Queen Mary’s Hospital

Operational
STAFF MANUAL

A collaboration of NHS organisations including:
Oxleas NHS Foundation Trust
Dartford and Gravesham NHS Trust
Lewisham and Greenwich NHS Trust
Kings College Hospital NHS Foundation Trust
Guy’s and St Thomas’ NHS Foundation Trust
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<td>SECURITY</td>
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</table>
This operational manual has been developed to provide guidance for staff working at Queen Mary’s Hospital.

Queen Mary’s Hospital is a new and exciting collaboration of a number of different providers offering a range of services on one hospital site. As a result this creates a complex mix of challenges that require robust and clear processes to ensure that patient care is safe and of high quality and that this is reflected consistently across the whole of Queen Mary’s Hospital whoever the service provider is.

This manual has been designed to help anyone who works on the Queen Mary’s Hospital site to navigate the organisations involved in running it and the processes that are required to safeguard the quality of delivery that patients and staff expect.

**Abbreviation’s used within the manual:**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>DGT</td>
<td>Dartford and Gravesham NHS Trust</td>
</tr>
<tr>
<td>DVH</td>
<td>Darent Valley Hospital</td>
</tr>
<tr>
<td>EDH</td>
<td>Erith District Hospital</td>
</tr>
<tr>
<td>GSTT</td>
<td>Guys and St Thomas’s NHS Foundation Trust</td>
</tr>
<tr>
<td>KCH</td>
<td>Kings College Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>LGT</td>
<td>Lewisham and Greenwich NHS Trust</td>
</tr>
<tr>
<td>OFT</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>OOH</td>
<td>Out of Hours</td>
</tr>
<tr>
<td>PRUH</td>
<td>Princess Royal University Hospital</td>
</tr>
<tr>
<td>QEH</td>
<td>Queen Elizabeth Hospital, Woolwich</td>
</tr>
<tr>
<td>QMH</td>
<td>Queen Mary’s Hospital</td>
</tr>
<tr>
<td>RMO</td>
<td>Resident Medical Officer</td>
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</table>

**AUTHOR:** Donna Wassell - Project Manager
Queen Mary’s Programme
Dartford and Gravesham NHS Trust
1. **INTRODUCTION**

As a result of a process run by the Trust Special Administrator from 1st October 2013 Queen Mary’s Hospital (QMH) will be run by a group of local healthcare providers to ensure the highest quality services possible for local people.

A key focus of service at QMH will centre on integrated care. The principles of this care are:

- The needs and views of patients are at the heart of all service provision
- Joint working is at the centre of integrated services, bringing together the full range of healthcare services
- Specialist expertise is central to consistently high-quality services
- Cohesive, seamless services incorporate social care again not sure this would be understood, what about something like a cohesive, seamless services that incorporate all the care a patient needs including social care
- Services are closely aligned with the healthcare needs of local people

The specialist organisations involved at QMH are Dartford and Gravesham NHS Trust (DGT), Oxleas NHS FT (OFT), Lewisham Healthcare NHS Trust (LGT), Kings College Hospital NHS FT (KCH) and Guy’s and St Thomas’ NHS FT (GSTT) we will all be working together to create a cohesive, unified system of care for local people.

Each service provided from the hospital will be founded on strong clinical practice. These services will be tailored to the health and social care needs of the local community and will adapt and evolve as the needs of the local population change.

The hospital is already a vital resource for local people - those in Bexley and others close by in neighbouring boroughs:

- The urgent care centre (UCC) and GP out-of-hours service
- Paediatric Assessment Unit
- Outpatient clinics
- Day Case procedures
- Inpatient surgery
- Rehabilitation services and intermediate care

The core integrated services to be provided at QMH are:

- Outpatients, such as general surgery, gynaecology, paediatrics and medicine
- Elective day surgery
- Diagnostics, including CT, ultrasound, x-ray and cardiac diagnostics
- Therapies, including physiotherapy and occupational therapy
- Specialist services, such as chemotherapy and renal dialysis
- Community midwifery services, linked to the hospitals where Bexley patients give birth
- Older people’s services
- Children’s services, including the children’s development centre and paediatric ambulatory unit
- 24-hour unscheduled care, including an urgent care centre and GP out-of-hours service
- Inpatient mental health services for Bexley and Bromley patients.
2. SITE MAP

Detailed floor plans are available. Please contact your departmental lead who will be able to email you a copy.
### 3. DIRECTORY OF CLINICAL SERVICES AND CONTACTS

#### Dartford and Gravesham NHS Trust (DGT)

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Ext.</th>
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</thead>
<tbody>
<tr>
<td>Cardiac Diagnostics</td>
<td>Outpatient 5410</td>
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<tr>
<td>Cardiology</td>
<td>Outpatient 5502/5410</td>
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<tr>
<td>Care of the Elderly</td>
<td>Outpatient 4061/3042/4782</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>Day Case 3086/4190</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Out Patient Day Case 4231</td>
</tr>
<tr>
<td>Haematology</td>
<td>Outpatient TBC</td>
</tr>
<tr>
<td>General Surgery including</td>
<td>Outpatient Inpatient Day Case 3088/5047</td>
</tr>
<tr>
<td>Breast and Colorectal</td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Outpatient Inpatient Day Case 3162/3292</td>
</tr>
<tr>
<td>Microbiology</td>
<td>01322 42 8491</td>
</tr>
<tr>
<td>Paediatric Outpatients</td>
<td>Outpatient 3269</td>
</tr>
<tr>
<td>Paediatric Diabetes</td>
<td>Outpatient 4438</td>
</tr>
<tr>
<td>Pain Clinic</td>
<td>Outpatient Day Case 4261</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>4243</td>
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<tr>
<td>Radiology</td>
<td>3038</td>
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<tr>
<td>Renal</td>
<td>Outpatient 020 8300 5320</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Outpatient TBC</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Outpatient Day Case 4465/4347</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>4243</td>
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<tr>
<td>Orthopaedics</td>
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#### Lewisham and Greenwich NHS Trust (LGT)

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Ext.</th>
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<tbody>
<tr>
<td>Community Midwifery</td>
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<tr>
<td>Dermatology</td>
<td>Outpatient 4152</td>
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<tr>
<td>Diabetes (Adults)</td>
<td>Outpatient 4438/4584</td>
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<tr>
<td>Endocrine (Adults)</td>
<td>Outpatient 4423</td>
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<tr>
<td>Endoscopy</td>
<td>Day case 3086/4190</td>
</tr>
<tr>
<td>ENT</td>
<td>Outpatient 4308</td>
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<tr>
<td>General Surgery</td>
<td>Inpatient Day Case 3088</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Inpatient Day Case 3162/3292</td>
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<tr>
<td>Neurology</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>Outpatient 3091</td>
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<tr>
<td>Orthopaedics</td>
<td>Inpatient Day Case 4732</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td>Outpatient 4320/4593</td>
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### Kings College Hospital NHS Foundation Trust (KCH)

<table>
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<tbody>
<tr>
<td>Community Midwifery</td>
<td>Eunice Sharp – Operational Support Officer <a href="mailto:Eunice.sharp@nhs.net">Eunice.sharp@nhs.net</a> 020 8302 2678 ext. 4420</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Outpatient Day Case</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
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### Guys and St Thomas’s NHS Foundation Trust (GSTT)

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<td>Chemotherapy</td>
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<td>Renal Dialysis</td>
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<tbody>
<tr>
<td>Urgent care Centre</td>
<td>Outpatient (Adult) 3211 (Paed)</td>
</tr>
<tr>
<td>Step up Step Down</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Children’s Young People Assessment Unit (CYPAU)</td>
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</tr>
<tr>
<td>Neuro - Rehabilitation</td>
<td>Outpatient Inpatient</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Inpatient</td>
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Kings College Hospital NHS Foundation Trust (KCH)

<table>
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<tr>
<td>Community Midwifery</td>
<td>Eunice Sharp – Operational Support Officer <a href="mailto:Eunice.sharp@nhs.net">Eunice.sharp@nhs.net</a> 020 8302 2678 ext. 4420</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Outpatient Day Case</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>Outpatient Day Case</td>
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### Guys and St Thomas’s NHS Foundation Trust (GSTT)

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<td>Renal Dialysis</td>
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### Oxleas’s NHS Foundation Trust (OFT)

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<th>Contact Ext.</th>
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<tr>
<td>Step up Step Down</td>
<td>Inpatient</td>
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<tr>
<td>Children’s Young People Assessment Unit (CYPAU)</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Neuro - Rehabilitation</td>
<td>Outpatient Inpatient</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Inpatient</td>
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## 4. DIRECTORY OF SUPPORT SERVICES AND CONTACTS

<table>
<thead>
<tr>
<th>Services</th>
<th>Provider</th>
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<tbody>
<tr>
<td>Beds: ownership, maintenance and soft FM</td>
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<td>Cashier</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Catering</td>
<td>OFT</td>
<td>Estates Helpdesk ext. 4030</td>
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<tr>
<td>Central Booking Office</td>
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<td>Inpatient 5422</td>
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<tr>
<td></td>
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<td>Outpatient 3230</td>
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<tr>
<td>Decontamination on-site</td>
<td>DGT</td>
<td>Estates Helpdesk ext. 4030</td>
</tr>
<tr>
<td>Domestic Services</td>
<td>OFT</td>
<td>Estates Helpdesk ext. 4030</td>
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<tr>
<td>EBME (medical devices)</td>
<td>OFT</td>
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</tr>
<tr>
<td>Education Centre</td>
<td>OFT</td>
<td>Estates Helpdesk ext. 4030</td>
</tr>
<tr>
<td>Emergency Planning / Business Continuity</td>
<td>OFT</td>
<td>Brian Bardouleau ext. 4228</td>
</tr>
<tr>
<td>Estates and facilities management</td>
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<td>Estates Helpdesk ext. 4030</td>
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<tr>
<td>Estates Helpdesk</td>
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<tr>
<td>Grounds maintenance</td>
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<td>Estates Helpdesk ext. 4030</td>
</tr>
<tr>
<td>Health &amp; Safety</td>
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<td>Brian Bardouleau ext. 4228</td>
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<td>IM&amp;T network - for Oxleas</td>
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<td>IM&amp;T - desktop support for hosted services</td>
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<td>IT Helpdesk Link within D&amp;G</td>
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<td>IT Helpdesk Link within D&amp;G</td>
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<td>Intranet. 01303 290 600</td>
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<td>Infection Control</td>
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<td>01322 42 8100 ext. 8511</td>
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<td>OFT</td>
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<td>League of Friends</td>
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<td>Chris Boddy ext. 3011</td>
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<td>Portering</td>
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<td>Post room</td>
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<td>Estates Helpdesk ext. 4030</td>
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<td>Receipt and distribution of goods</td>
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<td>Estates Helpdesk ext. 4030</td>
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<tr>
<td>Residential accommodation management</td>
<td>OFT</td>
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</tr>
<tr>
<td>Security and Car Parking</td>
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<tr>
<td>Sterile Services</td>
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## 5. DEPARTMENTAL OPENING TIMES/SCHEDULES

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6. CONSULTANT STAFF AT QMH

Please note that this information may be subject to change over the next few weeks/months as we integrate teams and review/change consultant Job Plan and make new appointments in place of existing vacancies.

(L) - Locum

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7. MANAGEMENT STRUCTURES

Oxleas NHS Foundation Trust is the site owner and the provider of a range of site services (mainly facilities management services) to all organisations at Queen Mary’s. Oxleas also provides a number of clinical services at Queen Mary’s, namely urgent care, intermediate care, neuro-rehabilitation, specialist children’s services and inpatient mental health at the adjoining Woodlands Unit. Oxleas will also provide pharmacy and medical records services to providers on the site.

OFT
During normal working hours the Senior Manager for OFT will be Keith Soper, Head of Transformation & Operations
Email: keith.soper@oxleas.nhs.uk
Telephone 0208 302 2678 ext. 2559

OOH’s issues should be raised with the community services manager on call
Telephone: 01322 294300

DGT
During normal working hours the General Manager for DGT will be Alex Tan, General manager, QMH
Email alex.tan@dvh.nhs.uk
Telephone 0208 302 2678 ext. 2879

OOH’s issues should be raised in the first instance with the site manager
Contact QMH switchboard 0208 302 2678, bleep 803

LGT
During normal working the senior manager for the QMH site will be: Paul Wilkins, Interim General Manager, Offsite Surgery
Email: paul.wilkins@nhs.net
Telephone: 020 8333 3000

OOH’s issues should be raised with the LGT on Call Manager
Contact Lewisham switchboard on 020 8333 3000

KCH
During normal working the senior manager for the QMH site will be: David Barber, Interim Ophthalmology Manager QMS & PRU
Email: david.barber3@nhs.net
Telephone: 020 8333 3000 ext. 4340

OOH’s issues should be raised with the PRU On Call Manager
Contact PRU switchboard on 01689 86300.

GSTT
The chemotherapy delivery service operated by GSTT will be an "in hours" setting, broadly Monday to Friday between 9am to 5pm. The Lead for this service will be: Michael Flynn, Chemotherapy Nurse Consultant
Email: Michael.flynn@gstt.nhs.uk
Telephone: 0207 188 4811 (direct line)

OOH’s issues should be raised with the GSTT Site Nurse Practitioner
Contact GSTT switchboard 0207 188 7188.
8. **QMH PROVIDER GROUP**

**Terms of Reference**

1. **Aim**

The Queen Mary’s Provider Group is a cross-provider weekly operational management group at which operational issues are escalated and resolved and Governance is monitored, reviewed site wide policies agreed.

