

# Learning Environment



Delivery Suite

# Learner Booklet

## Welcome

We would like to warmly welcome you to Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR).

We have created this pack as a useful resource to help you to settle in with us. The purpose of this booklet is to provide you with information to help you on your learning environment.

## About LTHTR

### We have three equally important strategic aims:

- To provide outstanding and sustainable healthcare to our local communities
- To offer a range of high-quality specialist services to patients in Lancashire and South Cumbria
- To drive health innovation through world class education, training and research

We provide a range of Hospital based health services for adults and children and cover a range of specialities. These include cancer services such as radiotherapy, drug therapies and surgery, disablement services such as artificial limbs and wheelchair provision. Other specialities include vascular, major trauma, renal, neurosurgery and neurology including brain surgery and nervous system diseases.

### Our five core values:

- Being caring and compassionate
- Recognising individuality
- Seeking to involve
- Building team spirit
- Taking personal responsibility



We deliver care and treatment from three main facilities:

- Royal Preston Hospital
- Chorley and South Ribble Hospital
- Specialist Mobility and Rehabilitation Centre, Preston

In relation to car parking, please refer to your Induction to the Trust, for information regarding car parking. Additional information can be found on our Intranet page.

<https://legacy-intranet.lthtr.nhs.uk/car-parking-documents>



### **E-roster for Nursing and Midwifery Learners**

It is your responsibility to ensure that you access your Healthroster account on a regular basis, to make a note of your rota.

Please note the following;

- You will need to make any specific requests of change to your rota to your placement area, in line with our Trust Healthroster deadlines.
- You will need to make a request to your placement area for study leave to be added to your Healthroster, should study leave be required.

## Orientation to your Learning Environment – Adult Nursing

*Please complete and present at your initial meeting.*

### **Pre-orientation 2 weeks prior to starting your Learning Environment**

- Arrange a pre-visit to your new Learning Environment.
- Visit your Learning Environment; ask to be shown around and ask what to expect on your first day i.e. where do I put my belongings, where can I put my lunch, where should I go on my first day and who should I report to.
- Ask to be shown your Learner Board, where you will find out who your Supervisor and Assessor is.
- Ask to be shown your Learner Resource File.
- Access your Healthroster to ensure you have your off duty and should you have any queries regarding your rota, please direct them to your Ward Manager or Learning Environment Manager.
- Access your learning handbook via the Health Academy webpage and start planning what you want to achieve from your Learning Environment.
- We advise that on your **first day you will be starting at 9am**, please discuss this with your learning environment.

### **First day on your new Learning Environment**

- Introduce yourself and inform them that it's your first day.
- Ask to be shown around again, should you require this.
- Request to be shown the Team Board where the teams for the day are displayed, so you can familiarise yourself with, who is in your team, who you are working alongside and where your break times will be displayed.
- Ask to have the chain of command explained to you on this Learning Environment and ask who oversees this Learning Environment (i.e. Unit/Ward Manager).
- The local fire procedures have been explained and where you can find the equipment needed.
- Resuscitation equipment has been shown and explained.
- You know how to summon help in the event of an emergency.
- Lone working policy has been explained (if applicable).
- Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed).
- You are aware of your professional role in practice.

**Within your first week on your Learning Environment**

- Resuscitation policy and procedures have been explained.
- You are aware of where to find local policies.
  - Health & Safety
  - Incident reporting procedures
  - Infection control
  - Handling of messages and enquiries
  - Information Governance requirements
  - Other policies
- Policy regarding Safeguarding has been explained.
- Complete your initial meeting with your Practice Supervisor/Assessor and discuss any Inter-professional Learning Sessions that you would like to attend.

If you require any further support with your orientation, please contact your  
Unit/Ward Manager or our Clinical Placement Support Team on  
01772 528111/placement.support@lthtr.nhs.uk

**Please note: Any member of staff can complete this document with you.**

## Learning Environment

We would like to welcome you to your learning environment. We hope that you thoroughly enjoy your placement with us. Contact number 01772 524731.

