

PRIMARY CARE DIRECTORATE HANDBOOK

A working document

MS V2.9

20.11.21

We care

We respect

We are inclusive

Welcome to the Primary Care Directorate!



Dear all,

It gives me great pleasure to introduce the Primary care handbook. This is a living breathing document that will organically grow with each of us. The document is expected to provide a helpful referral source for all of us in the primary care directorate. Keeping the document live to ensure it continually reflects what we do to keep our registered patients safe is a responsibility of each of us. When our systems change for the better please mail the comments on that section to Marion Savariaud, email: marion.savariaud@nhs.net so that we can ensure this document is kept live and relevant.

The Primary care services are going through incredible changes both nationally and locally with developments like Primary Care Network, Workforce transformation and changing expectations of Primary care to deliver the system ask. We should be at the forefront of this transformation using QI tools to ensure our service users continue to receive the best care.

I am also grateful to you all for the active participation from you all in the development of the primary care directorate. The development of the directorate is in response to the Trust strategy to deliver population health and our population based registers puts us in a unique position to work with our Mental health, community health colleagues and system partners to deliver the support networks that allow system solutions. While we will integrate and lead this march can I also remind us all that our other strategy is about staff experience. Enjoying what we do and maintaining team morale and happiness for each of you with the respect and dignity we treat each other is really important for me. So let's use this handbook to ensure we provide population health and good outcomes for our residents with smile on our face.

I would also like to take the opportunity to thank Marina Muirhead for her leadership in the development and untiring effort in making this handbook a reality

Yours sincerely
Dr Mohit Venkataram
Executive Director- Primary Care

Contents page

****Please note this is a summary guide for practices and the full suite of policies, procedures, news and information can be found on the ELFT intranet.**

Contents Page

1. Our Services

2. Our Directorate Structure

3. Our supporting Corporate team

4. Quality & Compliance

- Introduction and function
- Complaints
- Local practice clinical governance meetings
- Risk logs
- Caldicott Guardian
- Safeguarding
- Pharmacy and Controlled Drugs
- Primary Care Directorate Governance Structure
- Central Alert System CAS
- Business continuity, disaster recovery and emergency preparedness

5. Working groups designed for peer networking, service transformation and support

- Introduction and function
- Operational practice managers peer network meetings
- IT and Digital
- Operational Finance Group
- Lunch and Learn
- Policy Alignment Group
- ELFT Primary Care Network Programme Board
- ELFT Primary Care Lead Nurse Forum

6. People Participation

- Introduction and function
- National General Practice Patient Survey
- What is Patient Experience
- Why do we measure Patient Experience?
- How do we collect Patient Experience?

7. Quality Assurance

- Introduction and function
- Clinical Audit
- Tracking NICE Guidelines
- Co-ordinating Executive Walkarounds
- CQC readiness
- Peer to peer virtual mock CQC inspection process
- Directorate and trust wide audit timetable for 2020/21

8. Health, Safety and Security Team

- Introduction and function
- The Health, Safety and Security Committee
- Test and trace
- Visitors to practices
- ID Badges

9. Quality Improvement QI

- Introduction and function
- 2-year strategy for QI in ELFT Primary Care
- Capability Building
- Build Belief in QI
- The QI meetings and Huddles
- Primary Care Improvement Strategy

10. Datix and Risk Management

- Introduction and function
- What is an incident?
- Incident reporting – how & When
- What happens once an incident is reported?
- Incidents grading
- Useful documents

11. Corporate Performance

- Introduction and function
- Performance reporting and planning
- Performance improvement and management

12. IT and Digital

- Introduction and function
- Reporting a problem
- Smartcards
- IT orders
- Contacts for sites
- EMIS Super User Training
- Remote access

13. Communications and Engagement

- Monthly bulletin
- Trust-wide weekly news bulletin
- Executive walkabouts
- Director visits
- Primary Care Skills Academy @ELFT
- New Practice leaflets and promotional material for onboarding practice

14. Freedom to speak-up guardian

- Introduction and function

We care

We respect

We are inclusive

15. Contracts, Business Development and Procurement

- Introduction and function

16. Finance

- Introduction and function
- Budgets and responsibilities
- Finance month end schedule
- Finance Meetings
- Authorisers / oracle
- Working group
- Standing Financial Instructions
- Key policies and procedures of interest

17. People and Culture

- Introduction and function
- Main contact details
- Booking annual leave
- Managing absence
- Payroll
- How to Claim for Additional Hours Worked
- Appraisal
- List of ELFT Employment Policies
- HR policies of interest
- Organisational Development
- Wellbeing

18. Booking Agency staff

19. Accessibility

- Introduction and function
- How information displays should look within your waiting area
- Accessibility Checklist for use by practices
- Translation Services

20. Equipment

- Introduction and function
- Calibration
- Medical devices
- PAT Testing

21. Estates

- Introduction and function
- Where to report a maintenance issue – Helpdesk contacts for all sites
- Estates policies and procedures of interest

22. Flu ordering and coding invites

23. Covid-19

24. Primary Care Networks

- Introduction and function
- Key things PCNs are commissioned to do in 20/21
- The 12 Additional roles which can be funded via from 2020/21
- Looking ahead what PCNs are required to deliver in 21/22

25. Key contacts for the primary care directorate and our supporting functions

26. Abbreviations sheet

Our Services

Leighton Road Surgery in Leighton Buzzard. The practice has a list size of 20,000 and is part of Leighton Buzzard PCN. The practice provides routine medical care to a mixed urban and rural population.

Cauldwell Medical Centre in Bedford. The practice has a list size of 9,000 and is part of East Bedford PCN. The practice provides routine medical care to a slightly younger population than normal and has a slightly higher than average caseload of patients with mental health problems.

Newham Transitional Practice in Newham. The practice has a list size of 4,500 and works across two sites in Newham. The practice is commissioned to provide care to a transitional population of patients, some do not have access to an NHS number, some are homeless, some are from migrant populations etc.

HealthE1 in Tower Hamlets. The practice provides care to a list of 1,000 homeless patients. The practice team have close working links with mental health teams, voluntary organisations etc.

The Greenhouse Practice in Hackney. The practice provides care in a very similar way to HealthE1 and look after a list of 1,000 patients.

The Homeless Outreach Service - This service was set up in April 2020 in response to the Covid-19 pandemic. It was initially commissioned to provide primary care services to people in hotel accommodation who had formerly been rough sleeping. The service has a team of GP's and primary care nurses and operates across Newham, Tower Hamlets and City and Hackney. The team works closely with the nurse led outreach service at Newham Transitional Practice. The service has developed during the Covid-19 pandemic and now aims to offer flexible care to any person who is homeless and needs care in any setting outside of one of our homeless practices.

The Pathway Homeless Team @ RLH - The Pathway service is linked to Health E1, and based in Bart's Hospital Trust. It is a small team that works with clinical staff in the Bart's Trust to ensure that robust discharge plans are in place for homeless people admitted to hospital thus ensuring that these patients do not stay in the hospital longer than necessary and are not discharge to the street. To contact the Pathway Homeless Team at the Royal London Hospital please call 07730130221 (mon-fri 9-5) or email elft.pathwayhomelessteam@nhs.net

About to go live – Pathways Homeless Team @ Homerton

Cauldwell Medical Centre

Patient numbers: 9,330

Joined ELFT: April 1, 2020

CQC rating: Good

Practice type: General practice

Service Manager: Zahid Toor

Clinical Lead: Dr Gautam Bagga

Lead Nurse: Rosana Ibrahim

Bypass number: 07769 517022

Health E1 Homeless Medical Centre

Patient numbers: 90-1,200 at any one time

Practice type: Specialist general practice for homeless people

Joined ELFT: 2012

CQC rating: Good

Lead ANP/service manager: Emma Dirken

Acting Clinical lead: Peter Buchman & Matthew Burridge

Contact details:

Practice number is 02072470090,

Bypass number is 02072471778 for emergencies only Email is thccg.health1@nhs.net

Newham Transitional Practice

Patient numbers: Approx 5,000

Practice type: Full GP care offer to any patients unable to register with a standard GP service.

Joined ELFT: 2011

CQC Rating: Good (Outstanding for care of the vulnerable)

Service manager: Louise Little

Clinical Lead: Dr Duncan Trathen

Lead Nurse: Sihle Malapela

Bypass number: 0207 909 4982

Leighton Road Surgery

Patient numbers: 20,190

Practice type: General practice Joined ELFT: Feb 2020

CQC Rating: Requires Improvement

Acting Practice manager: Aderonke Tairu

Clinical Lead GP: Debbie Neville

Lead Nurse: Alex McGarvey

Bypass number: 07494 206415

Greenhouse GP practice

Patient numbers: 1,092

Practice type: general practice for homeless people

CQC rating: outstanding

Acting Service Manager: Sultan Ahmed

Deputy service Manager: Ali Khan

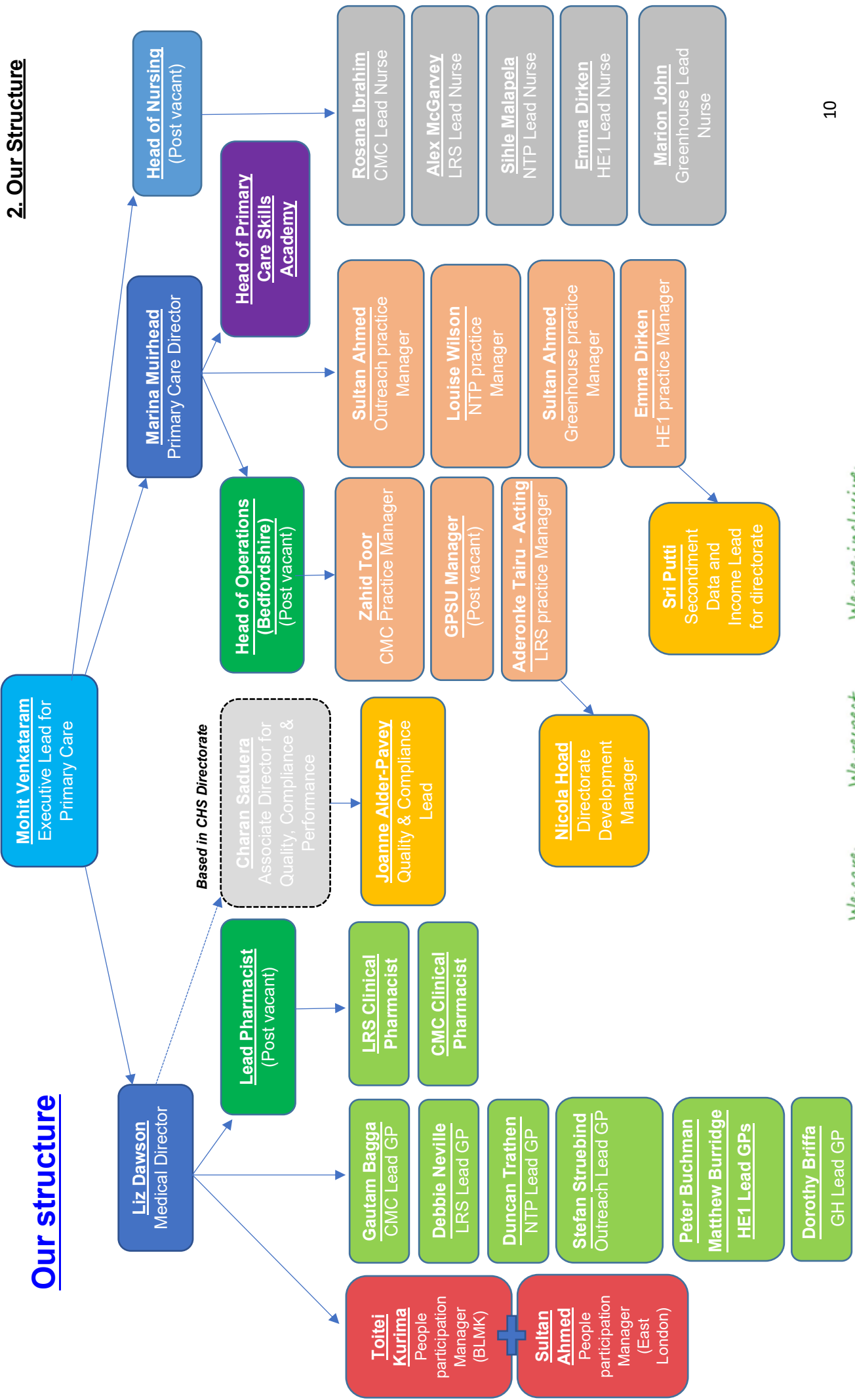
Clinical lead: Dr Dorothy Briffa

Lead Nurse: Marion John

Bypass number: tbc

2. Our Structure

Our structure



We care

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Our supporting Corporate Team

Finance

- Alaa Alhamoud

Quality Assurance

- Duncan Gilbert
- Ella Webster

Quality Improvement

- Nicola Ballingall - QI Advisor for Primary Care

Performance

- Akram Piyara

People Relations / Organisation Development / Training & Development

- Shade Olutobi - People Business Partner
- Keely Smith - People Relations advisor
- Lisa Baker - OD People Partner
- Princess Kabba - Training Lead

Health & Safety

- Richard Harwin - Lead
- Hafiza Rahman - Advisor

Datix / Risk Lead

- Joanne Sims

Quality & Compliance

- Joanne Alder-Pavey

Communications

- Sara Marsili - Lead

Contracts

- Christian Hudson - Lead

Safeguarding

- Tony Alston - Lead for Adults
- Timothy Bull - Lead for Children

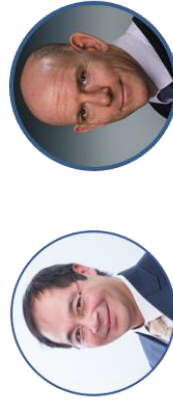
Development Manager

- Nicola Hoad

Executive Assistant to Marina Muirhead and Liz Dawson

- Marion Savariaud

Trust Board



Mark Lam
Chair



Paul Calaminus
Interim Chief Executive



Aamir Ahmad



Ken Batty
Senior Independent Director



Richard Carr



Prof Sir Sam Everington KBE



Prof Dame Donna Kinnair DBE



Eileen Taylor
Vice Chair



Deborah Wheeler

Executive Directors



Tanya Carter
Director of People and Culture



Steven Course
Chief Finance Officer



Richard Fradgley
Director of Integrated Care



Dr Paul Gilluley
Chief Medical Officer



Philippa Graves
Chief Digital Officer



Edwin Ndlovu
Interim Chief Operating Officer



Dr Amar Shah
Chief Quality Officer



Lorraine Sunduza
Chief Nurse



Dr Mohit Venkataram
Executive Director of Commercial Development

Quality & Compliance

The PCD will be supported by a band 6 quality and compliance manager. The Quality and Compliance Lead plays an important part in helping to ensure that Primary Care Services are able to deliver on the Trust's commitment to quality improvement and the provision of high quality services.

The role of the Quality and Compliance Lead is to ensure the delivery of a coherent and systematic approach to quality and assurance management, reporting and improvement. They will ensure that quality and compliance management and quality assurance systems are in place and fully functional across all services our practices.

The QCL will ensure our Directorate and services are supported in meeting statutory, regulatory and organisational requirements in relation to the quality of care that service users and their carers receive as well as ensuring that staff are performing in a safe environment. To do this they will work closely with clinical, administrative and management colleagues within Primary Care Services and also partner agencies to ensure that quality and assurance management and reporting illustrates services being safe, caring, responsive, effective and well led.

They will be a key support around

1. Complaints
2. SIs
3. Datix
4. QAC
5. Local practice clinical governance meetings
6. Action and improvement planning

Who can help you?

