

# Learning Environment



**Enhanced Support Midwifery Team**

# 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**

- ð Arrange a pre-visit to your new Learning Environment.
- ð 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.
- ð Ask to be shown your Learner Board, where you will find out who your Supervisor and Assessor is.
- ð Ask to be shown your Learner Resource File.
- ð 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.
- ð Access your learning handbook via the Health Academy webpage and start planning what you want to achieve from your Learning Environment.
- ð 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**

- ð Introduce yourself and inform them that it's your first day.
- ð Ask to be shown around again, should you require this.
- ð 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.
- ð 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).
- ð The local fire procedures have been explained and where you can find the equipment needed.
- ð Resuscitation equipment has been shown and explained.
- ð You know how to summon help in the event of an emergency.
- ð Lone working policy has been explained (if applicable).
- ð Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed).
- ð You are aware of your professional role in practice.

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

- ð Resuscitation policy and procedures have been explained.
- ð You are aware of where to find local policies.
  - ð Health & Safety
  - ð Incident reporting procedures
  - ð Infection control
  - ð Handling of messages and enquiries
  - ð Information Governance requirements
  - ð Other policies
- ð Policy regarding Safeguarding has been explained.
- ð 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

### Welcome to your rotation with the Enhanced Support Midwifery Team

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We hope you enjoy your time with our team

Office contact number: 01772 524027

ESMT EMAIL – [ESMT@LHTR.NHS.UK](mailto:ESMT@LHTR.NHS.UK)

Our working hours are Monday to Friday, 8.30am – 4.30pm

You will be provided with an orientation during your first day.

#### **ESMT Referrals**

ESMT referrals should be completed on the Badgernet System. The easiest way to do this is to complete the Social Issues tab as this information will pull through to the referral.

Please ensure you include as much information as possible on your referral (including partners' children and whether he has access to see them and anybody else living in the household), and always tick the appropriate level (see Pan Lancashire Continuum of Need Guidance Threshold); **please do not refer at level 1 and 2 – this is CMW level.**

Please ensure that consent to share with other agencies (0-19 teams, Children's Social Care and Perinatal Mental Health Team) has been completed at the Smart Booking, or document in the referral itself that consent has been gained.

If you are referring for mental health reasons, please ensure that you have completed a PHQ9/GAD7, documented the scores on the referral and uploaded a copy to Badgernet; referrals will not be accepted if this is not done. If you are referring for Domestic Abuse reasons, please complete and upload a Saving Lives DASH; referrals will not be accepted if this is not done.

ESMT Admin monitors the ESMT email account Monday to Friday, 8.30am – 1.30pm. Out of these hours, if your referral needs immediate attention, please contact the team directly (Mon – Fri, 8.30am – 4.30pm).

ESMT referrals will be triaged by the team on a weekly basis unless the team have been informed that the referral needs to be dealt with sooner. Any level 2 referrals will then be logged as triaged, and Badger updated to record that the referral was received but did not meet ESMT criteria.

The level 3 and 4 referrals are allocated to an ESMT midwife. Any referrals with safeguarding concerns will be discussed in the fortnightly allocations meeting with Children's Social Care/ MASH so that information can be shared both ways.

Once allocated, the referrals are recorded on the ESMT database and flagged on Badgernet that the woman and unborn child are known to ESMT. All Level 3 and 4 referrals are then emailed to the Health Visitor for additional support / information sharing.

A copy of the referral is kept by ESMT in the various folders used by each ESMT midwife and all contact, updates and information will be recorded in the Social section on Badgernet.

### ***Daily Safety Huddle***

This is held every morning on delivery suite and is attended by a representative from each department.

Before huddle, ESMT will complete a huddle sheet by crosschecking all women showing as inpatients on delivery suite, birth centres, Maty A and Maty B wards. Any women who are supported by the ESMT are listed with a brief update, current level of care and name of midwife; this is then shared at huddle. Any women on outlying wards or babies on NICU whose Mum's are known to ESMT are also included. Huddle sheets are scanned and saved on the T: drive monthly.

### ***Step-Down to Community Midwife***

Women who are referred to the ESMT will rarely stay at the same CON threshold level for the whole of their pregnancy, and often, once work has been completed by ESMT, relevant referrals made and support plans put in place, they are re-assessed as a lower CON threshold level. This means their care can be handed back to the CMW as they no longer need the specialist support provided by the ESMT.

In this case, an update will be documented in the Social section on Badgernet which will include a summary of work done so far and plan for future clearly written. The critical alert will also be changed to reflect the stepdown.

Further issues can, of course, also be identified meaning that the referral is reassessed as a higher level; if the woman had previously been stepped down to CMW, the ESMT midwife will inform the CMW via Badgernet, that the woman has been stepped back up to level 3 or 4.



## Completion of MDT Safeguarding Plans (Pink Plans)

Multi-disciplinary Team (MDT) Safeguarding Plans are completed for any woman who requires all departments of Maternity to be aware of her plan of care. It is a summary of what high risks are indicated, support which is in place, protective factors and details of the other agencies involved in the woman's care. The plans come under different headings and are formulated with the multi-disciplinary team, maternity and the woman and their families. The plans are individualised, however completed on the same templates.

