

# Trust Information Pack



Excellent care with compassion

# Lancashire Teaching Hospitals NHS Foundation Trust

## About the area

Our hospitals are located at the heart of central Lancashire and serve the three major boroughs of Preston, Chorley and South Ribble.

Preston is the administrative capital of Lancashire set against a backdrop of countryside rich in heritage. The town has also become the retail, commercial and cultural centre of Lancashire and exhibits a buoyant and vibrant town centre. Preston's excellent shopping facilities attract people from across the North West. Close at hand, however, lies impressive countryside such as the verdant Ribble Valley and the upland moors of the dramatic and beautiful Forest of Bowland and Beacon Fell Country Park.

The Preston Guild Hall presents an extensive programme of events in one of the finest entertainment centres in the country. Throughout the year, there is something for everyone from orchestral to rock concerts and televised sports and theatrical productions of every kind in the Charter Theatre.

The redeveloped dock (Riversway) is popular for shopping. There is a UCI cinema, restaurants, marina and boats. It is also the site for the annual Maritime Festival.

Chorley has been a market town since 1498 and positively bustles with all kinds of market activities. Chorley's history is as deep as England itself and this is no more evident anywhere than in the area's stately homes, parks and gardens. Almost within walking distance of the town centre is Astley Hall, a Tudor mansion set in one hundred acres of parkland. Situated in the picturesque heart of rural Lancashire, Chorley has wide open moorland, parks and woodland making it ideal for enjoying the great outdoors. The 1,900ft high Rivington Pike and Lever Park provide easily accessible outdoor leisure activities.

South Ribble provides an attractive living and working environment. It has excellent communications and access, well established local businesses and a widely spread catchment area for recruiting people with the relevant skills. The borough of South Ribble lies between the valley of the River Ribble and the edge of the West Pennines. It contains the main urban communities of Walton-le-Dale, Bamber Bridge, Lostock Hall, Leyland and Penwortham. Away from the main urban concentrations, there are other settlements such as Longton, new Longton, Walmer Bridge, Much Hoole, Hutton and Higher Walton which have expanded to accommodate dormitory development around their historical village origins. Several parishes contain small villages. The rural landscape, providing mixed farming, a variety of market gardens and open countryside is an attractive backdrop to the unobtrusive urban scene.

The rich heritage of South Ribble is evident in the many ancient churches and carefully preserved historic building in the villages and settlement across the borough.

## Overview of the Trust

Lancashire Teaching Hospitals NHS Foundation Trust is one of the largest and highest performing trusts in the North West.

We provide a full range of general hospital services to 400,000 people in Preston, Chorley and South Ribble, and aim to deliver excellent and compassionate care that meets the individual needs of every patient.

Our ambition is to become the regional hospital for Lancashire and South Cumbria, and we currently provide a range of specialist services including neurosurgery and neurology, oncology, burns and plastics, renal and disablement to 1.6m patients across the area. In 2013 we became the regional vascular centre for Lancashire and South Cumbria.

During the past few years we have significantly increased our participation in national and international research programmes, and are one of the country's leading cancer trial patient recruiters, demonstrating our commitment to developing new and progressive treatment which improves health outcomes.

Our medical undergraduate programme, in partnership with Manchester University, delivers excellent education and training for young doctors, and state of the art learning facilities enable medical students and staff to develop their skills and knowledge. For the fifth consecutive year our students achieved a 100% pass rate 100%.

We employ over 7,000 staff with most of our clinical services being provided on our two hospital sites – Chorley & South Ribble Hospital and Royal Preston Hospital. We also have a specialist mobility and rehabilitation service in Preston, the Broadoaks child development centre in Leyland and we provide a dialysis unit on the Westmorland General Hospital site in Kendal. The Trust is committed to working in partnership to deliver seamless care to patients close to home.

Lancashire Teaching Hospitals NHS Foundation Trust was established on 1 April 2005, as a public benefit corporation authorised under the Health and Social Care (Community Health and Standards) Act 2003. We are accountable to Monitor, the healthcare sector regulator in England and the Care Quality Commission.

## Range of services

We provide a full range of general hospital services to people in Preston, Chorley and South Ribble, including:

- 24 hour accident and emergency facilities
- Intensive, high dependency and coronary care units
- General medicine, including elderly care
- General surgery and urology
- Child health
- Ear, nose and throat surgery
- Orthopaedics
- Maternity services
- Gynaecology
- Anaesthetics
- Oral and maxillo-facial surgery
- Ophthalmology
- Support services for diagnosis and treatment such as pathology, x-ray, physiotherapy, occupational therapy and specialist nurses
- Rehabilitation services

We also provide the following specialist services to people across Lancashire and South Cumbria:

- Neurosurgery and neurology
- Oncology (radiotherapy & chemotherapy) and complex cancer surgery
- Renal and plastic surgery
- Specialist mobility & rehabilitation services
- Major trauma service

In 2013 we became the regional vascular centre for Lancashire and South Cumbria. Elective and emergency vascular surgery is transferring to the vascular centre from University Hospitals Morecambe Bay, Wrightington, Wigan and Leigh and Blackpool Teaching Hospitals on a phased basis, with all surgery for the area being undertaken at the centre by 2016.