Name	Role	Telephone	Email
Charan Saduera	Associate director for Quality, Compliance and Performance	07920214351	Charan.saduera@nhs.net
Joanne Alder-Pavey	Quality & Compliance Lead	07785695413	j.alder-pavey@nhs.net

Complaints

- Local policies and processes are in place to manage Complaints within the Primary Care Directorate to ensure concerns raised by patients are investigated and addressed and also national requirements are met. Further information is also available on the GMC website which clearly sets out GP practices responsibilities via the following link <https://www.bma.org.uk/advice-and-support/gp-practices/complaints-in-primary-care/complaints-in-primary-care>.
- Each practice will ensure that serious complaints and themes relating to complaints are escalated to the monthly DMT and Clinical Governance Committees and where necessary to the Trusts Complaints Team.
- Work will be undertaken in the near future to review the Trust Wide Complaints Policy to ensure systems are aligned.
- Useful complaints and risk management information:



Complaints
Training.pptx



risk management,
incidents and learning

Local practice clinical governance meetings

- To ensure consistency, high quality and safety in all that we do in Primary Care we have developed a clinically lead, standardised approach to a practice based clinical governance meeting with a clear reporting structure.
- All practices are required to undertake an MDT practice based clinical governance meeting chaired by the practices Clinical Lead one per month working to the standard agenda contained below
- Practices are able to add to the agenda but all other items must be discussed, with underpinning improvement plans
- Risks and issues above 8 should be escalated up to the DMT
- The PBCGM reports into the Directorate QAC.

A standardised term of reference and agenda for the clinical governance has been developed which every practice is required to work to, additional items can be added at your own localised need. The agenda and terms of reference can be found by clicking here:



New Practice Based
Clinical Governance M



FINAL TOR for
Practice Based Clinical

Risk logs

- All practices should have a risk log in place using the ELFT standardised risk log. Any risks about 8 should be reported up to the DMT with mitigations. The Directorate has a risk log which is owned at both QAC and DMT level and reviewed monthly.

Caldicott Guardian

- A Caldicott Guardian is a senior person responsible for protecting the confidentiality of a patient and service-user information and enabling appropriate information-sharing
- Organisations that access patient records are required to have a Caldicott Guardian; this was mandated for the NHS by the Health Service Circular: HSC 1999/012. The mandate includes acute trusts, ambulance trusts, mental health trusts, clinical commissioning groups (CCGs), special health authorities, commissioning support units and area teams.
- The Guardian plays a key role in ensuring that NHS, Councils with Social Services Responsibilities and partner organisations satisfy the highest practical standards for handling patient identifiable information.
- Acting as the 'conscience' of an organisation, the Guardian actively supports work to enable information sharing where it is appropriate to share, and advises on options for lawful and ethical processing of information.
- For more information visit <http://systems.hscic.gov.uk/infogov/caldicott>
- Paul Gilluley is the ELFT Caldicott Guardian (paul.gilluley@nhs.net)

Safeguarding

- Safeguarding Adults and Children remains everyone's responsibility. As a health provider this requirement is part of the NHS Contract and statutory obligations under the Care Act 2014, The Counter-Terrorism and Security Act 2015, The Children Act 1989 and The Children Act 2004, and also within statutory guidance including The Care and Statutory Guidance for Adults 2015, and Working Together to Safeguard Children 2018.
- ELFT is rated by CQC as an outstanding trust and takes its safeguarding responsibility seriously. The trust believes that its entire staff should be aware of their role to identify signs and symptoms of harm, neglect or abuse and report and share it with the relevant partners in a timely manner. Safeguarding is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.
- The trust strongly advocates the Think Family approach and considers the whole family approach to address issues like domestic abuse, mental ill health, drug and alcohol issues etc. which impacts upon all the family.
- Training plays a key part in educating, raising awareness and improving the skills of the staff members and the trust believes in delivering safeguarding training right at the start to ensure that their staffs are inclusive, respectful and caring when delivering their responsibilities towards service users.
- If you need to raise a safeguarding concern you will need to raise the concern both with your local CCG team and with the appropriate ELFT local

safeguarding lead. As part of a primary care team and part of ELFT both processes need to be completed to satisfy legal requirements and regulation.

- Please also remember that if you see a child that you think is at imminent risk of FGM you must call the police immediately and inform safeguarding leads.

SAFEGUARDING ADULTS TEAM

Associate Director for Safeguarding Adults and Domestic Abuse:

Dinh Padicala, Dinh.padicala@nhs.net, 0208 121 5403

Named Professional for Safeguarding Adults (Newham):

Belle Farnsworth, Annabelle.farnsworth@nhs.net, 0208 121 5355 / 07464510372

Named Professional for Safeguarding Adults (C&H, Talking therapies, Newham, T&H) – Zahid Iqbal, Zahid.iqbal@nhs.net

Named Professional for Safeguarding Adults (Tower Hamlets):

Emma Crivellari, Emma.crivellari@nhs.net, 0208 121 5358 / 0750012248

Named Professional for Safeguarding Adults (Bedfordshire Community Health, P2R and Learning Disabilities):

Tony Alston, Tony.alston@nhs.net, 01234 316716 / 07920075744

Named Professional for Safeguarding Adults (Bedford and Central Beds)

Suzaan Jenkinson, Suzaan.jenkinson@nhs.net, 01234 316716 / 07775 002926

Named Professional for (Central Beds and Luton Adults)

Dermott Flynn, Dermot.flynn@nhs.net, 01234 316716 / 07775 027164

SAFEGUARDING CHILDREN TEAM

Team secure e-mail: elft.safeguardingchildrenteam@nhs.net

Associate Director for Safeguarding Children:

Tim Bull - Timothy.bull@nhs.net, 0208 121 5357 / 07908 427 759

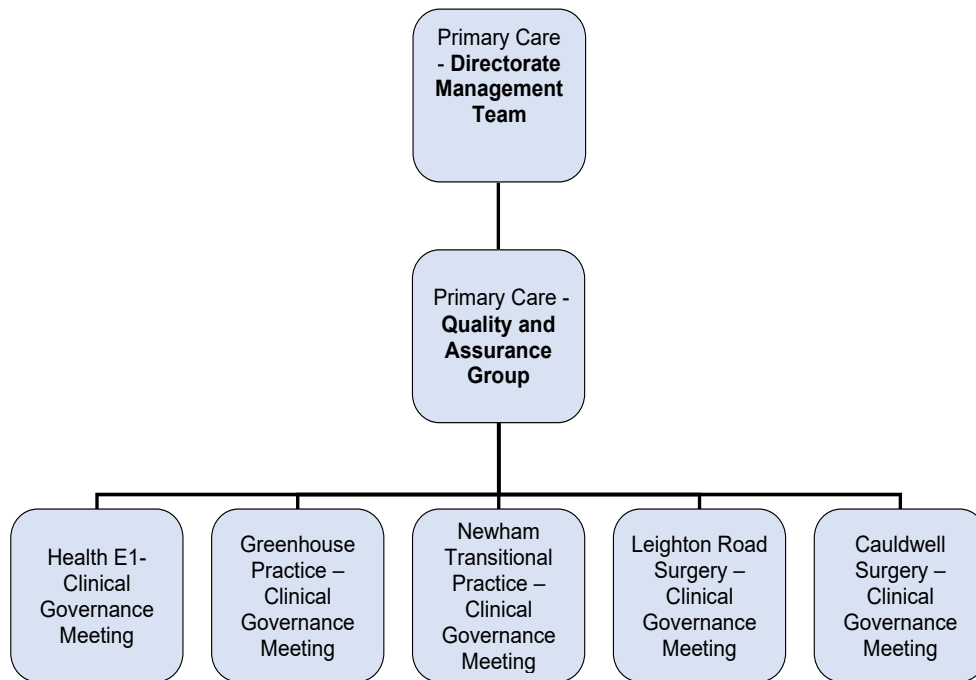
Named professional for safeguarding children (City and Hackney):

Swati Pande - swati.pande@nhs.net, 0208 121 5358 / 0797166423

Named Professionals Safeguarding Children:

Gurinder Lall – Gurinder.lall@nhs.net, 0208 121 5356 / 07908 194436

PRIMARY CARE DIRECTORATE
GOVERNANCE STRUCTURE



Pharmacy and Controlled Drugs

- All practices for medicines support should still contact CCG medicines management team are the main contact for practices.
- The Trust offers support via our Chief Pharmacist and Controlled Drugs Accountable Officer Jennifer Melville, who can be contacted on 07775735791.

Governance and regulatory for the PC Directorate

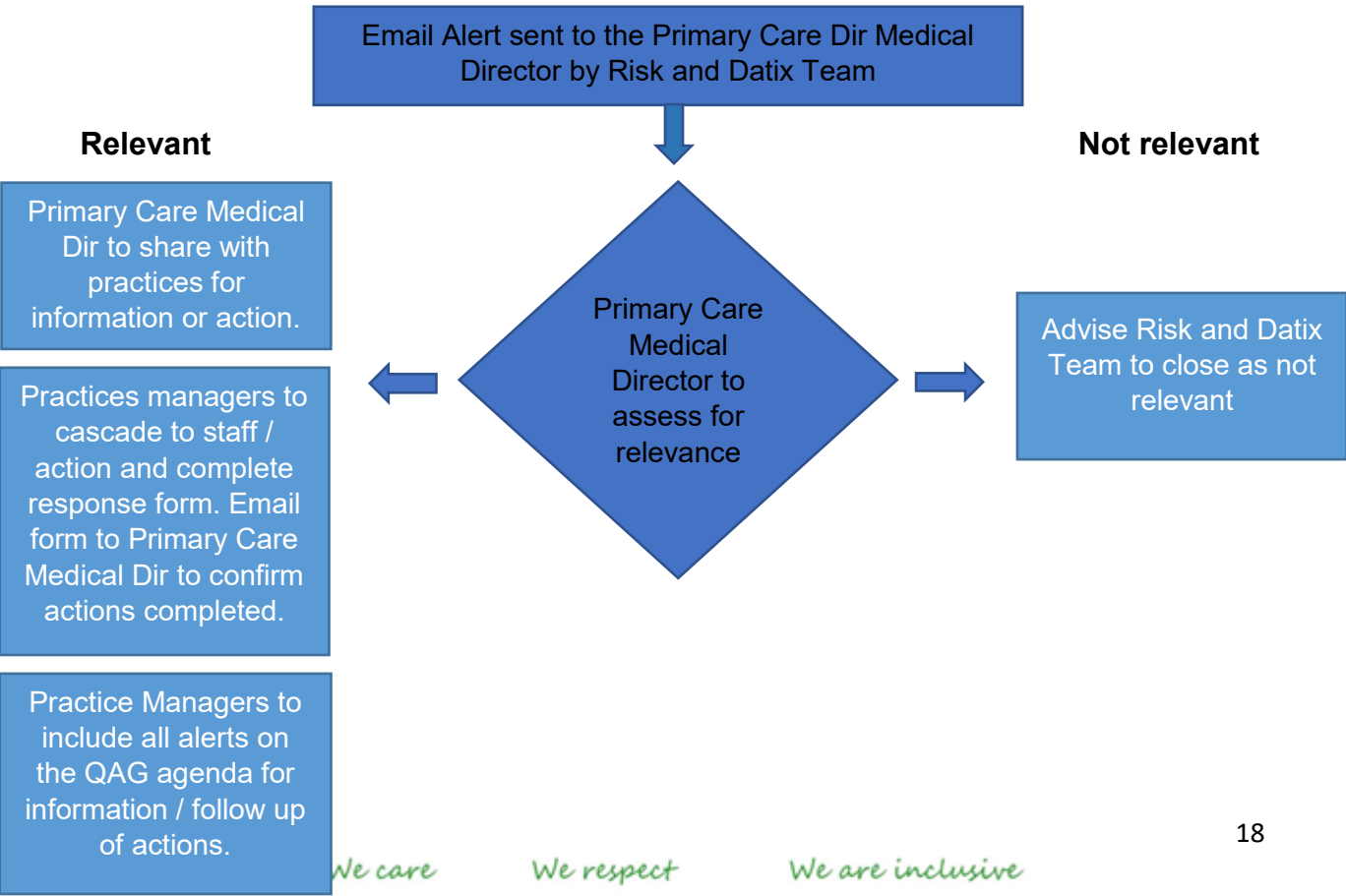
Executive Director	Dr Mohit Venkataram Email: mohit.venkataram@nhs.net Tel: 020 7655 4047
Information Governance Lead and Data protection lead	Chris Kitchener Email: chris.kitchener@nhs.net Tel: 020 7655 4110
Caldicott Guardian	Dr Paul Gilluley Email: paul.gilluley@nhs.net Tel: 020 7655 4232
Senior Information Risk Owner	Amar Shah Email: amarshah@nhs.net Tel: 020 7655 4034
Accountable Emergency Officer	Edwin Ndlovu Email: Edwin.ndlovu@nhs.net Tel: 0207 655 4016

Safeguarding Lead	Lorraine Sunduza Email: lorrainesunduza@nhs.net Tel: 020 7655 4042
Mental Capacity and Liberty Protection Safeguards Lead	Guy Davis Email: guydavis@nhs.net Tel: 020 7655 4046 or 07967 725 075
Prevent Lead	Lorraine Sunduza Email: lorrainesunduza@nhs.net Tel: 020 7655 4042

Central Alert System (CAS)

The Central Alert System (CAS) is an electronic cascade system originally developed by the Department of Health and now delivered by the Medicines and Healthcare Products Regulatory Agency and is a key means by which to communicate and disseminate important safety and device alert information within the NHS. CAS facilitates distribution of Alerts available on the CAS website including National Patient Safety Alerts, NHS England and Improvement Patient Safety Alerts (PSA), Estates Alerts, MHRA Dear Doctor letters, Drug Alerts, Chief Medical Officer (CMO) Alerts, and Department of Health & Social Care Supply Disruption alerts. It may also be necessary for the Trust to distribute "internal alerts". These alerts will be used to provide rapid dissemination of information e.g. medical device/equipment recall and lessons learnt which are approved by the Chief Medical Officer or Chief Nurse.

The following sets out the process for distributing and actioning alerts within Primary Care.



We care We respect We are inclusive

Business continuity, disaster recovery and emergency readiness

A table top exercise was carried out in June 2021 to review all business continuity plans. Each service should refer to its BCP for further details and should for confidentiality have one full version with all telephone numbers within locked away and one a version without personally identifiable information available at the surgery.

ELFT BCP Template - Primary Care

Working groups designed for peer networking, service transformation and support

In order to support shared learning, networking and discussions on key issues several opportunities have been created for representatives from practices to come together.

Operational practice managers peer network meetings – These are established to take place bi-weekly with practice managers from all 5 sites with a standard agenda of the following combined with any new items or areas practice managers would like to focus on:

Estates

1. **Patient engagement and communications**
 - a. Surveys
 - b. Materials for practices (posters / leaflets etc needed)
2. **IT to include**
 - a. Searches for audits
 - b. Staff training needs around IT or clinical system
 - c. Practice websites
3. **People and Culture**
 - a. Staffing issues
 - b. Development line management areas required
 - c. Appraisals
4. **Performance**
 - a. LES / DES / Flu / immunisations etc
 - b. KPIs
5. **Risks and issues**
6. **Sharing what each site is working on**
7. **What I need help with**

IT and Digital – An IT and Digital project group has been enacted with Bedfordshire practices, ELFT Digital and CCG IT teams to explore issues relating to access to ELFTs intranet and network access for practices on CCG networks.

Operational Finance Group - These are established to take place monthly with practice managers from all 5 sites and our Directorate Finance Manager to discuss the budgets, financial position, income and expenditure and shared learning.

Lunch and Learn – A weekly drop in session on key areas of learning identified by practices hosted by ELFT expert or external expert in the area. All sessions are advertised via the Primary Care Directorate Bulletin.

Policy Alignment Group – This is a bi-monthly group and is a key piece of work to put the systems and processes in place across the primary care directorate.

ELFT Primary Care Network Programme Board - Each month internal to the ELFT Primary Care Directorate there is a PC Programme Board which brings together leaders from across all of our ELFT run practices to discuss:

- PC progress
- ARRS roles to ensure our populations are being well served
- Population health how the PC is progressing against the domains
- PC maturity matrix
- The PC development programme and
- Risks and issues at each PC including good governance and finances.

This session is chaired by Director of Primary Care and is designed to share good practice and also understand what is working well in an area that can be shared or where there are issues emerging that either need a watching brief or need intervention with the PCN by the Directors, Medical or Managerial.

This is also part of our ELFT governance framework to ensure our partnerships are working well and there is also good governance in terms of decision making and financial probity of any PCN our ELFT run practices are involved in, in place.

ELFT Primary Care Directorate Lead Nurse Forum

The aim of the lead nurse forum is to share information, link with each other and engage in shaping the future of Practice Nursing across the directorate. We meet once a month via Teams and support and share best practice. The forum aims to promote innovation and outstanding evidence based care for the populations we serve.