- Child Protection
- Safeguarding – incorporates teenagers, FGM,
- Child in Need
- Mental Health – this is a different template which is completed by the Specialist Perinatal Mental Health Team, Specialist Perinatal mental Health Midwife and the woman and her family.

All safeguarding plans follow the same format and templates are available on the ESMT T: Drive. These plans should be completed between 32 -37 weeks gestation and uploaded to Badgernet. There will also be a copy in the ESMT poly pocket. The plan should also be shared with NICU and Community Midwives.

## Children's Social Care

- **When to refer to Children's Social Care**  
(Further Guidance: [https://panlancashirescb.proceduresonline.com/pdfs/multi-agency\\_prebirth\\_protocol.pdf](https://panlancashirescb.proceduresonline.com/pdfs/multi-agency_prebirth_protocol.pdf))



A referral to Children's Social Care for a Pre-Birth Assessment must always be completed if there is a reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth. In the case of a delayed presentation to maternity services or where concerns emerge after 16 weeks gestation, the referral should be made as soon as is practical to allow subsequent processes to be expedited. (Pan Lancashire). If a woman presents unbooked in labour, this requires an automatic referral to CSC. Routinely, referrals should not be made before 16 weeks gestation although all agencies involved with the family should be made aware of the plan to do so where possible. However where there are multiple high risk indicators, there may be a need to refer cases before 16 weeks. Advice can be sought from the duty social worker.

- **How to complete a referral to Children's Social Care**

When help and support is required at Levels 3 and 4 of the Continuum of Need, **professionals** should submit a referral form directly to Children's Social Care via the Multi Agency Safeguarding Hub (MASH).

The referral form must be completed as comprehensively as possible. As a professional, you should always inform the parent of your concerns and that you will be making a referral and wherever possible seek their consent beforehand, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk and also considering professional safety.

When there are concerns of imminent risk of harm to child or young person, you should make direct contact on 0300 123 6720 or the Police (999 in an emergency) and complete the referral form once the immediate concerns have been addressed. If the family you are concerned about already has an allocated Social Worker or are known to CSC, go directly to this person by contacting 0300 123 6720 – there is no need to use the referral form.

- The referral form can be found on the Intranet ([https://lancashire-self.achieveservice.com/service/Lancashire Childrens Services Request for Support](https://lancashire-self.achieveservice.com/service/Lancashire_Childrens_Services_Request_for_Support)), Lancashire County Council website and also the LSCB (CSAP) website. When submitting the form, please save a copy as a PDF and forward to ESMT ([ESMT@lthtr.nhs.uk](mailto:ESMT@lthtr.nhs.uk)). Any queries following submission should go to [cypreferrals@lancashire.gov.uk](mailto:cypreferrals@lancashire.gov.uk). Always request a received and read receipt.

Where a child's need is relatively low level, individual services and universal services may be able to take swift action. Where there are more complex

needs, help may be provided under [Section 17 of the Children Act 1989](#) (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under [Section 47 of the Children Act 1989](#).

**All** referrals to CSC should be emailed to ESMT and it is the responsibility of the referrer to chase up the referral in one week. A guide to completing this referral can be found here: [Guidance for completing the Request for Support Form online](#).

A referral to ESMT should also be completed for all CSC referrals, at level 3 and 4, if not already referred.

### ***Pre-Birth Conference***

[https://panlancashirescb.proceduresonline.com/pdfs/multi-agency\\_prebirth\\_protocol.pdf](https://panlancashirescb.proceduresonline.com/pdfs/multi-agency_prebirth_protocol.pdf)

[https://panlancashirescb.proceduresonline.com/chapters/p\\_initial\\_cp\\_conf.html?zoom\\_highlight=pre-birth+conference#prebirth\\_conf](https://panlancashirescb.proceduresonline.com/chapters/p_initial_cp_conf.html?zoom_highlight=pre-birth+conference#prebirth_conf)

A pre-birth conference is an Initial Child Protection Conference concerning an unborn child and is convened following Section 47 enquiries where there is evidence that the child is suffering or likely to suffer significant harm and where there is a need to consider if a Child Protection Plan is required. This decision will usually follow a pre-birth single assessment, and a conference should be held:

- Where a pre-birth assessment gives rise to concerns that an unborn child may be at risk of Significant Harm;
- Where a previous child has died or been removed from parent/s as a result of Significant Harm;
- Where a child is to be born into a family or household which already have children who are the subject of a Child Protection Plan;
- Where a person known to pose a risk to children resides in the household or is known to be a regular visitor;
- Other risk factors to be considered are:
- The impact of parental risk factors such as mental ill-health, learning disabilities, substance misuse and domestic violence;
- A mother under sixteen about whom there are concerns regarding her ability to care for herself and/or to care for the child.

