



FERNWOOD COMMUNITY UNIT OPERATIONAL POLICY

Newark Hospital

Version 4
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INTRODUCTION & CONTEXT

- 1.1 Aspiring to provide the Best Care, by the Best People in the Best Place, the opening of the Fernwood Community Unit at Newark Hospital enhances further our opportunity to deliver our promise to our patients. We have many excellent staff providing the best clinical care they can. We now have an interim care facility and are able to take a further step forward by delivering the overall best care and experience for our patients and customers.
- 1.2 This operational policy refers to the Fernwood Community Unit at Newark Hospital. It is not designed or intended to replicate or replace existing Trust Operational, Organisation or Clinical policies. It is however designed to avoid any ambiguity by setting out clear operating instructions for all functional aspects of the unit in order to assist staff in their day to day work of delivering care to patients. Service Lines and SPI's continue to be responsible for developing and maintaining policies directly affecting the area.
- 1.3 Patients and visitors to the unit are priority. The unit should present a clean, organised, efficient and inviting environment for patients, visitors and staff, organised around the needs of the patients and which respects their privacy and dignity. By valuing our patients and consistently improving the way the unit is organised and managed for them and the way they are delivered to them there should be no reason why the experience for patients should not be of the highest level. It is every member of staffs responsibility, clinical and non-clinical, to make this a reality.

2. LOCATION

- 2.1 The Fernwood Community Unit is situated at Newark Hospital and can be accessed through the Main Entrance located to the front of the building. The Fernwood Community Unit is clearly sign posted from the Hospital main corridor. Single occupancy bedrooms are numbered 1 to 6. The two x 3 bedded bays are identified as MaleBay and FemaleBay.
- 2.2 Reception extension number is 5713 or 01636 685713. Ward Leader's office is extension 5844.

3. WAYFINDING

- 3.1 Multi occupancy bays are sign posted as male and female bays. Beds within multi occupancy Bays are sign posted clockwise as beds 1 to 3.

4. FUNCTION

- 4.1 The Fernwood Community Unit provides inpatient intermediate healthcare.

5. ADMISSIONS

- 5.1 CRITERIA

- Medically stable for primary care management with no further intended specialist care requirement or input for this episode of care
- Diagnosis and an outline care plan with parameters for discharge
- 18yrs and over
- Patient is aware of and in agreement with admission / transfer having understood the reason
- Ability to engage with a rehab program

5.2 SOURCES

5.2.1 Step Down:

- Repatriation from acute or sub-acute bed via discussion with Fernwood Ward Leader.

5.2.2 Step Up:

- MIU- via discussion with GP or delegate
- Ambulatory clinic following discussion with Fernwood Ward Leader
- GP- on discussion with Fernwood Ward Leader

5.3 ACCEPTING

5.3.1 In transferring from both the acute setting (step-down) and from home (step up) the patient will need to be referred to the Ward Leader, Fernwood Community Unit, on 01636 685713. Bleep number 409. Patient will then be assessed against admission criteria and allocated a suitable bed.

5.4 WHEN

- Sherwood Forest Hospitals (SFH) step down patients can be discharged to Fernwood 7 days a week with a TTO supply and newly written drug card.
- Non SFH step down patients can be repatriated Mon to Fri 0800 – 1600 and will arrive with a TTO supply of medication. The Pharmacy Technician will then transcribe on to a drugs card.
- Step up patients can theoretically be admitted 24 hours a day with a FP10 to accompany patients so that current medications can be transcribed by Pharmacy staff or Out of Hours G.P.

5.5.1 DISCHARGE DECISION

- GP agreement OR as per agreed GP management plan
- With Multi-Disciplinary Team (MDT) Agreement
- Discharge summary will be sent to GP.

5.5.2 READMISSION

- To the unit (as per admission guidance)
- To hospital (step-up) - as per any other patient from the community

5.7 MEDICAL COVER

- Should a patient require a GP review please contact the relevant practice number before 11.00hrs Monday to Friday.
- Should a patient require a GP review **out of hours please telephone 0300 4564953.**
- GP on request

- Regular/ named GP in hours (8-6 Mon-Fri)
- OOH GP (1800hrs – 0800hrs Mon-Fri or 24hrs sat/sun) telephone 9 (for outside line) then 111. Give details of patient to call handler.
- Lunchtime visits preferred (Practice notification by 10.30)

6. **9 – 999:** Call 9 - 999 (as if patient were at home) if GP requests or if escalating NEWS score or sudden deterioration of patient / acutely unwell patient. Call 2222 to summon assistance with BLS from Newark Hospital Cardiac Arrest Bleep holders until ambulance arrives.