People Participation

People Participation is all about helping our service users and their carers to have a say in how we run the Trust. It is also about working together so that we can improve local services and offer the best care and experience possible.

Within Primary Care, we offer many opportunities to involve our patients and carers in developing and improving our services;

1. Joining their PPG
2. Sitting on interview panels
3. Completing surveys
4. Attending focus groups
5. Auditing and inspecting services
6. Sharing their story
7. Staff Training
8. Joining a QI project
9. Joining Trust Wide and strategic work streams

Patients and Carers involved in People Participation activities are offered reimbursement for their time and contributions

Each Directorate has their own dedicated People Participation Lead (PPL) who they can work with to develop People Participation activities within their services

For more information on People Participation, contact the People Participation Team at elft.peopleparticipation@nhs.net

Contact your local PPL Lead:

- East London Practices:
Sultan Ahmed, sultan.ahmed1@nhs.net - 07711528851
- Luton & Bedfordshire:
Toitei Kurima, Toitei.kurima@nhs.net - 07960834232

National General Practice Patient Survey

Every January – March a national patient survey is externally administered with results published in July of that year, all practices are required to undertake a review of their results and engage with stakeholders to develop an improvement plan. A template to support practices with their action planning has been produced and can be found by clicking here: [Action Plan for National GP Patient Survey](#)

What is Patient Experience

Patient experience is a regular collection of information about service user's experience at ELFT and the development of the action in the response to the feedback received. Our system also strengthens accountability through sharing of changes publicly and regular monitoring of patient views (e.g. You Said, We Did boards).

Why do we measure Patient Experience?

Feedback allows our services to improve on areas service users feel is important. Our process equally empowers patients to hold us to account by providing them with a platform to tell us about their experience and publicly sharing where we have taken action. The impact of this process can be measured in many ways – better patient outcomes, carers feeling listened to, staff having a better day at work, improvement efforts targeted in the right areas, and budgets spent where it matters most to patients.

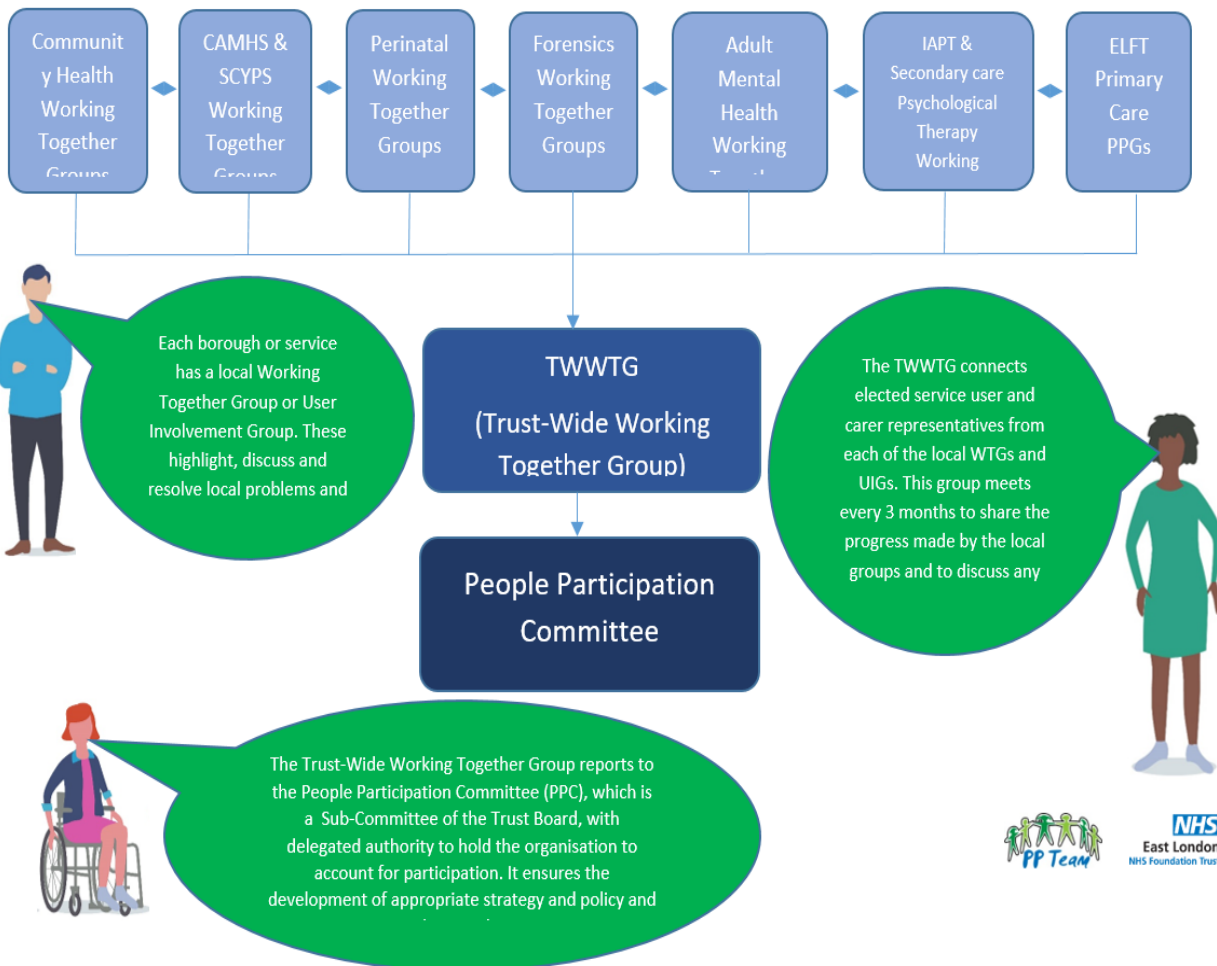
How do we collect Patient Experience?

Quality Assurance team oversees and manages PREM (Patient Reported Experience Measures) surveys which also incorporate Friends and Family Test (FFT). Directorates and services have options how to best collect patient experience from the population they serve. PREMS can be collected through utilising online PREM survey link, QR Code, tablet stands in the reception areas (subject to infection control), and other options. For more information please email QA team elft.qa@nhs.net. PREM surveys for Primary Care went fully live in January 2021 and results are reported monthly to the Quality Assurance Group. All practices have access to view and download their own PREM data using the Envoy system. If you need a login for the Envoy system, please contact the QA team on elft.qa@nhs.net.



PREM YSWD Process Chart.docx

The local process chart can be found here:



Quality Assurance

- Quality Assurance is the range of methods by which the organisation ensures that it is doing what it should be doing, and to the required standards
- QA at ELFT forms part of a wider quality system that also includes Quality Improvement and Quality Control.

How we can support primary care:

- Regular communications, and regular point of contact
- Work closely with local leads/champions
- Development of 'how to' guides, process map and other reference documents
- Access to real time data and training on the 'Envoy' system
- Flexibility and regular process and standards review
- Action tracking templates
- Site visits

Who can help you?

Name	Role	Telephone	Email
Ella Webster	PC Quality Assurance Lead	0207 655 4125	ella.webster3@nhs.net
Duncan Gilbert	Head of Quality Assurance	0207 655 4236	Duncan.gilbert@nhs.net

What do the QA team do?

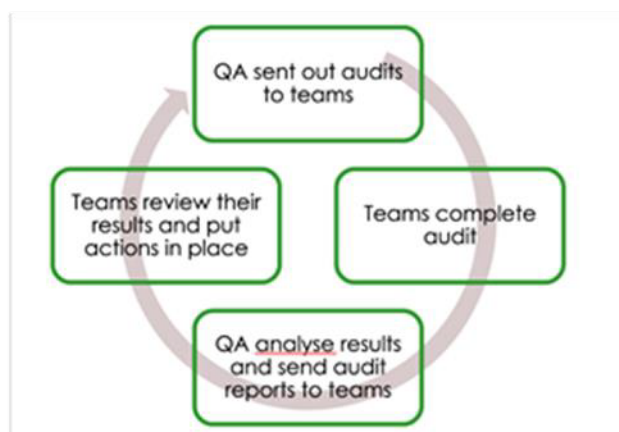
- The team positions itself as a hub for quality assurance activity, and a source of expertise in relation to quality assurance
- We manage a range of processes, enabling clinical teams to take part and build up a picture of the quality of services they provide, enabling them to take action to improve where necessary
- **Measuring Patient Experience:** understanding how to improve the service by collecting and reporting on regular service user feedback and taking action to improve
- **Clinical Audit:** regularly measuring performance of a service by assessing against pre-defined standards of quality on a quarterly basis and taking action to improve



East London NHS Foundation Trust's Approach to Clinical Audit

1.1 Trust Wide Clinical Audit Process

The Quality Assurance team has also facilitated the Trust wide Clinical Audit Programme, which is considered mandatory. The Clinical Audit cycle takes place 4 times a year, during the first month of the quarter. The process is described in 4 steps in the diagram below.



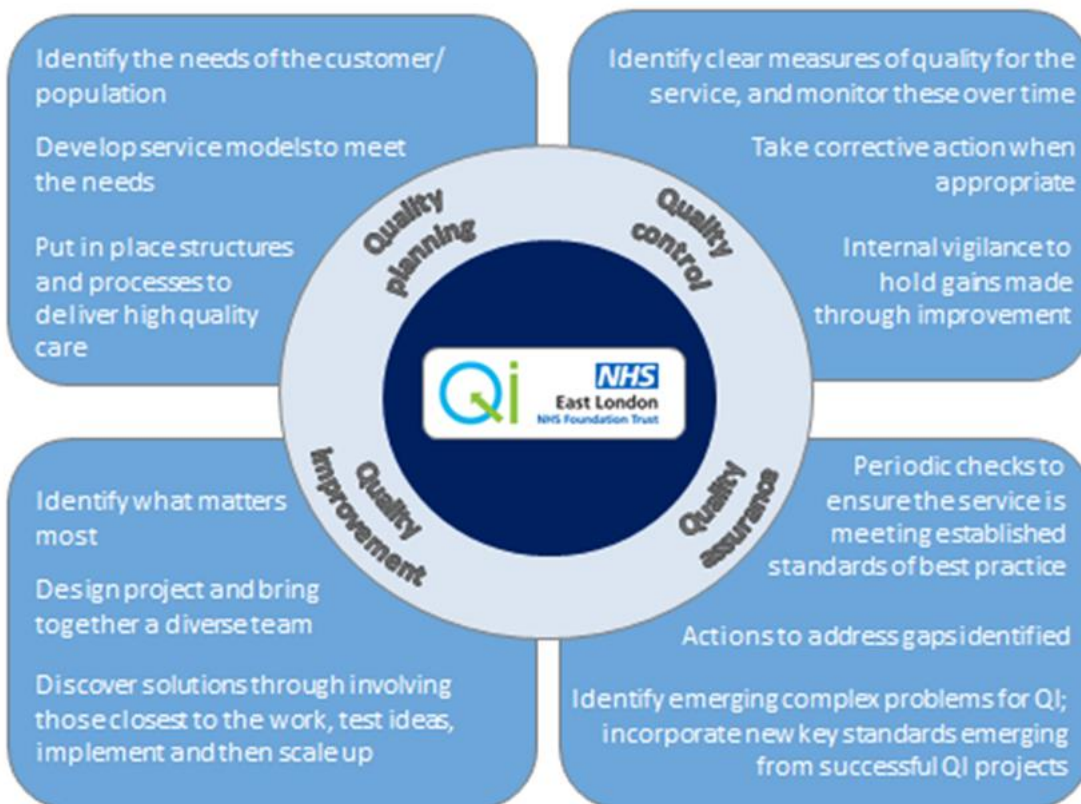
The Trust has a clear process to support learning and improvement from clinical audit. All audit results are communicated to Directorate Management Teams, Audit leads, local Quality Assurance Leads and Lead Pharmacists. Local audit leads disseminate audit results after each quarter and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Once teams have discussed their audit results, and agreed priorities for improvement, and associated actions they are expected to complete an audit action tracker. This identifies gaps in performance and determines actions to address the gaps. The allocated owner of the action will complete the action and update the tracker.




The clinical audit programme consists of a mixture of Pharmacy related audits, Infection Control audits, and directorate quality priorities.

Audit Priority	Lead Committee	Directorate
Medication Audits – Controlled Drugs, Safe and Secure Handling of Medication, Transcribing Procedures and Clinical Use of Medication	Quality Committee / Medicines Committee	All Mental Health and Community Health Services
Infection Control Audit	Quality Committee / Infection Control Committee	All
Hand Hygiene Audits – Five Moments and Service User-observed	Quality Committee / Service Delivery Board	All inpatient units and Bedfordshire

- **Service User-Led Accreditation:** understanding how well services are doing the things that matter most to service users, recognising excellence and supporting improvement
- **Tracking NICE Guidelines:** to ensure services are using best available evidence to inform the care they provide
- **Co-ordinating Executive Walkrounds:** ensuring there is senior oversight of the key issues within the services, supporting effective communication between services and the executive team and actions taken to improve
- **CQC readiness:** ensuring high quality services are maintained by assessing against CQC standards and ensuring actions are taken to improve where needed.



Peer to peer *virtual* mock CQC inspection process

Pre visit preparations:	Preparations on the day: Morning of the visit	On the day: During the visit x time	Post Virtual Visit:
<ol style="list-style-type: none"> Undertake training Agree date and time for virtual visit Test technology Review guidance documents 	<ol style="list-style-type: none"> Check technology Review guidance documents 	<ol style="list-style-type: none"> Follow timetable (next slide) Introductions Review evidence Virtual staff meeting Virtual walk round Virtual focus group – SU 	<ol style="list-style-type: none"> Report write up & action planning Report presented at DMT <p style="text-align: right;">END OF PROCESS</p>

Directorate and trust wide audit timetable for 2020/21 (needs updating)

Key Dates for 2020/21:	Q1			Q2			Q3			Q4		
DIRECTORATE AND TRUST WIDE AUDIT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Data collection start – Email Directorates	6			6			5			4		
Remind QA leads to check audit progress	13			13			12			11		
Data collection ends	20			20			19			18		
Results published by QA Team	30			30			29			28		
Action Trackers completed			4			3			3			4
Quality Committee meeting date		18				2		11			tbc	
Audit changes to be made prior to the upcoming audit period.												

Health, Safety and Security Team

- The Trust has a duty to ensure that all persons using its premises are protected from all foreseeable hazards/risks in so far as they may be affected by the activities of the Trust.
- There is an Executive Lead – The Chief Operating officer who sits at board level who is responsible for H&S committee and security activity. The H&S and Security team sits within the Governance and Risk department and consists of two staff members currently the Trust's Health, Safety, Security and Emergency Planning Manager and Health, Safety and Security Advisor.

Who can help you?

Hafiza Rahman	Health, Safety & Security Advisor	020 7655 4118 0788782 1766	hafiza.rahman1@nhs.net
Richard Harwin	Health, Safety, Security & Emergency Planning Manager	020 7655 4280 07870 683993	Richard.harwin@nhs.net

Our Health, Safety and Security Manager will lead on all H&S issues across the trust with regards to advising and making recommendations on best practice. The H&S Manager will also advise and assist for non-clinical and clinical health & safety within the Trust, inclusive of:

- Support with H&S assessments of all areas/wards/ departments
- Facilitate H&S Induction and Risk Officer / Risk Facilitator Training, as per training needs analysis.
- Assist all staff to drive through the changes identified by risk management procedures, risk assessment or audit results to improve the quality of patient and staff safety.
- Direct the organisation on the relevant process for carrying out general risk assessments.
- To assist managers in delivering the risk assessment / risk control processes required by health & safety legislation and the status of risks via the risk register through provision of professional advice.
- Provide H&S advice giving, non-clinical risk, pregnant worker and display screen Equipment (DSE)
- Provide provisions and guidance on safe systems of work for lone workers

The Health, Safety and Security Committee

In addition, a trust wide Health and Safety Committee, chaired by the Chief Nurse has been established and is attended by staff side representatives, operational directors, estates and facilities and the Health and Safety Lead for the Trust. This group

discusses and promotes trust wide health and safety issues which remain unresolved at directorate level. This group also promotes a culture of understanding and co-operation across the trust to ensure the health, safety and welfare of all staff, patients and visitors.

Test and trace

All practice is required to gather information on those entering sites to comply with test and trace. All practices should instigate a sign in/sign out system for the purpose of track and trace exercise.