The pre-birth conference should take place as soon as practicable and ideally at least 2 months before the expected date of birth, to allow as much time as possible for planning support for the baby and family. Where there is a known likelihood of a premature birth, the conference should be held earlier.

If a decision is made that the unborn child should be made subject to a Child Protection Plan, the plan must commence prior to the birth of the baby. Core Group meetings will be held every four weeks with identified members of the MDT and the woman and her family to discuss the actions on the child protection plan and identify any additional support that may be required. Following the birth, a discharge meeting will be required to ensure coordinated support is in place for the family prior to discharge from hospital and ensure that the baby is safeguarded. The first Child Protection Review Conference will be scheduled to take place within 3 months of the initial conference or within one month of the child's birth, whichever is sooner.

### ***Completion of Initial and Review Conference Report***

Conference reports are required for all initial and review conferences. They should be completed in good time and are required to be shared with the parents prior to the meeting. Your report should be factual and concise and include all episodes of care:

- Information re: antenatal appointments at SGU and GP's /scans / who the lady attended with / all obstetric and medical risks identified
- Who attended meetings e.g.: Core Group, Conferences and Professional and Strategy Meetings
- All phone calls and liaison, emails etc.

To complete your report you should use Badgernet, Flex, ANC notes, Evolve and contact GP, HV and any other professionals involved in care. Don't be afraid to challenge and be an advocate for the woman and child.

Once the baby is born you should also include:

- Information about the birth
- All visitors
- Care of the child
- Full chronology as recorded by the ward whilst mother and baby are inpatients
- Full post-natal chronology

The templates for conference reports can be found in the Safeguarding Children section of the intranet:

<https://intranet.lthtr.nhs.uk/download.cfm?doc=docm93jjm4n23990.docx&ver=33133>

Further guidance for completing a report can be found on the Lancashire Safeguarding website and is summarised below.

<http://www.lancshiresafeguarding.org.uk/media/8011/Agency-Guidance-for-Completing-Conference-Reports-1-.pdf>

When completing a conference report it is important to:

- Present the information in a manner which can be understood by conference attendees and enable such information to be evaluated from a sound evidence base.
- Take care in distinguishing between fact, observation, allegation and opinion. When information is provided from another source i.e. it is second or third hand, this should be made clear.
- Avoid any repetition or duplication within your report.
- Fill in the information that you know about and provide as much detail as possible to enable the conference to make an informed decision about what action is necessary to safeguard and promote the welfare of the child, and to make realistic and workable proposals for taking that action forward.
- Exclude confidential/sensitive information from the written report. For example, in certain circumstances e.g. Police investigations this should not be included and should be discussed separately with the Independent Reviewing Officer as Chair of the Conference.

### ***Attending a conference***

- Take your report
- Make your own notes (pen and paper)
- Document who is in attendance
- Make bullet points of everything discussed / summarise each person's report
- During the police report – think family – is there any risk from extended family or associates.
- Document when and where the next meeting will be held

After the meeting

- Document the meeting on the womans' record on Badgernet

There will be a **Core Group** to attend within 10 days of the initial conference and then 4 weekly after; it is mandatory to attend and if unable to attend, you must find cover for the meeting.

### ***Core Group***

Further guidance can be found on the Pan Lancashire website and is summarised below.

[https://panlancshirescb.proceduresonline.com/chapters/p\\_develop\\_child\\_cp.html](https://panlancshirescb.proceduresonline.com/chapters/p_develop_child_cp.html)

A Core Group will be held within 10 days of the initial conference and then 4 weekly after. The Core Group is used throughout the Child Protection Plan to reduce risks, or prevent the occurrence of further significant harm to the child, and safeguard the child's wellbeing to the point where the child no longer needs a Child Protection Plan. This is achieved by producing an agreed, detailed child protection plan; completing an assessment of the family; meeting regularly to monitor progress; providing a report for the child protection review conference and requesting a new conference if the plans cannot be achieved or need to be significantly altered.

### ***Child in Need (CIN)***

CIN sits above CAF/TAF and below child protection. It is less formal than child protection.

Further guidance can be found on Lancashire County Councils Procedure Online web page and is summarised below.

[https://www.proceduresonline.com/lancashirecsc/p\\_cin\\_plans\\_rev.html](https://www.proceduresonline.com/lancashirecsc/p_cin_plans_rev.html)

A child in need planning meeting will take place following an assessment where the assessment has concluded that a package of family support is required to meet the child's needs under Section 17 of the Children Act 1989. The planning meeting provides an opportunity for the family, together with key agencies, to identify and agree the package of services required to develop the Child in Need Plan.

All Child in Need Planning Meetings should be attended by the child (depending on age and understanding), parents/carers and those agencies whose potential/actual contribution is recommended as an outcome of an assessment. Most Child in Need Plans will envisage that Children's Services intervention will end within 6 months. However, some children and families may require longer term support, for example children with disabilities.