2. **Interfaces**

- Office of the TSA / TSA led Programme
- Bexley, Greenwich and Bromley CCGs
- London Boroughs of Bexley, Greenwich and Bromley
- Individual NHS providers’ internal governance arrangements

3. **Membership**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith Soper</td>
<td>Head of Transformation and Operations (Chair)</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Colin Cope</td>
<td>Head of Estate Development</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Chris Boddy</td>
<td>Head of Pharmacy</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Cliff Mackie</td>
<td>Head of Legacy Records</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Alex Tan</td>
<td>General Manager, QMH</td>
<td>Dartford &amp; Gravesham NHS Trust</td>
</tr>
<tr>
<td>Judith Fell</td>
<td>Matron, Queen Mary’s</td>
<td>Dartford &amp; Gravesham NHS Trust</td>
</tr>
<tr>
<td>David Barber</td>
<td>Interim Ophthalmology Manager QMH and PRU</td>
<td>King’s College Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>Michael Flynn</td>
<td>Chemotherapy Nurse Consultant</td>
<td>Guy’s &amp; St Thomas’ NHS Foundation Trust</td>
</tr>
<tr>
<td>Paul Wilkins</td>
<td>Interim General manager, Off Site Surgery</td>
<td>Lewisham and Greenwich Healthcare NHS Trust</td>
</tr>
</tbody>
</table>

Core members are welcome to invite subject matter experts from their respective organisations to support discussions.

4. **Frequency of Meetings and Timetable**

Provider Group meetings will be held daily at 4pm in the last week of September and first week of October 2013. Meetings will then be held weekly. Dates for the remainder of 2013 are as follows:

- October 8th, 15th, 22nd, 29th
- November 5th, 12th, 19th, 26th
- December 3rd, 10th, 17th, 24th, 31st

All meetings will be held in the committee room, Queen Mary's Hospital, from 2-4pm.
5. Governance Structure

The Provider Group will report to the CCG chaired Queen Mary’s Programme Board. Governance arrangements within individual provider organisations remain unchanged.

6. Agenda, papers and administration

Oxleas NHS Foundation Trust will service the Provider Group. The meeting will follow a standard agenda and any supporting papers will be circulated along with the agenda on the Friday preceding the meeting the following Tuesday. The standard agenda will be:

1. Welcome and apologies
2. Minutes of previous meeting and progress against agreed actions
3. Operational issues
   a. Dartford & Gravesham NHS Trust
   b. King’s College Hospital NHS Foundation Trust
   c. Guy’s & St Thomas’ NHS Foundation Trust
   d. Lewisham & Greenwich Healthcare NHS Trust
4. Site services
   a. Facilities Management
   b. Medical Records
   c. Pharmacy
5. Performance
   a. Site KPIs
   b. Incidents
   c. Complaints
   d. PALS
6. Space requirements
7. Redevelopment programme
8. Site contracts
9. Expenditure
   a. Sinking fund
   b. Charitable funds
10. Any other business
9. SITE MANAGEMENT

Site Management will be provided by DGT on behalf of all the providers operating from the QMH Site.

- The primary responsibility will be the provision of the crash team who will respond to anyone who has collapsed, is not breathing or is unresponsive and ensure that they are transferred to another hospital site.
- If the patient is under the care of a clinician they will be transferred to that clinician’s site, if it is a member of staff or a visitor they will be transferred to the nearest A&E.

The crash/emergency team will respond to 2222 to anywhere on the QMH site. This includes all clinical areas managed by DGT, LGT, KCH, GSTT and OFT.

The Site Manager Bleep 803
The RMO Bleep 951

- The crash/emergency team is available on site 24/7.
- The crash team will be led by a Resident Medical Officer who has Advanced Life Support Training and a senior nurse who has as a minimum Intermediate Life Support training. The training records and skills of these staff will be supported and reviewed by the DGT Resuscitation officer who will provide on-going support and training to the QMH team.

During the day the senior nurse cover will be provided by one of the senior nurses on the site and out of hours cover will be provided by a site manager. It is a pre-requisite that anyone who holds the bleep will have intermediate life support skills as a minimum.

The Site manager will over time be fully integrated into the DGT site management team however recruitment has not been successful to date and so the rota will be made up initially of site managers who have substantive roles elsewhere and will cover on the bank.

The key roles of the site manager will be

- Act as point of contact for any site issues out of hours that cannot be resolved by the department
- To keep a log of all activities which take place on the site
- To escalate to the Oxleas on call team on 01322 294300 and ask for the community services manager on call for any issues pertaining to security, estate or facilities
- To ensure that all inpatients on the site are managed appropriately.
- Transfer off site any patient who deteriorates back to the patients base site (See patient transfers policy)
- To form part of the fire response team and lead the fire response out of hours
- To ensure that there is a hospital at night meeting at 20.00hrs and 08.00hrs in order that the site manager and the RMO review all the inpatients and gree management plans as appropriate
- To have a regular daily 22.00hrs call or meeting with the senior nurse on QMH site for the Step up Step down unit (Oxleas) – contact on 0208 308 5423
- To be part of the ward nursing team provide support and leadership to the staff on site out of hours.
- To contact the DVH site manager at 20:30hrs each evening and at 06:30 each morning to provide an update and confirm any issues.
- OOH contact details for all providers are detailed under Management structure.
10. INDUCTION

All organisations will undertake induction for their own staff.

Dartford and Gravesham NHS Trust will invite all staff who are seconded from Lewisham and Greenwich NHS Trust as part of the hosted agreement to their induction/welcome sessions.

Oxleas NHS Foundation Trust are developing a detailed site manual for all staff and are happy to support induction programmes for staff working at Queen Mary’s.

Mandatory training will be managed through each Organisations mandatory training programme.

Fire training specific to the Queen Mary’s Hospital site will be undertaken by Oxleas NHS Foundation Trust.
11. **PATIENT CHOICE**

- All patients have the choice to change consultant. This will be managed at their next outpatient appointment.
- If a patient wishes to transfer their care to another provider (where their consultants has moved to another site) then an inter provider transfer form will need to be completed in the usual manner.
- A leaflet has been produced by DGT Communications that is available for all patients who attend advising them of this
12. BOOKING PATIENTS

Outpatients

DGT and LGT hosted patients

- This remains the current process and managed by DGT outpatient central booking staff.

Legacy patients/run down patients (LGT)

- These will be managed through the booking office and run down on Cerner by DGT staff.

KCH patients

- *Information to follow*

DNA’s

DGT and LGT Hosted

- If a patient DNA’s OPA then the consultant has the option of offering another appointment. If the patient wishes to rebook then the 18 week pathway continues to tick. If they don’t rebook then the clock stops and the patient is discharged back to GP.
- If the patient DNA’s a second time at outpatients they are then discharged.
- If a patient DNA’s at Pre Assessment or admission then they are discharged back to the GP.

Inpatients and Day Cases

DGT patients

- Will be managed by DGT central booking office

Lewisham hosted patients

- A date will be agreed with the patient by the QEH booking team.
- DGT Central booking office will be advised of the date to ensure this is booked onto DGT PAS and Theatreman

Kings patients

- *Information to follow*

Follow up outpatient appointments

DGT

LGT

KCH
GSTT

Follow up outpatient post discharge

- The Ward Clerk will book outpatient appointments
  - The Ward Clerk will book the appointment on DGT PAS
  - Lewisham hosted and Run down patients - booked by phoning QEH outpatient bookings
  - Contact TBC
13. ADMINISTRATION PROCESS FOR LGT PATIENTS BEING TREATED AT QMH.

- There are 3 types of activity on the QMH site which belongs to LGT.
- To clarify how these activity is structured please see the table below.

<table>
<thead>
<tr>
<th>Name of activity type</th>
<th>Activity types</th>
<th>Specialties</th>
<th>PAS system used</th>
<th>Where is WL held</th>
<th>Expected duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hosted</td>
<td>Outpatient only</td>
<td>Neurology</td>
<td>DGT PAS</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENT</td>
<td>DGT PAS</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dermatology</td>
<td>DGT PAS</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Capacity</td>
<td>Elective surgery</td>
<td>Orthopaedics</td>
<td>DGT PAS</td>
<td>QE</td>
<td>Up to about a year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gynaecology</td>
<td>DGT PAS</td>
<td>QE</td>
<td>Up to about a year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Surgery</td>
<td>DGT PAS</td>
<td>QE</td>
<td>Up to about a year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy</td>
<td>Gastroenterology/General Surgery</td>
<td>DGT PAS</td>
<td>QE</td>
<td>Up to about a year</td>
<td></td>
</tr>
<tr>
<td>Run down</td>
<td>Outpatient and Inpatient</td>
<td>Orthopaedics</td>
<td>CERNER</td>
<td>QMH</td>
<td>Until end Dec</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gynaecology</td>
<td>CERNER</td>
<td>QMH</td>
<td>Until end Dec</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Surgery</td>
<td>CERNER</td>
<td>QMH</td>
<td>Until end Dec</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes and Endocrinology</td>
<td>CERNER</td>
<td>QMH</td>
<td>Until March 2014</td>
</tr>
</tbody>
</table>

The administration process for each activity type is detailed below.

Hosted activity

- DGT Health records will be set up for all hosted patients.
- The QMH health records will be copied and put into the DGT health records.
- All the activity from the point of referral for that speciality will be copied by Oxleas.
- The legacy QMH health record will be archived by Oxleas.
Capacity

CAPACITY PROCESS

OP at QE

Pre- OP at QE

Listed and scheduled for surgery at QE

QE advise CBO of TCI lists

CBO register patient to DGT PAS and add to planned waiting list

CBO add list to Theatreman

DGT Health records preps DGT notes for patient (likely to be empty) and sends to Ruxley (looks on theatre man)

LGT to send patient record to Ruxley

Ruxley ward to admit patient on DGT PAS from Planned list

DGT record to be live record for admission and operation

Admission and discharge documents to be copied added to LGT record and sent to LGT

Ward clerk to phone QE to arrange post op follow up
Run Down

- Run Down
- OP at QMH on CERNER
- Patient seen in clinic with QM notes
- Pre OP at QMH on CERNER
- Added to WL on CERNER
- CBO registers patient on DGT PAS and lists on Theatreman
- Patient admitted to Ruxley ward
- DGT Notes sent to ward nd becomes live record
- QM Notes sent to ward for reference
- Copy of admission and op sent to LGT
- FUp booked QMH
- DGT record prepped for OP
- Copy of OP record sent to LGT
14. **INTERPRETING SERVICES**

**DGT**
- Interpreter service can be accessed using DGT intranet ADAGIO system
- Once you have accessed ADAGIO a staff member should navigate to
  - Homepage >> Information: Corporate/Staff/>> Interpreting/ Translation Service
  - Translation and Interpreting Service
  - Face-to-face / Signing for Deaf Interpreting
- If you require face-to-face interpreting or sign language for the deaf please book this via the online booking form. If the appointment can be provided by the telephone interpreting service please use this whenever possible.
- Requests for an interpreter must be made **5 WORKING DAYS** before the scheduled appointment. Any requests made after this will mean that we cannot guarantee that an interpreter will be available.

**Telephone Interpreting**
- Your PIN code for all telephone interpreting is **148981**. Simply telephone **0800 231 6247** and the operator will guide you through the process.
- Please do not book an interpreter with any other agency outside of the above arrangements.
- For further details for foreign languages or signing for the deaf contact communications on **01322 428255**

**OFT Interpreting Services**

Contact Language Connect on **0207 940 8104**

Urgent interpreting service, or consider telephone interpreting as an alternative. Contact Language Connect on **020 7940 8104**, ensuring you have details of the language you require and a contact telephone number. Language Connect will ring you back at a specified time if requested. Please be mindful that there may be a waiting time of up to 30 minutes before you are called back by an interpreter.

OOH’s interpreting service Language Line operates 24 hours a day, 365 days per year. For both telephone and face to face interpreting OOH’s please contact **0845 094 5660 (option 4)**

**LGT**

*To follow*
KCH Interpreting Services
This forms part of our Patient Advice & Liaison (PALs) function.

- Phone 020 3299 3601
- E-mail kch-tr.interpreting@nhs.net
- Fax 3626

Interpreting Services are available as follows:

- Telephone interpreting (this is now the Trust's preferred method of interpreting)
- Face to face
- Sign Language Interpreters
- Written translations of patient information/letters etc.

How to access the service:

- Telephone interpreting is the Trust preferred method of interpreting. There is no need to pre-book, you will be given access to an interpreter within 60 seconds or less, over 180 languages are available and this does not incur an additional cost to the Trust for waiting time in clinic.
- Where dual handset telephones are located (probably not available other than at KCH) pick up the plain handset, press the button marked interpreter, give the operator your ID code (KCH will circulate these to KCH Services) organisation and state the language you require. Once connected with the interpreter hand the other handset to the patient and begin conversation.
- Where dual handset are not located call Language Line on 0845 3109900 give the operator your details as previously described and state the language you require as above. When you are connected to the interpreter you will need to ask them to ask the patient the information you require, you should then pass the handset to the patient to talk to the interpreter.
- Face to face interpreting is available for cases where the telephone is not an appropriate method. If you think you require a face to face interpreter, please complete the booking form (attached) which you will need to complete stating the reason for a face to face interpreter and forward onto your Service Manager for authorisation. They will authorise and send to kch-tr.interpreting@nhs.net for the assignment to be booked. You will then be sent a confirmation e-mail and booking reference number. Contact: the PALS team x3601 or kch-tr.interpreting@nhs.net or fax 020 3299 3626. Please enter this booking reference number on i.PM (or relevant appointment booking system) for easy tracking.
- Out of hours/Emergency Face to Face Interpreting If it is an emergency and you require a face to face interpreter out of hours (weekends and after 5pm), you will need to bleep the Site Managers on Bleep 333.
- Sign Language Interpreters - please complete the booking form (attached) and send to kch-tr.interpreting@nhs.net, these bookings do not need your Service Manager's authorisation.
- Translations All translation requests should be e-mailed to kch-tr.interpreting@nhs.net

GSTT to follow
15. PATIENT TRANSPORT

Booking transport:

OFT, DGT, LGT and KCH

The following process will only apply until 1 December 2013.
- The patient transport contract is currently with savoy
- The Transport Office is able to take bookings for patients from, wards, departments or patients.
- Contact: 020 8308 5624

GSTT

- Entitlement to patient transport would be based on the GSTT policy, based on an individualised assessment of the patient's circumstances and carer arrangements.
- The Patient Transport Assessment team can be contacted on 0207 188 2888.
- Arrangements will be made to support the collection of the patient and the delivery of treatment/outpatient review from the necessary location. Only a small minority of GSTT cancer patients use such a service, and so there would not be a routinised system of pick ups.
- In exceptional circumstances, GSTT has a taxi contract which could be used if the patient transport service were to be unavailable.
16. PRE OPERATIVE ASSESSMENT CLINIC (POAC)

Pre-Assessment Clinic is located next to Main Out Patients, Block A.
Contact: 0208 302 2678 ext. 3274

POAC will be a nurse led service but will be supported by a Consultant Anaesthetist who will be present in clinic for two sessions per week on a Wednesday and a Friday morning. They will review the notes of patients, see some walk in patients as required and have some appointments booked for them as determined by the POAC nurse.