Visitors to practices

All visitors to site should be asked to sign into the signing in book and should be given a visitors' badge. Visitors' badges should be worn at all times.

ID Badges

All staff, contractors and volunteers must ensure that they display their ID Cards whilst on Trust property These can be ordered by contacting irfaan.ibne@nhs.net

Quality Improvement (QI)

The ELFT QI programme has supported hundreds of QI projects since 2013, as the Trust main approach to solving and improving complex issues. Additionally, teams are encouraged to use QI tools in their Daily Improvement, using the Model for Improvement and quality improvement tools more broadly outside of quality improvement projects.

Who can help you?

Name	Role	Telephone	Email
Nicola Ballingall	PC Improvement advisor	07547 672 941	n.ballingall@nhs.net

2-year strategy for QI in ELFT Primary Care.

The Directorate is currently developing its 2-year Quality Improvement strategy. Co-production of the strategy is at its core, listening to the directorate teams and focusing on their priorities, having Service User involvement as part of its ethos. The current version of the QI strategy for ELFT Primary Care covers the following domains and subtopics:

Capability Building:

1. "QI for All":
 - Every staff member in Primary Care to go through QI Training over the next 2 years;
 - Promote 'QI literacy', encouraging every member of the primary care teams to increase their understanding of QI and have a voice when devising solutions.
2. Developing Key QI Leaders:
 - Fostering and making the most of individuals' passion for QI, enabling them to lead and champion QI work.
3. Developing QI links and networks:
 - Internal QI links reaching across directorates
 - External 'cross-system', linking with QI work occurring elsewhere in the system
 - Encouraging wider project team membership as appropriate

Build Belief in QI:

- Identify key opportunities for QI to make a positive difference across the directorate
- Share learning and stories of the power and impact of QI across the directorate
- Identify and engage key individuals ("super connectors"), creating space to have their voice heard and to lead conversations around the value of QI
- Make co-production business as usual, with wider participation of service users, carers, external organisations

The QI meetings and Huddles

The core strength of quality improvement lies in bringing people together and unleashing their potential around a common purpose. Under primary care, this occurs via meetings at local and directorate levels. Local teams have full discretion to decide the shape and frequency of their QI meetings and huddles.

Under Directorate level, the QI meetings occur every two weeks, intercalating between **QI Forum** and **QI coaching sessions**.

The QI Forum is a space:

- For current projects to be presented and discussed
- For new projects to be presented and potentially agreed (or recommendations)
- To discuss any other QI related topics such as training requirements and events in the QI calendar.

The QI Coaching session is a safe and positive space where coaches and project leads can:

- Discuss projects and develop ideas, as well as provide insights into the presented projects
- Become acquainted with QI projects occurring across the directorate, creating opportunities to learn from one another
- Learn about tools and techniques to enhance engagement and improvement skills
- Contribute to further enhance the Improvement strategy of the Primary Care Directorate.

Both QI Forum and QI Coaching session share common objectives:

- (1) Support colleagues to act as QI ambassadors across the directorate to encourage a shared vision of 'QI for all'
- (2) Provide support to Improvement Projects and Peer Support
- (3) Develop further literacy on improvement tools
- (4) Participation in the 'story telling' of successes and lessons learnt from QI projects.

Capability Building: 3 levels of training

Training on Quality Improvement for Primary Care delivered by the ELFT Quality Improvement Department. Additionally, bespoke sessions to meet particular needs from the directorate.

Three levels of training are usually offered:

Pocket QI

Two half day modules covering the basics of QI methods and tools. Available to ELFT staff, service users and carers involved in QI or wanting to learn core QI skills.

Improvement Leaders' Programme

An 8-month programme involving 7.5 days of face-to-face learning, in addition to reading and online modules. For project leads, project team members and anyone in a management role

Improvement Coaching Programme

A 6-month leadership development programme, teaching more complex QI methods and tools. This helps QI coaches to develop skills to support teams in their improvement work.

Protected time for QI:

Capacity and Capability is at the forefront of all Improvement work carried out in Primary care. Every individual involved in leading or coaching QI has protected time to focus on their assigned project and to attend the respective sessions for coaching and training.

[Primary Care Improvement Strategy](#)

Datix and Risk Management

Datix

The Datix Team support the delivery of the Datix Risk Management system, we

- Facilitate the Datix Risk Management System; the Trust uses a number of different modules including Incident Reporting, Complaints, PALS, Inquests, Claims and Access to Records
- Make changes to the system; add new users, sites and services.
- Make changes to deliver improvements and meet new reporting requirements.
- Provide Datix and incident training to staff including incident reporting and creating reports.

For further support in relation to Datix the Team can be contacted via our dedicated support email address– Datix.support@elft.nhs.uk

Risk Management

The Trust and Datix Manager is responsible for:

- Developing and reviewing the Trusts Risk Management Framework.
- Implementing the Trusts Risk Management Framework and supporting systems.
- Supporting the development of directorate risk registers
- Providing Risk Management Training

For further support please contact Joanne Sims , Risk and Datix Manager, ☎ 0207 655 4006, 📞 07824 561319, ✉ joanne.sims3@nhs.net

Policy Management

The Trust and Datix Manager is responsible for.....

- Develop and review the Trusts Policy and Procedure for the Development, Review and Control of Trust Approved Procedural Documents
- Facilitate the policy process
- Maintain the Trusts Policy Log and central store.

For further support please contact Joanne Sims , Risk and Datix Manager, ☎ 0207 655 4006, 📞 07824 561319, ✉ joanne.sims3@nhs.net

Who can help you?

Name	Role	Telephone	Email
Joanne Sims	Manager	07824 561319	Joanne.sims3@nhs.net
Duncan Hall	Complaints Manager	020 76554084 07769131156	Duncan.hall3@nhs.net

The Trust is committed to providing a safe environment for its staff, service users and visitors as well as delivering high standards of care. It acknowledges that sometimes, in the course of providing healthcare, incidents can occur, some of which may have serious consequences for a service user, their carers, families, staff and

the public. In cases, even where human error is involved, incident investigation may reveal other related organisational failings which need to be addressed.

The Trust positively encourages open and honest reporting of risks, hazards and incidents. Equally it recognises that being involved in an adverse incident can be a difficult and stressful time for staff concerned. The Trust takes its responsibility seriously and has developed further guidance that focuses on learning and quality. It is not the policy of the Trust to use the reporting of an incident itself to attribute blame to any individual.

When an incident occurs the most important thing is to deal with the incident to ensure service users, staff and the environment are safe.

As soon as possible after that please take the time to report what happened using the Datix incident reporting system, however minor it may seem to you this includes no harm and near miss events. This helps us identify when seemingly minor incidents keep on occurring. We can then learn from them and make improvements for the benefit of everyone.

1. What is an incident?

An incident is any event which gives rise to, or has the potential to, produce unexpected or unwanted effects involving the safety of service users, staff, families / carers, visitors on Trust premises or employed by the Trust, members of the public (where affected by the actions of service users), loss or damage to property, records or equipment which are on Trust premises or belong to the Trust. It includes accidents, clinical incidents, security breaches, violence, and any other event which does or could result in harm or damage.

2. Why report incidents

Incident Reporting:

- Allows individuals, teams, Directorates and the Trust to learn from incidents and improve the quality and safety of the services. The Trust encourages staff to report every incident and near miss that takes place. Incident reporting has been increasing year on year, and the Trust is continuing to work hard to improve reporting.
- Helps ensure that everyone who needs to know that an incident, or near miss, has happened knows. This means appropriate remedial action is taken, and appropriate support is available to service users, staff, visitors and others who are involved. It also facilitates appropriate follow up, such as police involvement.
- Enables the appropriate level of investigation into incidents to take place, for the Trust to learn from adverse events, and improve the quality and safety of its services.

3. Who reports incidents?

Any Trust employee who can provide the necessary details of an incident can complete an incident form. It is recommended that new or inexperienced staff initially do so under the supervision of more experienced colleagues. An individual does not need to have been directly involved in an incident to report it, however they must be able to give accurate and comprehensive information.

It is the responsibility of the individual or the team/ward identifying the incident to ensure that it is reported on Datix.

How to report an incident?

- All incidents are reported on Datix
- Reporters do not need to log in or have a password
- Most of the form entails choosing from drop-down menus. Some choices may bring up some additional sections of the form. Guidance notes are featured throughout the form where necessary
- All mandatory sections are marked with a red asterisk. It is not possible to submit the form without completing mandatory sections
- Where appropriate, users will be asked to provide details of the individuals involved in the incident. Always choose the patient involved in the incident first, not the reporter or witnesses
- Where more than one person is involved, identify the main person. Where a service user attacks another identifies the perpetrator as the main person involved then the victim
- To avoid any potential breach of confidentiality, person identifiable information (names, phone numbers, addresses etc.) is only recorded where it is specifically requested, **not** in any free text boxes where initials should be used
- There are boxes to record the lead up to an incident, a description of the incident itself, and the actions taken to manage the incident (antecedent – behaviour - consequence)
- To ensure the appropriate response to an incident and so learning can be taken from it, it is vital that the incident is categorised accurately. Contact the Governance & Risk Management department if advice is required
- Once the report is completed click on submit

Good incident reports aid improvement, and are:

Factual – do not state opinions, stick to facts.

Accurate – ensure that the incident type/category and directorate/site is accurate and include a clear description of what the actual incident is

Comprehensive – to allow decisions to be made quickly and alleviate for a further information request

Timely – ensure that the reporting time limits are adhered to.

4. When to report an incident?

All incidents and near misses should be reported as soon as possible.

Immediate remedial action is often likely to take priority over completion of an incident report. In the event of a 'serious incident' (as defined by Trust Policy) it is expected that an incident report will be submitted within two **hours** of the incident taking place, although the incident is may be reported in person/by phone in the first instance.

All other incidents should be reported as soon as possible, always within **24 hours** of the incident taking place or 24 hours of becoming aware of the incident.

5. What happens once an incident is reported?

Acknowledgement – every incident form submitted generates an automated acknowledgement. Every report is read and fed into the Trust's learning processes, as outlined below.

Notification - every incident report is automatically forwarded to those who need to know about it. As a minimum this will include:

- Team leader / Manager
- Consultant
- Matron and Borough Nurse (in-patient)
- Service manager
- Service Director
- Clinical Director
- Speciality Lead / Team
- Incident Team

It is vital that the correct information about people, ward/service, site, and consultant of the service user involved is included in the Datix report.

In addition, some categories of incident will be forwarded to Trust Leads in that area, or those with particular responsibility for following up or supporting people involved in certain types of incident, for example Health and Safety incidents are followed up by the Health, Safety and Security Manager, Infection control incidents are followed up by the Lead Nurse for Infection Control. It is therefore vital that incidents are categorised accurately so that this follow up and support can be delivered

Manager's sign off – all incident reports require sign off by the manager of the service submitting the form. This sign off should take place within 48 hrs of the incident being reported.

The sign off process ensures the quality, accuracy and completeness of incident reports. It also provides additional information about the causes and management of incidents that can then be used to learn, and to improve the quality and safety of services.

Sign off provides assurance that managers are aware of incidents that have taken place, and are in a position to ensure that the incident has been managed, those involved have been appropriately supported and appropriate action plans formulated. Managers should also use the incident reports to facilitate learning at local governance or reflective practice groups.

Grading of severity – after the manager has signed off an incident, all incidents are then reviewed within the Governance & Risk Management Department and assigned a severity grading that equates to the level of review required.

Grading Incidents

All incidents are assessed daily by the incident team. When it is thought that an incident may meet the criteria of a 'serious incident' the Governance & Risk Management Department will liaise with the Medical Director who may request a 48-hour report.

All 48 hour reports are reviewed by a 'Grading Panel' of senior staff to reach a final decision.

Quick and accurate grading facilitates the review process by which learning and improvement takes place.

Incidents Grading

- Level 1a Serious Incident – panel investigation lead by an independent reviewer and a co-reviewer from a different Directorate to that where the incident took place

- Level 1b Serious Incident – panel investigation lead by either a corporate SI reviewer or a Directorate reviewer plus a co-reviewer from the Directorate where the incident took place

Governance – Data and information collected from incident reports and subsequent reviews feed into the Trust’s Governance processes to help monitor and improve the quality and safety of our services.

- All staff are involved in the governance process, and learning from incidents takes place at all levels across the Trust. Individuals, teams and Directorates review and draw learning and actions for improvement from incidents that take place in their locality.
- Trust incident reporting data is analysed by the Governance & Risk Management Department and disseminated to key Trust Groups and Committees. Directorates should manage their own incident reporting data via dashboards.
- All Serious Incident Review reports will, where appropriate, identify areas of learning and have an associated action plan for addressing those issues. As well as feedback to individuals/teams involved in serious incidents, all SI reviews are reviewed by senior staff from across the Trust to ensure that issues are shared where appropriate, across the Trust. Issues arising from SI reviews are analysed by the Governance & Risk Management Department to identify key themes to help identify priorities and co-ordinate improvement work.

6. Additional information

- For more incident reporting data, feedback and information around learning from incidents please speak to your local governance lead or go to the Governance & Risk Management pages of the intranet.
- The Governance & Risk Management Department is available to support all aspects of the incident process; reporting, review and learning. Please do not hesitate to contact them by phone or email if you would like to discuss any part of the process, or need any practical support, help or guidance.

Useful documents

[Risk Management](#)

[Datix and Risk Management – Reporting an incident](#)

[Risk Management Framework](#)

[Incident training for managers who undertake manager approvals and manage staff who report incidents](#)

Corporate Performance

We provide Informatics

- KPI & Reporting: request a new report or for any queries/problems with existing report/reporting services e.g. Traffic Light Report, Performance Report, reporting service issues.
- We do not have access to the practices clinical systems to pull reports directly

Who can help you?

Name/Role	Contact Detail
Dr Amar Shah – Chief Quality Officer	Amarshah@nhs.net 020 7655 4034
Amrus Ali- Associate Director of Performance	Amrus.ali1@nhs.net 07768866713
Gopal Waddon- Trust wide Planning and Performance Manager	Gopal.waddon@nhs.net 07506677778

Role of the Team

The Corporate Performance Department is responsible for ensuring that the Trust continues to be one of the leading mental health, community health and primary care providers, and for ensuring that the Trust meets its long-term strategy as well as its national and local standards and targets set by the NHS England, Department for Health and local Commissioning Care Groups (CCGs).

Performance measurement

The team is responsible for supporting, agreeing and monitoring performance indicators and targets which relate to the following:

- key performance indicators based on the four domains of quality such as safety, service/staff experience, value and population health
- Contract key performance indicators related to all operational services
- Key performance standards related to Care Quality Commission's line of inquires
- Commissioning of services
- Trust strategic objectives

Performance reporting and planning

The team is responsible for the production of timely performance reports and key business critical dashboards within the organisation, which highlight both variances in performance against agreed performance indicators and strategic objectives. The team is involved in shaping reporting expectations with internal and external stakeholders, and delivering a range of reports that provide meaningful insight and assurance:

- Reports for Board of Directors & Executives
- Dashboards for operational teams

- Individual services

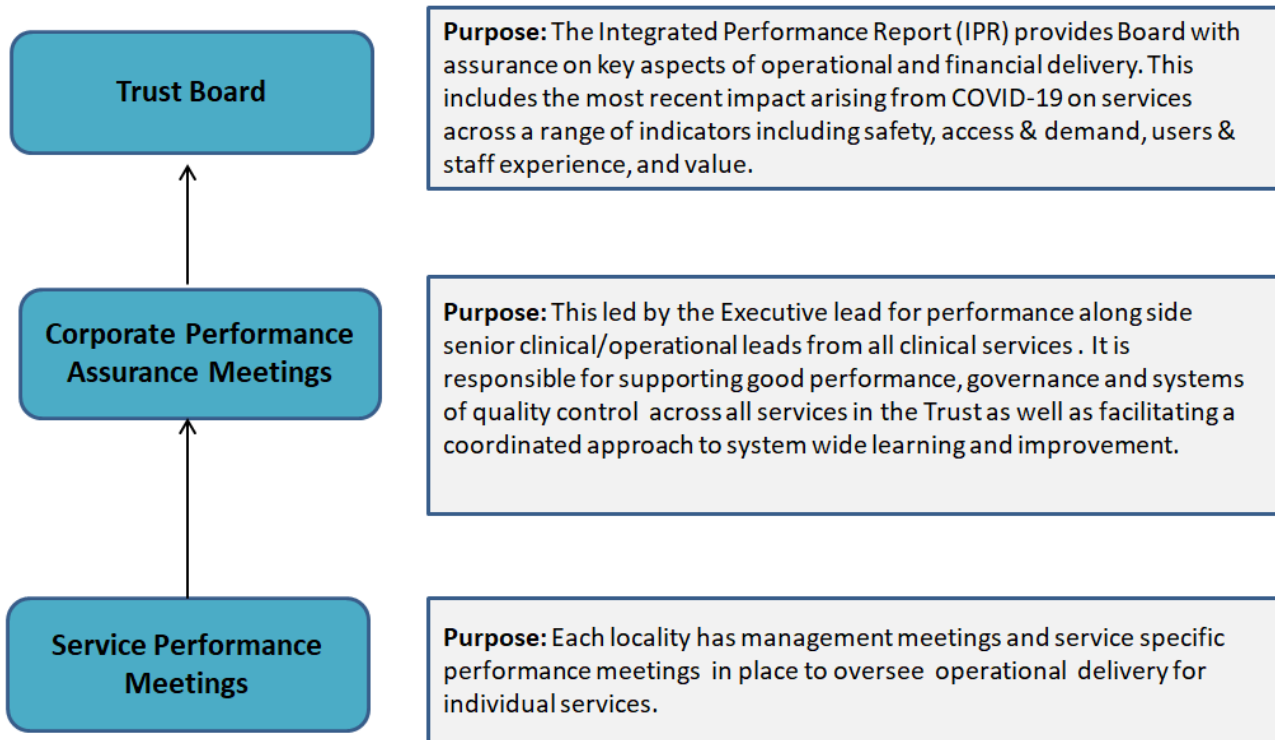
The team also supports the Trust’s annual planning processes to help deliver its strategy by establishing reporting structures that allow Executives to monitor and review progress.