### Orientation

**On your first day please familiarise yourself with the following:**

Area/ equipment	Date	Confirmation signature
Drug fridge in clean utility room		
Emergency/PPH trolley		
Adult resuscitation trolley		
Neonatal resuscitation bays 1 and 2		
Out of area emergency/transfer bag		
In-utero transfer bag		
Emergency use volumetric pump store		
Staff room/ toilets		
Handover room		

### House keeping

Delivery suite is all about working as a team and placing the woman at the centre of everything that we do.

Please respect all members of the team, especially our health care assistants, housekeeper and domestic staff.

Please keep your room clean and tidy and please ensure that you don't over fill your linnen and rubbish bags. The delivery suite health care assistants will be more than happy to help you change bags if you ask them.

If an item of equipment is broken, please don't put it back and pick another up – instead report it or leave a note for gail our housekeeper. If you take the last of something out of the draw please top the stock up or ask one of our health care assistants to when they get chance. Emergency equipment such as the tom thumb neonatal resuscitaires (in each room) should be checked as a minimum daily. It is good practice when you take a lady into a room, that you check the tom thumb to ensure it is stocked and in working order. After the use of a tom thumb or the panda resuscitaire in theatre please clean and restock the equipment – this is the responsibility of the midwife not the health care assistants or theatre staff.

Sharps safety – please use the sharps bins in the room for safe disposal of sharps. Never over fill a sharps bin, if it approaching the fill line please change the sharps bin. Do not dispose of IV giving sets in the sharps bins, we have a dedicated bin for these in the sluice.

When taking bed pans/ vomit bowls to the sluice wear an apron and gloves to protect yourself and keep your uniform clean.

**Please take responsibility for your room and your equipment. This keeps women, babies and staff safe.**

### **Help who to call**

The only silly question is the question that you don't ask. Please ask, the delivery suite co-ordinators expect you to ask questions (about everything) and they worry more when you don't ask questions. Whatever the question may be – please ask.

**When wanting a second opinion please ask the delivery suite co-ordinator. Escalate any concerns to the delivery suite co-ordinator.**

### **Neonatal emergency**

**For a neonatal emergency ring 2222 and state neonatal emergency team delivery suite room .....**

Refer to the neonatal team as the neonatal team or the neonates. Do not use the term 'paeds'. The paediatric team is based in the main hospital and do not cover the Sharoe Green Unit. Using the term 'paeds' can result in incorrect emergency calls being made.

### **Obstetric emergency**

**For an obstetric emergency ring 2222 and state obstetric emergency team delivery suite room .....**

This call will alert the delivery suite co-ordinator, the neonatal team, the obstetric team, the anaesthetist team and the theatre team of the emergency. The same call is made throughout all of the unit regardless of location or the nature of the emergency. When the decision for category 1 caesarean section is made we activate the 2222 obstetric emergency bleep. This is to facilitate effective communication between all of the teams and should be activated regardless of who is already in attendance and regardless of location.

### **Massive obstetric haemorrhage**

**When massive obstetric haemorrhage is declared. Take the woman's notes to the phone and ring 2222 massive obstetric haemorrhage delivery suite room .... Extension number 4731.**

This bleep will activate on all of the obstetric emergency team bleeps but also in the transfusion department and on the porters bleeps. The lab will ring back on the phone number given. They will ask you for the patient details and then you need to

state clearly that you require massive haemorrhage pack 1. The lab will then give you an estimated time of arrival of your blood products. The lab may instruct you to remove 4 units of group specific blood from the delivery suite fridge if the lady has an active group and save. There will then be a wait for the products to come via porter from the laboratory, they will not all arrive at once as the fresh frozen plasma will need to be thawed and the platelets transported from Lancaster/Manchester. If the patient is moved to theatre before the pack arrives then ring and inform transfusion of the patients location so that the blood products go to the right place. If bleeding is ongoing and the team feel that haemorrhage pack 2 is required, ring transfusion and request pack 2, this contains again 4 packs of red cells, 4 pack of fresh frozen plasma, 1 pack of platelets but also contains cryoprecipitate. Once the massive haemorrhage is controlled ring transfusion and stand the massive haemorrhage down.

