



## Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB  
T: 02890 251005 | E: [info@usi.org.uk](mailto:info@usi.org.uk) | W: [www.urologyservicesinquiry.org.uk](http://www.urologyservicesinquiry.org.uk)

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Francis Rice  
C/O  
Southern Health and Social Care Trust  
Craigavon Area Hospital,  
68 Lurgan Road, Portadown,  
BT63 5QQ

29 April 2022

Dear Sir,

Re: The Statutory Independent Public Inquiry into Urology Services in the  
Southern Health and Social Care Trust

**Provision of a Section 21 Notice requiring the provision of evidence in the  
form of a written statement**

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI

**Anne Donnelly**  
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

THE INDEPENDENT PUBLIC INQUIRY INTO  
UROLOGY SERVICES IN THE  
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 36 of 2022]

pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Francis Rice  
C/O  
Southern Health and Social Care Trust  
Headquarters  
68 Lurgan Road  
Portadown  
BT63 5QQ

**IMPORTANT INFORMATION FOR THE RECIPIENT**

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

**WITNESS STATEMENT TO BE PRODUCED**

**TAKE NOTICE** that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 10<sup>th</sup> June 2022**.

**APPLICATION TO VARY OR REVOKE THE NOTICE**

**AND FURTHER TAKE NOTICE** that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 3<sup>rd</sup> June 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 29<sup>th</sup> April 2022

Signed:

Personal information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry



**SCHEDULE**  
**[No 36 of 2022]**

**General**

1. Having regard to the Terms of Reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraph (e) of those Terms of Reference concerning, inter alia, 'Maintaining High Professional Standards in the Modern HPSS' ('MHPS Framework') and the Trust's investigation. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provided.
2. Provide any and all documents within your custody or under your control relating to paragraph (e) of the Terms of Reference except where those documents have been previously provided to the Inquiry by the SHSCT. Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. If you are in any doubt about the documents previously provided by the SHSCT you may wish to contact the Trust's legal advisors or, if you prefer, you may contact the Inquiry.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other

person. When answering the questions set out below you will need to equip yourself with a copy of *Maintaining High Professional Standards in the Modern HPSS' framework ('MHPS')* and the *'Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance' ('Trust Guidelines')*,

### **Policies and Procedures for Handling Concerns**

4. In your role as a Chief Executive what, if any, training or guidance did you receive with regard to:
  - I. The MHPS framework;
  - II. The Trust Guidelines; and
  - III. The handling of performance concerns generally.
  
5. With regard to Section VI paragraph 1 of MHPS, outline the training, guidance or support provided by the Trust for the handling of concerns and implementation of the MHPS Framework to those with specific roles under MHPS and the 2010 Guidelines during your time as Chief Executive. Your answer should address the training provided to;
  - I. Clinical Managers
  - II. Case Managers
  - III. Case Investigators
  - IV. Chief Executives
  - V. Designated Board Members
  - VI. HR Staff
  
6. What procedures or processes existed within the SHSCT to ensure that concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines.
  
7. With regard to Section I paragraph 29 of the MHPS framework, what processes or procedures existed within the Trust to provide a clear audit route for initiating and tracking the progress of investigations, their costs and resulting actions?

Who was responsible for ensuring such processes were in place and what role, if any, did you have as the Chief Executive in relation to these matters?

8. Outline how you understood the role of Chief Executive was to relate to and engage with the following individuals under the MHPS Framework and the Trust Guidelines:

- I. Clinical Manager;
- II. Case Manager;
- III. Case Investigator;
- IV. Medical Director;
- V. Service Director;
- VI. HR Director;
- VII. Designated Board member,
- VIII. The clinician who is the subject of the investigation; and
- IX. Any other relevant person under the MHPS framework and the Trust Guidelines, including any external person(s) or bodies.

### **Handling of Concerns relating to Mr O'Brien**

9. In respect of concerns relating to the practice of Mr Aidan O'Brien raised with him in March 2016 and discussed at the Oversight Group in September, October and December 2016:

- I. Were you as Chief Executive made aware of the concerns?
- II. If so please confirm when and in what manner the concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines?
- III. On being informed of these concerns, what action did you take?
- IV. If you were not aware of the concerns, outline who in the Trust would have been responsible for bringing this matter to your attention.