7. GP DETAILS

7.1 GP PRACTICE MANAGERS AND NHS.NET

Dr Liz Hull

Lombard Medical Centre

2 Portland Street

Newark

NG24 4XG

Tel 6757272 /702363 (OOH will transfer automatically to OOH service)

Safe haven fax:613037

Practice Manager: Diana Kirk direct telephone 675280

NHS.NET address: nc-pct.c84029@nhs.net

Dr Mark Jefford

Fountain Medical Centre

Sherwood Avenue

Newark

NG24 1QH

Tel 704378 (OOH will transfer automatically to OOH service)

Safe haven fax:610875

Practice Manager: Mrs Gill Bullimore direct telephone: 594422

NHS.NET address:nshccg.c84019@nhs.net

Dr Lesley Campbell

Barnby Gate Surgery

50 Barnby Gate

Newark

NG24 1QD

Tel 704225/226 (OOH will transfer automatically to OOH service)

Safe haven fax: 613044

Practice Manager: Sally Dixon direct telephone 593969

Do not have a practice NHS.NET address

(SFH emails to info@e84009.nhs.uk)

Dr Lindsay Li

Balderton Surgery

Lowfield Lane

Balderton

NG24 3HJ

Tel 705826 (OOH will transfer automatically to OOH service)

Fax 605222

Practice Manager: Jenny West – direct telephone594856

NHS.NET address: NSJHCCG@c84648@nhs.net

Dr Katie Maloney
Hounsfield Surgery
Hounsfield Way
Sutton on Trent
Newark
NG23 6PX
Tel 821023 (OOH will transfer automatically to OOH service)
Safe Haven Fax 822308
Practice Manager: Lisa Nixon –telephone821023
NHS.NET address:NSHCCG.c84660@nhs.net

7.2 GP CONTACT

7.2.1 Should a patient require a GP review please contact the relevant practice number before 11.00hrs Monday to Friday.

7.2.2 Should a patient require a GP review **out of hours please telephone 0300 456 4953.**

7.3 TEMPORARY REGISTRATION

7.3.1 Temporary registration of patients who are not registered with one of the GP Practices referred to in section 5 above. The Nurse in charge will complete form FMS3/99 and this will be faxed to a safe haven fax number or scanned and emailed to the relevant nhs.net email address. The hard copy of the temporary registration form will then be posted to the GP surgery and a copy retained in the patients notes. Temporary registration is for a maximum of three week period and it is the responsibility of the Nurse in Charge to ensure that if required, timely re-registration occurs. Temporary registration will be rotated amongst the GP practices.

8. MANAGEMENT RESPONSIBILITY

8.1 The overall management of the unit is the responsibility of the Newark Hospital Manager.

8.2 The GP's and the Hospital Manager, supported by Newark Service Director are responsible for overseeing the management and clinical governance of the Fernwood Community Unit. This will include the achievement of key performance indicators and the development and improvement of services.

8.3 Twenty-four hour accountability and leadership of the unit nursing team is the responsibility of the individual Ward Leader, who in turn reports directly to the Hospital Manager. The Ward Leader will work collaboratively with all members of the ward multi-professional team to ensure the delivery of safe and effective nursing care to the highest standards.

9. ACCOMMODATION

9.1 The Unit is accessed via a Reception area (see section 10). Ward doors are maintained on a secure locking system which can only be released for access by the use of a secure locking system which can only be released by a member of staff from within the ward. Ward doors can be released automatically at visiting times.