Internally, our clinical services are structured into three divisions:

- division of medicine
- division of surgery
- division of diagnostics and clinical support

Each of our divisions is headed by a divisional director, and each has its own divisional medical director and divisional director of nursing. A number of clinical directors, matrons and other managers support the delivery of services. Our corporate services are structured into directorates, as follows:

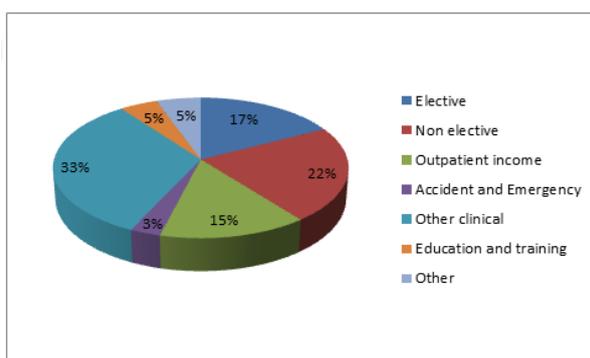
- nursing directorate
- finance directorate
- chief executive's directorate
- workforce and education directorate
- facilities and services directorate
- operations directorate
- strategy and development directorate

Each of the corporate services has strong links with each of the divisions, for example through established liaison posts, and each corporate service reports through to a dedicated director.

## Finance and Performance

During 2015/16 we received £392m from patient care. A further £44m was generated from training levies, research funding, car parking, catering and retail outlets and from providing services to other organisations. Despite a reduction to national tariffs total patient care income has remained similar to 2014/15 levels as a consequence of service growth. Service growth is associated with the centralisation of vascular services and the Trust providing increased homecare services.

### *Income Analysis*



The Trust has steadily improved performance throughout 2015/16, for the cancer sixty-two day treatment standard (from urgent GP referral) which rose from a 77.6% (non-compliant) position in Quarter 1 to 87.8% (compliant) position in Quarter 4. The Trust has achieved this by a targeted approach to reduce 62 day breaches within weekly performance meetings, embedding timed pathways and deploying the CancerTrack QlikView tool within the cancer team.

The Trust successfully delivered against the four hour wait target for quarter 1 and 2, however quarter 3 saw a dip in performance to 91.79% that was then compounded by an increase in ED attendances of 13% in January, leading to a failure to reach the standard of 95%.

A review of the RTT waiting list took place in November 2015 that identified a cohort of patients that had not been monitored, reported and treated in line with RTT guidance. The Trust informed the regulator and the CCG to ensure complete visibility of the issue and engaged with the Intensive Support Team to ensure appropriate expert oversight. A root cause analysis was carried out for all patients who had waited over 52 weeks and no harm was identified.

The financial statements are prepared on a going concern basis which the directors believe to be appropriate for the following reasons.

During 2015 the Trust has worked hard locally and responded to national cost controls to significantly reduce its planned deficit. Consequently Monitor approved a term loan of £20.5 million, repayable on 18 March 2018, to support the Trust's working capital position. For 2016/17 the Trust's budget and expenditure plans have been prepared using national guidance on tariff and inflationary factors, with income based on agreements with commissioners. These plans show a projected operating deficit in 2016/17 of £10.0m with a borrowing requirement of £15.3m at 31 March 2017. This improved position from 2015/16 shows the Trust's commitment to return to financial sustainable balance.

The Trust's expectation is that services will continue to be provided from the existing hospital sites. However, it recognises that sustainable financial balance needs to come through engagement with the wider health economy requiring not only the Trust to achieve service efficiencies but also for it to maximise the use of its assets and support the wider transformational change in service delivery. The Trust will work with NHS Improvement (NHSI) and its stakeholders to achieve this objective.

In addition to the matters referred to above, the Trust has not been informed by NHSI that there is any prospect of its dissolution within the next twelve months and it anticipates the continuation of the provision of services in the foreseeable future as evidenced by the inclusion of financial provision for those services in published documents and contracts for services with commissioners.

Based on these indications, the directors believe that it remains appropriate to prepare the financial statements on a going concern basis. The financial statements do not include any adjustments that would result from the basis of preparation being inappropriate



## Major Service Developments

Together with our CCGs, we were successful in a bid to participate in the Early Adopter Communities of Practice for 7-day working during 2015-16. Following an initial assessment against the 10 clinical standards, a number of different initiatives were established to facilitate moving towards a full 7-day service, including;

- Expansion of consultant team in trauma & orthopaedics supporting 7-day rota for ward rounds and theatres
- Expansion of access to emergency theatres 7-days a week
- 24h access to 'pacing service' for cardiology
- 7-day consultant rota to review & request endoscopy intervention
- Acutely ill patients in the majority of high dependency areas (surgery, critical care, high dependency units) receive twice daily consultant review as part of on-going care
- Expansion of prescribing pharmacist roles to improve the discharge process – resulting in improved patient flow, patient safety & improved information provided to GPs on transfer (medicines started, stopped or changed during the admission)

During 2015/16 our major service developments included:

- Completing the transfer of major vascular services in the region to the centre at Royal Preston Hospital so now patients who need complex vascular surgery can be treated by experts in our new state of the art operating theatre, and cared for by a specialist team in our new vascular ward.