10. Confirm when precisely you left your role as Chief Executive and who replaced you in that role? Did you provide a handover to that individual regarding any issues of concern relating to Mr O'Brien specifically, or the MHPS investigation more

generally? If so, what form did that handover take and outline the information you provided as part of this handover. Refer to or disclose copies of any documentation which may have formed part of the handover or confirm that no such documentation exists.

### **Implementation and Effectiveness of MHPS**

11. Having regard to your experience as Chief Executive, in relation to the investigation into the performance of Mr Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust Guidelines both generally, and specifically as regard the case of Mr O'Brien?
12. Consider and outline the extent to which you feel you could effectively discharge your role under MHPS and the Trust Guidelines in the extant systems within the Trust and what, if anything, could be done to strengthen or enhance that role.
13. Having had the opportunity to reflect, outline whether in your view the MHPS process have been better used in order to address the problems which were found to have existed in connection with the practice of Mr O'Brien.

### **NOTE:**

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.



## UROLOGY SERVICES INQUIRY

**USI Ref:** Notice 36 of 2022

**Date of Notice:**

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**Witness Statement of: Francis Rice**

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I, .....Francis Joseph Rice....., will say as follows:-

**1. Having regard to the Terms of Reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraph (e) of those Terms of Reference concerning, inter alia, ‘Maintaining High Professional Standards in the Modern HPSS’ (‘MHPS Framework’) and the Trust’s investigation. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provide**

1.1 I propose to rely in answer to this question upon the account given in my first witness statement (in response to Section 21 Notice No.13 of 2022) and, in particular, to my answers to questions 1, 93, 94, 97 and 98 of that statement. I do not believe that there is anything I can add to that account other than the specific answers I have given below to the specific questions asked in Notice No.36 of 2022.

**2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”), except where those documents have been previously provided to the**



## Urology Services Inquiry

USI by the SHSCT. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors or, if you prefer, you may contact the Inquiry.

2.1 I do not have any documents relating to the Urology Services Inquiry and I understand that the Inquiry team have been provided with relevant documents by the Trust including the Senior Management Team, Senior Management Team Governance, Trust Board, Governance Committee, Oversight minutes and the Directorate and Trust risk registers.

**3. Unless you have specifically addressed the issues in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. When answering the questions set out below you will need to equip yourself with a copy of *Maintaining High Professional Standards in the Modern HPSS' framework ('MHPS')* and the *'Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance' ('Trust Guidelines')*,**

### **Policies and Procedures for Handling Concerns**

**4. In your role as a Chief Executive what, if any, training or guidance did you receive with regard to:**

- I. The MHPS framework;**
- II. The Trust Guidelines; and**
- III. The handling of performance concerns generally.**



## Urology Services Inquiry

4.1 As Chief Executive I did not receive any training in the MHPS Framework and Trust Guidelines as I was on leave when this was arranged by the Director of Human Resources and DLS. It took place on 17<sup>th</sup> June 2016 and was offered for the Chair, Non Executive Directors, Associate Medical Directors, Clinical Directors and Operational Directors. I was *au fait* with the Trust Guidelines and the MHPS Framework and was guided by the Medical Director and Human Resources Director when issues arose in relation to how concerns should be handled.

**5. With regard to Section VI paragraph 1 of MHPS, outline the training, guidance or support provided by the Trust for the handling of concerns and implementation of the MHPS Framework to those with specific roles under MHPS and the 2010 Guidelines during your time as Chief Executive. Your answer should address the training provided to;**

**I. Clinical Managers**

**II. Case Managers**

**III. Case Investigators**

**IV. Chief Executives**

**V. Designated Board Members**

**VI. HR Staff**

5.1 It was my understanding that anyone acting as Case Investigator or Case Manager were trained in MHPS and Trust 2010 Guidelines for Handling Concerns about Doctors and Dentists Performance.

5.2 As mentioned above, the Director of Human Resources and DLS arranged training for the Chair, Non Executive Directors, Associate Medical Directors, Clinical Directors and Operational Directors on 17<sup>th</sup> June 2016. I understand that Clinical Managers would usually have been either Clinical Directors or AMDs and therefore would have been included in this group.