- 9.2 One staff base is located at the centre of the ward. To ensure that visitors to the ward are met upon arrival the Ward Receptionist will be based at the central staff base.(A CCTV camera will be located outside the entrance doors to the ward. The CCTV camera will be linked to the reception area where staff can speak to visitors wishing to access the ward and enable access remotely.) Staff should make every effort not to 'congregate' at any one staff base for periods of time. Particularly at night, when not involved in patient care or non-patient care duties, staff should position themselves at both bases to ensure safe patient care.
- 9.3 The Unit caters for both male and female patients. Accommodation for patients is provided in either single occupancy rooms (6 on the Unit) or multi-occupancy same sex bays (2 x 3 beds). To ensure high standards of privacy and dignity, including protecting patients from unwanted exposure, including casual overlooking and overhearing, no patient will share sleeping accommodation or bathing or WC facilities with a person of the opposite sex.
- 9.4 A patient Day/Dining Room and a Quiet/MDT Room is provided on the ward. These rooms are for the use of patients and their visitors and must not be used by staff for non-patient purposes. Patient treatments must not be undertaken in these areas unless in a clinical emergency, where it would be unsafe to transfer the patient back to their room.
- 9.5 An Assisted bathroom is provided on each ward for patients who require assistance with bathing. The facility provides a high-low bath for which an appropriate hoist must be used to manipulate the patient into and from the bath. Staff must only use a hoist specifically fit for this purpose and which allows the patient to be safely and securely lowered into and raised out of the bath.
- 9.6 Other functional facilities include: -
Clean Utility Room – see section 14 Medicines Management
Dirty Utility
Linen Cupboard
Ward Leader Office
Cleaner's Cupboard
Beverage bay
(Equipment Room)
Resuscitation Bay
General Store Room – see section 8 General Storeroom
Staff Rest Room & Kitchen – see section 9 Shared Facilities
- 9.7 Under no circumstances are staff permitted to change the intended original use of any room, either on a temporary or permanent basis, without prior permission of the Hospital Manager.

10. GENERAL STOREROOM

- 10.1 The general storeroom is used for the storage of consumables received via Materials Management. Responsibility for ordering and monitoring of the use of supplies along with maintaining order and cleanliness of the room will be shared between the Ward Leader and materials management staff. Ward Leaders and their teams will observe the principles of Lean 5S when organising, stocking and maintaining this area. The organisation of the general storeroom will be standardised in line with all other wards and must not be altered. Budgetary responsibility for the materials management of the ward will be that the Ward Leader. Excess stock should not be ordered or stored. Materials management will order stock on a top up basis on a Thursday and the top up stock will be delivered on a Monday. Ward staff will need to empty the supplies from the crates on a Monday and put stock away.

11. SHARED FACILITIES

- 11.1 A couple of shared facilities are provided on the Unit; these include a Staff Restroom and Kitchen (see section 9.2).

11.2 STAFF RESTROOM& KITCHEN

- 11.2.1 A staff restroom and kitchen is provided for the exclusive use of staff from the Fernwood Community Unit and when completed, the refurbished Orchard Day Unit, to enable appropriate breaks away from the immediate work area. Staff will adhere to health & safety policies and food hygiene regulations at all times when using this facility. Staff should exercise care when using the hot water boiler in the kitchen, to prevent burns or scalds caused by inappropriate use. Lockable purse lockers are provided for staff to use whilst on duty to secure cash, credit cards, keys etc and must be vacated and left open with the key in the door at the end of the shift.

- 11.2.2 Staff changing facilities are provided away from the ward area and staff must not use ward areas to change.

11.3 KITCHEN & STEAMPLICITY SERVICE

- 11.3.1 A kitchen is provided and will be run and maintained by Medirest staff and will be accessible to ward based staff. Medirest staff will be responsible for ensuring that the kitchen is kept clean and tidy and that food is stored in accordance with Food Hygiene Regulations. The Steamplicity meal service will be provided by the Hostess service.

- 11.3.2 Ward based staff may access the kitchen to obtain refreshments and light meals for patients, e.g. cereals, soups, toast. The kitchen must be left clean and tidy at all times. Patients and members of the public are not permitted to use the kitchen.

- 11.3.3 Ordering patient meals will be managed through the ward Hostess including the ordering of special diets. Special diet sheets have to be completed and signed by the Nurse in charge and given to the Hostess by 0800 hrs and 13.30hrs. Protected meal times are 12.00 to 12.45hrs and 1700 to 1745hrs.

11.3.4 A beverage trolley is provided for the provision of hot and cold drinks, breakfast cereals and toast for patients. The beverage trolley must be kept clean at all times. In some circumstances visitors may be provided with a drink from the beverage trolley at the discretion of the nurse in charge of the ward (e.g. recently bereaved or sitting with very ill patient). No charge should be made for this.

11.3.5 Staff are not permitted to store food or drink items for personal use in the patient fridge and should use the staff fridge provided in the kitchen.

12. RECEPTION OF VISITORS & VISITING ARRANGEMENTS

12.1 The reception area will be one of the first impressions members of the public have of the ward and therefore all staff, under the direction of the ward Leader, are responsible for ensuring that the reception is kept clean, tidy and presented in a professional and inviting manner, above and beyond the requirements of infection, at all times.