- The majority of patients will be seen straight from Outpatients as a one stop service.
- Patients will receive pre-assessment at QMH if:
  - Their surgery will be under the care of a DGT Surgeon and Anaesthetist
  - Their surgery will be under the care of a LGT Surgeon and was initially seen in outpatients at QMH (Lewisham run down clinics)
- Patients will receive pre assessment at QEH but surgery at QMH if:
  - Their surgery will be under the care of a LGT Surgeon and were seen in outpatients at QEH. (Capacity patients)
- Patients will be asked to complete a questionnaire on arrival to POAC and this will be reviewed by POAC Nurse to determine if their pre-assessment should be completed at QMH.
- If the surgery is likely to be undertaken at DVH because the patient is listed for a procedure which will not be performed at QMH or if the patient is highly likely to have an ASA score of 4 or 5, these patients will be seen at DVH. QMH POAC will advise IP booking that these patients require an appointment and they will be contacted by the DVH POAC.
- Some patients may require a longer appointment than can be offered in as a one stop slot they will be offered the next available date as agreed with the patient.

Selection criteria for patients undergoing elective surgery inpatients and day cases at QMH

Anaesthetic criteria:

- ASA grade 1 and ASA grade 2
- Age criteria 5yrs - 80 yrs
- Children (<16 yrs old) should be done only as day case surgery.
- BMI less than 40
- BMI 40-45 can be done but need to be discussed with anesthetist prior to booking at QMH.

Absolute contraindications:

- Patients who require post operative HDU/ITU care.
- ASA grade-3 and above.
- Patients with major blood antibodies or Haemoglobin <8gm and expected to bleed more than 500 ml intra-operative-postoperative.
- Any patients with known significant neuromuscular abnormality (which is affecting daily life)
- Obstructive sleep apnea with R-Cardiac failure
- BMI>50
- Major colo-rectal resection.
- Vascular surgery other than
- Revision Hip-Knee replacement
- Gynecological cancer surgery.
- Known/anticipated difficult airways

Any potential issues/risk identified by the pre-assessment nurses will be discussed with the Consultant anaesthetist as to whether patient is fit to be operated at QMH.

*KCH*

*To confirm*
17. TISSUE VIABILITY NURSE

DGT

Contact: Debbie Everett 01322 428100 ext. 8621 or Bleep 549
18. DISCHARGE OF AN INPATIENT

To follow
KL – To include EDN for QEH (hosting)
19. DETERIORATING PATIENT

<table>
<thead>
<tr>
<th>NEWS SCORE</th>
<th>FREQUENCY OF MONITORING</th>
<th>CLINICAL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Minimum 12 hourly</td>
<td>• Continue routine NEWS monitoring with every set of observations</td>
</tr>
<tr>
<td>'Threat' Level 1 - 4</td>
<td>Minimum 4-6 hourly</td>
<td>• Inform registered nurse who must assess the patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Registered nurse to decide if increased frequency of monitoring &amp; escalation of clinical care is required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider MOVE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Monitor, Oxygen, Venous access &amp; ECG</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider contacting Site Practitioner on bleep 803</td>
</tr>
<tr>
<td>'Sick' Level 5 - 6 OR 3 in one parameter</td>
<td>Increased frequency to a minimum of 1 hourly</td>
<td>• Registered nurse MUST urgently inform the Registered Surgical/Medical Officer (RSORMC) and the Site Practitioner on bleep 803 who will provide urgent assessment and support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Handover using SBAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Activate MOVE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider activation of transfer-out policy (see below)</td>
</tr>
<tr>
<td>'Danger Level' 7 or more</td>
<td>Continuous monitoring of vital signs</td>
<td>• Registered nurse MUST immediately bleep the RSORMC and Site Practitioner who will provide immediate assessment and treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Handover using SBAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Activate MOVE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consultant referral within 1 hour if further physiological decline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Activate transfer-out policy via LAS on 0207 902 2511</td>
</tr>
</tbody>
</table>
## Vital Signs and NEWS Scoring

The National Early Warning Scoring system has been adopted by the NHS to standardise track-and-trigger systems and provide recommendations on the urgency and competency of the clinical response.

Royal College of Physicians (2012)

<table>
<thead>
<tr>
<th>PHYSIOLOGICAL PARAMETERS</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiration Rate</td>
<td>&lt;8</td>
<td>9-11</td>
<td>12-20</td>
<td>21-24</td>
<td>&gt;24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Saturation</td>
<td>&gt;91</td>
<td>92-93</td>
<td>94-95</td>
<td>&gt;96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Supplemental Oxygen</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td>≤35.0</td>
<td>35.1-36.0</td>
<td>36.1-38.0</td>
<td>38.1-39.0</td>
<td>&gt;39.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic BP</td>
<td>≤94</td>
<td>95-100</td>
<td>101-109</td>
<td>111-121</td>
<td>&gt;121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td>≤40</td>
<td>41-50</td>
<td>51-80</td>
<td>91-110</td>
<td>111-130</td>
<td>&gt;131</td>
<td></td>
</tr>
<tr>
<td>Level of Consciousness</td>
<td>A</td>
<td>Y</td>
<td>F</td>
<td>U</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CONSIDER FLUID BALANCE

**Vital Sign Frequency and NEWS Trigger Score Setting**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Frequency</th>
<th>NEWS Trigger</th>
<th>Target SpO2</th>
<th>Rationale</th>
<th>Initial</th>
</tr>
</thead>
</table>

- **Situation**
  - I am ............
  - I am calling about...
  - I am concerned because...
  - The NEWS score is...

- **Background**
  - Patient age and brief history...
  - They are in hospital because...
  - What has changed...
  - How the need developed...

- **Assessment**
  - I have done the following...
  - I think the problem is.......
  - OR
  - I’m unsure what the problem is

- **Recommendation**
  - Please would you......
  - Come and see the patient
  - Estimated timescale?
  - Do you need me to do anything now?

The Queen Mary’s Hospital Matron/Site Manager bleep should be the first point of contact for nursing advice and support with deteriorating patients.

The Registered Surgical/Medical Officer (RSO/RMO) should be bleeped for deteriorating patients that require urgent clinical assessments and treatments.
<table>
<thead>
<tr>
<th>SENSORY ASSESSMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
</tr>
<tr>
<td>Pain Score</td>
<td></td>
</tr>
<tr>
<td>Sedation Score</td>
<td></td>
</tr>
<tr>
<td>Nausea &amp; Vomiting Score</td>
<td></td>
</tr>
<tr>
<td>Pruritis (itching)</td>
<td></td>
</tr>
<tr>
<td>PCA deliveries (mg)</td>
<td></td>
</tr>
<tr>
<td>PCA demands</td>
<td></td>
</tr>
<tr>
<td>Epidural rate (mL/hr)</td>
<td></td>
</tr>
<tr>
<td>Epidural bolus demand</td>
<td></td>
</tr>
<tr>
<td>Epidural bolus delivery</td>
<td></td>
</tr>
<tr>
<td>Right leg strength score</td>
<td></td>
</tr>
<tr>
<td>Left leg strength score</td>
<td></td>
</tr>
<tr>
<td>Site Check</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL OF BLOCK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supra-pubic (L3)</td>
<td>4</td>
</tr>
<tr>
<td>Umbilical (T9)</td>
<td>1</td>
</tr>
<tr>
<td>Xiphos Sternum (T10)</td>
<td>2</td>
</tr>
<tr>
<td>Nipple (T4)</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POST OPERATIVE PAIN SCORING GUIDE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PAIN SCORE</td>
<td></td>
</tr>
<tr>
<td>No Pain</td>
<td>0</td>
</tr>
<tr>
<td>Mild Pain</td>
<td>1</td>
</tr>
<tr>
<td>Moderate Pain</td>
<td>2</td>
</tr>
<tr>
<td>Severe Pain</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping</td>
<td>S</td>
</tr>
<tr>
<td>SEDATION SCORE</td>
<td></td>
</tr>
<tr>
<td>Awake</td>
<td>0</td>
</tr>
<tr>
<td>Drowsy, easily roused</td>
<td>1</td>
</tr>
<tr>
<td>Drowsy, difficult to rouse</td>
<td>2</td>
</tr>
<tr>
<td>Unrousable</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping</td>
<td>S</td>
</tr>
<tr>
<td>NAUSEA AND VOMITING SCORE</td>
<td></td>
</tr>
<tr>
<td>No Nausea</td>
<td>0</td>
</tr>
<tr>
<td>Mid - No Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Moderate +/- Treatment</td>
<td>2</td>
</tr>
<tr>
<td>Severe +/- Treatment</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping</td>
<td>S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRURITIS (ITCHING)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Mild - No Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Moderate +/- Treatment</td>
<td>2</td>
</tr>
<tr>
<td>Severe +/- Treatment</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping</td>
<td>S</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LEG STRENGTH SCORE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory rate = 8/min and the sedation score = above 2</td>
<td>Free movement of legs and feet</td>
</tr>
<tr>
<td>Sensory level above T4 (nipples)</td>
<td>Just able to flex knees but with free movement of feet</td>
</tr>
<tr>
<td>Progressive motor block</td>
<td>Unable to flex knees but with free movement of feet</td>
</tr>
<tr>
<td>Severe drop in BP</td>
<td>Unable to move legs or feet</td>
</tr>
<tr>
<td>Persistent inadequate analgesia or problems with the epidural catheter</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL NEWS</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>INJECTABLE OPIOIDS: FREQUENCY OF VITAL SIGNS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Group</td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td></td>
</tr>
<tr>
<td>Post - operative patients</td>
<td></td>
</tr>
<tr>
<td>For the first 24hrs:</td>
<td></td>
</tr>
<tr>
<td>Every 15 minutes for the first hour</td>
<td></td>
</tr>
<tr>
<td>Every 30 minutes for the next two hours</td>
<td></td>
</tr>
<tr>
<td>Every hour for the next 4 hours</td>
<td></td>
</tr>
<tr>
<td>Every 4 hours onwards</td>
<td></td>
</tr>
<tr>
<td>Epidural Intusion: Hourly leg strength score for first 24hrs post-op</td>
<td></td>
</tr>
<tr>
<td>In addition patient using a PCA or epidural should continue to be reviewed every 4 hours</td>
<td></td>
</tr>
<tr>
<td>NEWS score ≥ 1 follow NEWS Escalation Algorithm</td>
<td></td>
</tr>
<tr>
<td>Patients not taking regular opioids on admission</td>
<td></td>
</tr>
<tr>
<td>Every 15 minutes for the first hour after 1st dose</td>
<td></td>
</tr>
<tr>
<td>Every 4 hours</td>
<td></td>
</tr>
<tr>
<td>Opioid injection</td>
<td></td>
</tr>
<tr>
<td>Every 4 hours</td>
<td></td>
</tr>
</tbody>
</table>
20. TRANSFERRING “AT RISK” PATIENTS OFF THE QMH SITE

Introduction

- The purpose of this policy is to describe the process and detail the roles and responsibilities for staff involved in the transfer of “at risk” or deteriorating patients.
- This policy is applicable to all staff involved in the transfer of patients from QMH.
- This also includes patients and visitors including children who become unwell on the QMH site.

Purpose and scope

- To ensure that “at risk” patients are transferred off the QMH site safely.
- It should be noted that transfers are potentially hazardous and should only be undertaken if clinically necessary.
- This policy supports the NEWS score (see deteriorating patient process).
- Patients may require transfer to an acute hospital for an upgrade of care if they score more than 5 on the NEWS score, or if deemed necessary for other clinical reasons.
- In the event that a patient, member of staff or public collapse, become unconscious and not breathing normally on the QMH site a crash call will be activated and the patient may require immediate transfer by LAS to the nearest acute hospital.

Roles and responsibilities

- The decision to transfer a patient off site should be made by the clinical team responsible for the patient in hours or the on call consultant (of the relevant speciality) out of hours. This may be done by the consultant’s registrar on the understanding that they are responsible for informing the consultant.
- The on call consultant is the on call team for that speciality at the patient’s base site i.e. if a patient is under the care of a LGT/QEH orthopaedic surgeon, the QEH on call orthopaedic team should be contacted. It has been agreed with the London Ambulance Service (LAS) that every effort will be made to transfer the deteriorating patient back to his/her consultant’s base site.
- The Site Manager will also phone the site team at the receiving site to advise them that a patient is on its way.
- Any member of staff who identifies that a patient or visitor has collapsed and is unresponsive on the QMH site will phone 2222 and the crash team will attend.
- Usual resuscitation procedures will be instituted by the crash team if necessary but laryngeal intubation should only be attempted by a suitably trained paramedic or anaesthetist.