**6. What procedures or processes existed within the SHSCT to ensure that concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines.**



## Urology Services Inquiry

6.1 As mentioned above in answer to questions 4 and 5, the Trust provided training in MHPS and the Trust Guidelines in relation to people's duties and roles.

6.2 The MHPS and Trust Guidelines themselves also very clearly detail the responsibilities of all medical and dental staff employed by the Trust and the actions that are required of them from the moment a concern first arises. The Trust Guidelines clearly differentiate between screening and formal investigation processes and provide flow charts to guide staff members through each process and ensure, among other things, that the Trust Chief Executive is fully apprised.

6.3 There were also the broader governance and assurance processes outlined in my response to No.13 of 2022 (including, for example, at questions 7-8, 12, 21, 25-26, and 37-38).

### **7. With regard to Section I paragraph 29 of the MHPS framework, what processes or procedures existed within the Trust to provide a clear audit route for initiating and tracking the progress of investigations, their costs and resulting actions?**

7.1 In addition to the training and Guidelines outlined above in questions 4, 5, and 6, all clinical and social care issues identified through the monitoring of serious adverse incidents, adverse incidents, complaints, and professional fora relating to each Trust Directorate were monitored by their respective risk and governance meetings and escalated to the Trust Clinical and Social Care Governance Committee accordingly, where they were actioned and monitored by Trust Board.

7.2 I worked with all directors and the Director of Performance and Planning to ensure Trust Board were apprised of any serious concerns and the performance and actions against all key performance indicators (including professional standards and practice) were reported at Trust Board through the Performance Report and through professional reports, e.g., Professional Nursing reports to Trust Board (24/11/2016) Ref (20161124) *relevant document can be located in S21 No 36 of 2022 Attachments 20161124 Nursing Report.*



## Urology Services Inquiry

7.3 The progress on action plans against incidents and complaints was also presented to Trust Board. I believed the Trust Systems were very effective during my tenure as they identified risk and areas for improvement in the system of care and treatment and reported on actions to address the respective issues.

**Who was responsible for ensuring such processes were in place and what role, if any, did you have as the Chief Executive in relation to these matters?**

7.4 The Medical Director and the Human Resource Director were responsible for ensuring these processes were in place and to provide assurances to me that they were operational and effective. The designated Non Executive Director had a role in ensuring the momentum in the MHPD process was maintained. I, as the CEO, also had overall responsibility for ensuring all processes were in place.

**8. Outline how you understood the role of Chief Executive was to relate to and engage with the following individuals under the MHPS Framework and the Trust Guidelines:**

**I. Clinical Manager;**

**II. Case Manager;**

**III. Case Investigator;**

**IV. Medical Director;**

**V. Service Director;**

**VI. HR Director;**

**VII. Designated Board member,**

**VIII. The clinician who is the subject of the investigation; and**

**IX. Any other relevant person under the MHPS framework and the Trust Guidelines, including any external person(s) or bodies.**

8.1 If a Clinical Manager has concerns they report those to the Operational Director who in turn informs the Medical Director. The Service Director in conjunction with the Clinical Manager must consider if a local action plan to resolve the issue can be agreed with the practitioner. The Clinical Manager may involve NCAS for advice at this point.



## Urology Services Inquiry

8.2 If this cannot be agreed or is not successful the Medical Director in conjunction with the Clinical Manager can refer the practitioner to NCAS for consideration of a detailed performance assessment.

8.3 This allows the Medical and Human Resources Directors to work with the Clinical Manager to assess and analyse the situation and agree next steps.

8.4 The Chief Executive is kept abreast of all work in progress.

8.5 If it is determined that the MHPS process is to be instituted, the Chief Executive and Medical Director appoint the Case Manager and the Case Investigator to take forward the MHPS process. The Trust, through the Medical Director, informs the DOH.

8.6 The Chief Executive informs the Chair of the Trust and they select a Non Executive Director to become the designated board member; in this case Mr John Wilkinson was the designated Non Executive Director in the MHPS process.

8.7 If exclusion of the practitioner is felt to be required NCAS must be consulted and this should be notified to the Chief Executive. The Chief Executive also has a role in respect of any exclusion that is being renewed.