When a child ceases to be the subject of a Child Protection Plan, a Child in Need Plan is likely to be necessary for a minimum of three months in order that the child and family continue to receive services. In exceptional circumstances, a CIN Plan may not be required; for example, if the child is removed from home or the risk has been entirely reduced (the source of the risk is gone/ a Special Guardianship Order has been acquired etc.).

The Child in Need Plan must identify the Lead Professional, any resources or services that will be needed to achieve the planned outcomes within the agreed timescales and who is responsible for which action and the timescale involved.

Reviews will be conducted at intervals agreed with the Lead Professional's line manager, which will be at least every three months, unless there are exceptional circumstances when timescales can be longer. If there are significant changes in the family circumstances, an early review should take place.

Any child protection or safeguarding issues which arise during the course of a Child in Need Plan must be responded to immediately.

### **Strategy Discussion**

Further information regarding Strategy discussion can be found on the Pan Lancashire Website and is summarised below.

[https://panlancashirescb.proceduresonline.com/chapters/p\\_strat\\_discuss.html](https://panlancashirescb.proceduresonline.com/chapters/p_strat_discuss.html)

The purpose of a Strategy Discussion is to decide whether a Section 47 Enquiry under the Children Act 1989 is required, and if so, to develop a plan of action. Any agency may request that CSC hold a Strategy Discussion and more than one may be necessary; they can be held over the telephone or at a meeting or conference call. Where an Initial Child Protection Conference is convened, this must take place within 15 working days of the last Strategy Discussion. You should take your own notes during a strategy discussion so that it can be summarised in the ANC notes.

### ***Pre-Proceedings***

This means that the Local Authority are concerned about the care of the unborn/child/children and are considering taking the matter to court to obtain a care order.

### ***Court Report***

This is required when the Local Authority are taking a matter to court to obtain a care order. It should be requested from ESMT via the trust Legal Team.

A template is available on the ESMT T: drive. All reports should be reviewed by a manager prior to submission.

### **Discharge Planning Meeting**

Maternity unit staff will inform Children's Social Care of the baby's birth immediately (If out of hours, then the Emergency Duty Team). The named Social Worker will subsequently notify other members of the core group.

- The named Social Worker will organise the pre-discharge planning meeting prior to the baby's discharge from hospital / this may be following court if in pre-proceedings. This meeting will confirm the baby's placement after discharge and multi-agency professional interventions will be agreed, recorded and distributed. (Responsibility for chairing the meeting, recording and distributing a record of the meeting will be determined at the meeting. It is a multi-agency responsibility.)
- The named Social Worker will undertake a home visit within 48 hours of the baby's discharge from hospital.

- The Child Protection Review Conference must be held within four weeks of the birth of the child, or sooner if legal action is being considered.

### **CAF/TAF**

The Common Assessment Framework (CAF) is a key tool in the early identification of children and young people and families who may experience problems or who are vulnerable to poor outcomes and underpins the work of Early Help. The process identifies unmet needs and works with the family to highlight strengths and protective factors, identifying appropriate actions to address the needs. The voice of the child, young person and family is encouraged throughout the process.

The CAF and TAF forms are available on the intranet:

<https://intranet.lthtr.nhs.uk/safeguarding-children-resources>

These are level 2 on the CON and should be supported by CMW.

### **REFERRAL TO C&FWS (Early Help)**

The Children and Family Wellbeing Service (CFW) offers a wide range of support across the 0-19yrs+ age range (25 years for SEND) with a 'whole family' approach.

The service identifies as early as possible when a child, young person or family needs support, helping them to access services to meet their needs, working with them to ensure the support offered is right for them, is offered in the right place, and at the right time. The main focus of the service is to provide an enhanced level of support to individual children, young people or families with higher levels of need. Service resources are prioritised towards identified priority target groups or individuals at risk who are assessed using Lancashire's Common Assessment Framework (CAF) as having more complex or intensive needs aligned to Lancashire's Revised Continuum of Need (CoN) at Level 2 and who would benefit from a targeted early help offer.

The referral form is available on the intranet (it is the Request for Support form – the same as the referral to CSC): <https://intranet.lthtr.nhs.uk/safeguarding-children-resources>

### **FGM**

The FGM Policy - Maternity can be found on the intranet: <http://lthtr-documents/current/P1523.pdf>

Female genital mutilation (FGM), also known as 'female genital cutting' or 'cutting', refers to 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons'. FGM is practised for a variety of complex reasons, usually in the belief that it is beneficial for the girl. It has no health benefits and harms girls and women in many ways. FGM is a human rights violation and a form of child abuse, breaching the United Nations

Convention on the Rights of the Child, and is a severe form of violence against women and girls.

