recorded in Health Roster for any staff participating in a research (capacity building) programme. All line managers should be aware of the six different types of Research Leave within the system Recording Research Leave and ensure the correct leave is allocated.
- **Newcastle upon Tyne Hospitals NMAHP research team** nuth.NMAHPResearch@nhs.net
- **Newcastle Joint Research Office (NJRO)** - a partnership between The Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University supporting researchers in the development, implementation and delivery of world class experimental, translational and clinical research.
- **Clinical Research Network – [Training \(nih.ac.uk\)](#)** The NIHR Clinical Research Network North East and North Cumbria is hosted by the Newcastle Hospitals. It promotes increased opportunities for people to take part in health and social research, facilitates effective and efficient study set up and delivery and supports the Governments Strategy for UK Life Sciences by improving the environment for commercial research in health and social settings.

The matron should also have knowledge of and be able to signpost staff to research capacity and capability building opportunities within the Trust. The link illustrates the funding schemes and programmes that we have supported to date ([Link to support activity](#)) Regular opportunities include:

- **YES! (EARLY RESEARCH SUPPORT GROUP)** – Aimed at nurses, midwives and AHPs across Newcastle Hospitals who are new to, or in the early stages of their research career. The group not only supports ‘drop-ins’ for chats about research and hosts monthly guest speakers it is also a great way to meet like-minded individuals.
- **The 4Ps NMAHP Researcher Development Programme** – is for NMAHP staff regardless of where they are on the “research interested” to “aspiring clinical academic” continuum. Through five modules, the programme explores the key elements of developing a successful grant application and the broader challenges of leading research alongside clinical practice.
- **#Make Space for Writing** – is a short course programme aimed at those nurses, midwives and AHPs who wish to gain confidence in academic writing or are interested in getting their work published. The topics are covered in short 1.5 hour sessions over four weeks include ‘Deciding on an Article’, ‘Preparing to Write,’ ‘How to Write’ and ‘Navigating Peer Review.’
- **The Newcastle Hospitals NMAHP Research Internship** – is a six-month internship funded by our Hospital Charity, for one day per week to enable successful candidates to undertake a work-based project in their own clinical area, using Research Methodologies, QI, Service Improvement or Audit.

Further information regarding all of the above opportunities can be found on the staff intranet [NMAHP Research](#)

Matrons themselves as well as their staff can carry out research to advance evidence-based practice and implement it across the organisation. This could be part of a taught academic programme for professional development, an internal research related opportunity, or a service improvement project, where the research element is undertaken in their organisation as part of their clinical role.

The [National Institute for Health Research | NIHR](#) provides resources and programmes to support research in clinical practice, including Good Clinical Practice courses, fellowship programmes, funding opportunities [HEE-NIHR Integrated Clinical Academic Programme | NIHR](#) and the NIHR Dissemination Centre resources.

Mid-career health services researchers and practitioners can apply for the Commonwealth Fund's Harkness Fellowships [Home | Commonwealth Fund](#) in healthcare policy and practice, which provide a unique opportunity for staff to work on a project of their choice abroad.

Matrons and their staff can use the [UK Clinical Research Network \(UKCRN\)](#) to provide an infrastructure enabling high quality clinical research to take place in the NHS, so patients can benefit from new and better treatments.

Further resources related to internal and external research related opportunities can be accessed via our [Intranet site](#) or through contacting the NMAHP Research team on: nuth.NMAHPResearch@nhs.net

Competencies and Actions

Provision of research and development for staff

Action	Progress	Completion Date
Guide staff on where to access training and participation in research and development		
Contribute to and participate in research and development nationally and locally – both matrons and their staff.		
Complete Bite Sized GCP training		
To have knowledge around ERA to support research leave		
To attend		

Appendix 1: Ward Checklist

	Task	Sign	
Monday	Environmental/ cleanliness checks (check form complete from week prior)		
	Off duty check for week ahead		
	Saving Lives check (check form complete from week prior). Labels on lines		
	Resus trolley De fib		
	Safecare input ensure all staff on duty have clocked		
	Property book check HK		
	Nursing docs – admission assessments, Disclaimer, Review and audit safety assessments such as MUST and Braden score complete, and weekly update done at weekend		
	C diff and MRSA pathways complete		
	Focus, FBC, E-Obs complete, sepsis escalation and responder forms appropriately managed		
	Fridge temps x all fridges in environment		
	Nursing hours input		
	Allocate Exceptions		
	Datix		
	Nurse bank forms online		
	Tuesday	CD Check Done	
		Environmental/ cleanliness checks Walk around Observation	
	Datix		
	Saving Lives check Labels on lines		
	Resus trolley De fib		
	Safecare input		
	Fridge temps x all fridges in environment		
	Nurse bank forms online		
	Patient rounding, FBC, E-Obs complete, sepsis escalation and responder forms appropriately managed		
	Check hols Requests and tick off those taken		
	Check Mandatory training -BI		
	C diff and MRSA pathways complete		
	Allocate Exceptions		
	Nurse staffing count		
	Safecare input ensure all staff on duty have clocked		