Crash Team

- In the event of a Crash Call, a 999 call to the London Ambulance Service (LAS) should be made.
- The crash team will consist of the following staff who will be available 24/7

  RMO - Bleep 951  
  Senior Nurse - Bleep 803  
  Porter - Bleep 909
• There will be an RMO on site 24 hours a day and 7 days a week and will have a primary responsibility for attending to patients and co-ordinating their care. The RMO will have Advanced Life Support skills training and will take lead responsibility for responding to any crash calls on the site.
• There will also be a senior nurse on site 24 hours a day 7 days per week who will support the RMO in responding to any crash calls. The senior nurse will have a minimum of Intermediate Life Support skills training.
• The crash team will also be supported by a porter who will also attend any call.

Arranging an Ambulance In the event of deteriorating patient

• In the event of a patient deteriorating the NEWS policy should be followed. The senior nurse (bleep 803) and the RMO (bleep 951) should be contacted and if a decision is reached that a patient should be transferred off site LAS should be contacted on 0207 902 2511.
• The patient should be transferred to their base site i.e. if a patient is under the care of DGT General Surgeon they should be transferred to DVH. Patients should be sent to the receiving hospitals Emergency department to be admitted from there.

Arranging an Ambulance Elective and Non-Urgent Transfers
• Savoy will provide all other patient transport e.g. elective or planned or non-urgent transfers.

Documentation

• All emergency transfers should be recorded in the site manager’s log and onto Datix.

Training

• All staff will be trained in the completion of the NEWS score. All clinical staff will be up to date with ALERT training.
• All members of staff who carry the 803 bleep will have as a minimum intermediate Life Support Training.
• The RMOs will have Advanced Life Support Skills.
In the event of a patient deteriorating

1. Instigate NEWS scoring sheet
2. Score >5 or staff concerned. Bleep RMO and Site Manager
3. If patient requires transfer ring 0207 902 2511
4. In hours inform patient's consultant. OOH inform patient's consultant in relevant speciality
5. Patient transferred to Emergency Department at base hospital with QMH escort
In the event of a collapse

2222 call

Bleep to Crash Team

Crash Team initiates resuscitation

999 Call to London Ambulance Service

Ambulance arrives and takes patient to nearest ED
21. MANAGING DECEASED PATIENTS
This is draft 23.09.13

1.0 Introduction

- As is the case currently, from October 1\textsuperscript{st} 2013, no on-site Mortuary facilities will be available at Queen Mary's Hospital Sidcup.
- The purpose of this policy is to describe the process and detail the roles and responsibilities for staff involved in the management and transfer of patients who die on the Queen Mary's site on or after October 1\textsuperscript{st} 2013.

2.0 Purpose and Scope

- To ensure that deceased patients are transported safely and with dignity to the mortuary at Darent Valley Hospital.
- To ensure distress to the relatives of the deceased is minimised.
- To ensure that staff at Queen Mary's Hospital are aware of their roles and responsibilities in the process.
- To ensure the Funeral Directors charged with the responsibility for transferring the deceased to Darent Valley have access to the Queen Mary's Hospital at all times.

3.0 Roles and Responsibilities

- The Resident Medical/Surgical Officer who attended the person in their last illness is responsible for verifying their death and completing the Medical Certificate of the Cause of Death (MCCD).
- \textbf{N.B The certificate must be completed in the Patient Services Department at Darent Valley Hospital.}
- During the hours of 08.00 to 16.00, the site Matron will be responsible for ensuring the Funeral Directors are requested to attend and remove the deceased. The Matron will also responsible for notifying the Mortuary staff at Darent Valley that the deceased is being transferred from Queen Mary's Hospital.
- After 16.00 hours and at weekends and Bank Holidays, the Site Manager will be responsible for ensuring the Funeral Directors are requested to attend and remove the deceased. The Site Manager at Queen Mary's Hospital will also be responsible for notifying the Site Manager at Darent Valley that a deceased patient is being transferred to the Mortuary at Darent Valley.

Site Manager (Darent Valley): 01322 428100 ext. 8193/8194/8196 bleep 218

- After 16.00 hours and at weekends, the Site Manager will be responsible for ensuring that the Funeral Directors have access to the Queen Mary's Hospital site.
- The deceased patient's valuables and property must remain on the ward until collected by relatives or friends.
4.0 Funeral Director’s Details

- The Funeral Directors who have been authorised to transport the deceased to the Mortuary at Darent Valley Hospital are:

   Nash’s Funeral Services  
   184 Parkview Road  
   Welling  
   Kent DA16 1ST  

   TEL: 0208 303 1476 (24 hours assistance)

5.0 Information for Relatives

- The relatives of the deceased should be given the booklet ‘What Happens Now?’ which gives information for bereaved relatives on registering the deceased’s death etc.
- Relatives should also be advised to contact:

   The Patient Services Department  
   Level 2 (adjacent to the Main Reception desk)  
   Darent Valley Hospital  
   Darenth Wood Road  
   DA2 8DA  

   TEL: 01322 428165/428168

6.0 Management of a deceased in patient within Woodlands Mental Health Unit and the Step up Step down unit (OFT)

- If a patient dies in Woodlands Mental Health Unit or Step up step down unit this will be managed by the senior nurse for OFT and the QMH Site Manager would not need to become involved.
22. CANCER PATHWAY

- GP's have been advised that 2WW referrals are to be directed to PRUH or QEH for all cancers except breast where 2WW referrals will continue to be accepted on the QMH site.
- Patients diagnosed with cancer incidentally will be discussed in the Kent MDM (both upper and lower GI) supported by GSTT Oncologist.
  - The surgery for lower GI will be undertaken at DVH
  - The surgery for upper GI will be undertaken at GSTT/KCH.
- Chemotherapy and radiotherapy will be undertaken done by GSTT either on QMH site (breast chemotherapy) or GSTT site for more complex chemotherapy and radiotherapy
- Chemotherapy over time may be able to increase at QMH if required. GSTT commits to up scaling chemotherapy on the QMH site from 1st October and that from 2015 would hope to offer majority of chemo-radiotherapy for Bexley patients on QMH.
- The Chemotherapy service will be provided from Day Assessment Unit.
- Patients who have already started their care with a consultant will stay with that consultant at the hospital site that Consultant is now based.
- Patients who have specialist nursing support will be contacted to ensure they have effective cover and they experience no disruption to their care.
- GSTT will provide oncology support into the upper GI and lower GI DVH MDMs to ensure integrated planning of the patient treatment pathway.
- GSTT and DGT will work together to ensure that the pathways are seamless and integrated from a patient perspective; mitigating delays in treatment and avoidable breaches.
- GSTT and DVH will work together to support safe chemotherapy delivery on the QMH site.
23. TREATMENT AND DIAGNOSTICS THAT WILL BE MANAGED OFF SITE

- Work in progress - Information to follow
24. IM&T

DGT

KMHIS (Desktop / Servers / Network)

Operating hours:
- Monday – Friday 08.00hrs – 18.00hrs

Access via service portal link on the DVH Intranet home page:
https://kmhishelp.kmhis.nhs.uk

All forms are on-line via the portal

For Priority 1 calls (System Down/Department unable to work) - telephone 01303 290600

Escalation

- Escalation is via the IT service desk number detailed above
- If escalation is necessary OOH’s users must get approval from the site manager who then engage with KMHIS on-call support via DVH Switch board 01322 42 8100

Clinical Systems Support

- Clinical Systems Support for application issues or Username/password support is provided by DGT System Managers.
- The Core applications are supported by a central team managed by Jamie Workman

Systems support contact details for QMH & Erith systems

- Patientcentre - Contact: Sallyann Worthington on 01322 42 4978
- Tomcat Cardiology - Contact: Sallyann Worthington on 01322 42 4978
- Choose & Book - Contact: Matilda Feltham on 01322 42 8894
- TrustNET (MyEDN) - Contact: Sian Gunn on 01322 424371

Other Systems outside the scope of the Systems & Software Team include

- Theatreman & Endoscopy - Contact: Trish Bannister on 01322 42 8651 or Bleep 502 via switchboard 01322 42 8100
- iLAB Pathology (Micro) - Contact: Steve Goddard 01322 42 847

Non DVH Systems

- Cerner - Support calls to be logged via KM HIS https://kmhishelp.kmhis.nhs.uk who will pass on to Lewisham
- Winpath Ward Enquiry – Support calls to be logged via KM HIS https://kmhishelp.kmhis.nhs.uk who will pass on to Lewisham
How to access systems for all providers at QMH

- There will be a mix of Legacy QMH PC’s (majority for Day 1) and DGT PC’s
- Legacy QMH PCs will require QMH Network Logins and will have access to Cerner and Winpath Ward enquiry
- DGT PCs will require DGT Network Logins and have access to DGT Systems

By Provider

- LGT Run Down Clinics will be QMH PCs
- KCH Clinics / Services will be QMH PC’s
- DGT services will initially be QMH PCs but transition quickly to DGT PC’s

By Area

Outpatients - DGT Clinics and Hosted Clinics

DVH Hosted Clinic Rooms

- Access will be via QMH PC’s which will provide access to legacy QMH/SLHT systems.
- Access to DGT systems will be via a web portal [https://rds.dvh.nhs.uk](https://rds.dvh.nhs.uk). This link will be published on the QMH Intranet and DGT Intranet. A QMH Network logon plus DGT Network Logon and associated Application logons will be required to access services.
- Generic User Accounts are not allowed under DVH IG Rules.
- These Clinic Room PCs will be replaced as soon as solution to enable access to QEH Pathology is provided to allow access from DVH PC’s. **Until this time access to IT system will be clunky with multiple domain usernames & Passwords to access the various Hospitals and then application logons to access the various applications.**
- Awaiting timescale for QEH to resolve their Laboratory system access issues.

DGT and Hosted Clinic Reception

- PCs will be replaced for day one on reception to allow direct access to DGT applications.
- Access to legacy applications from these PC’s will not be possible (Cerner/Winpath)

Lewisham Run Down Clinic Rooms

- Access will be via QMH PC’s which will provide access to legacy QMH/SLHT systems.
- Access to DGT systems will be via a web portal [https://rds.dvh.nhs.uk](https://rds.dvh.nhs.uk). This link will be published on the QMH Intranet and DGTH Intranet. A QMH Network logon plus D&G Network Logon and associated Application logons will be required to access services.
- Generic User Accounts are not allowed under DVH IG Rules.

Lewisham Run Down Clinic Reception

- A dedicated Check in area for the Run Down Clinics is being provided.
- From this location the PC’s will be a QMH PC with only access to Cerner – access to DGT systems will be possible via the web portal [https://rds.dvh.nhs.uk](https://rds.dvh.nhs.uk).
Radiology
- Individual Logon will need to be requested from each of the Hospitals Radiology Departments.
- Access to PACs will not change
- QMH PACs will continue to be accessed via the Sectra web PACs
- QEH PACs will continue to be accessed via the Agfa Web PACs
- PRUH PACs will continue to be accessed via the Rogan Web PACs systems

Inpatients - (Mottingham ward / Avery Hill ward)
- The Intention is to have DGT PCs installed on the two level 4 wards for Day 1.
- A dedicated QMH PC for access to QEH Winpath Results and Cerner should any legacy data need to be accessed.
- All patients whether DGT or QEH Hosted MUST be registered on PatientCentre PAS in real time and Wristbands printed from the PAS. **printed wristbands**

Surgical Admission Lounge – (Ruxley ward)
- Day 1 it is expected that Ruxley will work from QMH PC’s accessing DGT systems via the Web Portal [https://rds.dvh.nhs.uk](https://rds.dvh.nhs.uk).
- QMH Network Logons and DGT Network Logons will be required for all users.

Theatres
- Day 1 will be QMH PC’s accessing DGT Systems via the Web Portal [https://rds.dvh.nhs.uk](https://rds.dvh.nhs.uk).
- QMH Network logons & DGT Network Logons and Application Logons will be required for all users.

Secretaries
- Day 1 PCs will Be QMH PC’s with access to DGT Systems via Web Portal [https://rds.dvh.nhs.uk](https://rds.dvh.nhs.uk).
- QMH Network Logons and DGT Network Logons will be required for all users.
- If unsure please log a call with IT Service desk on XXXX CONTACT

Accessing Logons
- All staff will require QMH Network Logons, DGT Network Logons and system logons prior to working at the QMH or Erith sites.
- Provision of QEH Pathology usernames / Passwords requires several days notice.
- DGT systems access is provided with Training – Please ensure new starters are booked as soon as a starting date is available.
- Emergency Locums will be catered for as quickly as possible.
- Network Logons must be requested by Line Manager via KM HIS Web Portal [https://kmhishelp.kmhis.nhs.uk](https://kmhishelp.kmhis.nhs.uk).
- Pre Registering is recommended
- DVH System Passwords and Training requested via DGT IT training Team
IT Training

Training on PAS, trustNET (MyEDN, Medicus, eCAS), Basic IT and Microsoft Office is provided by the IM&T Development trainers.

Training can be accessed via:
- Email to IM&TDevelopment.Training@dvh.nhs.uk
- Phone on 01322 42 8962 or 01322 100 ext. 4320/4373
- Online by using the on-line form on ADAGIO. This can be found by typing IM&T training into the search box on the Homepage.

Business Continuity Plans
- These must be reviewed by General Managers and Operational leads from all providers.
- Copies must be printed and stored in a central accessible location
- The information does not have to be detailed, just clear, with contacts and numbers and signposted to any policy and procedures that need to be followed.

DGT IT Support – Who to Call

Kent & Medway HIS
IT Infrastructure Support
- D&G PC User IDs & Passwords
- Desktop PC’s
- Laptops
- Printers
- Network Issues
- Server Issues

How Can You Contact KMHIS?