### **Birth environment matters**

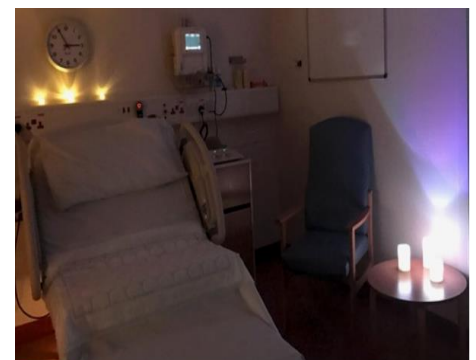
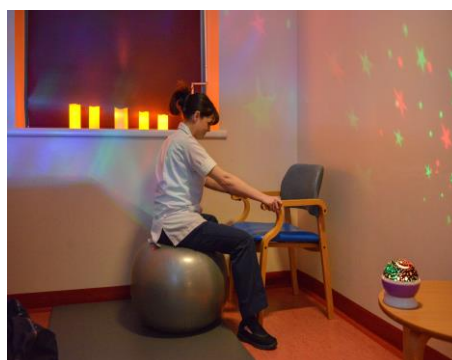
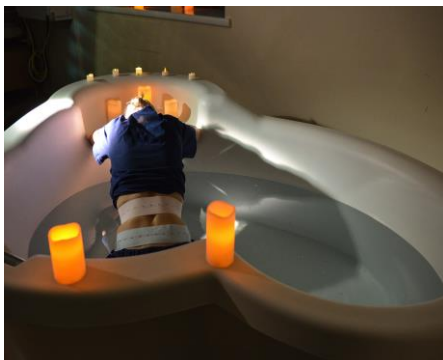
All women regardless of complexity of pregnancy deserve a beautiful birth environment and to have their wishes and choices for care respected.

We have 5 telemetry CTG monitoring units please use wherever possible to encourage mobility and upright birth positions. These units are also water proof, encourage the use of water in labour, we have 3 birthing pool rooms and when our building work is finished we will have birthing pools in 5 of our delivery suite rooms. Discuss with the delivery suite co-ordinator if a lady would like to use the birthing pool.

We have battery candles and mood lighting globes please facilitate a calm and relaxing environment for women to labour in by dimming the lights and creating a soothing environment.

We offer aromatherapy to women in all birth settings. Speak to the delivery suite co-ordinator about the possibility of using aromatherapy either by inhalation using a diffuser, through massage or adding to the bath or birthing pool.

We also have a 24 hour epidural service and also offer remi-fentanyl. Please make sure that women are aware of all options to them and that they are supported to make informed decisions.





**Management plans are essential.**

Every woman should have a risk assessment and plan documented upon admission. Management plans and reassessment of risk factors should be undertaken regularly through labour by both medical and midwifery staff and should be documented on badger.

**Your documentation needs to tell the story of the woman's labour and the events that happen. The wizzards are helpful tools to assist documentation but do not forget to free text regularly so that the notes can be read and a clear understanding of the situation can be gained.**

**Women in labour require a name band** - Make sure the lady has a name band when admitted to the delivery suite and if she doesn't print one. Once the baby is born please label the baby with 2 name bands ASAP (check the labels with the mum prior to applying on the baby).

**Fluid balance charts.**

For women with a catheter or IV fluids a fluid balance chart is essential. If the lady is in labour this should be maintained on Badger using the fluid balance wizzard. For postnatal women with a urinary catheter or IV fluids please commence a paper fluid balance chart and ensure that it is accurately completed and is transferred with the woman to the postnatal ward. The fluid balance totals from Badger should be documented on the paper fluid balance chart when started, so that the input and output from labour is acknowledged postnatally.