### Types of FGM

Type 1	Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
Type 2	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
Type 3	Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
Type 4	All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization

Once aware of FGM:

- Assessment to be completed for each pregnancy.
- Identify Type of FGM / age where carried out / country where carried out
- Explanation given to woman and family of UK Law on FGM
- Document in health record, antenatal notes
- Following booking, women will be given a Consultant appointment at 16 weeks.
- Refer to ESMT
- FGM requires an automatic referral to CSC, unless it is a clitoral piercing on a woman over the age of 18 where there are no safeguarding concerns.
- Record on HSCIC FGM Enhanced Dataset (all types including clitoral piercing)
- Complete FGM Safeguarding risk assessment part 1
- Share information with GP and HV
- Complete personalised plan of care (apart from women with piercings where there are no safeguarding concerns)

#### *Following birth*

- If female infant – record on FGM-IS on Summary Care.
- All infants – record on maternity discharge document and in Red Book

### **SAFEGUARDING INFORMATION ON CSAP AND INTRANET**

<https://intranet.lthtr.nhs.uk/>

Scroll to amber panel at bottom of page and click on Children's Safeguarding.

Also search Maternity Forms for ESMT referral and FGM forms.

Policies can be found by searching the Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (CSAP)



<https://www.safeguardingpartnership.org.uk/>

### **CP-IS (Child Protection Information Sharing)**

CP-IS connects local authority children's social care systems with those used by NHS unscheduled care settings, such as Accident and Emergency, walk-in centres, and maternity units.

It ensures that health care professionals are notified when a child or unborn baby with a child protection plan (CPP) or looked after child status (LAC) is treated at an unscheduled care setting.

A CP-IS check, via the woman's NHS Summary Care Record, must be performed for all pregnant women admitted to maternity services, to determine whether the unborn baby is subject to an Unborn Child Protection Plan (UCPP), or the woman is highlighted as a Looked after Child (LAC). When a woman reports to Maternity Reception, reception staff must check Summary Care for a CP-IS alert. If a woman comes straight to the ward, the attending midwife must complete the check.

If the unborn baby is subject to an unborn child protection plan, once born, the alert will be flagged on the baby's record.

### **MENTAL HEALTH**

LTHTR follows the North West Coast Strategic Clinical Network [Antenatal and Postnatal Mental Health Pathway](#) and the Trust [Perinatal Mental Health Guideline](#).

The Specialist Perinatal Mental Health Midwife works closely with a multidisciplinary team of mental health professionals from various agencies (A&E Mental Health Liaison, Crisis Team, Specialist Perinatal Community Mental Health Team, START and Minds Matter), Consultant Psychiatrists, Consultant Obstetricians, in-patient wards, Mother and Baby Units.

At the booking appointment, the Mental Health Risk Assessment should be completed (Whooley questions) and mental health should be continually assessed throughout the antenatal and postnatal period.

<b><i>Outcome of Mental Health Risk Assessment (Whooley questions)</i></b>	<b><i>Action</i></b>
Yes to ANY question	<ul style="list-style-type: none"> <li>• Complete* <a href="#">PHQ9/GAD 7</a> form. If either score is more than 15, seek advice from the Specialist Perinatal Mental Health Midwife.</li> <li>• If the PHQ9/GAD7 is over 20 then immediate referral to mental health service is required and a referral to the Specialist perinatal Mental health midwife.</li> <li>• Refer to pathway and guideline for further guidance.</li> <li>• Complete management plan in hand held pregnancy notes and "Mental Health" section on antenatal summary sheet.</li> </ul>

NO to ALL questions	<ul style="list-style-type: none"> <li>• Routine antenatal care with Community Midwife.</li> <li>• Discuss and provide " Wellbeing in Pregnancy following birth" patient information leaflet.</li> <li>• No specialist mental health team involvement needed unless deterioration in mental health.</li> <li>• On-going assessment of mental health throughout the antenatal and postnatal period.</li> </ul>
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\* The PHQ9/GAD7 is a useful screening tool for depression / anxiety disorders and should be used alongside clinical judgement and consideration of past history/risk/normal pregnancy symptoms.

- Women with current/previous history or serious mental illness (see table below), a psychiatric disorder requiring medication or under psychiatric outpatient care should be referred for consultant led-care.

<b>Degree of Mental Illness</b>	<b>Current/previous history</b>	<b>Action</b>
Moderate to severe mental illness significantly impacting on functioning	<ul style="list-style-type: none"> <li>• Schizophrenia</li> <li>• Psychosis/psychotic episodes</li> <li>• Bi-Polar Disorder</li> <li>• Depression</li> <li>• Anxiety Disorder (OCD, Panic Disorder, Phobia, Social Anxiety)</li> <li>• Eating Disorder</li> <li>• PTSD trauma / abuse</li> <li>• Personality disorder</li> <li>• Significant deliberate self-harm including overdose / suicide attempt within the last year requiring hospital admission</li> <li>• Previous/current psychiatric inpatient</li> <li>• Under care of psychiatrist / secondary mental health services</li> <li>• Family history of severe perinatal mental illness</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to Specialist Perinatal Mental Health Midwife for assessment and to provide support to named community midwife</li> <li>• Consultant-led care</li> </ul> <p><b>NB:</b> If there is no current mental health team input, a referral may be recommended to secondary mental health services via the specialist Perinatal Mental Health team. A birth and wellbeing mental health plan should be completed by 32 weeks by the specialist perinatal mental health team and the woman and her family and filed in the hospital notes. A copy of this plan should also be given to the woman and shared with the health visitor. <u><a href="#">Click here for SPNMHT referral form</a></u></p>
Moderate Mental Illness	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety Disorder (OCD, Panic Disorder, Phobia, Social Anxiety)</li> <li>• Currently on medication, e.g. antidepressants or antipsychotics</li> </ul>	<ul style="list-style-type: none"> <li>• Offer referral to Consultant-led care who may liaise with Perinatal Mental Health team at RPH</li> <li>• Offer Taking antidepressants during pregnancy – decision aid and National Teratology Information Service (BUMPS) drug specific information</li> </ul>