12.2 Visitors to the ward, including other staff that do not have authorised access to the ward and members of the public, must access through the doors leading from the main hospital corridor. Visitors will be required to call for assistance/access using the intercom situated adjacent to the ward door.

12.3 Visiting hours will be from 10.00a.m. to 8.00p.m. Ward nursing staff will have the authority to use common sense in exceptional circumstances, e.g. in the case of a critically or terminally ill patient or where visitors have travelled a considerably long distance. Restricted visiting hours are however intended to primarily enable normal functioning of the ward, including uninterrupted time for patient care, adequate patient rest and sleep time, ward cleaning etc. Ward staff will however be required to make time to communicate effectively with visitors as appropriate during visiting hours.

12.4 Children will be allowed to visit only by prior arrangement with the nurse-in-charge. A maximum of 2 visitors per patient will be permitted and must be enforced at all times.

12.5 Visitors must be actively encouraged to follow Trust infection control procedures at all times as applicable, including the use of alcohol gel hand wash on entering and leaving the patient's room.

12.6 All wards will be expected to adhere to the Trust's Protected Mealtimes Policy, which actively discourages visitors to the ward during patient meal periods to ensure that staff can focus on supporting patients' nutritional requirements and monitoring food intake etc. The protected meal time is 12.00 to 12.45hrs and 1700 to 1745hrs.

13. PATIENT MOVEMENT

13.1 Patients accessing or leaving the ward whilst escorted by a member of healthcare staff should where applicable use the Patient Lift at all times. Exceptions will include patients who have a fear of lifts or decline the use of the lift and should in such circumstances be escorted via the stairs if safe and appropriate.

13.2 Staff escorting patients must adhere to the Trust's Escort Policy (Appendix 1).

14. USE OF SINGLE OCCUPANCY ROOMS

- 14.1 The Fernwood Community Unit is provided with 6 single occupancy rooms. Single occupancy rooms allow patients to receive high quality care that is safe and effective whilst maintaining their privacy and dignity. This is one of the guiding principles of the NHS constitution and at the core of local NHS visions. Good standards of privacy and dignity must however also apply across all aspects of patient provision within the ward. Staff should adhere to Section viii Same Sex Accommodation in the Trust's Privacy and Dignity Policy (Appendix 3).
- 14.2 The spread of infection in hospital can be controlled by isolation; however universal precautions must be adhered to at all times. Single occupancy rooms must be used for all patients requiring isolation according to the Trust's Infection Control Policy & Procedures. Staff should refer to the Trust Criteria for Cubicle Use (Appendix 2) and the A-Z Isolation Quick Planning Reference Guide when making decisions about the use of single occupancy rooms.
- 14.3 Single Occupancy Rooms must also be used for patients who are neutropenic and may also be required for terminally ill patients. This is not an exhaustive list, please refer to appendix 2.
- 14.4 Before placing a patient in a single occupancy room a full risk assessment of the patient should be undertaken. The decision to use a single occupancy room should be based on the needs of each individual patient and not on the constraints of the environment, nurse staffing levels or the convenience of staff. Where appropriate, patient preference should be sought, recorded and where possible respected. However, it is recognised that safety of the patient and the risk to other patients is paramount.
- 14.5 In situations where a patient requires close observation within a single occupancy room the appropriate level of nurse staffing must be provided to ensure a safe level of patient care. Where the nurse in charge of the ward considers that staffing levels are not sufficient to meet the needs of the patient workload they must bring this to the attention of their immediate line manager or Admin Sister out of hours who will assess the situation along with the ward nurse and make necessary arrangements to address the situation.

15. PATIENT CALL SYSTEM

- 15.1 A patient call system is provided by every bed, assisted bathrooms, day rooms, quiet rooms and treatment rooms for the use of patients or staff to call for assistance. The handheld unit must be placed within reach of the patient at all times. Staff must resist any temptation to place the device out of reach of patients who may be labelled as 'persistent buzzers'. Such an act could be cause for disciplinary action. Patient calls should be answered promptly and courteously.
- 15.2 The call system is linked to a visual display unit behind the Nurses station which identifies the source of the call by location on the ward and by bed number. The display unit may be switched between Day and Night modes. Whilst in the Night mode, the sound of the alarm will be reduced but still

audible throughout the ward. Night mode should not routinely be used during daytime hours and vice versa.

