

NB: The following pages WIT-107951 to WIT-107995 form part of the
response to S21 No 78 of 2022 which can be found at: WIT-61152 to
WIT-61512. Annotated by the Urology Services Inquiry

Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Pamela Lawson, Band 5

Staff Number: Personal Information redacted by the USI

Is Professional Registration up to date? _____

KEY ISSUES & OUTCOMES	COMMENTS
<p>Have you read and understood your Post Outline? Post Outlines can be accessed via Trust Intranet (KSF link)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Have Post Outline levels been achieved:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, record below what action to be taken:</p>	<p>Staff members comments on his/her performance over past year: Personal Information redacted by the USI</p> <p>Line Manager's Feedback on staff members performance over past year: Personal Information redacted by the USI</p>
<p>Objectives for Next Year:</p> <p>Look at functions of Savience and how it's use could be expanded.</p> <p>Personal Information redacted by the USI</p>	

Reviewee Staff Name (Print) P. LAWSON.

Signature Personal Information redacted by the USI

Date 9.6.20

Reviewer Manager/Supervisor (Print) Helen Forde

Received from SHSCT on 20/08/2024. Annotated by the Urology Services Inquiry.

Signature Personal Information redacted by the USI

Date 9/6/20.

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

For training requirements specific to your staff group refer to Trust Intranet Training Link

Staff Number: Personal Information redacted by the USI

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF			
	Fire Safety	14.01.20	
	Information Governance 26.8.20.	19.07.20	
	Moving and Handling	20.3.18	
Corporate Mandatory Training ROLE SPECIFIC	Infection Prevention Control	14.11.19	
	Recruitment and Selection	13.09.19	
	Data Quality	6.11.19.	
	Equality	24.1.18.	
	DSE	14.11.19	
	FRAUD AWARENESS	28.02.18	
	IT SECURITY	14.11.19	
	SAFEGUARDING	07.04.20	
Essential for Post	WASTE MANAGEMENT	6.11.17	
	IOR	13.01.20.	
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)			

Reviewee Staff Name (Print) Pamela Lawson

Signature Personal Information redacted by the USI

Date 26.8.20.

Reviewer Manager/Supervisor (Print) Helen Forde

Signature Personal Information redacted by the USI

Date 9/6/20.

PLEASE SEND COMPLETED PART B TO: NVQ Vocational

Acute Services Directorate
**Notes of Functional Support Services HOS
Joint HR/Finance & Governance/Performance Meeting**

Monday 23rd November 2020 at 2pm Anita's meeting Space

Attendees

Anita Carroll – Assistant Director of Functional Support Services

Helen Forde – Head of Health Records

Sandra McLoughlin – Head of Decontamination Services

Katherine Robinson – Booking and Contact Centre Manager

Apologies

Andrew Dines – Head of Catering, Domestic, Portering & Security Services

1. Minutes of Previous Meeting (19/10/20)

Agreed

2. HR issues – October 2020 including Covid

- Each HOS to have a position on issues , i.e. vacancies, sickness, pressures

	Maternity Leave	Short-term Sick Leave	Long term sick leave	Staff with covid, symptomatic or self-isolating	Staff absent (shielding pending return / 28+ weeks pregnant	Covid anxiety
CAH						
Catering	0	2	3	3	0	0
Domestic	11	15	11	8	0	0
Porters	0	8	2	4	0	1
Support Service	0	4	3	1	0	0
DHH STH SLH & Facilities						
Catering	1	0	6	0	0	0
Domestic	6	5	14	4	0	0
Porters	0	0	2	3	0	0
Switchboard	0	0	1	0	0	0
St Luke's SS	0	3	0	3	0	0
STH Domestic	0	1	0	1	1	0
Lurgan	0	2	0	2	0	0
Domestic & Catering						
C/B Community SS	0	3	0	3	0	0
SEC	1	1	2	1	0	0

RBC	2	0	1	0	0	0
MUSC	1	4	1	3	0	0
IMWH	3	0	4	1	0	0
CSSD	0	4	2	0	0	1
Switchboard	1	1	0	0	0	0
Laundry	0	4	2	0	0	1
Health Record	1	10	2	3	2	1
ED	3	4	5	1	2	0
Ward Clerks	0	3	1	2	0	1

- Any current posts out to recruit and EOI

EOI Head of Health Records Band 8A –Anita

EOI Ambulatory Unit Band 3 – Helen

EOI Health Records Supervisor – Helen

EOI Portering Supervisor Band 4 - Andrew

3. Covid 19

- Staff update – October
Short discussion regarding SMT email 2/11/20
- Lessons Learned – Staff Feedback Report ((emailed 4/11/20)
Issues noted and requiring virtual clinics and usage
- HSCNI Culture Assessment Survey (Closing date 18/11/20)
All teams have shared with staff
- Staff wellbeing Survey (Closing date 22/11/20)
Sandra and Katherine had completed staff all advised.
- New Urgent Care Centre (UCC)
UCC to open 30th November.
Helen Forde raised the issue if going to Minor Injuries to be recorded on Adastra and then on eems. Urgent Care will all be phone first – come from no more silos document.
- Ambulatory
Discussion re ENT Hot clinic, Helen and Katherine had a meeting with Lesley Leeman.
Action: Anita to raise with ADs

Progress with Acute Medical, Resp and Cardiology – limited.

BAT phone in DHH.

4. Updates from Managers for their areas

E&G funds were discussed and how to use.

Also discussions on arrangements for Christmas.

Anita paid tribute to Helen as this was her last team meeting. Anita advised Helen was a great asset to FSS, a pleasure to work with, a great leader and it had been a privilege to call her a friend and colleague.

5. AOB

None

6. Date of next Meeting *Monday 14th December 2020 at 2pm Anita's meeting Space*



Quality Care – for you, with you

General Induction

INDUCTION CHECKLIST

DEPARTMENT: _____

NAME OF EMPLOYEE: _____

STAFF NUMBER: _____

JOB TITLE: _____

DATE COMMENCED: _____

The following is a comprehensive but not exhaustive list of basic information to be shared in the first days and early weeks of employment. The line manager/person conducting the local induction should add or exclude items as appropriate. Additional information on many of the following Policies and Procedures can be accessed via the Trust Intranet site.

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OTHER RELEVANT ISSUES SPECIFIC TO DEPARTMENT/TEAM/JOB/INDIVIDUAL

I have been informed about and understand the above items.

Signature.....

Date.....

I confirm that the above Induction Programme has been completed for the above member of staff.

Signature of Line Manager.....

Date.....

Please forward a copy of the completed Induction Checklist to Education, Learning & Development, Hill Building, St Luke's Hospital, Loughgall Road, Armagh BT61 7NQ, to allow this training to be registered on the Trust Central Training Record.

1.0 About the Trust

Welcome to the Southern Health and Social Care Trust. You are now one of approximately 13,300 staff who work in the Trust, and as such are a valued member of staff, providing an important service to the community in which we live.

The Southern Health and Social Care Trust was formed on 1 April 2007 and provides health and social care services to the council areas of Armagh, Banbridge, Craigavon, Dungannon and South Tyrone and Newry and Mourne.

Map of NI showing the Southern Health and Social Care Trust



The Trust employs approximately 13,300 staff and spends £532 million annually in the delivery of health and social care services. Our objectives are to

- Provide safe, high quality care
- Maximise independence and choice for our patients and clients
- Support people and communities to live healthy lives and improve their health and wellbeing
- Be a great place to work
- Make the best use of resources
- Be a good social partner within our local communities.

Our Values are to

- Treat people fairly and with respect.
- Be open and honest and act with dignity.
- Put patients, clients, carers and community at the heart of all we do.
- Value staff and support their development to improve our care.
- Embrace change for the better.
- Listen and learn.