- Opening a dedicated Major Trauma Ward, which is the final development in establishing our Major Trauma Centre and means people who experience a life or limb threatening injury can receive specialist care from the point of admission, through surgery and post-operative care in a specialist setting, to immediate and ongoing rehabilitation and therapy.
- Opening our new Surgical Simulation and Technical Skills Centre. The Skills Centre presents opportunities to expand skills and deliver high quality training to multiple surgical specialities both within and outside the Trust.



- Working with our local health economy to developing the 'Our Health Our Care' transformation programme that is one of our most critical priorities for 2016/17. We have also been working on a Lancashire and South Cumbria footprint through the Healthier Lancashire programme. This programme seeks to set a clear vision for the health and care system across Lancashire and South Cumbria, and support it to develop solutions to deliver against a substantial financial gap.
- Introducing Critical Care Electronic Patient Records via an integrated and responsive electronic patient record system.
- Completing a joint Clinical Research Facility on the Royal Preston Hospital site.
- Extending the opening hours of the Chemotherapy Day Unit and additional nurse led blood clinics have been established on bank holidays to minimise waiting times for patients.
- Signing up to John's Campaign demonstrating our commitment to providing dementia friendly care. Our dementia friendly ward refurbishment programme has continued throughout the year.

- Introducing a Therapy Trauma Clinic which has reduced the number of musculoskeletal patients seen in the Emergency Department, freeing up the Emergency Department physios to see other patients, reducing the number of unnecessary fracture clinic reviews and reducing the patient journey ensuring they are seen in the right place at the right time by the right person:-



- Developing our partnership with The University of Bolton via our innovative undergraduate nursing degree course designed to develop more nurses for the future. The first 25-student course intake began the course in February 2015; they will be the first nursing students in England to fund their studies through the student loan system.
- Adapting patient wristbands for patients with dementia in the Royal Preston Hospital Emergency Department. This initiative promotes person-centred care and informs health professionals around the Trust that extra and appropriate support has been instigated.
- Working with health economy colleagues on discharge from the hospital through a joint post that is leading the introduction of an Integrated Discharge team. To complement this piece of work the Trust is also participating in a national DToC improvement programme which commenced in March 2016.
- Completion of the building works for the Urgent Care Centre at Chorley and South Ribble Hospital.
- Our Widening Participation Team has supported an increase in the numbers of apprentices recruited to the Trust, from 6 to 99 in just 2½ years.

## Partnership

The Trust has developed effective relationships with commissioners. The philosophy of developing and maintaining effective working with partners across the health and social care

economy is recognised in the context of the challenges being faced by the NHS over the coming years.

The Trust has good working relationships with education providers, in particular Manchester and Lancaster Universities and the University of Central Lancashire.

## Staff Engagement

Effective staff engagement and communication is essential if we are to meet current and future challenges. This is one of the key priorities within our workforce strategy.

A range of channels and mechanisms that promote staff engagement and communication, and staff awareness of wider issues including financial and economic matters, continue to be used including:

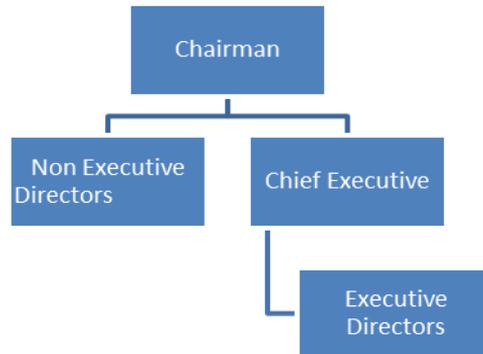
- annual planning events
- governors' listening events for members
- staff surveys
- staff engagement events
- Chief Executive road shows
- staff suggestion scheme
- staff intranet
- use of multimedia methodology such as video, animation and blogs
- email accounts
- team brief
- staff magazine 'Connect'
- staff bulletins
- joint negotiating and consultative committee
- local negotiating committee (for doctors and dentists)

## Management Arrangements

We benefit from a strong and experienced Board of Directors supported by effective directors and clinical leaders throughout the organisation.



## Current Trust Board Structure



Our board of directors is a unitary board, and has a wide range of skills with a number of directors having a medical, nursing or other health professional background. The non-executive directors have wide-ranging expertise and experience, with backgrounds in finance, audit, estates, property, business development, primary care, organisational development and research. The board believes that it is balanced and complete in its composition, and appropriate to the requirements of the organisation. The board has overall responsibility for the implementation of our strategy, policy and performance. Public board meetings are held monthly and board papers are published in advance.