Online Portal
IT Helpdesk Link within D&G Intranet

Phone
01303 290 600

Dartford & Gravesham Clinical Systems Support

Dartford and Gravesham NHS Trust

- Patient Centre (PAS)
- Choose and Book
- trustNET (myEDN) - Infoflex
- TheatreMan - CRIS Installs
- Tomcat (Cardiology) - Sectra Loggins
- Winpath - iLab TelePath Loggins

How Can You Contact Us?

Email:
- dvhsystem.support@nhd.net

IT Training
Training on PAS, trustNET (MyEDN), Basic IT Skills & MS Office. Training can be accessed, via email to im&tdevelopment.training@dvh.nhs.uk or by using the on-line form on ADAGIO. This can be found by typing IM&T training into the search box on the Homepage.

For Systems Training please:
Email: --
im&tdevelopment.training@dvh.nhs.uk

KCH
- Monday - Friday 08.00hrs – 18.00hrs

Contact:
Tel: 0203 299 3139
Fax: 0203 299 3294
Email: Kch-tr.ict.helpdesk@nhs.net

Out of hours:
- 09.00hrs – 17.00hrs
- 24 hour network on-call service is available for out of hours via Switchboard (020 3299 9000).
- Contact switchboard and ask to call out on-call ICT technician. Please note this service is for network or major systems down. It is not for individual password resets, PC or printer problems.
25. PATHOLOGY SERVICES

From 1st October 2013, pathology services will be provided as follows:

- **Blood Sciences** (haematology, biochemistry, blood transfusion services) will be provided by the Lewisham and Greenwich NHS Trust, from the laboratory at the Queen Elizabeth Hospital Greenwich.
- **Cellular pathology** (Histopathology and non-gynae cytology) will also be provided by the Lewisham and Greenwich NHS Trust, from the laboratory at the Queen Elizabeth Hospital Greenwich.
- **Microbiology** will be provided by the Dartford and Gravesham NHS Trust from the laboratory at Darent Valley Hospital.
- **Phlebotomy**: the phlebotomy service will continue at both QMH and Erith, provided by the Lewisham and Greenwich Trust.

QEH Pathology Helpdesk is open
- Monday - Friday 08.00 - 20.00hrs
- Saturday mornings 09.00 - 12.30hrs
- **Contact: 0208 836 ext.**
  - Helpdesk ext. 5738
  - Haematology ext. 5717
  - Biochemistry ext. 5723
  - Blood transfusion ext. 5716
  - Virology ext. 5695
  - Histology ext. 5681

1. Ordering

All pathology orders must be placed manually, using the forms provided in each clinical location. Where possible, please use addressograph labels for patient details to avoid errors.

Specimens should be put into the appropriate container and packaging and left in the designated place for collection by the porters.

Forms and containers will be topped up regularly, but additional supplies can be obtained from pathology reception if necessary.

2. User Guides

For staff employed by DGT or seconded to DGT, detailed user guides on all QEH and DGT pathology services will be accessible via ADAGIO, using a DGT Desktop PC.

The user guides provide full information and details of key contacts.

3. Specimen transport

- Blood Sciences and Cellular Pathology specimens will be transported once an hour to QEH between the hours of **times tbc**
- OOH’s or urgent samples outside the regular transportation times - Contact QEH on **0208 836 4594** and ask to telephone for a cab to take an urgent sample from QMH to QEH. You will be asked some details regarding requesting name and extension number. If you are asked for a cost code please quote **H13134**.
• Microbiology specimens will be transported twice a day to Darent Valley Hospital. The specimen runs will leave QMH at 9.00am and 2.30pm Monday- Friday, and 10.00am on Saturdays. If specimen analysis is required out of hours or on a Sunday, the procedures outlined in the User Guide must be followed.

4. Results

Blood Sciences and Cellular Pathology

Results can be accessed from QMH using the Clinysys Ward Enquiry

Microbiology

Results can be accessed at both QMH and DGT via a DGT desktop – use the short cut to pathology and select the DVH lab

5. Instructions when receiving Blood or Blood Products (Out of Hours 5pm - 8am)

Please contact the Laboratory at Queen Elizabeth Woolwich ext. 5716/5719 with any problems/queries.

• Out of hours blood box will arrive at switchboard.
• **Switchboard will bleep site manager/matron on arrival of blood box.**
• Blood will arrive in a sealed NHSBT transit box
• Check seal (green plastic tag) is in place. Contact laboratory if seal in not in place.
• Cut seal
• Check delivery label in front plastic sleeve of transit box.
• Check time of packaging and time of delivery on delivery label do not exceed 4 hrs.
• If time exceeds 4 hours- **DONOT UNPACK BOX.** Contact laboratory.
• If time is less than 4 hours proceed to unpack box.
• Complete Receipt log on bench in Transfusion Lab QMS.
• Complete Receipt log with time and date packaged at QEW (taken from delivery label).
• Complete Receipt log with time and date received and unpacked at QMS.
• Place red cells in Issue Fridge under patient surname.
• Place platelets on agitator.
• Check agitator is switched on prior to closing door (agitator will only move once door has closed).

Pathology Services for KCH - to follow

How to access results for KCH – to follow

Pathology sample pickups for KCH services from QMH to QEH by Bike 1 courier

• 09.00hrs, 10.00hrs, 12.00hrs, 13.45hrs, 15.15hrs
26. **PHARMACY**

Pharmacy located opposite main outpatients in Block A and provided by OFT
Contact ext. 4097

**Opening hours**

Monday to Friday
- 08.45hrs – 17.15hrs

OOH’s and weekends
- The supply of urgent medications (defined by those drugs which cannot wait until next working day) will be available via the emergency cupboard at QMH.
- At weekends wards are asked to ensure there is a full supply of drugs for the weekend by Friday afternoon.
- All discharges planned for the weekend must have had electronic discharge notifications completed by the Friday afternoon and drugs dispensed.

**Pharmaceutical advice OOH (Out Of Hours)**

- Pharmaceutical advice out of hours, contact the DVH OOH Pharmacist via DVH Switchboard on 01322 428100
- Pharmaceutical supply out of hours, use the QMH emergency cupboard
- The OOH Pharmacist will advise on an alternative medicine on the rare occasions when it is not available in the emergency cupboard. If supply medicine is deemed critical by a medical staff at QMH, (very rare occasion), Pharmacist will arrange for the item to be delivered from DVH (but accept there will be up to a 3hr delay in delivery of the item).

**Pharmacy Services provided include:**

- Medicine Purchasing
- Dispensing service
- Formulary enforcement
- Supply of stock drugs
- Supply, replenishment and distribution of emergency boxes (cardiac and anaphylaxis)
- Distribution of pre packs
- Clinical pharmacy service
- Emergency cupboard access

**Medicines information (MI)**

- Basic MI enquiries will be answered by QMH pharmacy staff in line with the current MI provision but complex MI enquiries or OOH enquiries regarding DGT patients will be processed by the Darent Valley Hospital (DVH) MI unit contact 01322 428525

**FP10s (DGT patients)**

- FP10s will be ordered from 3M via DVH
- QMH pharmacy will send a signed order to DVH
- DVH pharmacy will send the FP10s via a member of Pharmacy once a month to QMH
- Ad hoc supplies can be collected from DVH by QMH pharmacy staff on production of a valid secure order form.
27. STERILE SUPPLIES

*Details OFT microbiology*

*Kings and GSTT to detail*
28. HEALTH RECORDS

*Please note this is currently under review and a revised version will follow shortly*

New DGT patients and patients with existing DVH health records – outpatient appointments

- Health records will be collected by the receptionist from the QMH DVH prep room 24 hours before date of clinic at QMH or EDH.
- These notes will be fully prepped by health records staff and tracked to OPD with the clinic name and date in the comments.

Lewisham hosted outpatient appointments (ENT, Dermatology and Neurology)

- DVH health records will be used for all hosted Lewisham appointments and will be treated as above.

Lewisham run down, Diabetes and Endocrine outpatient appointments

- The health medical records will be supplied by Oxlea’s, using the original QMH medical records.

Pre assessment medical records

- Health records will be prepped by health records staff; tracked to pre-operative assessment clinic with a date in the comments and delivered to the Pre-operative assessment clinic.

Management of health records following outpatient attendance

- Health records will be boxed up and labelled, by clinic staff to the appropriate secretary.
- In the case of Haematology and Dietetics these will be labelled to return to DVH, for typing. These boxes will be put in the ECG room in outpatients awaiting collection by the medical secretaries.
- This room is to be cleared daily.

DGT patients booked for admission (TCI’s)

- These will be prepped and collected by the ward clerks.
- These will be made available two days before admission.

Lewisham patients booked for admission (TCI’s)

- At present all records are sent directly to the ward by QEH.
- Lewisham would like their records used for TCI’s - there is a potential risk if 2 sets of records are on the ward for the same patient. It is planned to have DGT notes on ward and photocopies put into Lewisham records after the admission.
EDH

- Health records will be delivered direct to OPD at Erith and staff there will prep the records as they do now.

Transporting medical records across sites

- Transport will be delivering health records to QMH and EDH twice daily with the provision of SOS journeys.
- If you need to have health records transported between Queen Mary’s Hospital, Erith District Hospital and Darent Valley Hospital please bleep the DGT health records team on bleep 750. They are located at the DGT prep room junction 6 level 1 of QMH and they will arrange transport.

Tracking health records

- Health records will be tracked on Patient centre (DGT PAS) and will be used for all movements of DGT health records.
- Manual, log book tracking, will be used for Lewisham health records handled by DGT staff.
- If medical records are not available at a clinic or admission contact Ext. 2866/4130/4419/2904

Requesting DGT health records

- Contact medical records at QMH on ext. 2866/4130/4419/2904
- Generic email addresses will be set up for each site TBC

KCH Health Records

- The prepped new and follow up records will arrive for the clinic as per the Clinic timetables provided and based on the current activity levels.
- Within those records will be a history sheets, labels and last clinic letter relevant to the speciality if available.
- Any specialty specific legacy clinical history, letters and discharge summaries contained within the QM notes will be copied by the Oxleas Team and added to the records pre clinic.
- Initially KCH will have to continue to use SLHT folders until supplies of KCH folders can be delivered and stored on the site.
- KCH folders will be used as iPM goes live so there is a clear cut over. Any SLHT folders used in the interim will be swapped out for Kings folders as patients attend post iPM implementation.
- It is planned that records for patients returning within 3 months will be stored on site but will have limited capacity to do so in the current location until the backlog of deceased notes have been removed off site.
- Records that cannot be held on site will be returned to the Thistlebrook library and transport is in place to support routine and urgent delivery of records between sites.
KCH Patient Records contacts:

Keiran Higgins, Records Service Team Manager, manages the Records Team and will act as liaison with the Oxleas Legacy Records Team who will lead on copying QMH Records. 
Contact: 0208 302 2549.
Email: Keiran.higgins@nhs.net

- Where copies of the legacy Queen Mary’s Hospital notes are required for planned activity the requester will provide a clinic/TCI lists as a minimum 7 days in advance of the attendance date and a refreshed list containing late additions two days prior to that date.
- If possible requesters are asked to give longer notice of the requirement
- Oxleas will deal with urgent requests on a best endeavours basis but may not be able to provide those copies until after the attendance.
- In the interim these list should be sent to the KCH Records Team at the QMH site who will liaise with QMH until an electronic request process is available.
- Oxleas will provide copies of the relevant specialty information in the form of clinical history, letters and discharge summaries for the previous two years attendances. Where more specific information is required eg previous birth records the requester should ensure that specific information is requested.
- The paper copy records will be sent to the requester via the internal transport system for routine requests and via courier for urgent requests. On receipt of the copy records they must be filed In the PRUH or Kings records folder by the requester.
- For areas where the copy records request is being submitted before a clinic/TCI list is available these should be put on the request sheets used across the Kings site for secretarial and other administrative requests for records and submitted for processing as outlined above,

GSTT Health Records

- GSTT will work to deliver Cancer Information Solution (CIS) as the patient’s medical record, thereby eliminating the need for paper notes.
- The established CIS "downtime" process identifies actions to maintain business continuity in the event of the lack of functionality of the CIS system, and the same processes would apply.

Legacy Medical Records

- Legacy medical records will be managed by Oxleas
- Requests for legacy medical records should be sent to oxl-tr.qmh-medicalrecordsrequests@nhs.net

Requests from DGT

- For all follow up appointments, that are mid pathway DGT Health Records staff will send a list of Healthcare requests, 7 days ahead of appointment date to QMH Legacy staff
- Legacy health records will photocopy relevant paperwork and send to DGT prep room.
29. CODING

DGT and LGT

- DGT clinic outcome forms are being updated at QMH to cover all eventualities and provided for each outpatient appointment.
- Consultant staff complete this at the end of each consultation.
- Clinic nurses collect all forms

KCH

- A clinical coder will be based in the current wheelchair centre with the records team.
- The KCH outpatient service will need to ensure the clinic outcome forms are delivered to the coder.
- The coding team will ensure that coding is completed to the required standards.

Bernice Lloyd, Head of Coding Assurance and Optimisation and is accountable for the Coding Service across all KCH sites.
Contact: Bernice.lloyd@nhs.net

Sue Myles, Coding Manager manages coding for KCH patients at QMH.
Contact: Suemyles@nhs.net

GSTT

To follow - Chemotherapy
30. INFECTION PREVENTION AND CONTROL (IPC)

A. Infection Prevention and Control for Oxleas

Oxleas is responsible for any infection control issue relating to the site infrastructure (e.g. water supply) or site facilities (e.g. kitchen). Any routine requests for support or advice should be submitted via the helpdesk. For urgent, specialist advice please contact:

Telephone: 01322 625700 ext 5872
Email: helen.nicholls@oxleas.nhs.uk

Infection Prevention and Control for DGT and LGT Departments

The IPC Nursing Team are available 09.00 – 17.00, Monday to Friday and based at Darent Valley Hospital.