The Trust delivers services from a number of hospitals, community-based settings and in some cases directly in individuals' homes. A comprehensive range of services is provided through the following Directorates:

- Acute Services
- Adult Mental Health and Disability Services
- Older People's and Primary Care Services
- Children and Young People's Services.

These are supported by:

- Medical Directorate
- Finance and Procurement
- Human Resources and Organisational Development
- Planning and Performance Management
- Chief Executive's Office / Communications.

1.1 Achievement of Ministerial priorities - Trust on Target

All aspects of Trust business are closely monitored. This enables us to ensure that all our services are running smoothly and on target. It also provides an early warning if something is not on track. Every month the Trust's senior management team scrutinises detailed information about a wide range of areas, including those below, and will review areas on a weekly basis if we are encountering particular challenges or demands on our services

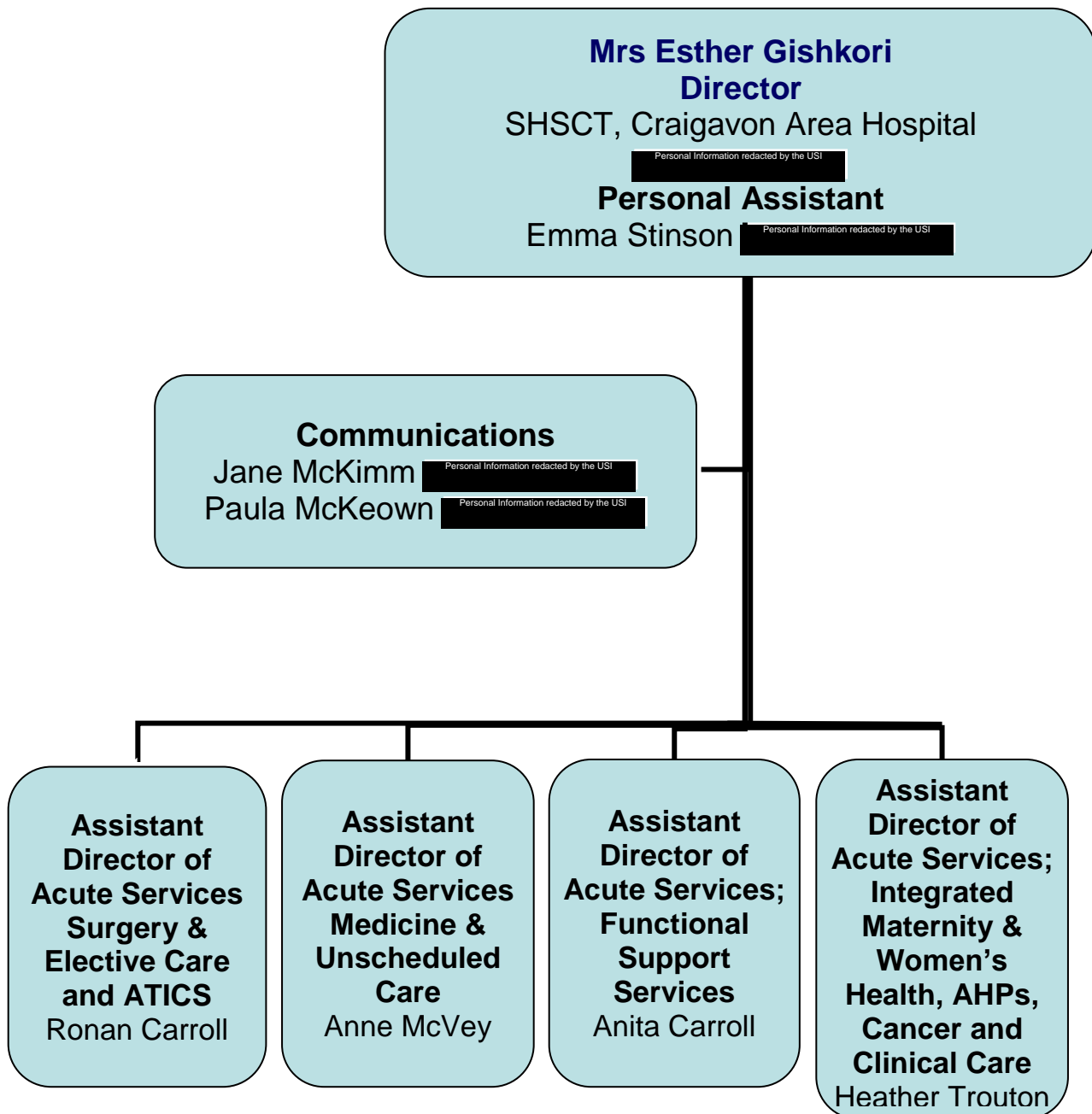
- Time patients wait to be seen in the Emergency Department;
- How long patients wait to receive their first outpatient assessment ;
- Turnaround time for diagnostic tests;
- Infection rates and hospital cleanliness; and
- Patients' views.

Our performance reports also go to monthly public Trust Board meetings. Papers are published on our website www.southerntrust.hscni.net so everyone can keep a close eye on how we are doing. This level of performance management helps us to ensure that what we do is safe, that we are making best use of our resources and meeting targets which are there to benefit patients and clients.