		<ul style="list-style-type: none"> <li>Refer to Specialist Perinatal Mental Health Midwife for assessment and to provide support to named community midwife</li> </ul>
Mild-Moderate Mental Illness	<ul style="list-style-type: none"> <li>Depression</li> <li>Anxiety</li> <li>No medication or SSRI's</li> </ul>	<ul style="list-style-type: none"> <li>Offer referral to Minds Matter</li> <li>Provide self-help links</li> <li>Named Community Midwife to support</li> </ul>

- If the women does not have the capacity to make decisions, healthcare professionals should follow LTHTR [Mental Capacity Act](#) consent and the code of practice that accompanies the Mental Capacity Act. You should also consider best interest decisions, capacity, Dols Section under mental health Act, Section 17 leave and environment. There should be a strict and detailed Birth Plan made which must include that the patient is supervised 24/7 by mental health staff from the ward/MBU. Level of staff to be agreed and documented in birth plan.
- When assessing or treating a mental health issue in pregnancy or the postnatal period, take into account any learning disabilities and assess the need to consult with a specialist mental health midwife or practitioner when developing care plans.
- If an inpatient on an acute Mental Health ward or MBU then MDT meetings would be held to consider best interest, capacity and safeguarding of both adults and children. Advice can also be sought from adult safeguarding.
- Midwives and all practitioners should always make enquires regarding anyone else in the household, especially husbands and partner regarding their mental health. If a partner or household member is involved in mental health services or having support from the GP then consent can be obtained so that the midwife can contact the appropriate professional to ascertain what support the person is receiving and what risk they may pose to the baby and whether a referral to CSC is required.

### **LANCASHIRE AND SOUTH CUMBRIA REPRODUCTIVE TRAUMA SERVICE**

This is a service offering support and psychological therapy to people who have experienced a traumatic event connected to their maternity journey (launched on Monday 28 March 2022).

The Lancashire and South Cumbria Reproductive Trauma Service will begin to accept referrals from patients:

- With a moderate to severe mental health issue as a direct result of birth trauma.
- With a severe fear of childbirth (Tocophobia).

- With a moderate to severe mental health issue as a direct result of perinatal loss (including early miscarriage, recurrent miscarriage, stillbirth, neonatal death, termination of pregnancy for any reason, parent infant separation at birth).

The service has been co-produced with women and men with a lived experience of reproductive trauma to gain a better understanding of their needs. Peer support coordinators will be employed to match up women and fathers or partners and co-parents with an appropriate volunteer to provide additional support.

Staff have enhanced skills and knowledge to allow them to deliver specialist assessment and evidence-based psychological interventions in line with NICE guidance. This includes psychological education, psychological support, groups and a range of psychological therapies using an integrated approach in order to provide the most appropriate treatment for the individual.

The team comprises:

- A service manager
- A clinical lead
- Maternal mental health midwives
- Psychological therapists
- Mental health practitioners
- Peer support coordinators
- An administrator

### **Referral process**

Referrals can be made by completing the referral form and sending to the team at [bfwh.mmhservice@nhs.net](mailto:bfwh.mmhservice@nhs.net). The service will initially accept referrals from IAPT, SPCMHT, maternity and health visiting services, or via SPA/START. Consent must be obtained from the service user to do this.

Upon referral, a discussion will be had at the weekly referrals meeting to determine whether it would be appropriate to offer an assessment with a member of the team. Following assessment, a further team discussion will be held to determine which input would be most appropriate to provide care and treatment to each individual, based on their presenting difficulties.

### **ALCOHOL**

The Trust [Alcohol in Pregnancy Guideline](#) contains more information / further reading. All women and their families should be provided with information and advice about alcohol in pregnancy at the earliest opportunity. Drinking alcohol around the time of conception and in the first three months of pregnancy is known to increase the risk of miscarriage. Women should be asked about their pre-pregnancy and current alcohol consumption at the booking appointment and later during pregnancy, ideally at the 28-week antenatal appointment, this should be recorded in the maternal health records. If there are concerns about a woman's pre-pregnancy

alcohol consumption or if a woman indicates that she is continuing to consume alcohol, then a screening risk assessment score (below) should be identified. The score and any referral details should be documented in the maternal health records.