### **Non-Executive Directors**

The non-executive directors have wide-ranging expertise and experience, with backgrounds in finance, audit, estates, property, business development, primary care, organisational development and research. The board believes that it is balanced and complete in its composition, and appropriate to the requirements of the organisation.

(I) indicates that the non-executive director is considered independent.

### **Sue Musson, Chair** (appointment: 3 Jan 2017 to 2 Jan 2021)

Sue's executive career has encompassed a number of roles focused on economic development, business development and consultancy within the UK and Europe. She has considerable experience of dealing with change management, strategic planning, research and building sustainable partnerships with agencies such as local authorities and universities.

Sue was the Chair of Southport and Ormskirk NHS Foundation Trust before joining us at Lancashire Teaching Hospitals; she has also held NHS Non-Executive Director and Senior Independent Director roles at Alder Hey Children's NHS Foundation Trust and at Bridgewater Community Healthcare NHS Foundation Trust. She has served as a Patient Representative for the National Joint Registry for five years, a role that keeps her close to the patient experience.

### **Alistair Campbell, Non-Executive Director** (appointment: 1 Nov 2015 – 31 Oct 2018)

Dr Campbell was a Consultant Paediatrician at Lancashire Teaching Hospitals NHS Foundation Trust from 1985 until his retirement in 2011, during which time he oversaw many developments in

both the Paediatric and Neonatal Departments. He was also our Medical Director for four years from 2005.

Dr Campbell has held roles within the Royal College of Paediatrics and Child Health, the General Medical Council (revalidation and certification appeals), the Parliamentary and Health Service Ombudsman (Expert Clinical Advisor) and more recently the Care Quality Commission where he was a Paediatric Clinical Advisor on inspection teams.

He is particularly interested in clinical governance and now chairs our Patient Safety and Quality Committee.

**Tony Gatrell, Non-Executive Director** (appointment: 1 Feb 2014 to 31 Jan 2017)

Tony is an academic who has worked at Lancaster University since 1984. From 2008 he has been Dean of the Faculty of Health and Medicine. He has a first class honours degree in Geography from Bristol University and a PhD from Pennsylvania State University. His research and teaching interests lie in epidemiology and the geography of health care provision, but with an underlying interest in health inequalities. He has published widely on these topics, with many health professionals. Tony is passionately committed to joint working across the University-NHS interface, with a particular focus on the innovation agenda.

**Shamim Mahomed, Non-Executive Director** (appointment: 1 Aug 2009 to 31 Mar 2017)

Shamim is a qualified accountant with over 20 years' experience and is responsible for the establishment of SKM Chartered Accountants, a successful accountancy firm. Her previous roles have included serving as the President of the North West Society of Chartered Accountants.

**Michael Welsh, Senior Independent Director** (appointment: 1 May 2013 to 30 April 2019)

Michael Welsh lives at Whittle-le-Woods, Chorley and after studying Law at Oxford was an international marketing executive with British and American Companies. From 1979 to 1994 he was Member of the European Parliament for Lancashire Central and then County Councillor for Preston North East from 1997 to 2013. He served as Chairman of Chorley NHS Trust from 1994 to 1998 when it merged with Preston to form Lancashire Teaching Hospitals and was an appointed governor of the combined Trust from 2009 to 2013. He is also a member of the Lancashire Advisory Board of Cuadrilla Resources Ltd.

**Tim Watkinson, Non-Executive Director** (appointment 1 April 2016 – 31 Mar 2019)

Tim is a qualified accountant with over 25 years' experience in senior audit positions in the public sector. He was, until recently, the Group Chief Internal Auditor for the Ministry of Justice and prior to that was a District Auditor with the Audit Commission, including terms of office in Lancashire County Council, Preston City Council and Chorley Borough Council. Tim has led national teams and taken a lead role for the Audit Commission in the development of methodology for improving the performance of local authorities.

Tim has 10 years post qualification experience of working in major accountancy firms providing audit and consultancy services to the public sector including the NHS. He has also been employed as an accountant and a Chief Internal Auditor in the NHS. He is committed to ensuring public services are provided to the highest possible standard.

## **Executive Team**

### **Karen Partington, Chief Executive** (permanent post)

Appointed in 2011, Karen has held a number of senior posts in management, most recently Chief Operating Officer at Lancashire Teaching Hospitals. She has over 28 years' experience in working within acute hospitals in the North West and Wales. Karen is a member of the Risk Management Committee, in attendance at the Audit Committee and the Remuneration and Terms of Service Committee.

### **Paul Havey, Finance Director/Deputy Chief Executive** (permanent post)

Having worked at finance director level within the NHS for more than 20 years, Paul is responsible for the strategic leadership and management of our finances, and joined us from Chorley and South Ribble Primary Care Trust where he was Director of Finance, Information and Performance.

Paul is a member of the Risk Management Committee, Endowment Fund Committee and in attendance at the Audit Committee and is also our Senior Information Risk Owner (SIRO).