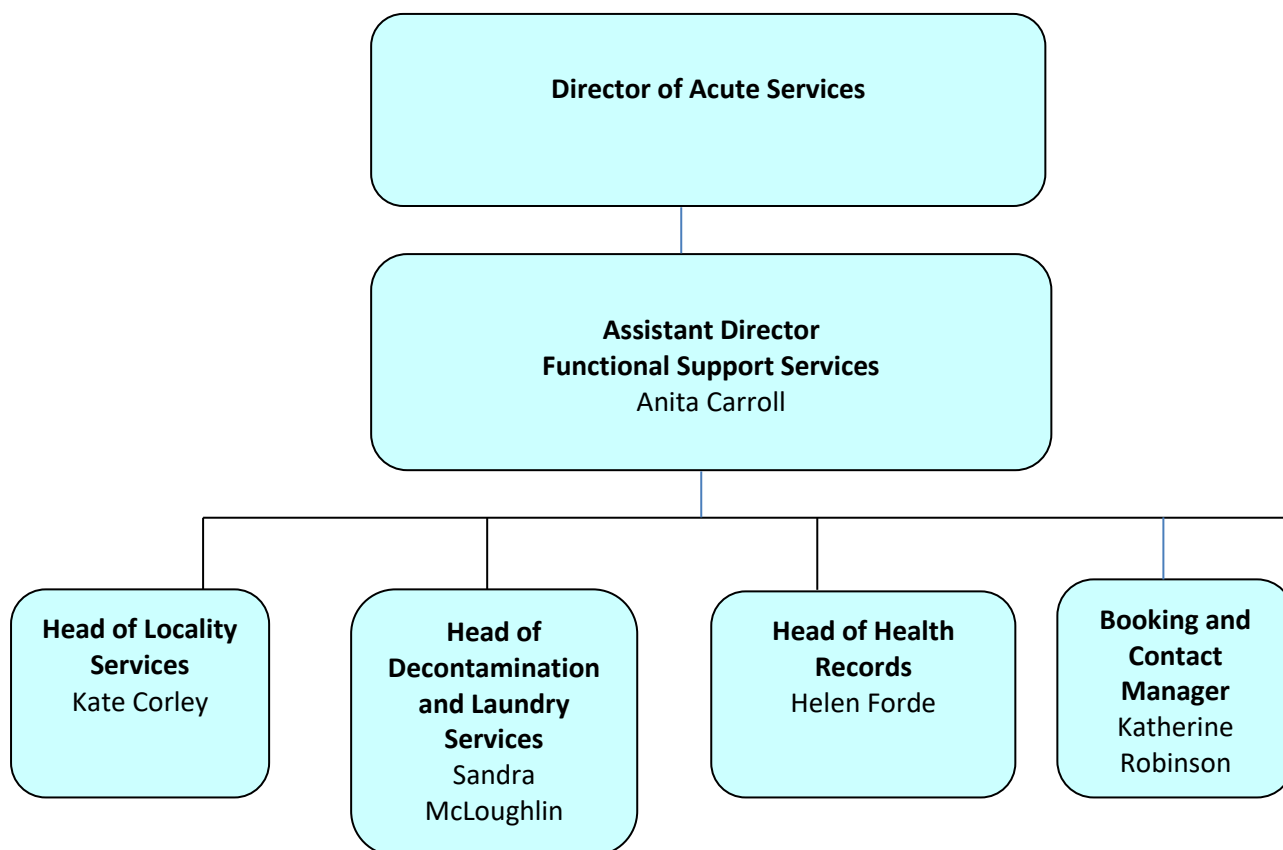
1.2 Where you work

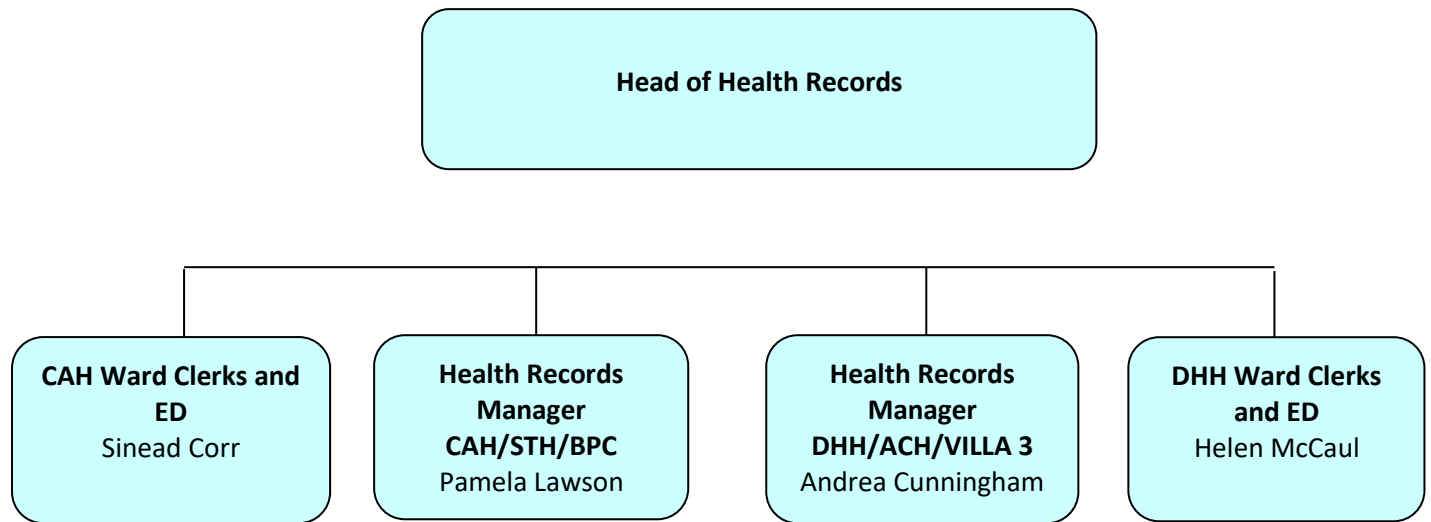
You are part of the Acute Services Directorate which is made up of the following Divisions:

- Functional Support
- Surgery and Elective Care
- Medicine and Unscheduled Care
- Integrated Maternity and Women's Health
- Cancer and Clinical Services



We are part of the Functional Support Services division and are led by Mrs Anita Carroll, Assistant Director of Acute Functional Support Services.






2.0 Department and Team

2.1 Induction

This document will provide you with information to help you in your new post, however further information is available on the Trusts Intranet and also with specific Standard Operating Procedures for your area. Where you see the symbol 'READING' this indicates that further reading is required on this topic.


 READING

Role of the Department in the Organisation

There are 5 areas under the heading of Health Records which provide support to the directorates within the Acute Services Directorate, and they are:

- Health Records, including outpatient reception in Craigavon Area Hospital, Daisy Hill Hospital, South Tyrone Hospital, Armagh Community Hospital, Banbridge Polyclinic and Villa 3
- Ward Clerks in CAH and DHH
- Emergency Department Admin staff in Craigavon Area Hospital and Daisy Hill Hospital, and Minor Injuries in South Tyrone Hospital

2.2 Areas to be Covered with Line Manager

Job Description

Team Meetings

Introduction to colleagues and relevant staff

Layout of the Department, including Fire Escapes and Assembly Point

Facilities – catering facilities, lavatories, lockers

Confidentiality

Telephone system and usage

Overview of information systems and ICT security

Useful contacts

HRPTS

3.0 Conditions of Employment

3.1 Commencement/Amendment Form

Your Line Manager will complete a commencement/transfer form for you which will provide Human Resources and Salaries and Wages with the information they need to record your details on their information systems.

3.2 Pay

Your pay will be sent to your bank on the third last banking day of each month.

3.3 Hours of Work

Your hours of work are _____

Meal breaks _____

Rota _____

3.4 Time keeping

It is important that you report to duty at your specified time and remain on duty until your leaving time. Any alteration to these times must be discussed and agreed with your Line Manager in advance.

3.5 Mileage Claim Forms

If you are required to travel to a different site on Trust business then you are entitled to travel allowance. Your Line Manager must have agreed with the travel in advance. Claims are processed through HRPTS and will be authorised by your Line Manager.

3.6 Probationary Period

Every member of staff must complete a 6 month probationary period. During this time your work and attendance will be monitored, and any concerns will be raised with you.

You will have a formal meeting with your Line Manager at 3 months to review your progress to date and to set out targets for your next 3 months.

When you have successfully completed your 6 month probationary period you will then become a permanent member of Trust staff. If there are any performance or sick leave issues your probationary period will be extended and retraining offered. Continual performance issues may mean your post will not be made permanent.

3.7 Superannuation

As a member of the Trust you can opt in to the Trust Superannuation Scheme. You will receive details of this with your contract.

3.8 Sickness and Absenteeism

The Trust has a responsibility to monitor and manage absenteeism because of its responsibilities to patients and clients.

It is a condition of your employment that if you are unable to report for duty you must notify your Line Manager as soon as possible on the first day of illness, no later than one hour after the commencement of your work. Please note that you must contact your manager personally, texts, e-mails or messages are not acceptable.

The onus is on you to keep in touch with your manager during your absence to ensure your manager is updated on your progress and knows when you are likely to return to work.

Throughout any period of absence your manager is permitted to contact you to seek feedback on progress and offer support or discuss relevant work matters, where appropriate.

During any period of sickness absence you must not be involved in any activity which could bring into question the genuineness of your illness.

Some absences will require your referral to the Occupational Health Department. You must attend all Occupational Health appointments as these are to provide you with support and to provide your manager with the necessary information to manage your absence.

Failure to attend an Occupational Health appointment will result in your entitlement to pay being withheld and it will only be reinstated once you have attended, unless there is an exceptional reason for your non-attendance.

READING

The Sickness Absenteeism Policy is available on the Intranet under Policies and Procedures. It is important that you read this policy and understand your responsibilities with regard to sickness absence. If you have any queries regarding this policy you must discuss these with your Line Manager.

3.9 Grievance Procedure

The Trust recognises that in the course of work, an employee may feel aggrieved however it is expected that normal day-to-day management should deal with the majority of work issues without the need to resort to formal procedures. However if you feel that your issues have not been dealt with you can go through a grievance procedure.

The Grievance Procedure provides an employee with the opportunity to have their grievance considered quickly and effectively.

When a grievance is raised, it should, where possible be resolved at the earliest opportunity and at the most appropriate level of management

READING

The Grievance Procedure is on the Intranet under Policies and Procedures. You must read this procedure and if you have any queries regarding this procedure you must discuss these with your Line Manager.