**Risk assessments – pressure care and falls.**

Risk assessments for pressure areas and falls should be undertaken upon admission and then reassessed whenever there is a change in the woman's condition. One of the biggest pressure area risk factors for women on delivery suite is epidural analgesia. When an epidural is sited there is a change in the woman's condition as she is no longer fully mobile therefore the full risk assessment for pressure area care needs to be undertaken and appropriate plan made for pressure area care. These risk assessment tools are available in paper format only and are in a draw stacker on the delivery suite front station. Please ensure that these risk assessments are performed and reassessed when there is a change in condition.

**VTE risk assessments**

For antenatal women on delivery suite ensure TED stockings are measured and fitted and discuss with medical staff if fragmin is required. For postnatal women complete the risk assessment in the purple PN notes and formulate an appropriate management plan based on the risk factors. Early mobilisation and hydration should be facilitated for all women.

**Reporting and notification of absence procedure**

It is important that all absences are reported appropriately to ensure the smooth running of the maternity service. Therefore all absences must be reported in the process outlined below:

**All absences must be reported, in the first instance, to your line manager directly. If your line manager is unavailable when you contact the department then you must report your absence to the maternity bleep holder. IT IS NOT ACCEPTABLE TO REPORT THE ABSENCE TO ANY ANOTHER PERSON.**

You should contact your line manager or the maternity bleep holder as soon as you know you are going to be absent from duty and at least one hour before the commencement of your shift. If you are unable to speak to your line manager you must contact them at the next available opportunity.

You should report your absence in person and only in exceptional circumstances will it be acceptable to ask someone else to phone on your behalf.

**It is only acceptable to report an absence by telephone and not by email or text message.**

You should not report your absence as sickness if you are in fact absent for another reason. When you are absent for caring responsibilities you must advise the person of this. During your telephone call you must advise your line manager or the maternity bleep holder of the reason for your absence and how long it is expected to continue. During the conversation you will also agree when you must phone again to either advise that you will be returning to work or that you need to extend the absence further. You should also contact your line manager anytime you receive a new medical certificate which extends your absence.

### **Certification**

If the period of sickness extends to a fourth calendar day you must provide a self certificate. This can be completed on your return to work.

If the period of sickness extends beyond the seventh calendar day you must provide a medical certificate to cover any further absences. This should be provided to your manager within 48 hours of receipt.

It is important that the steps outlined in this procedure are followed at all times and failure to follow them may lead to your absence being classed as unauthorised. This is a disciplinary matter and may also lead to your pay being stopped. All staff absences are monitored by the line manager and when absences reach unacceptable levels, as defined in the trust's sickness absence policy, your manager will meet to discuss this matter with you. In addition on your return to work your manager, or their deputy, will meet with you to conduct a return to work interview with you.

### **When to Contact the Maternity Bleep Holder - Bleep 4325**

Some examples of when to contact the maternity bleep holder are:

- Maternity red flags
- Staffing issues including the movement of staff
- Unresolved capacity issues

- Unresolved theatre issues
- Reporting sickness
- Security issues
- Senior midwifery support required
- Safeguarding issues
- Requests for in-utero transfers from other units.

### Maternity red flags

Maternity red flags are:

- Staff unable to take breaks due to lack of time
- Missed or delayed care by midwife
- Missed medication during admission to hospital or midwifery led unit
- Delay of 30 minutes or more in providing pain relief
- Delay of 30 minutes or more between presentation and triage time
- Full clinical examination not carried out when presenting in labour
- Delay of 3 hours or more in reassessment in the induction of labour process
- Delay of 3 hours or more in transferring women to delivery suite for ARM
- Delay in performing timely observations leading to delay in recognition of and action on abnormal vital signs
- **Any occasion when 1 midwife is not able to provide continuous 1 to 1 care and support to a woman during established labour.**



## Induction

The Local Induction process will take place throughout the first week of your placement.