	Task	Sign
Wednesday	Environmental/ cleanliness checks Walk around Observation	
	Saving Lives check Labels on lines	
	Resus trolley De fib	
	Fridge temp x all fridges in environment	
	C diff and MRSA pathways complete	
	Drugs away	
	Nursing hours input	
	VTE Assessments	
	Datix	
	Patient rounding, FBC, E-Obs complete, sepsis escalation and responder forms appropriately managed	
	Allocate Exceptions	
	Safecare input ensure all staff on duty have clocked	
Thursday	Drugs away	
	Environmental/ cleanliness checks Walk around Observation	
	Saving Lives check Labels on lines	
	Resus trolley De fib	
	Fridge temp x4	
	C diff and MRSA pathways complete	
	Nursing hours input	
	Patient rounding, FBC, E-Obs complete, sepsis escalation and responder forms appropriately managed	
	DATIX	
	Allocate Exceptions	
	ESR INPUT	
	Safecare input ensure all staff on duty have clocked	
Friday	Drugs Away	
	Environmental/ cleanliness checks Walk around Observation	
	Saving Lives check labels on lines	
	Resus trolley De fib	
	Nursing docs – Safety assessments complete	
	Fridge temp x all fridges in environment	
	C diff and MRSA pathways complete	
	DATIX	
	patient rounding, FBC, E-Obs complete, sepsis escalation and responder forms appropriately managed	

	Task	Sign
	ERA Exceptions	
	Nurse staffing count	
	Safecare input ensure all staff on duty have clocked	
Saturday	Ensure all team leaders do weekly safety assessment reviews, including MUST, Braden and Falls.	
	Environmental/ cleanliness checks Walk around Observation	
	Saving Lives check Labels on lines	
	Resus trolley De fib	
	Fridge temp all in environment	
	Patient rounding, FBC, E-Obs complete, sepsis escalation and responder forms appropriately managed	
	Nurse staffing count	
	ERA Exceptions	
	DATIX	
	Nurse bank online forms	
	Safecare input ensure all staff on duty have clocked	
Sunday	Fridge temp	
	Environmental/ cleanliness checks Walk around Observation	
	Saving Lives check labels on lines	
	Resus trolley De fib	
	Ensure all team leaders do weekly safety assessment reviews, including MUST, Braden and Falls	
	C diff and MRSA pathways complete	
	Nurse staffing count	
	DATIX	
	ERA Exceptions finalise previous weeks off duty on allocate.	
	Drugs away	
	Patient rounding, FBC, E-Obs complete, sepsis escalation and responder forms appropriately managed	
	Safecare input ensure all staff on duty have clocked	
Monthly	Finalise Payroll	1st of the month
	CAT	Via Email
	WTE Reports check and Correct	Via email

	Task	Sign
	Budget To Check	Via email
	NMC Monthly all staff check	3 rd of the month.
	How we are doing board	renew monthly.
	Nurse bank staff	Request for the month ahead- using off duty.

Appendix 2:

Additional Ward Leader Training and Access Requirements

The following list is not exhaustive, but following your initial induction you may wish to complete the following modules:

Leadership

Review Leadership development opportunities both internally and through the Leading an Empowered Organisation (LEO) Programme, or Institute for Leadership and Management (ILM) including but not limited to:

- Vital and Challenging Conversations
- Coaching Skills for Managers
- Motivating Self and Others
- Resilient Leadership
- Workload Organisation Skills

Clinical and Managerial Systems

- **ERA** Training required before access (application form on Intranet (ERA) manger to request)
- **eRecord access IT Click** Request Services>eRecord/Clinical Applications>eRecord Account Request
- **Access to iDrive**
- **Oracle Cloud Self Service Procurement** – account contact nuth.suppliessytemteam@nhs.net
- **Manager access and Smart Card** – Line manager to contact nuth.registrationauthority@nhs.net ext 23394/20675
- **Outlook** – Out of office; Signature; Sort and organise mailbox; When and how to cc in to replies; Set up contact groups

Major Incident plan

- Complete all mandatory training. Locate and become familiar with the departmental Major Incident plan particularly where your department and your role fits within that plan.

Business Continuity

- Complete all mandatory training. Locate and become familiar with the departmental MI plan particularly where your department and your role fits within that plan. Also familiarise yourself with your team. What factors may be an issue to continue providing a safe service? e.g. fuel strike, schools closing, global events.

DATIX investigator and Root Cause Analysis (RCA) training

- Contact DATIX team

- Risk Assessor (optional – discuss) - Risk assessments are carried out for a variety of areas and tasks in the department. Managers need to be aware of identified risks in the department and also ensure that they are up to date. A file can be found in each department.

Risk Assessment

- Moving and Handling risk assessments and training are performed by the M&H facilitator. Managers need to be aware of identified risks in the department and also ensure that they are up to date. A file can be found in each department.
- COSHH Assessor; COSHH risk assessments are carried out for a variety of products used within the department. Managers need to be aware of identified risks in the department and also ensure that they are up to date. A file can be found in each department.

ESR

- Performance Appraisal Skills for Appraisers- Book via ESR or training admin
- How to record an appraisal on ESR
- Recruitment and selection training
- Book via ESR or training admin
- Performance Management
- Book via ESR or training admin
- Finance reports and meetings
- Managing poor performance
- Book via ESR or training admin
- Financial Management Awareness for Managers (optional – discuss)
- Book via ESR or training admin

Find out more on our NMAHPs webzone

<https://www.newcastle-hospitals.nhs.uk/home/nmahps/>

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Contact us

nuth.nmahps@nhs.net

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