3.10 Capability Procedures

It is the Trust's aim to help and encourage all staff to achieve high standards of performance. Ignoring unsatisfactory performance can have an impact on the quality of service provided, the employee's own sense of satisfaction and enjoyment in their work and that of the team in which they work.

The Procedure is to be used where there is evidence of a genuine lack of capability rather than a deliberate failure on the part of the employee to perform to the standards of which he/she is capable.

Concerns about capability may arise from a number of factors, including:

- lack of competence, proficiency, poor organisation
- lack of aptitude, skill or experience
- the re-organisation or redefinition of the person's role, which causes performance / problems e.g. organisational change or technology changes
- changes in the nature or allocation of work, including changes to employment such as promotional position which the individual may not be able to undertake to standards required
- an individual being unable to satisfactorily complete their probationary period
- external factors such as personal/family difficulties, work life balance

The aim of the procedure is to ensure that:

- the Trust operates effectively as an organisation.
- there is guidance and a protocol through which managers can address employee's capability
- capability issues are dealt with fairly, appropriately and consistently and all who are involved in the process are treated with dignity and respect
- managers, employees and their representatives are aware of their rights and obligations in dealing with matters of capability under this procedure.

READING

The Capability Procedure is available on the Intranet under Policies and Procedures.

3.11 Disciplinary Procedures

The Disciplinary procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour. The aim of the procedure is to ensure:

- The Trust can operate effectively as an organisation.
- Disciplinary action taken is fair, appropriate and consistent and all who are involved in the process are treated with dignity and respect
- Managers, employees and their representatives are aware of their rights and obligations in matters relating to disciplinary and appeals procedure.

Issues of competence and job performance or absence will be dealt with under the Trust's Capability Procedures.

READING

The Disciplinary Procedure is available on the Intranet under Policies and Procedures.

3.12 Annual Leave

Your manager will give you details of your leave entitlement.

It is important to remember that while all efforts will be made to honour any request for leave, as a department we are still responsible for providing a service, and this may result in leave being refused.

Requests for leave must be discussed and agreed with your Line Manager **in advance** of any holiday arrangements being made.

The leave year runs from 1 April to 31 March each year. If you join the Trust after 1 April you will be entitled to holidays on a pro rata basis relative to the number of weeks worked during that leave year.

The normal maximum period of holidays that a staff member may take at any one time is 2 consecutive weeks. In exceptional circumstances requests for longer periods of leave, eg a wedding must be discussed with your manager prior to making arrangements.

Time off for appointments can be taken from annual leave, or if your manager is agreeable this time can be worked up.

You must inform your family/friends that if they are planning a surprise holiday for you, they must contact your line manager well in advance to ensure the time-off for your holiday can be authorised. Failure to confirm arrangements with you line manager may mean that your manager may not be able to give you the time off.

Your leave is to be taken during the leave year. In exceptional circumstances you may carry over 1 weeks leave, which must be discussed and agreed with you manager in advance.

3.13 Work-Life Balance Policies

The Southern Health & Social Care Trust is committed to equality of opportunity and recognises the benefits of having in place Work-Life Balance policies.

The purpose of the Work-Life Balance Policy is to enable staff to achieve a balance between their work and personal commitments. NB: Other reasons may be considered taking into account the needs of the service.

The objectives of the Work-Life Balance Policy are to:

- enable the Trust to retain the skill and expertise of staff who are no longer able/wish to continue in their usual working pattern;
- facilitate staff who wish to continue working at the same time as meeting other commitments;
- provide new job opportunities in the Trust;
- provide an opportunity for employees to return to employment within the Trust on a flexible basis;
- enable the Trust to become an Employer of Choice in line with the Department of Health, Social Services & Public Safety's Human Resources Strategy 2002.
- consider flexible working options as part of the the Trust's duty to make reasonable adjustments for disabled staff.

READING

The Work-Life Balance Policy is available on the Intranet under Policies and Procedures.

3.14 Notice of Termination of Employment

The normal notice of termination of employment is one month after officially handing in notice, however there may be some exemptions, eg agency staff. You will be expected to give formal written notice in writing to your Line Manager and also hand in all keys, fobs and uniform prior to leaving.

3.15 Uniforms

Uniforms are provided for front line staff. If you have been provided with a uniform then it must be worn at all times and in the correct way.

Uniforms must be returned to your Line Manager if you leave the Department.

3.16 No Smoking Policy

READING

Smoking is not permitted in the workplace. Please read the No Smoking Policy which is available on the Intranet under Policies and Procedures.

3.17 Fraud Awareness

Fraud may be considered to be the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party, eg false claims on timesheets.

Fraud is used to describe acts such as deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion.

READING

Fraud Awareness Questions and Answers are available on the Intranet under Policies and Procedures. You must read these and if you have any queries regarding this policy you must discuss these with your Line Manager.

3.18 Safeguarding of Vulnerable Adults and Children

As members of the Trust we may come in contact with vulnerable adults and children – we must treat every patient with respect and dignity and uphold their interests and if you have any concern regarding the treatment of a vulnerable patient you must raise these immediately with your Line Manager.

The protection of vulnerable adults from harm or abuse is the responsibility of **all** staff within the Southern Trust.

A vulnerable adult is a person aged 18 years or over who is, or may be, in need of community care services or is resident in a continuing care facility by reason of mental or other disability, age or illness or who is, or may be, unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation’.

This includes adults with physical, sensory and mental impairments and learning disabilities.

4.0 Information Governance

Information Governance is the way by which the Trust handles information about patients and employees, in particular personal and sensitive information. It ensures that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care. Information Governance provides a framework to bring together all the requirements, standards and best practice that apply to the handling of personal information.

The principle of information governance covers several areas as detailed below.

4.1 Data Protection

The Data Protection Act provides a legal framework for the use and management of personal information. It also gives rights to individuals about what information may be held and restricts the sharing and disclosure of information.

The Act applies to any person/organisation that might collect, store, use and/or otherwise process information about individuals.

All staff are bound by their duty of confidentiality which is included in the contract of employment. If staff are found to breach confidentiality disciplinary action will be taken and may lead to dismissal. You must only access information on a need to know basis and keep all information confidential

READING

The following information is found on the Intranet under Policies and Procedures. As part of your induction you must read these policies, and any queries you may have must be raised with your Line Manager. The relevant information relating to Data Protection is:

- Memo from the Chief Executive on staff's responsibilities and duty of confidentiality
- Data Protection in the NHS
- The 8 Principles of Data Protection
- Data Protection – Frequently Asked Questions
- Confidentiality Guidance
- Data Protection – how to respond to a request for information under the Data Protection Act
- Guidelines as to whether it is right to share information about people

It is mandatory that you complete the e-learning modules on Data Protection, Records Management and Data Quality.

4.2 Freedom of Information

The Freedom of Information Act 2000 and Environmental Information Regulations Act 1992 creates a new statutory right of public access to information held by public authorities in the UK including hospitals, health centres, health boards and health agencies. The overall aim of the legislation is to enhance accountability of public bodies, encourage transparency of action and to protect individual privacy.

The Southern Health and Social Care Trust is subject to the Freedom of Information Act and, as such, is committed to ensuring that information held by the Trust is made available to its staff and the general public whenever it is possible and/or appropriate to do so within the terms of the legislation.

The public have the right to request information from the Trust. However, in order to ensure confidentiality and the adherence to a proper process any Freedom of Information requests must be submitted through the Corporate Records Team – Tel number Personal Information redacted by the USI or e-mail Foi.Team@southerntrust.hscni.net

All information relating to a particular issue is discoverable – that includes e-mails, or notes you have may have sent or made regarding this particular issue. Professionalism must be used at all times when sending e-mails, or recording information.