<b>Questions</b>	<b>Markers</b>					
How often do you have a drink containing alcohol?	Monthly or less	2-4 times a month	2-3 times a week		4+ times a week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2		3-4	5-6	7-9	10+
How often have you had 6 or more units on a single occasion since you found out you were pregnant?	Never		Less than monthly	Monthly	Weekly	Daily or almost daily

<b>Risk assessment outcome</b>	<b>Management</b>	
All green markers	Midwife to discuss risks with woman (alcohol intervention) and Alcohol in pregnancy information leaflet	
One or more amber markers (no red markers)	Midwife to discuss risks with woman (alcohol intervention), provide information leaflet and refer to Enhanced Support Midwifery Team (ESMT). Refer to Obstetrician and consider commencing Thiamine. Should have Consultant-led care and be referred for an appointment in the Consultant led clinic at 16 weeks for a plan of care. These women will require the multiple scan pathway and care supported by the Specialist Midwife from the ESMT. It is recommended that women who are identified in this group have an initial Liver Function Test (LFT) taken with the booking bloods and then the following pathway initiated. Booking	
	<b>Booking LFT Result</b>	<b>Management</b>
	Normal	No need to repeat LFT during pregnancy
Abnormal	Repeat LFT every month throughout pregnancy and review results in obstetric clinic	
One or more red markers	Midwife to discuss risks with woman (alcohol intervention), provide information leaflet and refer to ESMT. ESMT should refer to INSPIRE (CGL) - Drugs and Alcohol Service or Hospital Alcohol Liaison Service (HALS). Refer to Obstetrician and consider commencing Thiamine. Should have Consultant-led care and be referred for an appointment in the Consultant-led clinic at 16 weeks for a plan of care. These women will require the multiple scan pathway and care supported by the Specialist Midwife from the ESMT. It is recommended that these women are referred to the INSPIRE (CGL) - Drugs and Alcohol Service. This referral will be completed by the Specialist Midwife or another member of the ESMT. Women will then be offered assistance to detox. If a woman declines referral to the INSPIRE (CGL) service a referral should be made to the Hospital Alcohol	

	Liaison Service (HALS) team on Ext 8428 or Bleep 3266. A member of the HALS Team will review the woman in the antenatal clinic and provide support in developing a plan of care for when the woman is admitted. These women should have care plan completed. Treatment of Vitamin B1 deficiency which is common in dependant alcohol misuse should be considered during pregnancy.
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## **SUBSTANCE MISUSE**

The Trust [Guideline for Substance Misuse and Opioid Dependency during Pregnancy](#) contains more information / further reading.

A proportion of women who become pregnant will have issues with substance misuse. In some circumstances, issues with substance misuse will be identified in other family members and this can also have an impact upon the health and safety of mother and baby. People who misuse substances are often aware that some people have a negative, judgemental opinion of them and are consequently concerned that they will be treated unfairly by health care providers. It is essential that care is provided in a positive, pragmatic and non-judgemental manner to encourage a good relationship and honest discussion. Some women may embark upon pregnancy with, or develop during pregnancy, chronic pain which requires management with opioid medication. This too can become problematic and impacts upon the health and wellbeing of mother and baby. They may also be aware that analgesia may be difficult for them due to tolerance, and this may make them more anxious about the care and options available to them.

Any substance misuser who is not already under the care of substance misuse services should be offered referral to their local service. Referral is by telephone and can be made by a health care professional, or the woman herself. Substance misuse services in Central Lancashire are provided by **INSPIRE** – Drug and Alcohol services and is managed from two localities:

<b>Area</b>	<b>Location</b>	<b>Telephone Number</b>	A duty psychiatrist (at Chapman Barker Unit, Prestwich Hospital, Manchester) is available out of hours for advice about management: 0161 773 9121
Preston	St Wilfred	01772 935103	
Chorley	Matrix House	01257 803889	

If a woman is identified as having a problem with substance misuse or is known to be receiving treatment through INSPIRE services, arrangements can be made for the Specialist Midwife for Drug and Alcohol misuse to complete the booking history.

All women should be asked about their drug and alcohol taking history at the booking appointment. If issues around substance misuse or dependency are identified at this

time a referral form for the Enhanced Support Midwifery Team (ESMT) should be completed.

Consideration should be given to a referral to the INSPIRE services if appropriate - this will be completed by the ESMT following agreement by the woman. The relevant Community Midwifery team and Health visiting team should be informed about all women who are identified as misusing substances or have a dependency on opioids. A woman's consent must be obtained before referral of substance misuse issues to external services - General Practitioner, Health Visitor, INSPIRE, etc.

Consideration should also be given to making a referral to Children's Social Care if safeguarding concerns are apparent.

Women who misuse substances or who are dependent upon opiates should have Consultant-led care supported by the Specialist Midwife for Drug and Alcohol misuse and the ESMT. An appointment should be made for the Consultant-led Antenatal Clinic for 16 weeks or at the next available appointment if booking is after 16 weeks

### **MARAC & DASH**

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. The role of MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator. The agencies invited should be any that have a role to play in the victim and children's safety and each agency usually has a designated MARAC Officer (DMO).