### **Mark Pugh, Medical Director** (permanent post)

Mark was appointed Medical Director in March 2015. He is an active clinician and continues to work as a Consultant in Intensive Care and Anaesthesia and joined us in 2002. He has been actively involved in teaching and education and was Hospital Dean from 2011 until his appointment as Medical Director.

### **Gail Naylor, Nursing Director** (permanent post)

Gail has lived in Lancashire all of her life and has worked in a variety of clinical roles during her career, as well as leading and managing teams in a number of senior leadership positions in the NHS. Gail was previously the Director of Nursing and Midwifery at North Cumbria University Hospitals NHS Trust, and had the same role at Liverpool Women's NHS Foundation Trust for five years before that.

### **Suzanne Hargreaves, Operations Director** (permanent post)

A nurse by background Suzanne's career with Lancashire Teaching Hospitals spans 21 years, during which time she has undertaken a variety of both clinical and managerial roles, including as an emergency department nurse. Prior to her appointment as Operations Director, Suzanne was our Divisional Director of Emergency and General Medicine. As Operations Director, Suzanne is responsible for the delivery of our operational services.

### **Carole Spencer, Strategy & Development Director** (permanent post)

Appointed in February 2014, Carole has more than 23 years' experience of working in the NHS and worked on the development of the very first NHS trusts in the 1990s. She has held a number of Director positions including Director of Planning at Alder Hey and prior to coming here Carole was at Stepping Hill Hospital in Stockport. As Strategy and Development Director, Carole is responsible for leading the development of business and clinical strategy, annual planning and the commissioning and contracting of clinical and non-clinical services.

## **Karen Swindley, Director of Workforce and Education** (permanent post)

Karen was appointed to the role of Director of Workforce and Education in November 2011, having previously worked as Associate Director of Human Resources Development in the Trust since 2001. Having been employed in the NHS for over 18 years, she has held a number of senior posts in education, training and organisational development both in the NHS and the private sector. She is responsible for the strategic leadership and management of human resources, training and education, corporate communications and research.

## **Governance Arrangements**

There are seven Board sub-committees within the Trust

- Finance and Investment Committee
- ARTE Committee
- Risk Management Committee
- Education, Training and Research Committee
- Audit Committee
- Safety and Quality Committee
- Workforce Committee

### **Audit Committee**

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of integrated governance, risk management (including an annual review of the Board assurance framework) and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. The committee ensures that there is an effective internal audit function within the Trust and reviews the work and findings of the External Auditor. The Audit Committee also reviews the Annual Report and Financial Statements.

### **Risk Management Committee**

The Risk Management Committee has an important role to play in ensuring that the Trust has in place an effective assurance framework, risk register and robust procedures for the identification, control and management of risk.

### **Education, Training and Research Committee**

The Education Training and Research Committee provides strategic direction and Board Assurance in relation to Education, Training and Research activity.

### **Finance and Investment Committee**

The overall purpose of the Committee is to obtain assurance on behalf of the Board that the Trust's financial plans are viable and that financial risks have been identified and mitigated. The Committee will also seek assurance on the effectiveness and accuracy of the Trust's financial reporting arrangements.

## **Appointment, Remuneration and Terms of Employment Committee**

This Committee agrees those posts which are designated senior posts and determines the contracts of employment, including all terms and conditions of service, of the senior staff who occupy those posts. They also have a role in monitoring and evaluating the performance of senior staff. The Committee ensures that appointments to these posts are conducted appropriately and that the senior management structures are 'fit for purpose'.

## **Safety & Quality Committee**

This Committee has been established to promote and lead a safety and quality culture in which staff are supported and empowered to improve services and care.

## **Workforce Committee**

The workforce committee is established to oversee and provide assurance to the board on the development, implementation and review of the Trust's workforce strategies in order to support service improvement and to meet the needs of patients, staff, regulators and commissioners. It also has responsibility for approving delegated HR Policies and procedures relating to contractual or legislative changes on behalf of the Trust Board.

## **Council of Governors**

Our council of governors comprises elected and appointed governors who represent the interests of the members and the wider public. They also have an important role in holding the board to account through the non-executive directors.

The council of governors has an essential function in influencing how we develop our services to meet the needs of patients, members and the wider community in the best way possible.