### **Handling of Concerns relating to Mr O'Brien**

**9. In respect of concerns relating to the practice of Mr Aidan O'Brien raised with him in March 2016 and discussed at the Oversight Group in September, October and December 2016:**

#### **I. Were you as Chief Executive made aware of the concerns?**

9(I)(a) I was not aware in March 2016 but I was made aware in September 2016.



## Urology Services Inquiry

- II. If so please confirm when and in what manner the concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines?**

9(II)b I was first made aware by Dr Richard Wright, Medical Director that there were potentially some issues in relation to governance and safety in the Urology department concerning Mr Aidan O'Brien in September 2016. Dr Wright came to my office to inform me that the Acute Services Directorate had some concerns that patients of Mr O'Brien may not have been seen and reviewed in a timely manner. Dr Wright and I discussed the matter and determined that the matter needed to be investigated in full to ascertain if there were issues and, if so, the nature and extent of the issues. This process was managed through the Trust Oversight Committee. I informed the Chair of the Trust, Mrs Roberta Brownlee, immediately and agreed to keep her apprised of progress.

9(II)c As a result of the work being undertaken by the Oversight Committee a serious adverse incident involving a patient of Mr O'Brien was uncovered and reported by Mr Mark Haynes, Associate Medical Director. The serious adverse incident reported the potential harm of a patient due to not being reviewed by Mr O'Brien in a timely fashion. An initial look back exercise was commenced.

9(II)d The concerns arising from the SAI investigation were notified to Dr Richard Wright, Medical Director, in late December 2016. He came to my office to inform me of the concerns. Following a discussion with Dr Wright and Mrs Vivienne Toal, Director of Human Resources, we decided the situation required to be dealt with in a formal manner and sought advice from the National Clinical Assessment Service on 28<sup>th</sup> December 2016. Dr Wright met with Mr O'Brien, who had been on sick leave from November 2016, on 30<sup>th</sup> December 2016 and explained the issue that had come to light and the action the Trust were taking, which was to commence a Maintaining High Professional Standards process and Mr O'Brien was excluded from work for a period of four weeks. Mr John Wilkinson, the designated Non Executive Director of Trust Board, was nominated by the Trust to be part of this process.



## Urology Services Inquiry

9(II)e A full case investigation was launched at this point as part of the MHPS process with Dr Ahmed Khan as Case Manager with Dr Colin Weir, the Clinical Director, was appointed as Case Investigator.

9(II)f Mr O'Brien's exclusion ended on 27<sup>th</sup> January 2017 and restrictions and monitoring arrangements were agreed and put in place on his practice by Dr Wright and Mrs Esther Gishkori, Director of Acute Services, to ensure patient safety when he returned to work after this. These involved dictating patient notes in a timely manner, triaging patients appropriately with timely access to services, reviewing patients in a timely manner, and monitoring of the Patient Administration System on a weekly basis by Acute Services senior management to ensure targets were being met and Mr O'Brien not seeing private patients.

**III. On being informed of these concerns, what action did you take?**

9(III)(a) I refer to my answer Part II of the question above.

**IV. If you were not aware of the concerns, outline who in the Trust would have been responsible for bringing this matter to your attention.**

9(iv)(a) I became aware of governance concerns in Urology in September 2016. I was informed by the Medical Director and the Acute Services Director. I do not believe I was aware of concerns prior to this during my tenure as CEO or in my previous role.

**10. Confirm when precisely you left your role as Chief Executive and who replaced you in that role? Did you provide a handover to that individual regarding any issues of concern relating to Mr O'Brien specifically, or the MHPS investigation more generally? If so, what form did that handover take and outline the information you provided as part of this handover. Refer to or disclose copies of any documentation which may have formed part of the handover or confirm that no such documentation exists.**



## Urology Services Inquiry

10.1 I was [Personal Information redacted by the USI]. I returned to work on a part-time basis 2 days per week then 3 days per week and returned full-time in October 2017. I went [Personal Information redacted by the USI]. [Personal Information redacted by the USI]. [Personal Information redacted by the USI]. I retired on 31<sup>st</sup> March 2018. Mr Stephen McNally took over as Interim Chief Executive during each of my [Personal Information redacted by the USI] absences.