4.3 Records Management

Records Management is the systematic control of all records, regardless of media format, from initial creation to final disposition. Records are a valuable resource because of the information they contain. Information is essential to the delivery of high quality evidence based health and social care on a day-to-day basis. An effective Records Management service ensures that such information is properly managed and is available when needed.

4.4 Risk Management

All members of staff have a responsibility to ensure their workplace is safe and free from risks. If you identify any incident that you feel is, or has the potential to be, a risk for either you, your colleagues or members of the public you must report this at once. All incidents/risks are reported via a web based computer system known as Datix. Incidents are investigated and where appropriate action plans put in place to either remove, or reduce the risk associated with your reported incident.

If you have concerns regarding the safety of yourself or others you can ask for a Risk Assessment to be carried out by contacting your Line Manager.

4.5 Complaints

Patients occasionally wish to make complaints if they have been unhappy with the service or how they have been treated. It is important that we recognise the value of listening to complaints as they can help us improve our service. A patient can make either a formal or an informal complaint.

If a person wishes to make a complaint or requires assistance in making a complaint, they can contact

Service User Feedback Team

Southern Health & Social Care Trust

Beechfield House

Craigavon Area Hospital

BT63 5QQ

Telephone: 028 3756 4600

Email: complaints@southerntrust.hscni.net. There are also forms held in reception areas to be given to patients who wish to make a complaint.

5.0 Culture and Values: Conduct and Standards Expected

5.1 Personal presentation/dress code

- It is important that we project a professional image in our dress code.
- You are expected to have a smart, tidy appearance wearing appropriate office wear
- Inappropriate office wear would include jeans, casual trousers, revealing clothing, eg low necklines,
- No item of clothing should give rise to offence, eg the wording on a top
- All staff should have a high standard of personal hygiene
- If you are front line staff you must adhere to the bare below the elbows guidance for infection control purposes. Ward based staff must not wear nail polish or false nails while on duty and the only jewellery permitted is one plain ring.

5.2 Confidentiality

Every member of staff has access to patient information. It is vital that we maintain the confidentiality of this data at all times, that we do not divulge any sensitive data either intentionally or unintentionally, and that we only access patient data as required to carry out our work. Confidentiality will be discussed with you on your first day and you will be required to sign a confidentiality agreement.

Any queries or problems relating to patient confidentiality must be discussed with the Line Manager immediately.

5.3 Confidentiality of Manual Records

Staff must not use their position to gain access to patient information where this is not a requirement of their job.

Staff must not access any manual record unless required to do so to fulfil a work requirement, eg pull a chart for admission, read a referral letter to check the speciality.

Staff must not discuss any patient information with their colleagues unless it is a requirement of the post and needed for patient or client care or assessment. If there is a requirement to discuss patient details then all conversations must take place in appropriate surroundings where the conversation cannot be overheard by work colleagues or members of the public.

Staff must never re-use paper as scrap paper which has any patient or staff information recorded on it. All personal information must be disposed of in the confidential waste bin. Confidential waste bags are white.

5.4 Confidentiality of Electronic Records

Our information systems, eg PAS/Patient Centre are all password controlled to ensure security of information and to provide an audit trail of who has accessed a record and when.

Passwords must remain confidential at all times and must not be shared.

Generic passwords must not be used.

Staff must not use the access they have to the information system to gain access to confidential information where this is not a requirement of their job, eg to check a friend's dob or address.

Staff must log out of PAS when leaving their work station.

Staff must never transfer patient information electronically outside of the hscni.net without first having the information encrypted. Information regarding the encryption of information is available on the intranet. Permission to transfer patient information must be obtained from your Line Manager prior to transferring information.

5.5 Confidentiality Guidance

Staff must not disclose or discuss any patient information with friends / family. Disclosure of information is not always malicious, it can be unintentional eg you must not discuss the fact that you were talking to a neighbour at the outpatient clinic, or you saw someone being admitted to a ward.

Staff must not remove any patient information from the hospital.

Charts must be covered when being taken from one area to another to ensure that the name of the patient on the chart is obscured from view.

When working in the Outpatient Reception names of patients must be obscured from the view of patients reporting to the reception. Names are visible on the front of charts, on clinic lists and also on the screen.

Staff must inform their line manager immediately if they feel that they or another member of staff has breached confidentiality in any way.

5.6 Courtesy and attitude, rights and responsibilities

Our role involves contact with patients, and much of our communication is via the telephone and face to face. Quite often this is the first contact the public have with us and therefore this is what they will use to form their impression of our Department and the Trust. It is essential that we “get it right” and ensure that the customer care service which we provide is of the highest standard.

As a member of the Trust you are expected to be polite and helpful, showing respect and understanding to all people with whom you come in contact.

The following standards must be adhered to by all staff and will help to make the patient feel welcome and will also create the right impression of our department.

5.7 Standards for face to face communication:

- Greet each patient in a polite and friendly manner.
- Be aware of your body language and tone and ensure they convey a welcome
- Use eye contact

- Take time to explain things and ensure the patient understands
- Speak clearly
- Avoid jargon – you may know what your abbreviations mean, the patient may not
- Deal with each patient promptly, and if a patient has been kept waiting then apologise for the delay.
- Give your full attention to the patient, and do not carry on a conversation with a colleague when dealing with a patient.
- Be aware that the patient may be anxious and so show empathy.
- Respect the patient's privacy.
- Be helpful, eg provide details of where the pay station for the car park is.
- Know and follow the Do's and Don'ts for dealing with patients who have a sensory impairment.
- If you are on the telephone when a patient arrives then you must acknowledge that you are aware they are there.

5.8 In your telephone communication

- Answer the telephone promptly and if there has been delay in responding to the call then apologise to the caller for the delay.
- Greet the caller in a polite and friendly manner, identifying your department.
- Take time to explain things and ensure the patient understands
- Speak clearly
- Avoid jargon – you may know what your abbreviations mean, the caller may not
- If you need to transfer a call explain to the caller what you are doing and why.
- If you need the patient to wait while you check information ask the caller if they are happy to wait. If there is a delay in checking information then continually confirm with the patient that they are still happy to wait, or if they would prefer you to phone them back.
- If you tell a patient you will phone them back then make sure that this is followed through.
- Be aware that the patient may be anxious and show empathy.
- If you need to put a caller on hold explain why and always use the secrecy button to avoid confidential information being overheard
- Do not answer a telephone call while carrying on a conversation with a colleague.
- Listen to the patient, listening for emotion and unspoken messages, as well as what is actually said, eg if the patient says pleasantly "I've been trying to get through" understand that they are really saying they've been having difficulty – an apology here will let the patient know you understand their frustration.
- Don't display impatience with the caller or be condescending in your manner.

- Don't trivialise the patient's concerns, eg "Oh lots of people have that problem"

5.9 Guidelines for Dealing with an Aggressive Caller

The admin staff are often the first point of contact that a patient has with the Trust. They may well be anxious and sometimes that anxiety can affect their behaviour, making some patients more demanding or aggressive than normal.

While it is important that you make allowances for patients who are anxious and that you deal with them in an empathetic manner, trying to calm and reassure them where possible, the Trust does have a duty of care to us as employees. The SHSCT operates a no tolerance to violent or aggressive behaviour and therefore it is important that you follow these guidelines on how to deal with patients who are aggressive.

If a patient is rude and aggressive you should:

- Remain calm and pleasant
- Do not raise your voice
- Try and help the patient as best you can
- If the caller remains rude and aggressive tell the caller very calmly that their attitude is inappropriate.
- If the patient remains rude or aggressive once again say calmly that you find their attitude inappropriate and if they continue to speak to you like this you will be forced to - end the call/contact your manager or nurse in charge or security (depending on the level of aggression).
- If the patient remains rude or aggressive then say - I have asked you not to speak to me like that and unfortunately you have continued to do so, and so I am now ending this call/contacting my manager or nurse in charge/security – and walk away from the patient.