Permanent attendees:

- Police (officer to report on cases and other public protection officers as necessary)
- Children's social care
- Independent domestic violence advisors
- Specialist domestic violence services including local Women's Aid or other refuge provider and specialist projects supporting minority communities and group
- Health representatives (midwifery, health visitors, child protection nurse and hospital staff as appropriate)
- Housing
- Probation

- Education
- Mental health
- Homelessness team
- Local drug and alcohol services
- Children and family court advisory and support service (CAFCASS).

There may be additional attendees as individual cases dictate. The victim and perpetrator do not attend the meeting.

### ***Who refers to MARAC?***

Any agency that receives the initial report / referral of the domestic abuse incident should conduct a formal risk assessment of the incident and refer the case to a MARAC if high risk. In most cases this is the police given that they receive the vast majority of crisis referrals, although many different agencies may identify a client as suffering domestic abuse including the A&E department, social services and health visitors for example.

Where a practitioner has serious concerns about a client's situation they should complete the [Safe lives DASH risk assessment checklist](#) with their client. If 14 or more boxes have been ticked "yes" or there is significant cause for concern (may include repeat victim cases) it should be brought to the attention of their Designated MARAC Officer (DMO) for [referral to the MARAC](#). A combination of actuarial assessment (number of ticks) and clinical assessment (professional judgment) for cases with a smaller number of ticks may also be referred to MARAC at the discretion of the Designated MARAC Officer.

### **MASH**

The Multi-Agency Safeguarding Hub is a single point of access for all safeguarding concerns. The MASH consists of representatives from the County Council's Adult Safeguarding and Children's Social Care departments, working alongside the Police, Health, Lancashire Fire and Rescue, Probation and other partners.

Social workers within the MASH service undertake an Initial statutory (Care Act 2014) Section 42 safeguarding enquiry on each safeguarding alert. This includes information gathering, risk assessing and analysis, decision making including strategy discussions and the development of a Safeguarding Plan in conjunction with the person and/or their representative/advocate and partners within MASH.

All decisions around the response to a safeguarding concern are made in conjunction with the individuals concerned or their representative/advocate and with partnership agencies where possible and appropriate.

### ***When should I contact MASH?***



If there is an immediate safeguarding concern where a child is deemed at risk or has potentially suffered significant harm, the MASH team should be contacted immediately. This referral can be taken over the telephone and an online referral would need to be completed following this within 48 hours.

### ***How do I report to MASH?***

Complete a referral to Children's Social Care.

MASH can be contacted on: 0300 123 6720

**Remember all woman and their families may have a combination of all concerns highlighted in this information pack.**

## **GLOSSARY AND ABBREVIATIONS**

CAADA	Coordinated Action Against Domestic Abuse	NAI	Non Accidental Injury
CAF	Common Assessment Framework	NWAS	North West Ambulance Service
CART	Contact and Referral Team	PCMHT	Primary Care Mental Health Team
CIN	Child in Need	PIS	Primary Intervention Service
CMHT	Community Mental Health Team	PPU	Public Protection Unit
CON	Continuum of Need	PVP	Protecting Vulnerable People
CPN	Community Psychiatric Nurse	RCPC	Review Child Protection Conference
CPP	Child Protection Plan	RIC	Risk Assessment Domestic Violence
CSC	Children's Social Care	RTS	Reproductive Trauma Service
DOLS	Department of Liberty Service	SOPO	Sexual Offences Prevention Officer
EDD	Estimated Date of Delivery	SPA	Single Point Access
EFW	Estimated Foetal Weight	SPCMHT	Specialist Perinatal Community Mental Health Team
EIS	Early Intervention Service	SPOC	Single Point of Contact
EIT	Early Intervention Team	START	Specialist Triage Assessment and Referral Team
EPAU	Early Pregnancy Assessment Unit	TAF	Team Around the Family (Meeting)
ESMT	Enhanced Support Midwifery Team	NAI	Non Accidental Injury
FII	Fabricated Induced Illness	PCMHT	Primary Care Mental Health Team
ICPC	Initial Child Protection Conference	PIS	Primary Intervention Service
GDU	Gynae Day Unit	PPU	Public Protection Unit
IDVA	Independent Domestic Violence Advocate	PSRF	Police Safeguarding Referral
IMHA	Independent Mental Health Advocate	PVP	Protecting Vulnerable People
ISVA	Independent Sexual Violence advocate	PVC	Protecting Vulnerable Children
MAPPA	Multi Agency Public Protection Arrangements	SOPO	Sexual Offences Prevention Order

MARAC	Multi Agency Risk Assessment Conference	MOSOVO	Management of Sex Offenders and Violent Offenders
MASH	Multi Agency Safeguarding Hub	MUMS	Maternity Unit Monitoring System

## 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

LTHTTr 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 reading our [Zero-Tolerance Statement](#), or 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 LTHTTr. There is also further information available on [Civility](#), our [Best Version of Us Culture Framework](#) and [Supporting Sexual Safety in the Workplace](#).



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## 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.