This will comprise of:

- Trust and department orientation, including housekeeping information
- Location of emergency equipment
- IT access
- Reading & acknowledgement of Mandatory Trust policies such as Health & Safety, Fire Safety, Infection Control, Information Governance, Staff Code of Conduct, Social Networking and Dress Code policies.
- Adult Basic Life Support training if applicable
- Trust Moving & Handling Training if applicable
- COVID-related policies & procedure
- Orientation
- Professional voice: - freedom to speak up, datix, chain of command, open door policy
- An awareness of our Educational Governance Team- evaluation and importance of feedback
- Inter-professional Learning Sessions
- Practice Assessment Record and Evaluation (PARE) training, if applicable
- Collaborative Learning in Practice (CLiP™), if applicable



## What to bring on your first day

- Uniform: All other items in the dress code policy must be adhered to <https://legacy-intranet.lthtr.nhs.uk/search?term=uniform+policy>
- A smallish bag which would fit into a small locker.
- You may wish to bring a packed lunch and a drink on your first day.

## Inter-professional Learning Sessions and eLearning Resources

At our Trust, our Education Team facilitates a yearly programme of Inter-professional Learning (IPL) sessions. This programme consists of various teaching sessions, delivered by our Specialist Teams, to support and enhance our learners and trainees' learning experience with us.

Inter-professional learning is an important part of your development and allows you to build professional relationships and communication skills with the wider multi-disciplinary teams. Our IPL sessions are valuable in supporting you to stretch your knowledge and experiences to enhance your clinical practice. They also help bridge the gap between theory and practice, allowing you to hold a deeper understanding of the topics discussed. Our sessions are open for all learners and trainees on placement at our Trust to attend and these learning opportunities are an extension to your learning environment; therefore, these hours need to be recorded on your timesheets. We encourage our staff to facilitate enabling a learner/trainee to attend these sessions.

***Please note: You must inform your learning environment prior to attending a session.***

These IPL sessions need to be discussed in a timely manner with your learning environment.

You are required to complete a reflection on each of your IPL sessions, as well as documenting on your HEI documentation what you have learnt and how this relates to your current placement.

You can book onto our IPL Sessions by accessing this link <https://elearning.lthtr.nhs.uk/login/index.php> and searching for 'IPL'.

You can access our policies and procedures via our Intranet page, which will help expand and stretch your knowledge.

## Support with evidencing your learning outcomes or proficiencies

We encourage you to use the Trust learning logs to collate and evidence your skills, knowledge and abilities achieved. You can then present your completed learning logs to your Practice Assessor/Educator during your assessment meetings. Any staff member who is involved in coaching you can complete your learning log feedback.

You can request time during your placement hours to complete these and request feedback prior to your shift ending. To obtain a copy of our learning logs, please visit our Health Academy Webpage on the link below, where you will see a copy of our CLiP™ Learning Log available for you to download, on the right hand side - <https://healthacademy.lancsteachinghospitals.nhs.uk/support/clinical-placement-support/collaborative-learning-in-practice-clip/>

## Collaborative Learning in Practice (CLiP™)

CLiP™ is an innovative clinical education model designed to enhance the learning experience of healthcare learners by fostering a collaborative and supportive environment. Originating in Amsterdam and introduced to the UK by Charlene Lobo, Senior Lecturer at the University of East Anglia, CLiP™ has been successfully implemented in various NHS trusts, including Royal Preston Hospital and Chorley & South Ribble Hospital.

### ➤ How CLiP™ Works in a Learning Environment

Learners are assigned to a practice environment and divided into smaller groups. These groups consist of learners from various year levels, promoting peer learning and support.