By using the process you will have

- Attempted to calm and then help the patient with their query.
- Informed them of how they were making you feel and ask them to change.
- Given them a warning as what would happen if they did not modify their behaviour.
- Finally, explain why you are taking the action you are.

Follow Up Action

Inform your manager/or in her absence your supervisor of any instances of a rude /aggressive/difficult nature and record the facts of the altercation – not your opinions. The manager and member of staff should reflect on the call and see if there is anything that could have been said, or said differently to have changed the outcome. Support and reassurance should be given to the member of staff if they have found dealing with the caller difficult.

5.10 Patients with sensory impairment

Some patients may have hearing or visual impairments which can make understanding what we say difficult. The guidance below will help you when dealing with patients with a sensory impairment.

5.11 VISUAL IMPAIRMENT - DOs AND DON'Ts

- ✓ Introduce yourself and let person know you are speaking to them.
- X Don't be afraid to use common terms like 'see' or 'look'
- ✓ Speak directly to the patient, not who they are with.
- X Don't just walk away, inform the patient you are leaving.
- ✓ Offer sighted guide to patient from the waiting area to consulting room.
- X Don't assume the patient will be able to see the monitor in waiting room, ask GP or Nurse to come and guide patient.
- ✓ Offer to provide information in the patient's preferred format, or telephone with the information.
- X Don't shout from behind the glass partition, if need be come out beside the patient.
- ✓ Tell patient what you are about to do e.g. give an injection, take blood pressure.
- X Don't be afraid to ask patients what level of sight they have.
- ✓ Be aware of adequate lighting in the building, especially when walking from a well lit area into a darker area and vice versa.
- X Do not leave doors ½ open, they should remain fully closed or wide open.
- ✓ Ask patients what assistance they require.
- X Do not leave obstacles on the floor and be aware of items at higher level.

5.12 Hearing Impairment Do's and Don'ts

Always face the patient and not the interpreter.

Do make sure you have a room loop available for someone who is Hard of Hearing and Do make sure that it is working and you know how to use it.

Do remember Hard of Hearing People need to see you clearly.

Don't hide your mouth behind your hand or a paper. Remember talk directly to Hard of Hearing People.

Do face the light and the person at all times. Check if the lighting in the room is adequate.

Don't shout into a patient's ear or hearing aid.

Do include the patient in your conversation. Let them know what you are talking about (particularly relevant during ward rounds).

Don't carry on a conversation where there is excessive background noise.

Do try to paraphrase your conversation to check if the patient has heard what you said.

5.13 Guidance on mobile phone, internet and social media

The majority of staff have personal mobile phones which can also give access to social media sites and the Internet.

Please note that personal mobile phones and the Internet **may only be used** during break times, and are not be used during the working day to take calls, send/receive texts or connect with social media etc.

During your working hours your mobile phone must not be left on your desk or on your person where it could prove a distraction.

Listening to music or podcasts using headphones is not permitted during working hours as you may not be able to hear the phone, members of the public or your colleagues if they are speaking to you, and could be a health and safety risk to yourself.

As an employee, you need to be aware that once you post any personal comments/information (to include photographs) on social media sites, your right to privacy may be compromised. Employees are therefore strongly advised to check the privacy settings on their social media sites. It is also strongly recommended that employees do not add employment details to any social media profile page.

As Trust employees it is important to be aware that if you post information or views about the Trust, or connected to your employment with the Trust, during personal time, they cannot be isolated from your working life. You should assume that all comments you make are in the public domain and could potentially remain so permanently. Also, if you have

posted anonymously, at some point your identity and nature of employment it could be revealed.

READING

You must read the Social Networking Policy which is available on the Intranet under Policies and Procedures.

5.14 E-mail communication

We all rely on e-mail as a means of communication between departments and sites. E-mails are less formal than letters but the same degree of professionalism is required when sending e-mails. All e-mails are discoverable under FOI requests, therefore e-mail must never contain any information that could not be made public.

You are required to use the Out of Office during periods of leave, to inform others that you are unavailable, your expected date of return and who to contact in your absence.

The Trust email system **must not** be used to:

- Transmit inappropriate, obscene, offensive or damaging material. (Recipients of this type of email correspondence should express their dissatisfaction with receiving same to the person initiating the communication and request that they desist from sending any future inappropriate email. In the event of this request being ignored staff should escalate this issue to their respective Line Manager).
- Transmit threatening material or material intended to frighten or harass.
- Transmit defamatory material.
- Infringe copyright.
- Transmit unsolicited advertising or similar activities.
- Attempt unauthorised access to other networks or systems.
- Transmit any patient/client identifiable or confidential information to any recipient outside the HSC network e.g. **a.name@yahoo.co.uk** is not acceptable, however a.jones@hscni.net or g.bloggs@xxxxxxxtrust.hscni.net are acceptable as their e-mail addresses end with hscni.net.
- Transmit greetings e.g. Christmas Greetings.
- Transmit non work related advertisement e.g. items for sale, events etc.

READING

Please read the Email policy and a Guide to good email etiquette which is found on the Intranet under Policies and Procedures.

Further information is available on the intranet regarding management of e-mails.

5.15 Equality

READING

The Southern Health and Social Care Trust believes in treating everyone with courtesy, dignity and respect. We live in a diverse country with different cultures, and each culture has their own set of beliefs. In order to more fully understand the population that you now serve the Trust has developed a Multi-Cultural and Beliefs Book, and also a Cultural Diversity and Etiquette Guide which can be found on the Intranet, under Policies and Procedures and in the Equality Section.

5.16 Gifts and Hospitality and Standards of Business Conduct Policy

As a member of the SHSCT you are not permitted to take any gifts or receive any hospitality that would in any way influence how you treat a patient or a company.

5.17 Private Use of Telephones

Trust phones must not be used for personal calls.

5.18 Whistleblowing Policy

As staff in the Southern Trust, we all have a responsibility to protect our service users, staff, the public and the Trust. If you have a concern as a member of staff about any aspect of the quality and safety of our services, another member of staff, or about any of the functions of the Trust, those concerns can be raised internally in one of the following ways:

- You are encouraged to raise any concerns in the first instance with your line manager, either in writing or orally. You may involve a trade union representative or colleague to assist and advise you.
- You can also raise concerns through your trade union representatives, who regularly meet with senior management.
- If, for any reason, you feel unable to raise the concern with your line manager or through your trade union representative, then please raise it with another manager you can trust, an HR Advisor or a member of staff from the Trust's Employee Engagement Relations Team. Once again you may involve a trade union representative or colleague to assist and advise you.
- If you believe the concern to be so serious it cannot be discussed with any of the above please contact:
 - The Trust Chief Executive @ Personal Information redacted by the USI
 - The Trust Chairman/ Non Executive Director @ Personal Information redacted by the USI
 - The Director of HR & OD @ Personal Information redacted by the USI

Before raising a concern – you must have a reasonable belief in what you claim and it will help the Trust to better and more quickly investigate your concerns. Some staff choose to raise their concerns anonymously but if you don't give your name or sufficient information to allow your concern to be investigated, it makes it very difficult to

investigate the matter, to resolve the issue and the Trust cannot provide you with information as to what steps we have taken.

READING

The Whistleblowing policy is available on the Intranet under Policies and Procedures

6.0 Health & Safety, Security and Fire

6.1 Health and Well Being and Safety at Work

READING

To ensure that you are fully aware of all aspects of health and safety, including your responsibilities, you must read the Health and Well Being at Work Policy, and the Health and Safety Policy both of which are found on the Intranet under Policies and Procedures.

The Trust must ensure a safe and healthy environment for its employees, patients, clients, visitors, contractors and other who may be affected whilst at work. A safe environment can only be achieved and maintained with close co-operation and active participation from staff of all grades and disciplines.