Performance improvement and management

The team is also responsible for supporting teams across Directorates to adopt improvement methodologies and techniques to deliver service improvement so that the Board have sufficient assurances on the delivery of its key external and internal performance objectives. This includes identifying key strategic areas of performance improvement and putting in place plans to resolve issues through working with multiple clinical and corporate departments. It also involves engaging with a range of different forums where performance is reported and discussed, and actions taken. The forums include:

- Monthly Executive Performance Meetings
- Directorate Management Team meetings
- Director of Operations Meetings
- Contracts and Performance Meetings
- Board of Directors Meetings

Fig. 1 Performance and assurance process



IT and Digital

Who can help you?

John Smith	ICT Project Manager	02076554263 07967 588028	John.smith39@nhs.net
Simon Fewer	Clinical Systems Programme Manager	02076554115 07506 673 662	Simon.fewer@nhs.net
Report a problem, order new equipment, request IT services, access to systems, track outstanding queries and get help with all your technological issues via IT Service Desk Portal .		The Helpdesk Phone Number: 020 7655 4004	Portal – Intranet – https://eastlondon.service-now.com
Smartcards		020 7655 4004	
IT orders		020 7655 4004	
Phone orders		020 7655 4004	

Cauldwell Medical centre

All computer issues: ITS Digital	01234 581 850	https://nhs.itsdigital.co.uk/login
Smartcard Issues		HBLICT@service-now.com
Hospital issues re: IT Tony Reynolds - IT Project Manager	01234 355 122	

EMIS Super User Training Information

What it is

Advanced level training on EMIS modules. This enables the Super user to train the rest of the staff

Who is doing it?

Currently EMIS have stopped doing this.

NEL IT Facilitators can train the staff on advanced topics Training provided by **GP IT Facilitator NEL**, Clifton House, Basement, 75-77 Worship Street, London, EC2A 2DU, www.nelcsu.nhs.uk **This is free.**

If they cannot do a particular topic, EMIS to be contacted, there may be a charge depending on the module and level of support needed.

Any costs

To be obtained from EMIS on need basis. NEL GP IT Facilitator is free

What the programme of training is

Custom need based on Training Needs Assessment

What the outcomes will be

- Staff will be able to use advanced features on EMIS Clinical system.
- For ex: Complex searches, building protocols, smartcards, Resource publisher, reporting & searches, configuration, workflows, system tools for audit trail, 2WW safety netting template/fast track template process, QOF templates (asthma, diabetes etc)
- C&B - Referral and guidance reply and process.

How we are then rolling out training across wider groups of staff re the train the trainer element.

- All Practices should send one person on the free NEL training and share within their teams
- Peer support is one approach.
- If there is more support/training needed, access EMIS Support centre

About EMIS Support Centre

- Available to users via EMIS login
- There is lot of documentation on Product Knowledge
- Technical Support is available
- EMIS Communities is another domain where we can post a question. Community members and EMIS team would provide the response

Communications and Engagement

The Trust's Communications Team handles all internal and external communications including supporting Trust wide and Directorate specific communications.

Media Enquiries

All media enquiries should be directed to the press office on 020 7655 4066, 4038 or 4049.

Filming and Photography on Trust Sites

Filming or photography is prohibited on Trust sites. Please contact the Communications Team to discuss requests.

Who can help you?

Name	Role	Telephone	Email
Steve Gladwin	Director of Communication & Engagement	07584189390	Steve.gladwin1@nhs.net
Glen Mitchell	Deputy Head of Communications (Bedford & Luton)	07940 467055	Glenn.mitchell2@nhs.net
Sean Delaney	External Communications Manager	02076554029 07946 782605	Sean.delaney@nhs.net
Sara Marsila	Lead for Primary Care	07426 310086	sara.marsili@nhs.net

Primary care directorate monthly bulletin

A directorate-led internal email bulletin issued monthly to all primary care colleagues. The bulletin provides news and updates comprising:

Strategic messages from the Trust's executive lead for primary care

Strategic priorities for the directorate over the coming month

Details of meetings, training and networking opportunities across the directorate

Updated copies of the directorate handbook - a live document full of practical information relevant for all primary care colleagues.

Directorate team and employee of the month details to promote recognition among peers and promote best practice

Quality and Care Quality Commission (CQC) updates
An example of a monthly bulletin is available [here](#).

Trust-wide weekly news bulletin

A weekly email news bulletin issued to all ELFT colleagues, including primary care teams.

The bulletin provides two-sentence summaries of all news and updates added to the Trust intranet over the preceding week and each item includes links for colleagues to access more detail.

The bulletin includes news highlights and achievements across all directorates, including primary care, along with strategic organisation-wide messaging.

Strategic news and updates are also shared through one-off email messages when required and are supported by a regular blog issued by the chief executive.

An example of the weekly bulletin is available [here](#).

Executive walkabouts

A programme of executive visits is coordinated across the directorate and wider Trust.

The visits provide an opportunity for ELFT executive members to:

- discuss service achievements and challenges
- engage directly with teams
- share executive insights
- answer questions from services

Director visits

Each month services will be visited by Director of Primary Care, Medical Director for Primary Care or both. This is an opportunity to see the work of the teams on the ground, provide advice, guidance and support.

Primary Care Skills Academy @ ELFT

Purpose

- The Primary Care Directorate has developed its non-clinical key skills framework
- This is a framework to support the systematic training, learning and development of all staff across the Primary Care Directorate, which in turn will lead to improved outcomes for patients as a result of high quality training
- It also provides a platform for career development and succession planning across the directorate
- We believe it will inspire enthusiasm for learning and development across the directorate

We have appointed a Head of the Primary Care Skills Academy, NTP Practice Manager Louise Wilson who will:

- Lead the implementation of the skills academy across all our services (directorate wide)
- Form links with the trust's Learning and Development (L&D) team, and other teams within trust departments, such as communications
- Oversee the work of the L&D officer in the Primary Care Directorate
- Provide inspiration, a "can do" attitude and build relationships

We care

We respect

We are inclusive

What the role will involve / the academy will do:

- Develop course content and training manuals/materials
- Commission training from external providers
- Work with the trust LD teams and to refine trust training content, so it meets the needs staff working in Primary Care
- Develop the directorate's skills academy video content, and upload to our webspace, which will create a repository of high-quality training materials, which can be accessed anywhere and at anytime
- Develop primary care admin bank staff – so staff joining via the bank also receive the same high-quality training
- Work with Hackney gov to set up and pilot an apprenticeship scheme for those under 25 and homeless, with a combined offer of work in the primary care directorate, this will support reducing homelessness in our communities by action on inequalities and housing via hackney gov
- Support the directorate's People Business Partner to develop our 5-year directorate People and Talent management plan.

Outcomes:

- Issue the primary care skills academy offers for 22/23 to all “back-office” staff
- Provide a full repository of content on the primary care extranet webspace.
- Develop a way of linking the KSF to the trusts statutory and mandatory compliance logs, so the skills are seen as part of everyday compliance in primary care and available for the CQC and others
- Develop CPD linked to the above
- Provide a structured way of evaluating content and learning outcomes so we can assess the value that the primary care skills academy generates.
- Develop marketing/branding materials, including logo, for the primary care skills academy @ ELFT, so that this can be made as a future offer to wider systems should the skills offer be seen to add value through our own local testing and development.

[Click here to see the Key Skills Framework](#)

New practice leaflets and promotional materials for the onboarding practice:

The Trust is developing practice leaflets and promotional materials for all of its primary care practices in East London and Bedfordshire.

They are designed to provide practical information and signposting for patients and encourage active participation in shaping their primary care healthcare services.

Information includes how to book appointments, how to register with a doctor and access test results, how to make a complaint or leave formal feedback and details of the Patient Participation Group and how to get involved.

We care

We respect

We are inclusive

Freedom To Speak Up Guardian

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients as well as the working environment for our staff.

Concerns could include, but not restricted to:

- unsafe patient care
- unsafe working environment
- inadequate induction or training for staff
- lack of or poor response to a reported patient safety issue
- a bullying culture across a team or organisation

If you are not comfortable speaking with your Line Manager about your concern, please contact one of the FTSU Ambassadors or the FTSU Guardian.

Meet your Freedom To Speak Up Guardian



Ade Dosunmu
ELFT Freedom To Speak Up Guardian
Base: 9 Alle Street, London, E1 8DE
adewunmi.dosunmu@nhs.net
To raise concern confidentially email:
elft.freedomtospeakup@nhs.net or call 07435 733 926

Other members of the Freedom to Speak Up Team (FTSU) are the executive lead and non-executive directors who are responsible for Freedom to Speak Up In the Trust. Check the Trust Intranet or your directorate for a list of the Trust Freedom to Speak Up Champions based in each local directorates.



Lorraine Sunduza
Chief Nurse & Deputy CEO
Executive Lead for Freedom
To Speak Up
lorrainesunduza@nhs.net



Ken Batty
Senior Independent Director
Non-Executive Director for
Freedom To Speak Up
kenbattyinlondon@gmail.com



Ruth Miller-Hardy
EA to Freedom To Speak Up
ruth.miller-hardy@nhs.net
07557172319

Meet your Freedom To Speak Up Champions:



Emma Terry - FTSU Champion
Modern Matron - MBU & Bevan Ward
Base: City & Hackney Centre for MH
emma.terry4@nhs.net
07825023022



Chouna Smith - FTSU Champion
Clinical Nurse Specialist and
TRIM Manager
Base: Forensic Service
chouna.smith@nhs.net
07789615911



Michelle Aldrich - FTSU Champion
Clinical Nurse Lead, Triage Assessment
& Brief Intervention Team
Base: Bedford
michelle.aldrich@nhs.net
07776633790



Lena Pamphile - FTSU Champion
Administrator- Discharge Hub
Base: Tower Hamlets CHS
lena.pamphile@nhs.net
07931634011



Carrol Morris - FTSU Champions
Admin Lead for Luton and South
Beds Older Persons CMHTs & MAS
Base: Luton
carrol.morris2@nhs.net
07770 210124



Marc Rodriguera - FTSU Champion
Advanced Nurse Practitioner,
Newham Telehealth Service, EPCT
Base: Newham CHS
marc.rodriguera1@nhs.net
07880373346



Temitope Adedewe - FTSU Champion
Modern Matron, Coborn Centre for
Adolescent Mental Health,
Base: Newham Centre for MH
temitope.adedewe@nhs.net
07961443168



Dr Zara Hosany - FTSU Champion
Clinical Psychologist, The Newham
Child & Family Consultation Service
in York House
Base: Specialist Services
zara.hosany1@nhs.net
020 8430 9000



Claire Porter - FTSU Champion
Lead Nurse for Palliative Care
Base: Bedfordshire CHS
c.porter8@nhs.net
07833371020



Omotayo Akobi - FTSU Champion
Social Therapist, Woodberry Ward
Base: Forensic services
omotayo.akobi@nhs.net



Ruth Miller-Hardy
EA to FTSU Guardian
Base: Trust Headquarters
ruth.miller-hardy@nhs.net
07557172319

Ways to speak up - info poster

Meet your FTSU Champions and FTSU Guardian poster

FTSU Top Tips for Managers

We care

We respect

We are inclusive

Contracts, Business Development and Procurement

1. The role of the Contracts team and Bids team within the CDD (formerly BDU) is to ensure the sustainable generation of income required to maintain, expand and improve the Trust's services. This includes: submitting contract tenders, developing business cases and negotiating contracts.
2. Procurement refers to the purchase of all goods and services on behalf of The Trust. Any member of staff responsible for the procurement of goods or services should ensure all actions align with government policy, legislation and The Trust's Standing Financial Instructions (SFI's).
3. **APMS / Enhanced Services and Primary Care Network Contracts**
 - a. When the service is happy with what is being proposed by the Commissioner, once received from the commissioner, you are to send the documentation to Christian Hudson who will go through this and seek formal signatory before it is sent back to the commissioner on approval
 - b. APMS contract reviews take place 1/4ly on commissioner request and availability of key stakeholders.

Who can help you?

Name	Position	Contact number	Email
Stephanie Tanner	Head of Business Development	07388 714 745	Stephanie.tanner1@nhs.net
Christian Hudson	Contract Manager	07769558541	Christian.hudson1@nhs.net
Robin Campbell	Associate Director – Business Development Unit	07783 584 311	Robin.campbell@nhs.net

- You can contact the Operational Procurement Team (SBS) <http://sbs.nhs.uk/contact.html> (select provider "R12" and procurement support "operational")
- You can contact the on-site Procurement Team elft.procurement@nhs.net
- You can follow the on-site Procurement Team on twitter: [@ELFTProcurement](https://twitter.com/ELFTProcurement)
- Online Oracle/SBS Training Content - <https://nww.sbs.nhs.uk/training-zone/home>

Requisition & Procurement Process Flow Chart - [Click here to open](#)

Finance

The Primary Care Directorate provides financial management support to three General Practices in the London area and two General Practices in the Bedfordshire area.

Who can help you? Finance Team for Primary Care

Alaa Alhamoud	Finance Business Partner	0743602 7536	a.alhamoud@nhs.net
Katrina Leighton	Deputy Director of Finance	07973 940825	Katrina.leighton@nhs.net

Budgets and responsibilities

Budget statements for each area of responsibility are sent out on the 10th working day of every month to Budget managers. Managers should ensure that their statement(s) are reviewed each month and query any errors or omissions with your Finance Business Partner or Management Accountant.

If you are a budget manager and are not set up to receive budget statements, please contact your Finance Business Partner or Management Accountant.

You can view your Budget Statements by [clicking here](#). If you are not working from a Trust-based site, please use iConnect in order to access the Statements.

Finance month end schedule

Finance month end reporting period occurs from the 1st working day of each month to the 10th working day. As this is a busy period for the Finance department staff are encouraged to book meetings after this time.

Finance Meetings

Service/budget managers are encouraged to have monthly meetings with the Finance Business Partner or Management Accountant to review their statements. This ensures discrepancies are captured immediately and dealt with before the next reporting period.

Authorisers / oracle

Budget managers should ensure they are set up in Oracle to enable them to access their budget statements, approve invoices, submit request to recruit forms and complete staff change forms amongst other things. The link for this can be found on the Trust Intranet.

<http://finweb:81/oracleuser/>

Form to complete to be added to the Authorised Signatory database (You will need to be on an ELFT computer):

<http://finweb:81/asdb/>

Working group

A Finance working group is set up each month to go through the budgets. These meetings will focus heavily around the income assumptions for each Practice and ensuring robust systems are in place to capture all income and expenditure.