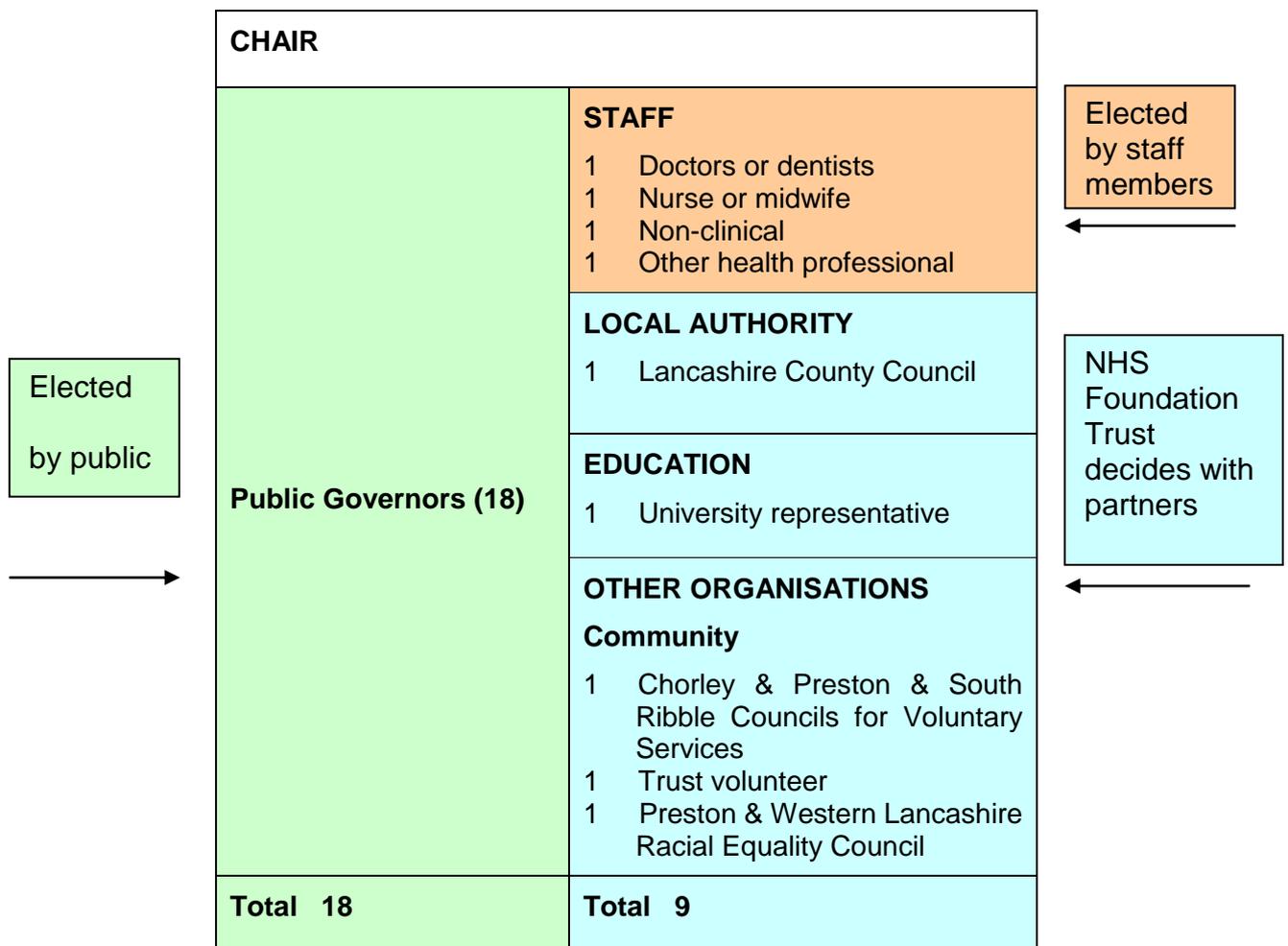
At the end of 2015/16, the council consisted of 27 governors, of which: 17 were elected governors who represent the public constituency (there was one vacancy as there can be up to 18 public governors at any given time); four were elected governors who represent the staff constituencies; four were appointed by our partnership organisations (our four partner organisations being Age UK Lancashire, Preston & Western Lancashire Racial Equality and Diversity Council, the Trust's Volunteers and the universities of Central Lancashire, Lancaster and Manchester); and two were appointed by local authorities (being Lancashire County Council and Preston City Council, with two vacancies remaining for Chorley Borough Council and South Ribble Borough Council, as there can be up to four local authority appointed governors).

The chairman also chairs the council of governors and the chief executive usually attends formal meetings. Other directors and senior managers attend some meetings, depending on the issues under discussion. Many governors also commit a significant amount of time outside of formal meetings to be involved in sub-groups and in other ways to fulfil their role of representing the views of their constituents.

### **The Council of Governors:**

- Acts as a source of ideas about how we can provide services in ways that meets the needs of patients, members and the wider community
- Ensures we follow NHS principles and values

- Receives our Annual Accounts, Auditor’s Report and the Annual Report from the Board of Directors
- Appoints the Chair and Non-Executive Directors of our Board of Directors
- Approves the appointment (by the Non-Executive Directors) of the Chief Executive
- Is consulted by the Board of Directors on the development of future plans
- Reviews performance against objectives for the provision of high quality services
- Ensures that members are kept informed about our progress and plans for the future



# Recruitment Charter – What you can expect when you apply for a job with us

## Equality of Opportunity

Your application will be welcomed and considered, regardless of:

- gender and gender reassignment
- race
- ethnic origin
- sex
- age
- marital status
- disability
- religion
- sexual orientation
- involvement in a trade union

We welcome applications from disabled candidates and guarantee an interview to anyone who meets the minimum criteria for the post. We also make reasonable adjustments to the recruitment and selection process to enable you to pursue your application, provided that you inform us of any special requirements.