It is important that you comply with all health and safety procedures, do not misuse any equipment and report all health and safety concerns to your supervisor/manager.

6.2 Fire Safety

READING

Every member of staff must attend fire training once a year.

Please read - Fire Safety – what everyone needs to know which is available on the Intranet under Policies and Procedures.

6.3 Moving and Handling

Employees must

- Take reasonable care of their own health and wellbeing and the health and safety of others who may be affected by their activities when involved in moving and handling operations.
- Co-operate with their Line Manager in the carrying out/completion of Risk Assessments of moving and handling tasks.
- Comply with the agreed safe systems of work and use of equipment, promptly reporting any defects in equipment to their supervisor or line manager. Any unsafe equipment should be labelled, dated and taken out of use.

- Attend and Participate fully in training provided in relation to moving and handling, which includes regular refresher training.
- Report any change in working conditions, personnel involved in moving and handling tasks or a significant change in the nature of the task or the load, which may necessitate a review of the Risk Assessment.

In the Health Records libraries charts are stored in filing bays. When working with these filing bays staff must:

- Only move one bay at a time
- Use the handle or the wheel to move the bay
- Stand facing the bay to be moved and do not twist when moving the bay
- Use both hands to move the bay
- Use the steps provided when pulling or filing charts which are above shoulder height

Staff must never

- Overstretch to reach up to the higher shelves,
- Use the shelves to climb up

When lifting staff must:

- Stand with your feet apart to give you a stable base with one leg slightly forward to maintain balance.
- Bend your knees and keep your back straight.
- Grip the load with your palms, rather than just your fingers.
- Keep your arms close to your body to help support the object when lifting.
- Keep the head up when handling.
- Carry object close to the body and walk slowly.
- Do not carry if too heavy.
- Bend your knees, not your back as you set the object down.

6.4 Use of Display Screen Equipment (DSE)

READING

All employees of the Trust have a legal duty to take reasonable care of their own and others health and safety when using DSE, as well as during any other work activity. Information on DSE is available on the intranet.

As an employee you must ensure that you:

- Co-operate and comply with the DSE Procedural Arrangements and make yourself aware of, and follow, any local arrangements and instructions that have been devised to minimise risks to your health and safety when using DSE.

- Set up your workstation to comply with the minimum standards as contained in Appendix 1 and inform your manager where this is not possible. These principles apply to all workstations you may work at within the Trust.
- Carry out a self assessment of your workstation and make any necessary changes.
- Inform your manager if there are issues arising from the workstation assessment that you cannot resolve.
- Repeat self assessment as required e.g. if there are changes to work equipment or environment; or if advised to do so by manager.
- Promptly report all incidents concerning the use of DSE, in accordance with the Trust's Adverse Incident Policy.
- Report any problems relating to the workstation to your manager. Any DSE users experiencing any form of pain or discomfort whilst using their workstation should immediately consult their manager and seek medical advice.

6.5 Security of Department / Building

It is important that our staff, our department and the information that we hold are all kept safely and securely. When leaving the department you must ensure that all windows and doors are locked and all electrical equipment has been switched off. To ensure that there is no potential for the loss of information Health Records libraries must not be left unattended and unlocked at any time. Charts or ED records must not be left unattended in the corridor or at a reception desk, and names must always remain covered. Referral letters must be held securely.

Keys and fobs must be kept securely, and must not be loaned to non Trust staff. .

Unauthorised visitors to the departments must have their identify checked prior to entering the department to avoid security breaches. Unauthorised visitors must report to either the Line Manager or supervisor. Contractors must not be given keys/fobs to the health records libraries without speaking to the Line Manager or supervisor, and arrangements will be made for the safe return of the keys.

You are not permitted to bring in electrical equipment as this could give rise to a fire hazard.

If a stranger comes into the department, ask for their name and reason for visit.

6.6 Arrangements for keys, ID Badges

Keys/fobs to your Department will be issued as required. All keys must be held securely and if lost their loss must be reported immediately to the Line Manager / Supervisor.

You will be issued with an ID badge – this must be held securely at all times and worn when entering clinical areas.

All keys/fobs and ID badges will remain the property of the Trust and must be returned to the Line Manager when leaving the Trust.

As all ID badges contain your IT account you must not let anyone use your card for MFD's or computer access.

6.7 IT Security

As a Trust we have many information systems, all of which contain important and confidential information. Therefore it is vital that we ensure the safety and security of this information at all times.

Our information systems and PCs are all password controlled with appropriate access being given to users. Staff must never share their passwords with other members of staff – any security breaches or mistakes will be tracked back to the password – and if it is your password that has been used then you will be responsible for the error or breach.

READING

The following policies are available on the Intranet under Policies and Procedures and must be read and adhered to:

- IT Security Policy
- Guidance for IT Security

6.8 Waste Management

All rubbish which contains any patient or staff details must be put into the confidential waste bin. This information is then taken for shredding. Confidential waste bags are white.

6.9 Role of Occupational Health Department

The Trust has an Occupational Health Department (OHD). Where there is concern over an officer's fitness to carry out his/her duties because of his/her health, a referral to the Occupational Health Department for a medical examination will be arranged by the Line Manager as soon as possible.

Staff can also self refer themselves to the OHD if they have any health concerns.

The Trust also operates a Care call service where members of staff can be referred for counselling if required.

7.0 Education, Learning and Development

7.1 Mandatory training & one off training

- Annual fire training
- Information Governance/Data Protection
- PAS training
- Manual Handling
- Infection Control & Prevention
- Corporate Induction
- Departmental Induction
- Records Management
- DSE user
- Data Quality
- Fraud Awareness
- IT Security
- Safeguarding
- Waste Management
- Equality/Diversity training

Speak to your Line Manager re training dates.

7.2 Knowledge and Skills Framework (KSF)

The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.

The NHS KSF and its associated development review process lie at the heart of the career and pay progression strand of Agenda for Change. They are designed to apply across the whole of the NHS for all staff groups who come under the Agenda for Change Agreement. That is, they apply to everyone except doctors, dentists and some board level and other senior managers as there are separate arrangements for their development review. The purpose of the NHS Knowledge and Skills Framework (the NHS KSF) is to:

Facilitate the development of services so that they better meet the needs of users and the public through investing in the development of all members of staff. The NHS KSF is based on the principles of good people management – how people like to be treated at work and how organisations can enable people to work effectively

Support the effective learning and development of individuals and teams – with all members of staff being supported to learn throughout their careers and develop in a variety of ways, and being given the resources to do so

Support the development of individuals in the post in which they are employed so that they can be effective at work – with managers and staff being clear about what is required within a post and managers enabling staff to develop within their post

Promote equality for and diversity of all staff – with every member of staff using the same framework, having the same opportunities for learning and development open to them and having the same structured approach to learning, development and review.

7.3 KSF - Personal Development Plan (PDP)

A development review is an ongoing cycle of review, planning, development and evaluation for individuals against the demands of their posts (as described in the NHS KSF outlines for those posts). All staff in the NHS who come under Agenda for Change will have annual NHS KSF development reviews.

The development review process has four stages:

- 1 a joint review between the individual and their reviewer – their line manager or another person acting in that capacity – of the individual's work against the demands of their post
- 2 the production of a Personal Development Plan (PDP) which identifies the individual's learning and development needs and interests – the plan is jointly agreed between the individual and their reviewer
- 3 learning and development by the individual supported by their reviewer
- 4 an evaluation of the learning and development that has taken place and how it has been applied by the individual in their work.

The main purpose of the development review is to look at the way in which an individual member of staff is developing in relation to:

- the duties and responsibilities of their post and current agreed objectives
- the application of knowledge and skills within the workplace
- the consequent development needs of the individual member of staff.

The development review is based on looking at how the individual is applying their knowledge and skills and developing to meet the demands of the post as described in the NHS KSF outline for that post. The development review is when all the discussions that have taken place throughout the year are brought together and jointly reflected on.