Standing Financial Instructions

Why the SFIs are in place

SFI's are in place for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned.

They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with NHSI guidance in order to achieve probity, accuracy, economy, efficiency and effectiveness.

Responsibilities of a Budget holder / Manager

- they remain within their budget allocation.
- any likely overspending or reduction of income which cannot be funded is not incurred without the prior consent from the Service Director.
- the amount provided in the approved budget is used solely for the delivering of that service.
- no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.
- they ensure completion of leaver forms, change forms and sickness forms for staff in a timely manner.

Service Expenses - what can and cannot expense

Service expenses must be 'wholly, necessarily and exclusively' incurred by staff whilst fulfilling the duties of their employment within the Trust.

Petty Cash

Under normal circumstances petty cash payments should only arise in the exceptional circumstances for low cost goods or services e.g. for minor urgent payments where purchasing via a Requisition/Purchase Order would compromise service delivery. It should not be used as a substitute for normal ordering routes.

Cannot expense

- Alcohol and Tobacco
- Expenditure on staff parties and staff presents
- Staff flowers (the PA to the Chief Executive will arrange any flowers needed for presentations, funerals, births etc on behalf of the Trust)
- Staff meals/accommodation whilst on courses – to be claimed when booking study leave
- Staff travel/parking/petrol: staff travel claim
- Petrol for lease cars: staff travel claim
- Reimbursement of company invoices

Guidance for petty cash is detailed in the Petty Cash Policy document on the intranet.

Trust Credit Card - Approval process

Approval must be sort from the Service Director before credit cards are used.

Credit cards can only be used to purchase items that cannot be purchased through the normal procurement route, or where doing so would have a detrimental impact on service delivery.

Under no circumstances are credit cards to be:

- Used to withdraw cash
- Used to pay supplier invoices – paid via Oracle.
- Linked to a PayPal account
- Used to pay for travel or accommodation – use Travel Agent
- Used to purchase streaming services such as Amazon Prime (unless the service can demonstrate that it provides a financial benefit to the service) or Netflix.
- Used to purchase items listed as prohibited in the petty cash policy such as tobacco, alcohol, parking costs, petrol
- Used to pay for parking fines or other penalties incurred by employees whilst driving Trust pool cars.

Guidance for Credit card is detailed in the Purchase Card Policy document on the intranet.

Key policies and procedures of interest:

[Operating Cash Management Policy](#)
[Standards of Business Conduct Policy](#)
[Standing Financial Instructions](#)
[Standing orders](#)

People and Culture

Our people are more important than ever. This is symbolic of our name change from HR (Human Resources) to People & Culture.

Our aim is to continually develop a culture within ELFT where all people flourish and deliver high quality, continually improving, compassionate, inclusive and safe care.

We work alongside you and your teams helping to attract and retain our people that are essential to delivery of our services, improving leadership, team working, culture and change. This might be supporting you with a planned change project, a team away day, a leadership diagnostic or an investigation.

We support with the following:

- Recruitment
- Bank
- People Relations and advice
- People Development – Including learning and training,
- Apprenticeship Support
- Employment Policies
- Mediation
- Culture change
- Liaise with Occupational Health Services – Team Prevent
- Staff Engagement
- Staff Survey
- Staff Wellbeing
- Organisational Change
- Workforce Information
- Equality and Diversity
- Promote and embed the Trust Values into everything we do.

Who can help you? Finance Team for Primary Care

Shade Olutobi	Business Partner	07387522 785	shade.olutobi@nhs.net
Kelly Smith	People & Culture Advisor		keely.smith3@nhs.net

We care

We respect

We are inclusive

People and Culture

Director of People and Culture	Tanya Carter Email: tanya.carter@nhs.net Tel: 07748553914
Associate Director People and Culture	Jemma Ball Email: jemma.ball@nhs.net Tel: 07387258726
Associate Director People and Culture (Luton and Bedfordshire)	Bernadette Fitzharris Email: Bernadette.fitzharris@nhs.net Tel: 07741703996
Associate Director of People Development	Steve Palmer Email: steve.palmer1@nhs.net Tel: 07387 258690
Associate Director People and Culture	Dr Donna Willis Email: donna.willis1@nhs.net Tel: 07919 394687
Head of Resourcing	Irfaan Ibne Email: Irfaan.ibne@nhs.net Tel: 07946782680
Head of People and Culture	Isabella Larkin Email: Isabellalarkin@nhs.net Tel: 07816972302
Medical Staffing Business Partner	Kam Mander Email: kam.mander1@nhs.net Tel: 07984474023
People Relations Manager	Corinne Cunningham Email: Corinne.cunningham@nhs.net Tel: 07960879934
People Development Business Partner	Princess Kabba Email: princess.kabba@nhs.net Tel: 07876847122
People Development Business Partner – Apprenticeships	Sarah Canning Email: s.canning@nhs.net Tel: 07624320600
Engagement and Wellbeing Business Partner	Jillian Dabbs Email: jillian.dabbs@nhs.net Tel: 07867179796
People and Culture Manager	Olga Osokina Email: olga.osokina@nhs.net Tel: 07956720751
People Information Manager	Joanna Kujoth Email: Joanna.kujoth@nhs.net Tel: 07584 555331

Booking annual leave

Annual leave requests must be made to your line manager giving reasonable notice. Please ensure that any leave requested is authorised by your manager prior to commencing or booking holidays and before annual leave is taken; do not assume that leave requests will be automatically approved. The Trust is not responsible for any costs incurred by employees whose annual leave plans are not authorised. Requests for annual leave will be considered and approved if it can be accommodated

We care

We respect

We are inclusive

considering the needs to run a safe service. Annual leave should be taken evenly throughout the year. A record must be kept of annual leave. For more information, please refer to the Trust Annual and Special Leave Policy or to your line manager.



Leave Card -
2021-2022.docx

Managing absence

Staff are expected to make every effort to attend work and fulfil the conditions of their contract of employment and your manager will support you to manage your attendance in accordance with the Trust Managing Sickness Absence Policy. If you are unable to attend work due to sickness please inform your line manager as soon as possible before the start of your shift if you can so arrangements can be made to cover your shift/work. Please keep your manager updated with regards to any continued absence and fulfil your obligations as set out within the policy.

If you are unable to attend work for other reasons for example family emergency, bereavement please make contact with your manager to inform them.

Payroll

Staff experiencing any issues with pay should contact payroll on:

- Email address: ELFTPAYROLL@uhb.nhs.uk
- Telephone Number: 0121 371 7545
- Alternatively, contact head office on 0207 655 4000 and ask for ESR

How to Claim for Additional Hours Worked

Complete the top section of the Monthly Salary Return with your name, assignment number, Grade/Band, Month Ending Period. Indicate if you are a full time or part time worker and your contracted hours if part time. Please also enter the cost centre only if additional hours have been undertaken due to Covid (cost centre is E72606 in this case). Complete the entries for Additional hours/Enhanced hours or Overtime hours worked. In the Remarks field please state if the hours claimed are in relation to Covid. Sign and Date the form

The form should be Authorised by your line manager prior to submission to the Payroll Department to reach them by the 5th of the following month.

Rates of payment

Additional Hours are paid at the current basic pay hourly rate.

Enhancements are paid at the rate of 1.33 for work done on a Saturday/Sunday/Bank Holiday.

Enhancements are paid at the rate of 1.25 for work done during Unsocial or Night hours (Unsocial is from 6.30pm to 8.30pm, thereafter it is Night).

Overtime hours are paid at the rate of 1.25 x the current basic hourly rate when worked on a Weekday

Overtime hours are paid at the rate of 1.33 x the current basic hourly rate when worked on a Saturday/Sunday/Bank Holiday.

EXAMPLE TIMESHEET
MONTHLY SALARY RETURN

NAME: xxxxxxxxxxxxxxxx		COST CENTRE: xxx		BAND/GRADE:																														
PAYROLL ASSIGNMENT NUMBER: 1 2 3 4 5 6 7 8		MONTH ENDING DATE: SEPTEMBER 2020		FULL TIME OR PART TIME: PART-TIME (30 hours per week)																														
FAILURE TO COMPLETE THESE SECTIONS MAY RESULT IN DELAY IN PAYMENT																																		
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS		
ADDITIONAL BASIC		4	3.5															4	3.5															
SAT. ENHANCED																		2	3.5															
SUN. ENHANCED																																		
B/HOL. ENHANCED																																		
N/DUTY ENHANCED																																		
UNSOCIAL ENHANCED			2	2						2	2						2	2							2	2					2			
WEEKDAY O/T																																		
SATURDAY O/T																																		
SUN./B.HOL O/T																																		
N/DUTY O/T																																		
REMARKS:																																		
FALSIFICATION OF THIS TIMESHEET MAY RESULT IN SUMMARY DISMISSAL IN ACCORDANCE WITH THE DISCIPLINARY RULES OF THIS TRUST.																																		
SIGNATURE OF EMPLOYEE: _____																DATE: _____																		
AUTHORISED BY MANAGER/HEAD OF DEPARTMENT: _____																DATE: _____																		
This timesheet must be returned to the University Hospital's Birmingham NHS Foundation Trust, East London NHS Foundation Trust Payroll Team, PO Box 16967, Edgbaston, Birmingham B15 6TT, by no later than the 5th of the following month, or the next available working day if this falls on a weekend.																																		

Staff contracted to work F/T (37.5 hours per week)

F/T staff who work extra hours (with prior agreement by the line manager) should claim in the appropriate **Overtime** rows (shaded blue).

- Enter additional hours in the column for the relevant day of the month and against the appropriate overtime row, i.e. weekday/Saturday or Sunday.

Example: an additional 7 hours on Saturday 5th September are worked, = 7 hours should be entered in the column headed '5' (5th Sep) and in the row for Saturday overtime. The example entry is shown highlighted in **Red**.

- F/T staff who within their regular 37.5 hours per week are required to work hours that attract the enhanced rate of pay then these hours should be claimed in the Enhanced rows (shaded green).

Example: normal working week is 37.5 hours, Monday to Friday. Weekly shift pattern is Monday to Wednesday 9.30 am to 5.30pm and Thursday to Friday 12.30pm to 8.30pm. Hours worked between 6.30 and 8.30 are Unsocial and should be entered in the column for the date relating to Thursday and Friday and in the Unsocial Enhanced row. The example entries are shown highlighted in **Orange**.

(Please note that claims for Enhancements are only allowed when actually worked; they are not claimable during any periods of absence such as sickness or annual leave.

Staff contracted to work P/T (less than 37.5 hours per week)

P/T who work extra hours (with prior agreement by the line manager) should claim in the **Additional Basic**, first row on the timesheet up to full time weekly hours (37.5). Additional Basic hours are claimed for hours worked over the contracted hours, up to full time hours. Hours exceeding F/T can be claimed as Overtime.

Example: contracted weekly hours are 30 per week, meaning the first additional 7.5 hours worked each week are claimed as Additional Basic. 4 hours are worked on the 2nd Sep and 3.5 hours on the 3rd Sept, entries = 4 hours entered in column headed '2' (2nd Sep) and in the row for Additional Basic and 3.5 hours entered in column headed '3' (3rd Sep) and in the row for Additional Basic. The example entries are the first two **Pink** highlighted entries. Where some or all of the Additional Basic hours claimed attract an enhanced rate of pay then these hours should, in addition to the Additional Basic hours row, also be entered in the appropriate Enhanced rows (shaded green).

Examples: if the additional hours are worked as 4 hours on Friday 18th Sep from 4.30pm to 8.30pm and 3.5 hours on Saturday 19th Sep entries = 4 hours should be entered in the column headed '18' (18th Sep) row Additional Basic and in the same column 2 hours should be entered in the row for Unsocial Enhanced (hours worked between 6.30 and 8.30pm). 3.5 hours should be entered in the column headed '19' (19th Sep) row Additional Basic and in the same column 3.5 hours should be entered in the row for Saturday Enhanced (total hours worked on Saturday). The example entries are the second two **Pink** highlighted entries.

Appraisal

Appraisals are undertaken annually and there are two ways to carry out appraisals, both of which are online: via the *intranet* or via the *internet* which is accessed from the following link:

<https://www.elft.nhs.uk/Working-For-Us/Training-and-Development/Appraisals>

The internet and intranet forms are not linked so if you start it on the intranet, you cannot finish it off on the internet, and vice versa.

There is a comprehensive guide to using both 'nets' here:

<https://sway.office.com/jZPNjPoisxs6byDE?ref=Link>

Completed appraisals must be recorded on ESR, please refer to the link below.

<https://sway.office.com/223Zo3i95qIK2IBQ?ref=Link>

ELFT Employment Policies include:

- Annual and Special Leave Policy
- Appraisal
- Managing Sickness Absence
- Staff Performance Improvement and Capability Policy
- Grievance Policy and Procedure
- Disciplinary Policy and Procedures
- Supervision Policy
- Equality Diversity and Human Rights Policy
- Management of Staff Affected by Change Policy and Procedure
- Maternity, Adoption and Shared Parental Leave Policy
- Disclosure and Barring Service (DBS) Policy
- Dignity at Work Policy and Procedure
- Raising Concerns (Whistleblowing Policy)
- The Secondment and Acting Up Policy
- Additional Leave & Reward for Exceptional & Near Exceptional Work Attendance
- Lease Car Policy
- Dress Code Policy
- Recruitment and Selection Policy
- Alcohol & Substance Misuse Policy
- Maintaining High Professional Standards in the Modern NHS (MHPS)
- Managing Psychological Wellbeing at Work Policy
- Learning and Development Policy
- Statutory and Mandatory Policy 1.0
- Apprenticeship Policy
- Providing Employment Reference Policy
- Checking Professional Registration and Revalidation Policy
- Medical Appraisal and Revalidation Policy
- Remediation & Rehabilitation of Doctor's Performance Policy

HR policies of interest:

<https://www.elft.nhs.uk/About-Us/Freedom-of-Information/Trust-Policies-and-Procedures/Human-Resources-Policies>

HR How To Guide

- How to log sickness
- How to do a staff change
- How to pull up forms you have submitted
- Supervision
- Induction check list
- Booking leave
- Buddy system and process in practice
- Forms for you to use



How to guide -
People and Culture v3.pptx

Organisational Development

The **Organisational Development (OD) Team** are part of the People and Culture Directorate. We work with all teams and service across the Trust.

Our main areas of work are:

Personal development, Career Development, Coaching, Mentoring, Leadership Development, Talent Management, Health & Wellbeing, Service Improvement, Change and transformation, Team Development, Bespoke Interventions and Staff Engagement.

Please get in touch if we can help. our current OD Business Partner is:

mairead.heslin1@nhs.net

Wellbeing

We are also part of the People and Culture Directorate Wellbeing and are committed to improving the working lives of all our staff. The Trust has a number of policies and many sources of support to help staff achieve a balance between home and work. For more information please see our intranet and Trust communications.

Tailored support available for staff includes:

- A safe space to chat or speak about your struggles and wellbeing needs with a trained wellbeing professional
- Exploring your wellbeing needs and providing access to services accordingly
- Support with the identification of common or serious mental health difficulties, to assess signpost and fast-track referrals into existing services
- Wellbeing workshops
- Personalised online therapy
- Online guided self-help resources
- Group therapy including cognitive behavioural therapy (CBT)
- A range of low and high intensity therapies according to your needs

For staff who are working within London please see:

https://keepingwellnel.nhs.uk/?dm_i=1TXQ%2C7G1TK%2C4JMD6U%2CU98DR%2C1

For staff who are working within Bedfordshire and Luton please see:

https://www.keepingwellblmk.nhs.uk/?dm_i=1TXQ,7G1TK,4JMD6U,U98DW,1

In addition please get in touch if we can help elft.employee.engage@nhs.net

[Booking Nursing and Admin Agency Staff](#)

DRC Locums

Tel: 01908 545 999

e-mail: Jemima.prempeh@drclocums.com

[Download order form here](#)

YOUR NURSE

Tel: 0330 113 0456

E-mail: matthew@yournurse.co.uk

[Download order form here](#)

Medacs Healthcare

Tel: 0791 860 2645

E-mail: jon.wallace@medacsglobalgroup.com

[Download order form here](#)

Holt Doctors

E-mail: sarah.schofield@holtDoctors.co.uk

[Download order form here](#)

Accessibility

- Practices have been provided with an accessibility Toolkit Staff folder for your team – please save where appropriate on your shared drive and alert team that it is a resource that is there to support them around accessibility e.g. do's and don'ts / posters for display for example
- Info around what the PPG is and how to join
- Posters to display by all practices via an information board are:
 - i) Accessible Info Poster
 - ii) People Participation Structure – this needs to be on display where the PPG info is on display.
 - iii) You should have a People Participation Notice Board – that houses all the PPG information
 - iv) People Participation Poster_Easy_Read – this needs to be on display where the PPG info is
 - v) Accessing GP Services during Covid-19 poster
 - vi) Interpreting/Translation Services available poster
 - vii) Point to your language (this is to be printed and kept at Reception)

Who can help you?