Telephone - 01322 428812 (leave a message)
Bleep - 01322 428100, say bleep desk and bleep number 768 or 769

OOH’s - advice can be obtained from the Microbiologists who can be contacted on 01322 428100 and ask the operator to bleep the on call Microbiologist

The team will visit QMH site regularly and undertake a range of proactive work including audits of practice Saving lives, hand hygiene and MRSA screening compliance for example and environmental audits.

The team aim to work in close collaboration with the site teams to ensure patient safety is a priority. Please feel free to contact the team as often as you wish, no question is a silly question and the team’s primary aim is to support you and your patients.

All microbiology samples for DGT patients and LGT patients including Inpatients, Day Case Outpatients, LGT hosted and legacy/run down patients. These will be processed via the Microbiology Laboratory at Darent Valley. We will inform the relevant clinical teams of any positive results.

The clinical teams will follow the IPC policies and procedures which are available on ADAGIO:

- Blood Culture Policy
- Cleaning/Disinfection Policy
- Clostridium difficile Management Guidelines
- Control of Glycopeptide Resistant Enterococci Management (GRE) Guidelines
- Control of Infestations Guidelines: Scabies, Head Lice, Pubic Lice, Body Lice
- Control of Multi- Resistant Gram Negative Bacilli
- Faecal Management System (FMS) Use Guidelines
- Hand Hygiene Policy
- Infection Control Policy
- Insertion, Management, Removal and Prevention of Associated Infections of all Central Venous Catheters
- Isolation Policy
- IV Peripheral Cannulation Policy
• Mattress Policy
• Meningococcal Meningitis/Septicaemia Guidelines
• MRSA (Methicillin Resistant Staphylococcus aureus) Management Policy
• Nor virus / Gastroenteritis Guidance
• Probiotic treatment for the reduction of ADD (Antibiotic Associated Diarrhoea) and Clostridium difficile
• Transmissible Spongiform Encephalopathy (TSE) Including Creutzfeldt-Jacob Disease (CJD) Management Guidelines
• Tuberculosis (Including MDR TB): Suspected or Confirmed Management Policy
• Varicella Zoster Virus (VZV) Chicken Pox and Shingles Management Guidelines
• Viral Haemorrhagic Fever (VHF) Management Guidelines

The antimicrobial guidelines can also be found on ADAGIO:

• Introduction
• Individual Antibiotics Indications
• Antibiotic Guidelines: (Antibiotics of Choice Guideline)
• Automatic Stop Date & IV to Oral Switch Policy Relating to Antibiotic Usage
• Fungal Infections in Haematology Patients – Prevention and Management Guidelines
• Immunisation and Antibiotics for Adult Patients with Absent or dysfunctional Spleen Guideline
• Probiotic treatment for the reduction of ADD (Antibiotic Associated Diarrhoea) and Clostridium difficile
• Prophylaxis (other than Surgical)
• Malaria Guidance
• Sepsis Initial Management – 2112 Guidelines
• Surgical Prophylaxis
• Surgical Antimicrobial Prophylaxis for Patients Colonised with MRSA

Infection Prevention and Control for LGT Departments

Telephone Debbie Flaxman 020 8333 3263
Email: df فلاخم@nhs.net
OOH’s: advice can be obtained from the Microbiologists who can be contacted on 020 8302 300 and ask the operator to bleep the on call Microbiologist

Infection Prevention and Control for KCH Departments

Telephone 020 3299 3030 ext. 4958
Email: erika.grobler@nhs.net
OOH’s: contact On Call Manager for Kings through switchboard on 020 3299 3030

Kings staff will follow the Kings Infection Control and Prevention Policies and Procedures.

In the event of a Control of Infection incident the Clinical Site Practitioner and Infection Prevention control will liaise with the Deputy Director of Infection Control and Prevention Erika Grobler.
Infection Prevention and Control for GSTT Departments

Telephone: 0207 188 4811 (direct line)
Email: michael.flynn@gstt.nhs.uk
OOH’s: Contact GSTT switchboard 0207 188 7188 to speak to the Site Nurse Practitioner.

GSTT will follow the GSTT Infection Prevention and Control Policies and Procedures
The responsible officer for GSTT is the Lead Chemotherapy Nurse Michael Flynn.
In the event of Michael Flynn being "out of office," then any e-mail will clearly direct the DGT team to the appropriate person to contact in his absence

B. Management of norovirus/gastroenteritis (Outbreak Management)

- Infection control will lead the process and escalate to all relevant providers as detailed above.
  - Outbreak in hours the Infection Control Department at DVH will need to be contacted. Infection Team will then contact OFT
  - Out of hours the Site manager at DVH and the On Call Manager will be informed. The Oncall manager will inform OFT
  - The infection Control team will arrange the outbreak meetings on the QMH site
  - Other providers will be contacted (as above) if the outbreak affects their services
- Guidance on the management of Norovirus/Gastroenteritis is available on DGT ADAGIO in Policy Number: PCD073 ‘Norovirus/Gastroenteritis Guidance’.
- In the event of a suspected Norovirus/Gastroenteritis outbreak on the QMH site it is important to make sure that both the Infection Control lead at DGT and the Infection Control lead at Oxleas are contacted.

DGT Infection Control Lead
Linda Dempster (Head of Infection Control) – 01322 428100 ext. 8511 or bleep 769
Sheenagh Lamdin (Infection Control Nurse) – 01322 428100 ext. 8812 or bleep 768

OFT Infection Control lead
Helen Nicholls (Infection Control Nurse) – 07796260357
C. Water Returns

Water returns are the responsibility of OFT

Process for completing water returns

- Identified locations are required to send a water management return form to a generic e-mail address - slh-tr.watermanagement@nhs.net
- Submission week runs from 00.00 on Monday to 23.59 on Sunday.

Areas either submit:
- a ‘Yes’ - Flushing Request (FR) – in which case flushing will be carried out by Estates Maintenance Staff
- a ‘No’ - No underused outlets (Nil) – which means that water outlets are in frequent use – OR that staff in the area are carrying out flushing themselves – staff can list on form which areas they have flushed.
- Job Sheets for all areas which require flushing are prepared and distributed to Estates Staff to carry out flushing.
31. OVERSEAS PATIENTS

OFT

- The urgent care centre occasionally treats overseas visitors but this is considered first line treatment and therefore not chargeable.

DGT

*To follow*

LGT

- This will be picked up as per LGTs Overseas Visitor Policy.
- Booking and payment will be managed through QEH

KCH

- KCH services at QMH should seek advice from the KCH Overseas Patients Team
- **Contact:** kch-troverseasvisitors@nhs.net

GSTT

- Patients being treated on the QMH site will be under the care of GSTT.
- Access and entitlement to treatment will be subject to the over-arching GSTT policy: GTi policy - Overseas visitors policy (2002)
- GSTT has a dedicated Overseas Visitors department which can be contacted directly on **0207 188 3201 or 0207 188 3202.**
- A GSTT practitioner or manager would contact this service if required.
32. SAFEGUARDING

Process for managing safeguarding issues

- The initial contact point is the Site Manager
- The Site Manager will assist the person reporting the Safeguarding Issue in making a referral to Social Services (via Form AP1 on Adagio)
- The Site Manager will give support and advice to staff on duty in agreeing an interim safeguarding plan to ensure the patient is safe and protected.
- The Site Manager will escalate the safeguarding concern to the relevant provider safeguarding lead.

DGT

- Vulnerable Adults Lead - Lesley Goldsmith
  Contact: 01322 428865
- Social Services Duty Officer
  Contact: 0845 762 6777

OFT

- Children’s lead - Carolyn Pilkington.
  Contact: 01322 625029.
- Adults Lead - Jo Daley.
  Contact: 0203 260 5107.
- OOH’s concerns should be escalated to the community services manager on call
  Contact: 01322 294300.

LGT

- Safeguarding lead is Paul Hodson
- Contact details to follow

KCH

KCH Safeguarding policies for children and adults are available to view on Kwiki.
Key contacts:

Children
- Martha Ford Adams, Named Doctor – KCH switchboard, ext. 2931/3931 – pager KH3984
- Rosalinda James – Named Nurse - KCH switchboard, ext. 1185
- Liz Hicks – Named Midwife - KCH switchboard, ext. 3084 – pager KH4776
- Catherine McGarrity – Senior Clinical Nurse Specialist – KCH switchboard – ext. 1181 - pager KH3273
- Joanna Wright – Clinical Nurse Specialist – KCH switchboard – ext. 1189 – pager KH1185

Adults
- Lindsey Batty-Smith batty-smith@nhs.net – KCH switchboard – ext. 1773/7145 - pager KH3015
GSTT
Lead Contacts:
Mala Karasu – mala.karasu@gstt.nhs.uk
Contact 0207 188 9186 - Bleep 2506

Angela Smith – angela.smith@gstt.nhs.uk
Contact 0207 188 7188 ext. 53295 or Bleep 2506

OOH's concerns should be escalated to the Site Nurse Practitioner.
Contact GSTT switchboard 0207 188 7188
33. GOVERNANCE

TO ADD FOLLOWING QMH PROVIDER MEETING 29.10.13
34. PATIENT ADVICE LIASON (PALS) AND COMPLAINTS

The PALS service is based in the reception area of B Block at QMH. The service is contactable on 020 8308 5449 and via QMH-PALS@oxleas.nhs.uk

The PALS Office will triage all concerns and complaints received, forwarding to the relevant provider services for action and response. It will also deal with and seek to resolve any issues that relate to the site or facilities.

DGT Complaints Process

- PALS leaflets relating to DGT services will be available on site
- Simple queries will be dealt with where possible on site, however, more complex issues will be forwarded to the DGT PALS officers to deal with either via telephone from the Oxleas Patient Relations Manager or the patient will be advised to contact DGT PALS direct on 01322 428436 or 01322 428435
- PALs queries will be logged on DGT DATIX system, with a drop-down box identifying it as a QMH issue
- Complaint letter sent into QMH will be scanned by the PALS/Admin Assistant and emailed direct to the Complaints Department at DGT complaints@dvh.nhs.uk and the original letter will be sent via the internal post
- DGT will acknowledge within 3 working days
- The complaint will be logged onto the DGT DATIX system; there will be a drop-down box on DATIX to enable us to identify the complaint as a QMH complaint
- Any medical records that DGT need sight of in order to answer the complaint can be scanned and emailed across
- The DGT Complaints Procedure will be followed and can be accessed through ADAGIO.

LGT Complaints Process

LGT staff will follow the Policy and Procedure for the Management of Patient Complaints May 2013

- Telephone PALs: 020 8333 3000 ext. 3355
- Email: pals@lewisham.net
- Unit Manager: sarah.bolton1@nhs.net
- Urgent complaints and OOH’s contact the site practitioner via Lewisham switchboard 020 8333 3000

KCH Complaints Process

KCH staff will follow the Policy for Patient Complaint Handling

- Telephone: 020 3299 3030 ext. 3983
- Email: sophiedalton@nhs.net
- Patient Complaints Officers: 020 3299 3030 ext. 4501/4502/1760
- OOH’s: contact On Call Manager via the PRU switchboard 01689 86300.

Head of Patient Relations and Complaints is Sophie Dalton
Patients Complaints Offices are also available to provide support and advice
GSTT Complaints Process

GSTT staff will follow Concerns and complaints policy (Making Experience count) version 1 (GTi policy)

- **Telephone:** 0207 188 8569
- **Email:** lynn.everett@gstt.nhs.uk
- **Urgent Complaints and OOH's:** contact the Site Nurse Practitioner via 0207 188 7188.

The Directorate clinical governance facilitator is Lynn Everett who reviews any complaints received about services in the directorate.

Patients using the chemotherapy service at QMH will be signposted through to the PALS service at GSTT, as required. They will also have access to literature and leaflets about the PALS service.
35. **EMERGENCY PREPAREDNESS**

**Business Continuity – QMH**

*To follow following Business Continuity, Major Incident and Lockdown Plan workshop (all providers) 24.10.13*

**OFT**
- Lockdown and evacuation policy under revision.
- Equipment required detailed.

**DGT Business Continuity plans**
- Emergency business continuity action cards for site manager/hospital incident manager/wards/departments for power failure in place.
- Emergency folder/incident command centre equipment box in place.
- Lockdown and evacuation policy under revision.

**LGT Business Continuity plans**
- *To follow*

**KCH Business Continuity plans**

These are currently being reviewed as all departments will have plans from SLHT.

If any incidents/issue occur and potentially will compromise clinical services contact David Barber, Interim Ophthalmology Manager QMS & PRU

**Telephone:** 0208 302 2678  
**Email:** David.Barber3@nhs.net  
**OOH's:** On Call Manager via the PRU switchboard 01689 86300

**GSTT Business Continuity plans**

The Business Continuity plan for QMH reflects the existing arrangements for managing major or emergency incidents at GSTT.

The GSTT business continuity plan has been approved at directorate and Trust levels.

Chemotherapy is recognised as a critical and priority service and so patients/the service would only be suspended in exceptional circumstances.

**Telephone:** 0207 188 4811 (direct line)  
**Email:** michael.flynn@gstt.nhs.uk  
**OOH's:** Contact GSTT switchboard 0207 188 7188 to speak to the Site Nurse Practitioner.
Major incident – QMH

To follow following Business Continuity, Major Incident and Lockdown Plan workshop 24.10.13

OFT
•

DGT
• This is linked to the Business Continuity plan as not a receiving hospital for a major incident

LGT
•

KCH
• If any incidents occur which will potentially compromise clinical services contact David Barber, Interim Ophthalmology Manager QMH & PRU

Telephone: 0208 302 2678
Email: David.Barber3@nhs.net
OOH’s: On Call Manager via the PRU switchboard 01689 86300

GSTT
• The contact for raising a major incident requiring GSTT employees/services to contribute would be via the Silver Commander.
• The Silver Commander can be contacted, as required, in both "in" and "out" of hours settings.
• The "Silver Commander has the knowledge and capacity to coordinate the Trust response and escalate as required.
• In the event of a major incident, it is likely that senior clinical and managerial personnel from the Oncology and Haematology directorate would be contacted.
• The principles of the GSTT Major Incident plan would also apply.
36. CAR PARKING

All existing staff parking permits are being honoured in October 2013, during which time a new application process will commence. In addition, the temporary passes available during September will continue to be accepted.