Each group is supervised by a coach rather than a traditional mentor. The coach is responsible for guiding the learners in delivering holistic patient care, covering essential skills, documentation, ward rounds, and shift handovers. Our coaches;

- Provide guidance and ensure that learners meet their learning objectives.
- Help bridge the gap between theoretical knowledge and practical application. Offer continuous feedback and support to enhance the overall learning experience.

Learners will be encouraged to engage in a comprehensive range of patient care activities, which include performing essential clinical skills, maintaining accurate documentation, participating in ward rounds and conducting handovers. Additionally, learners will have the opportunity to follow their patient's journey through specialist

units, by attending surgeries and also partaking in specialised treatments, therefore gaining a broader practical experience.

An overarching Practice Assessor supports the coach in order to promote the quality of the learning experience. The Practice Assessor is responsible for overseeing the learners practice assessment documentation and providing necessary support to both the coach and learners.

➤ **Benefits of Collaborative Learning in Practice (CLiP™)**

The collaborative environment helps address the challenges of traditional mentoring, such as workload balance and teaching time. This model aims to alleviate stress for both learners and Practice Assessors whilst promoting a supportive and effective learning experience.

By involving Practice Supervisors and Educators, CLiP™ ensures comprehensive support and continuous feedback, leading to richer learning experiences and better-prepared healthcare professionals.

The structured support system and hands-on learning opportunities help mitigate issues related to perceived lack of support, reducing learner dropout rates compared to traditional mentoring models. (not sure I would include this paragraph as it sounds a bit negative and I don't think the learner needs to read this)

LTHTr are dedicated to implementing innovative educational methods, such as CLiP™, to ensure our learners receive high-quality clinical education and are well-prepared to deliver exceptional patient care.

## **Creating a positive Organisation Culture**

LTHTr strive to create a great place to work for every colleague and deliver excellent care with compassion to our patients. We all play a pivotal role, not only in providing services but also in shaping the culture of our organisation.

The attitudes, actions and behaviours we experience from others makes a huge difference, both personally and professionally. We want you to feel safe and supported in work to be able to deliver high quality care to others. We also want you to feel confident, supported and empowered in taking positive action to address and challenge others in situations that may make you or those around you feel uncomfortable.

We take a zero-tolerance approach towards any form of abuse.

You can find out more about this by reading our [Zero-Tolerance Statement](#), or by taking a look at [Creating a Positive Culture Intranet](#) pages.

Here you will find the links to lots of information, resources and training opportunities to help develop your knowledge, skills, and awareness in how to uphold the principles of [zero-tolerance](#), as a colleague at LTHTr. There is also further information available on [Civility](#), our [Best Version of Us Culture Framework](#) and [Supporting Sexual Safety in the Workplace](#).



## Chain of Command

Keeping patients safe, providing the best care that we can and learning in an environment where you feel safe and valued is important to us. Speaking up about any concern you have on your learning environment is also important. In fact, it's vital, because it will help us to keep improving our services for all patients.

There may be occasions where we witness, experience or are asked to do something that causes us concern. Often these concerns can be easily resolved, but sometimes it can be difficult to know what to do.

Our Clinical Placement Support Team are available Monday to Friday, 8.00am – 5.00pm should you need to contact them in relation to any concerns regarding your learning environment. If your concern relates to patient safety and/or your concerns are outside of these hours, please follow the chain of command in your learning environment and speak with the person in charge.

Please visit our Freedom to Speak Up page on the Intranet for more details.





## We value your feedback

Our Trust values your feedback. To continuously improve, we offer opportunities for our learners and trainees to provide feedback regarding both your learner experience and your learning environment. We would encourage you to kindly complete your end of placement evaluation, within your clinical hours.

We will keep you updated with the improvements that we make based on the feedback you provide us with.

Nursing Directorate monthly meetings are held to share new and innovative ideas as to how we can collaboratively enhance our learning environments, to support both learners, trainees and staff.