Name	Role	Telephone	Email
Toitei Kurima	People participation lead for BLMK	07960834232	toitei.kurima@nhs.net
Sultan Ahmed	People participation lead for East London practices	TBC	Sultan.ahmed1@nhs.net

Other point or sources of information which may be useful:

- Website additions to consider: An additional page or added to the Accessibility section already there:
- Links, audio track on NHS Accessible Information Standard: <https://soundcloud.com/nhsengland/sets/accessible-information-standard-overview>
- BSL friendly video on the NHS Accessible Information Standard: https://youtu.be/WWrZIEu_KhQ
- Documents - Add these documents if you have ability to upload documents
 - i) Summary of Accessible Information Standard_Easy read (attached)
 - ii) Summary of Accessible Information Standard (attached)
 Something added at the end of the PPG Registration form that gives patient the opportunity to disclose any accessibility needs before submitting
- Social Media - NHS England have launched an information pack for general practice on communications and we would like practices to develop the

suggested info graphics for use in advertising that you are still open during the pandemic.

How information displays should look within your waiting area:

- [Trust noticeboard checklist](#)
- [How information displays should look within your waiting area](#)

Accessibility Checklist for use by practices



Statement	Yes	No	Unsure
Disabled access			
We have enough disabled parking			
We have at least a 3 metre slope from entrance			
There is a handrail either side of the slope			
Our front door is at least 36 inches wide			
There is a low threshold floor bar at the entrance			
The signage for disabled toilet access is at eye level			
The disabled toilet has a door at least 36 inches wide			
There is a caution sign for very hot water in the disabled toilet			
We have a Falls Procedure			
The disabled toilet hygiene products are at a suitable height			
The disabled toilet has at least a 1 metre turning circle			
We have an alarm system in the disabled toilet			
Our Fire Exits are accessible by wheelchair			
We have seats appropriate for those with limited mobility			
Communication			
We can arrange for an interpreter when necessary for those where language is a barrier			
We have a hearing loop			
We can arrange for a BSL interpreter for those with hearing impairment			
The counter at Reception is at a height accessible for wheelchair users to communicate easily with staff			
We have a website that is user friendly for those with accessibility needs			
We have a "Point to your language" table for non-English Speaking patients available at Reception			
Patients can contact the surgery via;			
• Email			
• Text			
• Phone			
• Website			
Information			

We are displaying info in our Waiting area on The Accessibility Information Standard			
We are displaying information in our Waiting area explaining that interpreting services are available			
We let patients know that information is available in different formats e.g. Braille / Easy Read			
We have information on our website explaining the Accessibility information standard			
We have a toolkit for supporting staff to meet the needs of patients with accessibility issues			
We have a member of staff who is our Accessibility Champion (People Participation Lead)			
We are displaying information that encourages patients to let Reception know if they have accessibility needs that we are unaware of			
We ask patients if they have accessibility needs upon registration			
We record accessibility needs of all patients			

Translation Services

Interim process for Bedfordshire CCG to request Interpretation and Translation services

On an interim basis, interpretation and translation services will be provided to Bedfordshire's Clinical Commissioning Group by Language is Everything. This process is to be used until further notice.

The following interpretation and translation services can be provided through Language is Everything:

1. Telephone interpretations
2. Video interpretations
3. Document translations
4. Face to face interpretations

In order to book a service, please follow the relevant process as detailed below. You should always consider which options are the most appropriate and effective when communicating with our customers, who are not proficient in English or have a sensory impairment.

Telephone and video interpretation services are more responsive, often require less notice and are a lower cost, so this should be considered as the default option where possible (providing this meets the need of our customers).

1. Telephone Interpretation Service

The telephone interpreting service is a quick and simple way to connect to a professional interpreter via telephone, 24 hours a day, 7 days a week. Telephone interpretation services will be available immediately through Language is Everything.

If you need to book a telephone interpretation, please phone the dedicated telephone interpretation line on 0333 240 6132.

Please ensure that you have your Language is Everything Access Booking Code available before calling.

2. Video Interpretation Service

Video interpretation services enable an interpretation to be undertaken remotely over a video feed rather than in person. Language is Everything provide the service through a secure, fully managed video interpreting and conferencing service.

To book a video interpretation through Language is Everything please complete the attached booking form, indicating a video interpretation service is required, and email to: hello@languageiseverything.com

When completing the booking form please ensure that you provide your Language is Everything Access Booking Code as well as any other unique reference ID as required.

3. Document Translations

Document translation refers to the translation of written documents from one language into another.

To request a document translation please email hello@languageiseverything.com stating 'TRANSLATION REQUEST QUOTE' in the subject line, and briefing outlining the number and type of documents to be translated and when these are required by. Please also quote your Access Booking Code.

Once a quote request is received, Language is Everything aim to provide a quote within an hour of receiving the request, to enable a decision to be made whether to proceed with the service.

4. Face to Face Interpretation Service

Face to face interpretations are for when an interpreter is required to be present at a meeting and will generally need to be booked in advance.

To book a face to face interpretation through Language is Everything please complete the attached booking form, indicating a face to face booking is required, and email to: hello@languageiseverything.com

When completing the booking form please ensure that you provide your Language is Everything Access Booking Code as well as any other unique reference ID as required.

What if Language is Everything are unable to deliver my booking request?

If Language is Everything are unable to fulfil a booking request, local spot purchase arrangement processes should be followed in order to source a provision that can undertake the interpretation / translation required.

What if I don't have a booking code?

If you do not have a booking code for your team/service, please check with clare.crosby@nhs.net in the first instance to check whether a code is already set up. If

not, new Access Codes can be requested via Language is Everything, who will make the necessary arrangements.

To request new Access Codes via Language is Everything please contact:

Carla Morrill

Operations Manager

E: Carla@languageiseverything.com

T: 01482 971600

Booking access codes

MLTNBCCG09	NHS Bedfordshire CCG	Cauldwell Medical Centre	XXCCROSBY	NHS Bedfordshire CCG - 32501003571
MLTNBCCG43	NHS Bedfordshire CCG	Leighton Rd Surgery	XXCCROSBY	NHS Bedfordshire CCG - 32501003571

What do I do if I need to cancel a booking?

If you need to cancel a booking, please contact Language is Everything via the route you booked the original request. Any bookings to be cancelled must be done as soon as you are aware – failure to cancel bookings without sufficient notice, can result in late cancellation charges, which will be chargeable to your budget.

Key contacts - Language is Everything

Specific contacts for Key contacts for Language is Everything are provided below.

Contacts for specific interpretation/translation modes

Access code: ELFTBCCG

You must provide the name of our organisation and a name/reference for the non –English speaker. This can be initials, first or last name or NHS number.

Telephone Interpreting Manager	Nathaniel Cull	Nat@languageiseverything.com
Video Remote Interpreting Manager	Tom Foster	Tom@languageiseverything.com
Translations Manager	Anzelika Gzibovska	Anzelika@languageiseverything.com
Face to Face Interpreting Manager	Reece Hanson	Reece@languageiseverything.com

General Contacts

Operations Manager	Carla Morrill	Carla@languageiseverything.com
Communications Manager	Ben McNamara	Marketing@languageiseverything.com
Escalation Process Manager	Lloyd Tidder	Lloyd@languageiseverything.com / Mobile – 07912 485726

Process for Newham Transitional Practice for Interpretation and Translation Services

Language Line Interpreting Services

This service provides Face to Face Interpreting, Telephone Interpreting, Video Interpreting and an online booking management system.

LLS has a complete implementation and training service. This provides staff with the knowledge and understanding on each of the services, and how the Trust would like them to be used to ensure the most appropriate and cost-efficient service is used.

During these unprecedented times, not only has the NHS been completely over-stretched, its staff have had to embrace the new normality of virtual clinics and remote consultations.

LanguageLine Solutions has, above all, ensured total continuity in our supply of services to you throughout the pandemic. However, in line with our commitment to continually improve and adapt in line with the needs of our clients, LLS has also been working hard to adapt these services to address the changes which health professionals are experiencing, including operating within the new health communication platforms that are available to them.

LanguageLine's Telephone interpreting service.

This is an established and proven 24/7/365 on-demand and flexible service. It is easy to access via any telephonic equipment and can facilitate communication in over 200 languages. With this service, you may:

- a) Hold a conversation with a limited English patient when they are with you
- b) Connect to an interpreter and call the patient (3rd party dial out)
- c) Take a call from the patient and connect to an interpreter (if your phone has a conference facility)
- d) Facilitate interpreting support for any Attend Anywhere appointments, by muting the audio through the laptop and using LanguageLine's third party dial-out facility.

LanguageLine Face to Face interpreting service

This provision provides you with an interpreter for those appointments that require a physical presence (please refer to the trust guidelines). You will need to pre-book these sessions using the online booking portal. Please remember to cancel the interpreter if the clinical consultation itself is cancelled. There is a one-hour minimum charge for the face-to-face service irrespective of the actual interpreting usage.

LanguageLine Video Interpreting service (InSight).

This is a secure, end-to-end encrypted, on-demand platform that facilitates video face to face communication in 40 of the most common languages within London including BSL. This award-winning service is designed for when the patient is with you. It also provides the option to access the telephone service - all through one-touch app-based access. The service needs a stable Wi-Fi or good roaming connection but can be accessed through smartphones, tablets, laptops, and desktops (with a camera facility).

How can LanguageLine help when you are working with Video Consultations via virtual platforms

The support of patients through virtual clinics such as eConsult, MS Teams, Zoom and Attend Anywhere, has moved forward rapidly over the past 3 months. Unfortunately, these platforms have been launched without an interpreting function and we have been informed by NHS England Transformation that this is not something that is currently being considered as any kind of priority.

The good news is that the LLS team that is working closely with healthcare organisations throughout the UK has not only remained resolute in its efforts to maintain our services, but has been developing new facilities which represent additional cost efficient communication support solutions to assist you in your day-to-day activities. These developments include

processes to integrate audio and video services into the telehealth platforms. Our latest development, currently undergoing tests, is linked to your existing face to face provision, and will allow clinicians to book interpreters to be used via video for their virtual consultations. This visual interpreting service will mean that clinicians using Attend Anywhere can pre-book interpreters for their virtual clinics/patient appointments as they would for physical, face-to-face consultations. Interpreters will access the virtual waiting room at the time required so the clinician can include them in the patient's consultation as required.

Alongside the technical and administrative modifications being undertaken, there will be a period of training needed for Trust staff. However, you will be kept informed of progress including notification of a realistic "go live" date for the Trust. We are confident that this solution will represent yet another useful element to assist you in your commitment to supporting limited English-speaking patients

Website

<https://www.languageline.com/uk>

Booking link

https://f2f.languageline.co.uk/login/auth?_hstc=28020387.3a9a354154cb1f4299fa6356ebc56c60.1604491455665.1606110338017.1606113578883.31&_hssc=28020387.1.1606113578883&_hsfp=2078584113

Process for Health E1 for Interpretation and Translation Services

The Advocacy and Interpreting services continue during COVID-19, however there are some changes in how the service is delivered. Our service provision is now Telephone Interpreting only through three-way conference calls with video conferencing available through WhatsApp if required.

The service is accessible when a booking is placed on our electronic booking system - Interpreter Intelligence. The services we support, and partners already have access. In a small number of cases however, GPs etc are contacting A&I staff directly and we are making notes and having these retrospectively placed onto the system.

The Tower Hamlets Advocacy & Interpreting Service is a free and confidential service aimed at ensuring everyone within the Borough has equal access to primary healthcare through the provision of bilingual advocacy, interpreting, translation and telephone interpreting services. The service is staffed by a team of trained health advocates, all of whom have tested experience and awareness of barriers that affect good access to health care. Trained staff speak a variety of languages, including:

- Bengali/Sylheti
- Somali
- Chinese (Mandarin and Cantonese)
- Turkish
- French
- Vietnamese
- Polish
- Russian
- Spanish
- Urdu
- Hindi
- Gujarati
- Punjabi

We also provide other languages including British Sign Language (BSL).

The Tower Hamlets Advocacy and Interpreting Service (THAIS) is a free and confidential service for anyone requiring healthcare, who is registered with one of our 36 partner GP practices plus a small group of additional organisations.

For more information on how to use this service, please call the THAIS helpdesk on: 07803 406833.

<https://www.gpcaregroup.org/section/455/Services/page/eb745e07-85ab-4cee-bc8f-c880ad400a95/Advocacy-Interpreting>

Equipment

- Medical equipment is any device that is used in the rendering of patient care.
- Medical equipment is inventoried, tracked and maintained by Key Health Solutions clinical engineers.
- The accountability for ensuring this process happens is you the end user.

Calibration

All practices have access to a calibration. ELFT has the below company for Service and maintenance of medical equipment

<https://www.avensysmedical.co.uk/>

Phone: 01562 745 858

Medical devices

Any issues related to medical devices contact ELFT team at

elft.medicaldevices@nhs.net

Click here for a poster which may be of use: [Medical equipment poster](#)

PAT testing

A 2 yearly cycle facilitated by the estates team.

Managing Your Clinical Equipment

Has your equipment been serviced? Is it fit for use?



For All Patient, Clinical or Medical Equipment

Please call Avensys 01562745858



“What is **medical equipment**?”

- ✓ Medical equipment is any device that is used in the rendering of **patient care**.
- ✓ Medical equipment is inventoried, tracked and **maintained by Avensys** clinical engineers.
- ✓ The **accountability** for ensuring this process happens is **you** -the end user.

Equipment Maintained By Clinical Engineering Includes:

Examination trollies and patient mobile chairs or phlebotomy chairs patient Wheelchairs beds, mobile recliners (older adults)

- | | |
|---|---|
| <ul style="list-style-type: none">• ECG machines• Infusion pumps• Bladder scanners.• Ultrasound machines• Anesthesia machines• Defibrillators• Patient Chairs• Spirometers | <ul style="list-style-type: none">• Blood pressure monitors Scales• Oscopes• Thermometers• Pulse oximeters• Alcometers• Hypothermia machines• Plinthhs (Physio) |
|---|---|

Equipment **NOT** maintained by AVENSYS includes:

- ✗ Office machines
- ✗ Hoists & slings
- ✗ Wheelchairs kept by wheelchair service
- ✗ Assisted technology equipment
- ✗ Dressings
- ✗ Syringes

“Who do I call when medical equipment breaks?” AVENSYS- 01562745858

For further queries about your equipment email: Medical Devices INBOX (elft.medicaldevices@nhs.net)

“Who do I call for Hoists, Hoist slings?”

Call Arjo Huntleigh: 08456 114114 (Option 3 then option 2)

Email: ukservice@arjohuntleigh.com

“How do I know that the medical equipment I work with is safe to use?”

- ✓ All medical equipment should be safety checked and tagged with a barcode sticker by Avensys.
- ✓ Or in the case of hoists a sticker by Arjo Huntleigh
- ✓ Maintenance schedule date can be found on the equipment label
- ✓ If there is **no date or the date is in the past** or there is **no sticker** then your **equipment should not be used** until you speak with Avensys
- ✓ Service date is usually once a year.

ARJOHUNTLEIGH
CLINICAL GROUP

“What should I do if the equipment malfunctions during patient use?”

- ✓ Turn off the equipment Remove all patient connections
 - ✓ Isolate and tag the item note that the item was involved in an incident
- Call Avensys 01562745858 or
Arjo Huntleigh: 08456 114114 option 3 then option 2

✓ **Remember: ALL MEDICAL EQUIPMENT must be checked by Clinical Engineering before it is placed into service or used on a patient.**

Estates

Estates & Facilities look after Trust buildings.

The Helpdesk prioritises jobs according to urgency. Jobs logged for non-urgent maintenance will be passed to the contractors and attended to as part of the monthly community maintenance days. Ensure a record of logged jobs is kept locally to avoid duplication.