Salary sacrifice schemes are managed at an employer level, and therefore staff will need to check how monies are recovered at an organisational level.

Euro Car Parks manage the car park contract on behalf of Oxleas. Any queries should be directed to the parking booth in the main B block car park.

DGT

Staff based QMH

- There will be no change to car parking rates at QMH for staff who currently have a car parking pass. Deductions from salaries will continue from 1 October 2013, but DGT will not be operating a salary sacrifice scheme
- New staff will be apply for a parking pass as per the QMH car parking policy

DGT staff visiting QMH

- DGT has a limited number of passes which will continue to be allocated to staff regularly working at QMH
- Awaiting confirmation on the number of passes to be allocated to DGT.
- Once allocation confirmed DGT plan to provide passes to staff who will regularly travel to QMH where the cost to the Trust will be lower than the cost of using patient car parks.
- In the meantime, staff who travel to QMH on Trust business can reclaim the cost of parking as an expense.
- Arrangements for claiming expenses are on Adagio.

LGT/ KCH/GSTT to follow--
37. CATERING

- The catering service is managed by Oxleas
- DGT will provide nutritional advice to the catering department
- Any catering requests should be made via the estates helpdesk

**Contact:** 020 8302 2678 Ext. 4030
**qmh-estateshelpdesk@oxleas.nhs.uk**

**Ordering Snack boxes if required**

- Please complete the Snack Box Menu Card and obtain an authorisation signature from the nurse in charge.
- Snack boxes cannot be issued without an authorised signature.

**09.00 to 18.30hrs – 7 days a week**

- Take completed Snack Box Menu Card to the main kitchen where the individual order will be assembled within 60 minutes.

**OOH’s**

- Bleep the Site Practitioner on Bleep 803 and request a vegetarian or non-vegetarian snack box, specifying if it needs to contain soft items.
- Complete the menu card.
- Take the snack box request to the Site Practitioner.
- Site Practitioner will access the refrigerator and take the requested items.
- Completed authorisation form is to be left in the refrigerator.

**Ordering Snack meals**

- Please complete the Snack meal Menu Card and obtain an authorisation signature from the nurse in charge.
- Snack meals cannot be issued without an authorised signature.
- Snack meals are provided for patients who may have missed a meal due to theatre, diagnostic treatment/treatment appointment

**This is available 11.00-18.00hrs - 7 days a week**

- Telephone main kitchen on 4313 and request a snack meal, specifying patient’s choice.
- Complete the Snack Meal Menu Card.
- The meal will be delivered by a porter
- Sign the completed Snack Meal Menu Cards to state it has been received
- Hand the signed form to the porter
38. CLEANING

- The cleaning service is managed by Oxleas.
- Cleaning schedules should be displayed in all clinical areas, but can be requested via the estates helpdesk who will liaise with the provider, OCS.
- Any shortfalls in the service should first be discussed with the domestic carrying out the role. If this does not address the concerns it should be reported to the duty site supervisor. Should this not resolve the difficulties the matter should be referred to the estates helpdesk for escalation/resolution.
- Additional cleaning can be requested via the helpdesk.
- Requests for cleaning should be requested via the estates helpdesk. Contact: 020 8302 2678 Ext. 4030 qmh-estateshelpdesk@oxleas.nhs.uk
39. COMMUNICATIONS

OFT

DGT
- Glyn Oakley
  Head of Communications
  Tel: 01322 428255
  Email: glyn.oakley@dvh.nhs.uk

LGT
- Communications
  Tel: 020 8333 3297
  Email: communications.lg@nhs.net

KCH
- Communications Team
  Tel: 020 3299 3257 or by emailing
  Email: kch-tr.mediateam@nhs.net

GSTT
- Communications
  Tel: 020 7188 5577
  Email: communications@gstt.nhs.uk

Bexley CCG
- Lucy Huitson
  Communications Manager
  Tel: 020 8298 6121
  Email: lucy.huitson@bexley.nhs.uk

- Jon Winter
  Assistant Director Communications and Corporate Services
  Tel: 020 8298 6237
  Email: jon.winter@bexley.nhs.uk
  Web: www.bexleyccg.nhs.uk

London Borough of Bexley
- John Ferry
  Head of Communications
  Tel: 020 3045 4867
  www.bexley.gov.uk

- OOH's:
  Tel: 020 8303 777
Clinical Engineering Department

- The Clinical Engineering Department is responsible for the management and maintenance of medical equipment at QMH.
- The workshop is located in the service corridor, ground floor, block B of QMH.

How to report a fault

- Any problem with a piece of medical equipment (excluding diagnostic imaging or laboratory equipment) should be reported to the estates helpdesk on ext.4030. If calling from outside the Hospital premises or from a mobile, the full number is 0208 302 2678 ext 4030.
- The estates helpdesk is staffed from 08:00 to 16:00, Monday to Friday (excluding public holidays). Outside of these hours, caller should leave a message on the automatic message service and include the following information:
  - Asset Number and description of device
  - Comprehensive description of fault
  - Caller’s name, department and contact number
  - Caller to keep a record log number, fault reported, date, time and any information provided

- Large equipment such as diagnostic imaging or laboratory equipment is managed under under contract which each individual department will have details of
41. ESTATES HELPDESK

Contact:
020 8302 2678 Ext. 4030
qmh-estateshelpdesk@oxleas.nhs.uk
42. FIRE

Fire ring 2222

Fire response team

- All members of the fire team are issued with a personal bleep.
- Switchboard carries out a fire test twice a day at 09.30hrs and 17.00hrs.
- Initial fire response team consist of:

  In hours:
  - Site Manager
  - Porter x 2
  - Electrician
  - Security x 2

  OHH's:
  - Site Manager
  - Porter x 2
  - Security x 2
  - Step up Step down Senior Nurse

On receipt of a call on the fire bleep:

- One member of the security team with a radio will proceed to the rendezvous point, meet the Fire Brigade and relay any information received from the fire team, escort them to the location of the alarm activation if required.
- Remainder of the team will proceed to the fire zone/ward area/department and liaise with other members of the fire team and/or the person in charge locally to determine the fire or false alarm status and report via radio to the member of the fire team meeting the fire brigade.
- If the cause of the alarm is not immediately apparent, organise a search and man all points of entry to ensure staff/patients/public do not enter the area.
- If there is a confirmed fire, commence a co-ordinated evacuation of the ward/department led by the Site Manager.
- Only tackle the fire if it is safe to do so and following the completion of the evacuation.
- The fire response team are responsible for the incident until the arrival of the Fire Brigade.
- Liaise with the Fire Brigade on their arrival and assist where required.
- Do not reset the fire alarm unless instructed to do so by the Fire Brigade.

Evacuation Procedure

- Activating the fire alarm call point (break-glass release button) when a fire is discovered or the operation of a smoke detector will sound the fire evacuation signal in the department or ward of origin.
- When the department receives a fire alarm evacuation signal the following actions must be taken prior to the arrival of the Fire Brigade:
  - Fire wardens carry out an immediate sweep search of the whole ward/department including toilets, kitchens and cupboards to ascertain the cause of the alarm.
  - Fire wardens/nominated person meets the Fire Team on their arrival.
  - If a confirmed fire in clinical area commence progressive horizontal evacuation of patients to an adjacent ward/department.
  - The fire team will assist with evacuation.
• Evacuate all visitors and non-essential staff to the designated assembly point outside the building.
• At no time should staff put themselves at unacceptable levels of risk.
• If no fire can be located re-assure patients and await the arrival of the Fire Brigade.
• Do not re-enter the building until the Fire Brigade confirms that it is safe to do so.
• The Site Manager will enter Woodlands Mental Health Unit and if evacuation is necessary the Senior Nurse of Woodlands would coordinate this.

Responsibilities:

OFT
• Fire alarm testing will take place every Tuesday morning.
• Carry out a fire risk assessment for all departments.
• Lead on call point testing & drills and feedback any issues or concerns to Tenants
• Provide a fire safety policy and protocols to ensure compliance with all relevant fire legislation and/or regulations
• Provide fire safety training to Tenants in relation to local fire risks, departmental / ward evacuation procedures, giving consideration to the nearest protected route and exit points.
• Provide periodic general fire safety training on QMH site.
• Provide training to the fire response team
• Provide suitable and sufficient evacuation plans for the site and will put up and maintain appropriate signage
• Maintain and keep free of obstruction all communal emergency exit routes, including stairs, corridors, final exit doors and fire escape routes.

Tenants
• Cooperate with all fire and safety policy and protocols.
• Ensure all staff attend in accordance with their own organisation fire safety / mandatory training
43.  GENERAL OFFICE

*There currently is not a General Office on the QMH site. This is currently being reviewed*

Cashier service

**DGT**

**Reimbursement of travel costs to patients in line The Hospital Travel Costs Scheme**

- Patients who are eligible for travel cost reimbursement need to fill out a Department of Work & pensions form (HC5 – orange form) to be issued to patients to complete and claim. These forms are then sent to NHS Business Services detailed in the HC5 form that will refund the travel costs by sending a cheque.
- HC5 forms are available at main reception and QMH PALs office. Please ensure that the HC5 form is stamped with DVH details.
- Alternatively patients can claim these costs from DVH cashier office on the ground floor.
- Processed forms for DGT that may get inadvertently sent to QMH for payment should be forwarded to Accounts Payable, Finance Department, Darent Valley Hospital, Darenth Wood Road, Dartford Kent DA2 8DA

**Paying for such things as blood tests, treatments or x-rays**

- Payments for anything done at QMH such as the above can be paid over the phone through the Financial services office at Dartford and Gravesham NHS Trust head office on **01322 428306 or 01322 428302**. Payments can be made by cheque, credit or debit card.

**Queries with regards to cashier services - DGT**

- For queries about cashiers services please contact the Financial services department at DGT head office on **01322 428306 or 01322 428302** or speak to Mary Longden the cashier at DVH on **01322 428100 ext. 4618**.

**LGT**

- Not required for Lewisham patients - **TBC**

**KCH**

- There will not be a cashier service on site for KCH services.
- This will be based at the PRU and at KCH.
- Arrangements are being made for patients to seek reimbursement for patient transport costs via post if this is more convenient. **Details to follow.**

**GSTT**

- Patients with entitlement to reimbursement of travel cost or other financial assistance will be directed by nursing staff to the availability of the cashier’s service at GSTT.
- Nursing staff will support patients, as required, to ensure that they receive this support.
44. HEALTH AND SAFETY

- All health and safety issues should be reported to the estates helpdesk

  **Contact:** 020 8302 2678 Ext. 4030
gmh-estateshelpdesk@oxleas.nhs.uk

- If the matter is urgent, this should be stated on the call
- In-hours this will be escalated to a senior member of the Oxleas site management team for action.
- Out of hours, serious health and safety issues should be escalated to the on-call manager for Oxleas.
- Reporting staff should complete an incident form in line with their organisation’s incident reporting procedure.

**DGT**
*To follow*

**LGT**
*To follow*

**KCH**
Accidents / Near Misses should be reported by the most senior KCH officer on site and on Datix

**GSTT**
Staff would report Health and Safety issues to Michael Flynn, Chemotherapy Nurse Consultant
**Email:** michael.flynn@gstt.nhs.uk
**Telephone:** 0207 188 4811 (direct line)

Staff has access to the GSTT "Datix" risk and clinical incident reporting system

Occupational health would be provided to GSTT nurses by the GSTT service based at St Thomas Hospital - 0207 188 4152 (Monday to Friday, 9am to 5pm).

Environmental Health and safety issues would be reported directly to the site manager with the Lead Chemotherapy nurse copied in. **(Contact number)**

Reference: GTi policy - Health and Safety policy version
45. INTERNAL TRANSPORT

DGT

<table>
<thead>
<tr>
<th>Pick up time</th>
<th>Hospital</th>
<th>Department</th>
<th>Delivery Time</th>
<th>Hospital</th>
<th>Department</th>
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<tr>
<td>8.00</td>
<td>DVH</td>
<td>Medical Records</td>
<td>8.45</td>
<td>QMH</td>
<td>Medical Records</td>
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<td>9.00</td>
<td>QMH</td>
<td>Pathology &amp; Medical Records</td>
<td>9.45</td>
<td>DVH</td>
<td>Pathology &amp; Medical Records</td>
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<tr>
<td>11.30</td>
<td>QMH</td>
<td>Medical Records</td>
<td>12.15</td>
<td>Erith</td>
<td>Medical Records</td>
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<tr>
<td>12.30</td>
<td>Erith</td>
<td>Medical Records</td>
<td>13.15</td>
<td>QMH</td>
<td>Medical Records</td>
</tr>
<tr>
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<td>DVH</td>
<td>Medical Records</td>
<td>14.15</td>
<td>QMH</td>
<td>Medical Records</td>
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<tr>
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<td>QMH</td>
<td>Pathology &amp; Medical Records</td>
<td>15.15</td>
<td>DVH</td>
<td>Pathology &amp; Medical Records</td>
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<td>16.00</td>
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<td>Post Room</td>
<td>16.45</td>
<td>Erith</td>
<td>OPD</td>
</tr>
<tr>
<td>17.00</td>
<td>Erith</td>
<td>OPD</td>
<td>17.45</td>
<td>DVH</td>
<td>Post Room</td>
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<td>Saturday</td>
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<tr>
<td>10.00</td>
<td>QMH</td>
<td>Pathology</td>
<td>10.45</td>
<td>DVH</td>
<td>Pathology</td>
</tr>
</tbody>
</table>

To book a taxi for OOH’s or urgent transfer of bloods, equipment, staff (only if approved by site manager) and medical records:

- Contact main reception on **ext. 4188** during the day or Switchboard OOH’s who will arrange transfer with ABBADART.
- This is for DGT services transporting items across site to DVH, EDH, QEH, PRUH, or a London Hospital if required.
- Reception will contact ABBADART on **Tel: 020 8300 1982** and provide a reference number prefixed with the letter ‘A’.
- If there is not a reference number the request will not be accepted.
- Reception/Switchboard will record the booking and this will be made available to the DGT General Manager on a weekly basis.
46. LINEN AND LAUNDRY

- Linen and Laundry service is managed by Oxleas
- Any linen or laundry requests should be made via the estates helpdesk
- Oxleas will provide a full bed and theatre linen hire system.
- Top up linen service will be provided to all areas to an agreed linen stock and delivery schedule

Contact:
020 8302 2678 Ext. 4030
qmh-estateshelpdesk@oxleas.nhs.uk
47. **MEDICAL GASES**

- Medical Gases are the responsibility of OFT and will maintain the Medical Gas Pipeline System in accordance with HTM 02-01 Parts A&B.
- Bottled medical gases are stored in a secure located adjacent to the Estates and Facilities building.
- Portering staff are responsible for the organisation of the storage facility and split the store into separate sections for empty and full canisters.
- BOC are the supplier of bottled medical gases and provide a weekly delivery service. Empty bottles are removed and stock levels are refilled. This includes provision of portable Entonox bottles for community midwifery services.
- Any defective cylinder or leakage of gas must be reported to the estates helpdesk.
- Requests for a new cylinder or replace an empty cylinder should be made via the estates helpdesk.