## The Application Process

The advertisement and attached documents will provide the basis for you to make an informed decision about whether to apply for the job. You will be able to access:

- an application form
- job description
- person specification
- other relevant documents and links as relevant

Read all the information provided; especially the advert, job description and person specification. The job description outlines the duties you will be expected to carry out in this post. The person specification lists the skills, knowledge and abilities that the shortlisting/interview panel will be looking for. Make sure that in your application you clearly show how you meet each item in the person specification, because we can only shortlist you for interview if you show that you meet the requirements.

Think about what skills, qualifications and experience you have which will be relevant and relate to the person specification. Do not forget those that you have gained outside full-time/part-time employment: for instance, social, personal and community activities, which may have been in a voluntary capacity.

Applications for job share will be considered unless the advert specifically indicates otherwise.

## The Selection Process

Confidentiality is maintained throughout the entire selection and recruitment process. Your details will only be made available to the selection panel and staff involved in the management or administration of the recruitment process.

Shortlisting will be carried out by assessing the evidence provided on your application form against the selection criteria.

At least one of the appointment panel will have completed training in fair effective recruitment and selection.

If you have not heard anything 4 weeks after the closing date then you should assume that you have been unsuccessful on this occasion.

If you are shortlisted you will be contacted at the email address provided on your application form and asked to attend for interview. You may be asked to undertake a form of assessment as part of the selection process.

If you are invited to an interview we will endeavour to give at least 5 working days' notice. You will be informed in advance about any tests or presentations which may be required.

Once invited for interview, should you have any special requirements i.e. facilities for disabled persons, please contact the Human Resources Directorate who will be happy to organise these on your behalf.

The interview panel will normally be made up of a number of people who will ask questions of you to cover the key aspects of the job. The questions are intended to allow you to expand on your application form details and to demonstrate the extent to which you meet the essential requirements of the post. Candidates will have the opportunity to ask questions about the job, conditions of service etc. The final decision will be made by assessing the evidence the panel has obtained from your application form, interview, references and any tests or exercises used against the selection criteria.

During your interview we will tell you when you can expect to hear the outcome of your application.

Many posts within this Trust carry a level of disclosure which means that a Disclosure and Barring check would be required for anyone offered a post. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences

Feedback about your performance in the selection process is available on request. This will be provided by a member of the selection panel.

## **Pre-Employment Checks**

In order to comply with NHS Employers Check Standards a range of pre-employment checks will be undertaken by the Trust **BEFORE** an individual may commence work with the Lancashire Teaching Hospitals.

These include:

### **Health Questionnaire**

All prospective employees are required to complete an on-line health questionnaire, which is returned sent electronically to the Occupational Health Department. It may be necessary to undergo a medical examination, dependant on:

- the nature of the post applied for, or
- the information given in the Questionnaire

No applicant will be allowed to take up any type of post with the Trust until medical clearance has been received.

### **Disclosure by the Disclosure and Barring Service (DBS)**

The DBS is set up under the Police Act 1997 to administer the new disclosure arrangements enabling employers to undertake criminal record checks on people seeking to work with children and vulnerable adults.

Many posts within this Trust carry a level of Disclosure which means that a DBS check would be required for anyone offered such a post.

The Rehabilitation of Offenders Act 1974 (Exceptions Order 1975) requires that you are not entitled to withhold any information about criminal convictions you may have had, or prosecutions pending.

Transgender applicants may contact the DBS Transgender Line on 0151 676 1452 or email [sensitive@db.s.gsi.gov.uk](mailto:sensitive@db.s.gsi.gov.uk) for further advice.

If you are offered a post which is subject to Disclosure, you will be sent an electronic link to an on-line DBS application form which must be completed, you will be provided with guidance notes to help you.

Please note that failure by an applicant to provide accurate and truthful information is considered to be a serious matter. Where it is found that a person has intentionally or recklessly provided inaccurate information or withheld information relevant to their position, this may disqualify them from appointment. It may also result in dismissal or disciplinary action and referral to the appropriate professional regulatory body.

The Trust has a written policy for DBS Disclosure, a policy statement on the recruitment of ex-offenders and a policy statement on the security and storage of DBS documentation.

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

### **Personal Identification**

It is important that the NHS carry out identity checks to determine that the identity of an applicant is genuine and relates to a real person, and also to confirm that the individual owns and is rightfully using that identity.

When an offer of employment is made, you will be invited to a face to face meeting with a member of the Human Resources Recruitment team. You are asked to present certain original documents containing your photograph and your current address.

### **Professional Registration and Qualification Certificates**

For certain posts applicants must be currently registered with a Professional body. Your professional registration will be checked before any offer of employment is made. For other posts certain qualifications will be essential and will be outlined in the person specification for the post. In such instances you will be required to produce these documents at the face to face check with Human Resources staff.