- 15.3 A red emergency call is provided at all the locations identified in 13.1. The call may be activated by any member of staff or patient requiring urgent assistance.

16. MEDICINES MANAGEMENT

- 16.1 The safe receipt, storage and custody of medicines on the ward is the responsibility of every Registered Nurse. Medicines must be managed in accordance with the Trust's Medicines Policy. Failure to do so may put patients, staff and visitors at risk of harm and any breach of Trust policy will be taken very seriously and could lead to disciplinary action.
- 16.2 A secure Clean Utility Room is provided for the storage of medicines and intravenous fluids. The room is accessed via a digilock, the code for which should not be disclosed to any unauthorised person. The door must be kept closed and locked at all times and should never be propped open, even when staff are inside.
- 16.3 Medicines within the room must be secured in the appropriate locked cupboards provided. These cupboards must never be left open nor the keys provided to any unauthorised person. Keys must never be left in the cupboard doors. All drug registers and prescription pads must be securely locked away when not in use.
- 16.4 All medicines received on the ward must be immediately placed within the appropriate cupboard in the Clean Utility room. Under no circumstances should medicines be placed anywhere else within the ward.
- 16.5 Each bedside locker is provided with an integral lockable drawer for the storage of patients' medicines. The drawer must be kept locked at all times. Patients who have been assessed as suitable for Self Administration of Medicines may hold a key to the drawer, in accordance with Trust Policy for patient Self Administration of Medicines. **If bedside lockers are moved from one ward to another, the locked medicine drawers should be changed over so they stay with the original ward. This will help to ensure that POD locker keys will open all drawers.**

16.6 SFHFT TRANSFERS

- 16.6.1 For SFHFT transfers to Fernwood Community Unit:
- 16.6.2 Patient will be discharged from previous care setting and sent to Fernwood Community Unit with a full and complete TTO supply
- 16.6.3 Discharging area will also ensure that patient is sent with a newly written (14 day capacity) drug chart
- 16.6.4 Once drug chart is near to completion, Pharmacist or Pharmacy technicians will transcribe on to new chart

16.6.5 This allows Trust nurses to administer & sign for any medications administered to patient

16.7 NON SFHFT TRANSFERS

16.7.1 For NON SFHFT transfers to Fernwood Community Unit:

16.7.2 Patient will be discharged from previous care setting and sent to Fernwood Community Unit with a full and complete TTO supply

16.7.3 Discharging area will also ensure that patient is sent with a good quality photocopy of existing drug chart

16.7.4 Pharmacist or Pharmacy technicians will transcribe from photocopied chart on to SFHFT drug chart

16.7.5 This allows Trust nurses to administer & sign for any medications administered to patient. PLEASE NOTE-This means that all out of Trust patients will only be able to be transferred to Fernwood Community Unit on a Monday-Friday basis and MUST arrive by 4pm (to ensure that Pharmacy staff are available).

16.7.6 In all admissions to the unit, it will be part of the nursing admission process to assess patients against the Trust self-administration policy & to promote self-administration of medicines

16.7.7 Should a patient require an ad hoc medication during their stay that is not prescribed (ie) Regular aperients or antibiotic for UTI, this prescription will be faxed through from G.P. surgery, dispensed at Newark & again, prescription will be transcribed by Pharmacy staff on to drug chart. If OOHrs, the G.P. at the OOHrs service (based at Newark Hospital) will be asked to prescribe this item only on the drug chart. The Trust's Medicines Management Policy is available for viewing on the Trust's Intranet site.

17. PERSONAL COMPUTERS

17.1 The Unit is provided with a PACS Cart (Pending). This equipment is intended for the sole use of staff in the execution of their duties and must not be used for any other purpose.

The equipment must be used in accordance with Trust Policy on the Use of Information Technology. Particular care must be taken to log out of the PC before leaving the patient. Individual users are responsible for maintaining strict patient confidentiality at all times. When patient information is visible on the screen the PC must not be left unattended and the screen must be protected from overlooking by unauthorised personnel.

17.2 Care should be taken to avoid damage to PCs. PCs and keyboards should be cleaned in accordance with Trust Policy.

17.3 PACS Carts must not be plugged into green FM power outlets. These are intended solely for the use by FM staff and any equipment/devices plugged in may be unplugged without reference to clinical staff.