It is expected that reviewers will have regular informal discussions with individual staff members throughout the year providing constructive feedback on the individual's work and related development. The development review is an opportunity to think about this in a structured way.

If any issues have been identified in the individual's work or development during the year these should have been addressed at the time they arose, they should *not* be left until the review meeting. Any disciplinary issues must be dealt with through the normal channels. The guiding principle of the development review process is 'no surprises'.

The Reviewer must

- set aside protected time and space for the review and planning stages
- make sure that they are fully prepared for the process including having the right materials available at the time (such as the NHS KSF outline for the post and the gateway)
- agree the time, location and venue of the review
- record the outcomes of the review meeting and each keep a copy.
- work jointly with the individual to identify where the individual needs further development and the areas that are most important.

Individual members of staff should:

- ensure that they understand the NHS KSF outline for their post
- identify where they need further development and suggest those areas that seem to be the most important.

READING

KSF Post outlines are available on the Intranet under Knowledge and Skills Framework – KSF Post Outlines.

8.0 Relevant Issues Specific to the Department

8.1 Confidentiality

All information, both manual and electronic must remain confidential. Manual records must be stored securely and safely and electronic records must be password controlled. Sharing of passwords is forbidden. If you think someone may have access to your password you must make arrangements to change this immediately.

8.2 Good Management, Good Records - Retention and Disposal Schedule

A record is information that has been received, created or maintained by an individual or an Organisation as evidence of a business activity, patient/client care, treatment given, treatment planned and can be in any format – paper, electronic, digital and/or voice.

Records enable Organisations to:

- conduct business in an orderly, efficient and accountable manner;
- deliver care and services in a consistent and equitable manner;
- support and document policy formation and managerial decision-making;
- provide consistency, continuity and productivity in management and administration;
- facilitate the effective performance of activities throughout the DHSSPS, HSC and Public Safety;
- provide continuity in the provision of services, care, or treatment;
- provide continuity in the event of a disaster;
- meet legislative and regulatory requirements including archival, audit and oversight activities;
- provide protection and support in litigation including the management of risks associated with the existence of or lack of evidence of DHSSPS, HSC and public safety activity;
- protect the interests of the DHSSPS, HSC, Public Safety and the rights of employees, patients, clients, and present and future stakeholders;
- support and document current and future research, and document activities, developments and achievements, as well as historical research;
- establish and provide evidence of business, personal and cultural identity; and
- maintain the corporate, personal or collective memory.

Records management is:

- the systematic and consistent control of all records, regardless of the media on which they are held, throughout their lifecycle. It includes setting up the infrastructure or system into which the records are created, received or added as well as the process of record creation itself.
- organising the records so that related records are grouped together, usually according to a file plan or classification scheme. (Managing groups of related records is more efficient than managing many individual records.)

- the retention and disposal actions such as destruction or transfer to PRONI at the appropriate time and procedures for documenting those actions.
- Records which are outside their retention period must be destroyed. The manual and electronic record is checked and if appropriate the records is destroyed and PAS updated.

8.3 Release of Information

Patient information is recorded on manual and electronic records for the direct care of the patient. If this information is required for another other purpose the consent of the patient must be obtained, eg research.

If a patient wants to either see or receive a copy of their health records or ED notes then they should submit a Subject Access Form (Request to Access to Patient/Client Records Form), to the Information Governance Team in Bannvale, Gilford.

While service users have the right to make a verbal subject access request it is recommended that, in the first instance, they are offered a 'Request for Access to Records' form. The reason for this is the form provides all of the information the applicant needs to know when making a request, such as the correct legal documentation when applying to access the records of a deceased service user, and the difference between the timeframe for responding to complex and non-complex requests. The 'Request for Access to Records' form can be emailed or posted to the applicant.

The applicant should be informed that making a verbal request will not necessarily expedite the processing of the request as the applicant will still be required to forward information to verify their identity. The processing of the subject access request will not begin until a copy of ID and any relevant legal documentation required have been provided.

If the applicant still expresses a preference to make a verbal request, after being offered the form, then the staff member taking the call or speaking to the applicant must accommodate this.

Documenting a Verbal Subject Access Request

If the applicant expresses a preference for making a verbal subject access there are minimum requirements in terms of information that the Information Governance (IG) team will need to know in order to be able to progress the request. To assist with capturing these details a form has been created to guide staff members through the process of documenting a verbal subject access request (See Appendix 1- Request for Information – Verbal Request Form). Staff members should pay particular attention to informing applicants of any highlighted information in relevant sections of the form.

Completed forms to the Information Governance team using the following email address: foi.team@southerntrust.hscni.net

The Information Governance team can be contacted at 028 37561458/ 028 37565743.

Information must not be handed over to the patient unless the appropriate authorisation has been given.

8.4 Health and Care Number (HCN)

The Health + Care Number (HCN) is a unique 10 digit number.

- The HCN will follow the individual from birth to death and should be used when recording all aspects of care.
- The HCN is issued to everyone in Northern Ireland who is registered with a GP.
- All babies are issued with a HCN at birth.
- The HCN does not contain any personal information.

We need the HCN for a variety of reasons:

- The CHI number required replacement because it contained personal identifiable data.
- To improve communication between services by linking patient and client records with a unique identifier.
- To confirm that patients and clients are correctly identified.
- To improve record keeping and reduce duplication by updating a centrally held index with changes of name, address etc.
- To reduce effort and time in the registration of patients and clients on Healthcare Systems by downloading patients and client identification details from a central system.
- To assist in data collection for planning of services for the future

8.5 Interpreters

Patients whose first language is not English are entitled to have an interpreter with them for their appointment.

There is also a 3-way phone available at ENT reception which allows 3 people to have a conversation at one time.

8.6 Major Incident

In the event of a Major Incident, eg train crash, the Trust will activate its Major Incident Plan which will make changes to the day to day working of the hospital to allow the casualties from the Major Incident to be treated. Our Departments will play a role in the Major Incident and staff may be asked to assist with recording information, taking information to other areas, cancelling patients from clinics.

Helen Forde 1:1
Update November 2020

- PDP
- Key Priorities / Work plan 2020/21
- Update on Admin Issues – following meeting 25/10 with Medical Directors proposal re a poster. Unsigned results – follow up from Medical Director HF to email Clinical Directors. To September 2019. All destroyed (September – March). On hold for now – leave. Helen to escalate re surgical issues to AC & RC (Helen to send an update to Anita)
- SARS – time to process – reviewed with CW – 0185 resource required – leave for now
- Infected blood enquiry - Need the list – **asked Graham Scott for an update on 20/11/18** email sent 22/11 – waiting on list – meeting with Region – awaiting outcome from C Rogan - Email to HF re Risk – no update. Do we need on Risk Register – ACTION Helen to add to risk register. Complete – Email 9/9 Acute Medical Records
- Donna Muckian paper – need final version for Investment committee – approved but need and IPT – wait to April – on hold as no ED in DHH.
- I-fit – agreed in principle – awaiting funding - check done need IPT – park for now
- Helen Forde to ask Katherine Robinson for 0.7 of band 2 funding for the villa. – o/s
- ED trackers in CAH – on list of unfunded posts – no change
- Attendances not recorded sheet from Helen – April 114, May 183 – emailed Lauri Orla and AnneMarie. Reduce being done each week Helen to update.
- Records in office – email on 15/7 to KR & HR – sent for update 9/9
- Lisa – agency screening and Aine Helen to transfer to Angela Higgins
- Helen to respond to A Magwood re cost of records

(PTO)

- Helen to email Paul re HCA to give a break – DHH
- Issues with Sharon Holmes – office
- Personal Information redacted by the USI – Test positive in March – still off
- Internal Audit – check for Invoices
- Regional Guidance – unidentified patients – Helen to speak to ED staff