### **References**

Receipt of satisfactory references is an integral and important part of the selection process. On the application form you are required to submit the names of two people who have consented to supply a reference on your behalf. If you are in employment, references should be obtained from the current employer and the most recent employer. If you have worked in a voluntary capacity, references should be supplied from the two most recent organisations for whom you have worked. Ideally, the reference should be from a person who was in a position of responsibility relative to you – e.g. manager or supervisor.

Please note that an offer of employment cannot be made unless two satisfactory references have been received. The Trust reserves the right to determine what is considered to be a satisfactory reference.

### **Certificate of Sponsorship**

The Trust has successfully applied for a Sponsor Licence from the UK Border & Immigration Agency. This means that we can act as Sponsors to employ skilled migrants from outside the UK and EEA.

Under the Asylum and Immigration Act 1996 it is a criminal offence to employ someone who is not entitled to work in the United Kingdom. In order to take up employment legally, applicants who are subject to immigration control **must** be in possession of valid permission to enter or remain in the UK, and that permission must not preclude them from working. All applicants offered a post with this Trust will be asked to provide evidence of their eligibility to work in the UK. For certain posts, the Trust will be able to apply for a Certificate of Sponsorship. A separate list is available of the documents acceptable for this purpose.

### **The Data Protection Act 1998**

All the information supplied by you or obtained by the Trust is necessary as part of the recruitment process and for equal opportunities monitoring. Under the terms of the Data Protection Act 1998 no sensitive information supplied regarding yourself will be sent to a third party without your specific consent being obtained.

## **Our Trust Values**

Our purpose is to 'Always provide excellent care with compassion' and in 2010/2011, over 1,200 staff were involved in developing the Trust values. These were refreshed and re-launched during 2012 – 2012 and are now embedded within the organisation.

Our values define the standards of behaviour we expect from all our staff to make sure every patient received excellent care with compassion:

### **Caring and Compassionate**

We treat everyone with dignity and respect doing everything we can to show we care

### **Recognising Individuality**

We respect, value and respond to every person's individual needs.

### **Seeking to Involve**

We will always involve you in making decisions about your care and treatment, and are always open and honest.

### **Team Working**

We work together as one team, and involve patients, families, and other services, to provide the best care possible

### **Taking Personal Responsibility**

We each take personal responsibility to give the highest standards of care and deliver a service we can always be proud

## **Teaching & Education**

As a Teaching Hospital, the Trust accommodates over 232 medical students and has three state of the art Education Centres across its two sites.

The importance of training, education and development for all staff is recognised by the Trust as key ensuring the continued deliver of safe and effective patient care.

In 2010, the Trust launched its Leadership Framework and began the rollout of its leadership development programme.

In addition, our Consultant Leadership programme, accredited by Liverpool John Moores University, has recently won a prestigious National Training Journal award.

The management and leadership team within the Trust also supported the development of staff within hotel services with the provision of a bespoke leadership programme for supervisors.

## **Flexible Working & Childcare**

The Trust recognises that staff will, on occasion, have caring responsibilities either for children, elderly or disabled relatives

Various flexible working practices are now in place within the Trust which are designed to offer staff the ability to work flexibly, thereby assisting them with any care arrangements they may have.

Some examples of these initiatives include:

- Part time working where a set number of hours are worked within an overall pattern.
- Job Share which allows for posts to be 'split' and shared by two part time staff rather than one full timer. Joint responsibility for the work is retained.
- Flexi – time which allows staff to work for a set period of core hours when they need to be physically present at work. This core will routinely be less than full time hours and so, where appropriate, staff will be free to make up their contracted hours by working flexibly around the 'core' to suit personal circumstances, both long term (e.g. family commitments) and short term (pre booked appointments)
- Annualised hours where contracted hours are not stipulated in relation to weekly commitments, but to the overall agreed commitment accrued over a full twelve month period. Staff can therefore work to meet peaks and troughs in demand within the organisation and also, more flexibly, to facilitate opportunities for staff to work during periods of greater convenience for them.
- Term time working where hours of work and the individual commitment of staff can be concentrated into specific periods, thereby allowing maximum free time, plus concentration of holiday entitlements, to coincide with school holidays.
- Staff Bank, which is a traditional 'pool' of staff, not with substantive contracts for services (i.e. employment contracts) but who act as casual staff providing cover for specific shifts 'on demand', and subject to their own availability.
- Employment Breaks which provide for staff to have approved periods of unpaid leave. The usual reason for taking such leave is for family, volunteer work or education. The employee has their conditions of service 'frozen' during the break and retains the right to return to their original type of post.

In addition, we have a range of leave allowances should a member of staff require time off for a specific reason. Reasons for such leave range from Adoption Leave, Paternity Leave, right through to urgent leave that is required to deal with any family crises.

### **On Site Nurseries**

There is an on-site nursery on both Hospital sites. Both facilities are purpose built and offer 60 places.

The core times of the nurseries will be week days between 8.00am and 6.30pm, with the option of an early start at 7.00am if pre – booked, should there be a demand from enough staff.