18. SECURITY OF PATIENT RECORDS/INFORMATION

- 18.1 The Trust has an obligation to maintain patient confidentiality at all times, including ensuring the security of all patient related information which should only be disclosed to authorised personnel.
- 18.2 Patient case notes should be retained within a lockable cabinet/trolley (Pending) when not in use and should never be left unattended in situations where there is a possibility of access by unauthorised personnel.
- 18.3 Nursing 'handover sheets' must be shredded or placed in a confidential waste container at the end of each shift. Under no circumstances should staff remove handover sheets from the ward at the end of their shift.

19. HEALTH & SAFETY

- 19.1 All ward staff and healthcare staff visiting the wards are responsible for ensuring their own safety and that of other colleagues, patients and visitors by adhering to all health and safety policies and procedures.
- 19.2 Ward Leaders will be responsible for ensuring that six monthly health and safety inspections are performed and that any areas requiring remedial action are brought to the attention of their line manager in a timely manner.
- 19.3 To minimise the risk of Legionella, taps on baths, washbasins, showers etc must be run for at least two minutes at a time each day. In unoccupied rooms where the likelihood of running taps for this period is less likely Ward Leaders will be responsible for ensuring that the responsibility for doing this is allocated to individual staff and for communicating same within the team. It is likely that this duty will be delegated to the ward Housekeeper, however clear arrangements must be in place for those times when the Housekeeper is not on duty or absent for any reason. A log recording daily flushing must be maintained.

20. REPORTING SAFEGUARDING CONCERNS

- 20.1 **Please note the Trust's safeguarding adult process remains the same and the team can be contacted on 6059 or Vocera.** With effect from Monday 28 January 2013, the Multi-Agency Safeguarding Hub (MASH) will handle safeguarding concerns about vulnerable adults in Nottinghamshire. The MASH has been successfully handling safeguarding concerns about children since December, as part of a phased roll-out.

This means that from then, if you need to report a new safeguarding concern about an adult in Nottinghamshire, please contact the MASH using the details below:

Contacting the MASH

Telephone: 0300 500 80 90

Email: mash.safeguarding@nottscgcsx.gov.uk

The MASH is open from 8.30am-5.00pm, Monday to Thursday and from 8.30am-4.30pm on Friday. In an emergency outside of these hours, contact the Emergency Duty Team (EDT) on 0300 456 4546.

Please note that the threshold for Adult Safeguarding and Children's Social Care involvement has not changed. Please refer to the guidance available via the following links when deciding which team to contact:

Adults: www.safeguardingadultsnotts.org

Children: www.nottinghamshire.gov.uk/pathwaytoprovision

The MASH in Nottinghamshire is ground breaking, one of only a handful of MASHs nationally that will handle concerns about both children and vulnerable adults, taking a holistic, family approach. Over 60 staff from the Police, Health, Children's Social Care and Adult Safeguarding are working together in the MASH office. When a safeguarding concern is reported, staff in the secure MASH gather information from their own agencies and sources, so that risks can be assessed and better decisions can be made about the most appropriate intervention.

More information about the MASH, including a leaflet and aide memoires, can be found here: www.nottinghamshire.gov.uk/MASH

21. CHAPLAINCY

- 21.1 Chaplaincy will be provided to the unit on a twice weekly basis via a Hospital chaplain and on a daily basis as required by Trust Hospital Volunteers. To contact the Chaplain's office at Newark Hospital ring extension 5643.

22. CARDIAC ARREST

- 22.1 In the event of a cardiac arrest, call 9 - 999 to request a paramedic ambulance and the ward staff would provide basic life support to the patient. Call 2222 to summon assistance with BLS from Newark Hospital Cardiac Arrest Bleep holders until the ambulance arrives.

23. HELPDESK INFORMATION

- 23.1 The Medirest Helpdesk can be contacted either by telephoning extension 3005 or by email: Medirest_helpdesk@sfh-tr.nhs.uk.
- 23.2 The IT Helpdesk can be contacted either by Telephoning extension 4040 or emailing nhis.servicedesk@notts-his.nhs.uk.

24. INCIDENT REPORTING

Please utilise the Trust's DATIX system for all incident report.

25. EQUALITY IMPACT ASSESSMENT (EIA)

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An EIA of this policy/guideline has been conducted by the author using the EIA tool developed by the Diversity and Inclusivity Committee.

26. RESUSCITATION

Current DNA/AND orders that have evidence of being agreed with patient/family can be transferred with the patient to the Fernwood Community Unit.