Who can help you?

Leighton Road Surgery		
Cauldwell Medical centre		
Other issues: (maintenance / cleaners etc.) Emergency -	01234 792 016 01234 355 122	https://bedfordhospital.micadhd.net/
Capital Project Officer - Mark Duffin Bedford Hospital	01234 792 058 x2800	
Apcoa Parking UK (car park) Raj Singh	01234 792 168	raj.singh@apcoa.com
Health E1		
Barts Health Helpdesk	02082238697	Estates_helpdesk@bartshealth.nhs.uk
Newham Transitional Practice		
CHP (Community Health Partnership)	0161 509 3350	c.services@communityhealthpartnerships.co.uk
For big works, contact ELFT Estates Dep.	01895 671 478	
Greenhouse Practice		
NHS PS	0800 085 3015	https://www.property.nhs.uk/contact-us/
For big works, contact ELFT Estates Dep.	01895 671 478	
Main ELFT Estates & Facilities department		
ELFT Estates Helpdesk - OPTIMUM	01895 671 478	servicedesk@ogs.eu.com

John Hill	Director of Estates & Capital Development	0207 655 4043	John.hill1@nhs.net
Frank Riedel	Associate Director of Capital Development & Property Management	02081215629 07973227902	Frank.riedel@nhs.net
Adam Toll	Energy & Environmental Manager	02081215634 /07815956091	Adam.toll@nhs.net

Estates policies and procedures of interest:

- [Fire Safety Policy](#)
- [Legionella Policy \(V2 April 2016\)](#)
- [Pest Control Policy Feb 2018](#)
- [Procedure for cleaning equipment/s](#)
- [Waste Management Policy](#)
- [Estates Helpdesk poster](#)

Flu Vaccination ordering

- Practice are expected to place their flu vaccine orders no later than the January before the commencing flu season. Practices are required to ensure they have an account with the manufacturer in order the place vaccine orders. When creating an account, you will be asked to provide the following:
 - **Delivery address**
 - **Practice Code**
 - **Lead GP name and GMC number**
 - **Contact number**
 - **Invoice address**
 - **Delivery address**
 - **Contact email for invoices**
 - **Contact email for delivery**
- Currently the providers we use for the flu vaccines are:
 - **Under 65's vaccine Orders – Sanofi – 0800 854 430**
 - **Over 65 vaccine orders – Seqirus – 03450 093 804**

The PM and Lead clinicians should meet to review the usage of vaccines in the current season to estimate how much should be ordered for the year ahead. Once ordered you will receive a confirmation email along with an estimated delivery schedule.

- When ordering vaccines practice should be clear on ensuring that all invoices are sent to SBS for payment and **NOT** directly to the practice. The address invoices should be sent to is:
 - East London Foundation Trust
RWK Payables 6765
Phoenix House
Topcliff Lane
Wakefield
WF3 1WE

Please ensure the manufacturer includes the following details on the invoice to avoid delay with the invoice being processed:

1. Date of invoice
2. Reference number
3. Contact number and address of supplier
4. PM's name

Flu Invitation Codes - SNOMED

Telephone Invites

Invitation by telephone for influenza vaccination

Concept ID: 737041000

You can then select the following for more specificity

- Influenza vaccination first telephone invitation
- Influenza vaccination second telephone invitation
- Influenza vaccination third telephone invitation

Letter Invites

Influenza vaccination invitation letter sent

Concept ID: 315641001

You can then select the following for more specificity

- Influenza vaccination invitation first letter sent
- Influenza vaccination invitation second letter sent
- Influenza vaccination invitation third letter sent

Text Invites

Influenza vaccination invitation short message service text sent

Concept ID: 711301000000108

You can then select the following for more specificity

- Influenza vaccination invitation first short message service text message sent
- Influenza vaccination invitation second short message service text message sent
- Influenza vaccination invitation short message service text message sent

Verbal Invites

Influenza vaccination verbal invitation

Concept ID: 761311000000109

You can then select the following for more specificity

- Influenza vaccination first verbal invitation
- Influenza vaccination second verbal invitation
- Influenza vaccination third verbal invitation

DNA Flu Appointment

Did not attend flu vaccination appointment

Concept ID: 199331000000106

Non responders of invites

No response to influenza vaccination invitation

Concept ID: 516101000000103

COVID-19

Risk assessments (staff)

Staff are expected to complete the Team Prevent COVID-19 Staff Risk Assessment Form individually every 3 months. Staff should be prompted by their line manager to do so and can further discuss in supervisions monthly as a reminder and/or for any changes. In the instance where staff return from sickness or the circumstances have changed i.e. a member of staff becomes pregnant, line managers are expected to carry out the COVID-19 Risk Assessment with the member of staff as soon as possible and to be reviewed every 3 months or in supervision for any updates and/or changes to be made. This form can be found on ELFT intranet or below.



COVID-19_Staff_Risk_Assessment_Form

Risk assessments (buildings)

Services are encouraged to carry out the ELFT Checklist & Risk assessment - Clinical Areas Form every 7 days as a form best practice. This will ensure up to date measures are maintained and clinical areas are continuously reviewed. All service managers/clinical leads are expected to fill out the form.

Services are required to put up QR Codes for the NHS Covid-19 App for staff, patients and any visitors to the building to check in with. QR Codes need to be displayed at every entrance and will also need to be visible to everyone. Staff are all expected to download the app and check in with QR codes and to also turn off any contact tracing as NHS buildings should be compliant and adherent to social distancing measures and wearing PPE. Staff should also encourage members of the public to download the app and follow these regulations.

Anybody entering the building will also need to sign and fill out the ELFT track and trace sheet.

Currently, ELFT practices are considered amber alert sites. This would mean that these are low risk sites as no risk cannot be guaranteed.



Creating a COVID-19 secure wc

Temperature Checking

Upon entry of the building, staff and members of the public entering the building are required to have their temperature taken by members of staff wearing PPE using temperature guns that require no contact. Staff who have had temperature readings found above and including 37.8°C should immediately report this to their line

manager, begin self-isolating and follow appropriate guidance. Members of the public or any visitors trying to enter the building who have been found with a temperature reading of 37.8°C are advised to go home immediately and begin self-isolating and seek clinical advice.

Fit testing

Staff who have been given BLS training are required to have FFP3 masks FIT Tested as part of their mandatory compliance training in the event that CPR needs to be performed. Line managers are advised to follow up and prompt staff to have FIT testing done and to forward any dates offered by the trust. Dates can be found on the ELFT intranet.

Gels

All sites are required to have wall mounted hand sanitisers on all entrances to the building. In the event an alternative entrance is used staff are required to visit the nearest gel dispenser and use immediately. Staff are required to wash their hands at regular intervals using the hand washing guidance. It is recommended hand gels are also stationed in non-clinical areas i.e. offices along with disinfectant wipes to clean equipment. It is mandatory that hand gels are stationed in **ALL** clinical areas.

Masks

It is a mandatory requirement for all staff to wear fluid resistant face masks when at work at all times. Staff who work in an office on their own can keep the mask off unless someone else enters their office and then they need to put a mask on. If anyone has a medical condition that they feel prevents them from wearing a mask they must advise their line managers immediately for this to be assessed and documented on their risk assessment. All staff are encouraged to promote mask wearing at all times.

Primary Care Networks

- PCNs were introduced in July 2019 based around populations of 30,000-50,000, an ideal size seen to be small enough for personalised care and population health management but large enough for the sharing of at scale staffing and back office functions to support resilience.
- PCNs in response to a funding deal higher than inflation and the rest of the NHS have been committed to delivering 7 of the NHS Long term plan aims, by the introduction of 7 nationally directed services over 3 years and support them in delivering this the funding comes in the way of part cash and mostly additional staffing.
- We really want to ensure that every practice works as a strong partner within their local PCN being active refers into the shared additional staffing roles and supporting the delivery of integration and the 7 national DES specifications.

Who can help you?

Practice	PCN	Clinical Director	Manager
Greenhouse	Well Street Common, Hackney	Dr Kathleen Wenaden	Christine Sanders
HealthE1	Network 2 /East End Health Network Tower Hamlets	Dr Spyros Symmiakou	Ashraf Ullah
Newham Transitional Practice	Stratford PCN	Dr Vaishali Ashar	No manager in place
Cauldwell MC	East Bedford PCN	Dr John Kenward	Von Balodis
Leighton Road Surgery	Leighton Buzzard PCN	Dr John Henderson	Manager - Zadie Hartwig Operations Manager - Steve King

Key things PCNs are commissioned to do in 20/21 (this is not exhaustive):

- **By 30/9 Enhanced health and care in care homes** - (contractual delivery with Community Services). A PCN must: work with community service providers 'whose contracts will describe their responsibility in this respect' and other relevant partners to establish and coordinate a multidisciplinary team ("MDT") to deliver these Enhanced Health in Care Homes service requirements; Includes like leading an MDT, lead accountable named clinician, weekly ward rounds, alignment to a single PCN of care homes and establish protocols between the care home and with system partners for information sharing, shared care plans.

- **From 01/10 Structured medications scheme** - use appropriate tools to identify and prioritise the PCN's Patients who would benefit from a structured medication review, which must include patients in care homes, with complex and problematic polypharmacy, specifically those on 10 or more medications; on medicines commonly associated with medication errors; with severe frailty, who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and using potentially addictive pain management medication.
- **From 01/10 Early diagnosis of cancer** – includes review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline 1252 and make use of: clinical decision support tools; practice-level data to explore local patterns in presentation and diagnosis of cancer; and where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms; build on current practice to ensure a consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer ('safety netting'), in line with NICE Guideline 12; and ensure that all patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support; contribute to improving local uptake of National Cancer Screening Programmes.
- **By 30/9 – Collaboration with the Community Trust** - A PCN must agree with local community services providers, how providers will work together, including agreed communication channels, agreed representatives, and how any joint decisions will be taken. A PCN must detail the arrangements with its local community services provider(s) in Schedule 7 of the Network Agreement
- **By 31/10 – additional roles workforce intentions submission**– Submit to NHSE which will feed HEE their 4-year additional roles recruitment plan – setting out which and how many of each role they will recruit over the years
- **By 31/3/21 – Collaboration with the Mental Health Trust and Community Pharmacy**. A PCN must detail its arrangements with community mental health providers, and community pharmacy (via the community pharmacy nominated Pharmacy PCN Lead) in Schedule 7 of the Network Agreement.
- **During 20/21 – Impact and Innovation Fund** – A population health improvement-based scheme, which encourages PCNs to meet high level patient outcomes (commenced in October) metrics yet to be released. This scheme starts small in 20/21 (worth around £25k per PCN rising to approx. £240k per PCN by 23/24 for full achievement).

To support the delivery of all the above and the future schemes to come – PCNs are resourced with some main funding streams in an additional roles scheme which is worth £12per weighted head of the PCNs registered population by 23/24. PCNs also receive £1.50 per head for administering the PCN (year on year) by way of leadership and a payment depending on PCN size for the clinical director. PCNs also

receive this year a fair share of £43.7m in PCN development funding which nationally this year is focused on:

- **To recruit, embed and retain new roles** to support the delivery of the workforce manifesto commitments (26,000 additional primary care professionals and 6,000 additional GPs) that reflect workload, activity and increase capacity across PCNs. Staff will be supported to have the skills and capability to operate effectively across networks and as part of integrated teams. Staff induction, clinical supervision and a focus on staff wellbeing and resilience, along with support to model demand and re-design ways of working should help embed the new workforce
- **To enhance integration** by building on the work that's already happened with care homes and community pharmacy in response to Covid-19 and strengthening this through multi-disciplinary team ways of working with community & mental health services, secondary care and other care and wellbeing providers. Working with patients, their carers' and the wider community will be essential to create a joint model of proactive and personalised care.
- **To continue to improve access** by embedding the use of total triage and remote consultation; cutting waiting times and supporting the interface between primary, community and secondary care.
- **To reduce health inequalities**, enhancing population health management locally with a focus on prevention recognising the inequality in relation to COVID-19 and those groups who may have been disproportionately disadvantaged.

Additional roles (ARRS) and the £ available to PCNs

For an average size PCN with 40,000 patients the below sets out the funding available for additional roles throughout the 5 years of the new GP contract:

PCN Network	Weighted list Jan-20	19/20 Funding	20/21 Funding	21/22 Funding	22/23 Funding	23/24 Funding
Average sized PCN	40,000.00	£ 53,942	£ 288,498	£ 500,510	£ 689,039	£ 947,345

**Please note this is based on a list size of 40,000 as at 01.01.20. The ARRS scheme like all PCN schemes calculates payments based on 1st January every year.

It is worth noting that if a PCN does not utilise its ARRS funding it is lost and other PCNs within the CCG boundary who have fully spent their year's allocation can now bid for another PCNs underspend to bring forward their future years' recruitment plans. Each month that a role is unrecruited to, the maximum money for reimbursement of the post reduces (see below schedule). It is therefore important PCNs are on with their plans as many have not fully recruited to 20/21 posts and we

do know many want to be in a position for the roles available in 21/22 to be in post at the start of April 21.

The 14 Additional roles which can be funded via from 2020/21

- a. Nursing Associates (Band 4) *NEW (introduced from October 20 due to practice request and nurse shortages in primary care)*
- b. Trainee Nursing Associate (Band 3) *NEW (introduced from October 20 due to practice request and nurse shortages in primary care)*
- c. Social Prescribing Link Worker (band 4 or 5)
- d. Care Coordinator role (band 4 or 5)
- e. Pharmacy Technician role (Band 5)
- f. Health and Wellbeing Coach role (Band 5)
- g. Occupational Therapist role (Band 7)
- h. Dietician role (Band 7)
- i. Podiatrist role (Band 7)
- j. Clinical Pharmacist role (band 7 or 8a)
- k. MSK Physiotherapist (band 8a)
- l. Physicians Associate (band 8a)

Additional roles which can be funded from April 2021

All the above and there will also be the introduction of 2 new roles (to make 14) to the additional roles scheme and they are (generic JDs to arrive in October as guides)

- Mental Health Therapists (band 7) and
- Community Paramedic Practitioners (approx. band 6 or 7)

Looking ahead what PCNs are required to deliver in 21/22

There are 5 new PCN contracts due to commence on 1st April 2021, they are:

1. Anticipatory care – with community services
2. Personalised care
3. CVD Risk
4. Reducing inequalities and
5. Revised: PCN Extended Access scheme (the combining of the CCG commissioned £6 per head scheme and the PCN DES scheme (£1.45 per head) to make a combined service offer of £7.45 per patient which is based on the needs of the PCNs population and utilises different access methods and workforce models, (specification due to be released in October 20).

[Key contacts for the Primary Care Directorate and our supporting functions](#)

[Click here for spreadsheet](#)

Abbreviations sheet

<i>Abbreviations</i>	<i>Meaning</i>
APMS	Alternative Provider Medical Services
ARRS	Additional Roles Reimbursement Scheme
BDU	Business Development Unit
CAS	Central Alert System
CCGs	Care Commissioning groups
CMO	Chief Medical Officer
CQC	Care Quality Commissioning
DES	Directed Enhanced Service
DMT	Directorate Management Team
DSE	Display Screen Equipment
ELFT	East London Foundation Trust
FFT	Friend and Family Test
FGM	Female Genital Mutilation
FTSU	Freedom To Speak Up
GP	General Practitioner
H&S	Health and Safety
JDs	Job Descriptions
KPIs	Key Performance Indicators
LES	Local Enhanced Services
MDT	Management Directorate Team
MHRA	Medicines and Healthcare products Regulatory Agency
NHSE	National Health Service England
NHSI	National Health Service Improvement
NICE	National Institute for Health and Clinical Excellence
PALS	Patient Advice Liaison Service
PBCGM	Practice Based Clinical Governance Meeting
PC	Primary Care
PCD	Primary Care Directorate
PCN	Primary Care Network
PPG	People Participation Group
PPL	People Participation Lead
PREM	Patient Reported Experience Measures
PSA	Patient Safety Alert
QA	Quality Assurance
QAC	Quality Assurance Commission
QAF	Quality Assurance Framework
QAG	Quality Assurance Group
QCL	Quality & Compliance Lead
QI	Quality Improvement
SBS	Shared Business Services
SFIs	Standing Financial Instructions

SIs

Serious Incidents

TOR

Terms of Reference