**Contact:** 020 8302 2678 Ext. 4030  
gmh-estateshelpdesk@oxleas.nhs.uk
48. MEETING/TRAINING ROOM BOOKINGS

- All meeting and training room requests should be made via the estates helpdesk.
- Room bookings for the current week are displayed on the doors of all available rooms, along with details of how rooms can be booked.
- **Contact:** 020 8302 2678 Ext. 4030
  qmh-estateshelpdesk@oxleas.nhs.uk

- Facilities available:

<table>
<thead>
<tr>
<th>Training Rooms</th>
<th>Numbers</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminar room 1</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Seminar room 2</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Seminar room 1 and 2</td>
<td>70</td>
<td></td>
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<tr>
<td>Debrief</td>
<td>8 - 12</td>
<td>8 for comfort</td>
</tr>
<tr>
<td>SIM</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Holly</td>
<td>5 – 6</td>
<td>Small meeting room</td>
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<tr>
<td>DGT IT training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
49. MINOR WORKS PROCESS

Contact:
020 8302 2678 Ext. 4030
qmh-estateshelpdesk@oxleas.nhs.uk

Response Times
- Standard Response Times applied Monday to Friday - 08:00 to 17:00 hrs.
- For requests OHH’s the Contractor will meet the same standard response times as specified below.
- The required Response Times for all reactive service calls/ requests will be:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Attendance Time</th>
<th>Completion Time</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>Within 1 hour minutes</td>
<td>Within 4 hours</td>
<td>Threat to health and safety of staff, patients and visitors, loss of essential services or damage to the fabric of the building e.g. occupied lift failure, severe flooding, structural collapse, fire, certain safety hazards, clinical risk (infection and or contamination) and local power failure to an electrical sub-circuit.</td>
</tr>
<tr>
<td>Priority 2</td>
<td>Within 4 hours</td>
<td>Within 24 hours</td>
<td>Disruptive effect on the delivery of healthcare e.g. local electrical failure to a lighting circuit, security failure, tripping hazard, toilets, sinks, macerators.</td>
</tr>
<tr>
<td>Priority 3</td>
<td>Within 2 working days</td>
<td>Within 5 working days</td>
<td>Does not immediately affect the delivery of healthcare but is likely to within 24 hours e.g. blocked WC drain, replacement luminaire lamp, damage to the building fabric. Inconvenient or causes a nuisance and the Maintenance Staff shall attend at the appropriate location within 120 hours e.g. Blocked toilets, local electrical failure, a lighting circuit, sticking door, loose handle, touch up paintwork, small building works.</td>
</tr>
<tr>
<td>Priority 4</td>
<td>Within 28 days</td>
<td></td>
<td>Provide written quotation to Trust’s Representative(s) for authorisation.</td>
</tr>
</tbody>
</table>

 note: Policy guideline as of [insert date]. Updates and modifications are subject to approval. This section is reviewed and updated annually.
50. NHS PROFESSIONALS INTERIM BOOKING PROCESS

Interim Process for workers to book bank shifts via NHS Professionals (NHSP):

- Worker informs NHSP when they are available to work. NHSP will offer and book shifts or will log the worker’s availability.

  Or

- The worker will book the shift with the manager of the ward/department who will inform NHSP via the booking sheet.

- The manager will confirm the shift has been worked on the booking sheet and release for payment to the worker.

- In time the worker will book shifts via the internet using their own login – a login and training will be provided by NHSP.

Interim process for managers to request shifts from NHSP:

- The manager agrees the need for a ‘bank’ shift and arranges for a worker, who has registered with NHSP and been cleared for work, to undertake the shift. The booking form is completed and e-mailed to NHSP.
  
  or

- The manager requires a shift, completes the booking sheet and e-mails the request to NHSP.

- When NHSP fill the shift they will contact the manager using the extension number listed on the form to let them know who to expect. The information will also be loaded onto the booking sheet and e-mailed to the manager.

- When the shift has been completed the manager will confirm all the information is correct and agree to release for payment using the booking sheet.

- A General Manager or Matron’s authorisation is required before allowing NHSP to book agency.

- In time the manager will book and confirm shift via the internet using their login – a login and training will be provided by NHSP.
51. PORTERING

- Portering service is managed by Oxleas
- Porters should be requested via the estates helpdesk

Contact:
020 8302 2678 Ext. 4030
qmh-estateshelpdesk@oxleas.nhs.uk
52. POST

- Post will be delivered to departments daily in the morning.
- Outgoing mail should be delivered to the post room in B block (rear corridor, near to stores).
- External post will be franked for all organisations

Contact:
020 8302 2678 Ext. 4030
qmh-estateshelpdesk@oxleas.nhs.uk
DGT Departments
The Procurement department covers the following areas

1. Ordering of goods and services
2. Receipting of goods and services (GRN – Good received note)
3. Quotation & Tender support & advice
4. Materials Management
5. General Procurement Issues

The following information provides an overview and contact details for all of these areas.

1. Ordering of goods and services

- Goods and Services can be ordered into the Trust via a ‘Stock’ or ‘Non Stock’ route.
- The buying for your department will be carried out on site and their role will be to support you throughout the procurement process, however a brief description of how to order can be seen below.

STOCK

- Stock orders will come through NHS Supply Chain and can be accessed using the following link: [http://my.supplychain.nhs.uk/catalogue](http://my.supplychain.nhs.uk/catalogue)
- Wards and departments will have access to the system to order from a standardised list of products. These products will be your core day to day items.
- A Material Management service will also be in place to cover the wards.
- Full training will be provided to all new staff using the system, and further on-going support is always available. Please see contact details below:
  - Deputy Head of Procurement - elaine.druggan@dvh.nhs.uk
  - Telephone: 01322 428214

NON STOCK

- Any orders that cannot be placed through NHS Supply Chain are classed as ‘Non Stock’. A Non Stock order request can be placed through the Integra system, which can be accessed using the following link, or via the Dartford & Gravesham NHS Trust intranet page: [http://dvhfinweb01:8080/eseries/](http://dvhfinweb01:8080/eseries/)
- The Integra system is an integrated system that is utilised by Procurement and which ensures that the purchase to pay process is very streamlined.
- Full training will be provided to all new staff utilising the system, and further support is always on hand from the Procurement Systems Team whose contact details are:
  - Procurement Systems Manager - paul.mittoo@nhs.net
  - Procurement Systems Assistant - michael.lane1@nhs.net

  Email: integraprocurementissues@dvh.nhs.uk
  Telephone 01322 428209
2. Receipting of goods and services (GRN – Goods received note)

- All receipting of goods and services must be actioned via the goods inward team at Queen Mary’s Hospital.
- A hard or electronic copy of the goods received note should be sent to Goods Inward via the following contact details.

  Email TBC
  Telephone ext. 3236 and 3234

3. Quotation & Tender support & advice

- The Contracts Manager can support and provide advice on the tendering and quotation procedure. Involvement of the Procurement team will ensure that the Trusts Standing Financial Instructions are complied with and UK and European legislation is met.
- Tracey Coppin is the Trusts Contracts Manager and can be contacted via the following details for guidance and advice.

  Email: t.coppin@nhs.net
  Telephone: 01322 425376

4. Materials Management

- Ensuring the stock levels of medical and surgical consumables are maintained is the responsibility of the Material Management Team.
- Your department will have a dedicated Materials Management Officer who will be able to assist with any queries or stock issues.
- The Materials Management Team Manager is Elaine Druggan, who can be contacted via the following contact details:

  Email: elaine.druggan@dvh.nhs.uk
  Telephone: 01322 428214

5. General Procurement Issues

Should you have any concerns or questions that have not been covered in the above please contact Procurement and we will be happy to help;

Head of Procurement is Dave Brown
Email: david.brown46@nhs.net
Telephone: 01322 428208
KCH Services

There is a procurement team, based on-site at the PRUH to support with ordering until the new electronic ordering system is put in place which we envisage rolling out from 1st November 2013, details of the roll out plan to follow in October 2013.

Contact:
Telephone Helpline: 01689 863264 / 865814 or 020 3299 7878 (option2)
Procurement Email: kch-tr.procurementsupport@nhs.net
Procurement Fax: 01689 863260

- Ordering arrangements will operate using a “Chinese menu” and template system with all Supply Chain orders to be sent to Procurement at the PRUH Site for processing using the FAX number 01689 863260.
- Orders for non-stock items (those not on the Chinese menus which would have previously been requested directly by departments on the SBS system) will need to be emailed to kch-tr.procurementsupport@nhs.net for processing.
- A template will be provided listing the goods that each department uses. These templates will be transferred onto Sprinter once the system is operational across each site and users have received their training as required. These templates will be available from 1st October 2013.

GSTT

- GSTT intends to purchase stock and consumables required for the QMS site via its Cancer Day Unit at Guy’s Hospital, with costs assigned to the directorate medical oncology cost centre.
- The Healthcare Assistant, supported by nursing staff, will have responsibility for monitoring equipment needs and ensuring that orders are placed with respect to the necessary lead in times.
- The Cancer Day Unit at Guy’s uses the Omnicell electronic ordering system, which results in an order being made to "top up" supplies every 24 hours.
- GSTT may revise these arrangements in agreement with Oxleas when the service becomes established and fully operational.
54. RECEPTION

- Main reception is situated in Block B.
- Oxleas will staff main reception and provide volunteers to signpost patients around the site.
- New signage is planned for all areas, and this will be developed in conjunction with individual providers.
55. SECURITY

- A 24 hour security presence is in place.
- **In an emergency security can be contacted via 2222.**
- For routine requests please contact security via the estates helpdesk
- **Contact:** 020 8302 2678 Ext. 4030
  qmh-estateshelpdesk@oxleas.nhs.uk

Security swipe access

- Existing SLHT swipe cards will continue to work post 1st October for those staff remaining on the Queen Mary’s Hospital site.
- New staff need to contact the estates helpdesk on ext. 4030 to arrange a time for a swipe card to be issued.
- All new staff need to complete a swipe card authorisation card.
- All swipe cards will be replaced during October 2013. A communication will follow in due course.

KCH

KCH staff should follow the guidance from the Security Pages on KCH intranet Kwiki (accessible very soon after Day One – further advice to follow).
56. SWITCHBOARD

- OFT will provide a telecoms and switchboard services 24/7
- OFT Maintain all telecoms equipment including switchboard and handsets.
- Bleeps will be provided by OFT. Please hand bleeps back into switchboard if they are no longer required.

- Faxes are the responsibility of each provider
57. VOLUNTEERS

- The Voluntary Services Department is managed by Oxleas NHS Foundation Trust.
- The Volunteers Department is located at Junction 9 of A Block opposite the League of Friends shop.
- The Department accepts new referrals (from all providers) for people wanting to volunteer and receives requests from wards and departments wishing to access the services of a volunteer.
- **Contact: 020 8208 3109**

**Opening hours:**
- Monday, Thursday & Friday 09.00hrs - 17.00hrs
- Tuesday 09.00hrs - 15.00hrs
- Wednesday - Closed
58. WASTE MANAGEMENT

- Waste management is the responsibility of OFT.
- Routine domestic and clinical waste collections occur daily.
- Any ad hoc waste collections should be submitted via the estates helpdesk.
- Confidential waste bins are supplied and additional bins can be requested via the estates helpdesk. Please call the helpdesk when confidential waste bins are full.
- **Contact:** 020 8302 2678 Ext. 4030
  gmh-estateshelpdesk@oxleas.nhs.uk
## QMH STAFF OPERATIONAL MANUAL VERSION CONTROL

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<thead>
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<td>QMH Provider Committee</td>
</tr>
<tr>
<td>Date Approved and Endorsed</td>
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</tr>
<tr>
<td>Name of author and job title</td>
<td>Donna Wassell. Project manager Dartford and Gravesham NHS Trust</td>
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<tr>
<td>Date published on intranet</td>
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<tr>
<td>Review date</td>
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<tr>
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### VERSION CONTROL SCHEDULE

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<th>Revisions from previous issue</th>
<th>Date of Endorsement by Committee / Group</th>
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