10.2 Mr Stephen McNally was made aware that the MHPS process had commenced as part of my verbal handover in January 2017. It was also reported at Trust Board on 27/1/2017 (Ref 20170127) *relevant document located at Relevant to CX Chair's Office/ reference no 35/ 20170127 TB minutes* before [Personal Information redacted by the USI] commenced. We did not at this point know any of the specifics as the process had just begun. I was informed by Mr McNally that the MHPS process for Mr O'Brien was still ongoing on my return in July 2017 and had not completed when I went on [Personal Information redacted by the USI] and then retired on 31 March 2018 when Mr Devlin took up post of CEO.

### Implementation and Effectiveness of MHPS

**11. Having regard to your experience as Chief Executive, in relation to the investigation into the performance of Mr Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust Guidelines both generally, and specifically as regard the case of Mr O'Brien?**

11.1 I believe the Trust Guidelines and MHPS were helpful in guiding the process and ensuring the correct process was followed and the appropriate people were informed, which facilitated a robust approach to the concerns raised in Mr O'Brien's case. I understand that the implementation was to some extent slower than desired but that this was due, at least in part, to Mr O'Brien's rescheduling of MHPS meetings arranged by the Case Manager and Case Investigator.



## Urology Services Inquiry

**12. Consider and outline the extent to which you feel you could effectively discharge your role under MHPS and the Trust Guidelines in the extant systems within the Trust and what, if anything, could be done to strengthen or enhance that role.**

12.1 I believe I effectively and robustly discharged my role under the MHPS and Trust Guidelines process in instigating an initial investigation and analysis of the concerns when it was brought to my attention in September 2016 and subsequently instigating the MHPS process in December 2016.

12.2 The Trust Guidelines have been reviewed in 2018 and disseminated to ensure maximum awareness and effectiveness of Trust staff.. MHPS/Trust Oversight Group should perhaps be a standing item on the CEO/Medical Director 1-1 meetings agenda as an additional early alert mechanism

**13. Having had the opportunity to reflect, outline whether in your view the MHPS process have been better used in order to address the problems which were found to have existed in connection with the practice of Mr O'Brien.**

13.1 On reflection, I think that the MHPS process could have been initiated earlier when the Acute Directorate realised that the mechanisms and support they had put in place to help Mr O'Brien had not resulted in improvements being sustained by him.

13.2 I do not have anything further to add save to clarify that I liaised With Ms Emma Stinson of SHSCT and Dr Richard Wright to access information to enable me to complete the following parts of this Section 21 Notice:

- Dr Richard Wright - Questions 1 and 9;
- Ms Emma Stinson - Questions 1, 2, 4, 6, and 7.



# Urology Services Inquiry

## Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed: \_\_ Francis Rice \_\_\_\_\_

Date: \_\_ 15/6/2022 \_\_\_\_\_



### REPORT SUMMARY SHEET

<b>Meeting Date</b>	Trust Board 24 <sup>th</sup> November 2016
<b>Title</b>	Executive Director of Nursing's update report on key nursing and midwifery governance, education and workforce activity.
<b>Lead Director</b>	Angela McVeigh, Director Older people and Primary Care Executive Director of Nursing/AHPs (Acting)
<b>Corporate Objective</b>	<ul style="list-style-type: none"> <li>• Providing safe high quality care</li> <li>• Making best use of resources</li> <li>• Support people and communities to live healthy lives and improve their health and wellbeing</li> </ul>
<b>Purpose</b>	Assurance and Information
<b>Summary of Key Issues for Trust Board</b>	
<p><b>High level context</b></p> <p><b>NQI Framework</b> Trust Board approved the Nursing Quality Indicator (NQI) Framework as the mechanism for providing assurances on the quality of nursing care to patients in the Southern Trust.</p> <p><b>NMC Revalidation</b> The Nursing and Midwifery Council's (NMC) has revised its revalidation criteria for registered nurses and midwives and the Trust has in place assurance arrangement to report on the revalidation status of all nursing / midwifery registrants employed by the Trust.</p> <p><b>The Patient / Client Experience (PCE)</b> The Patient / Client Experience (PCE) surveys evidence the experience of patients and clients on the care provided by all nurses, midwives and other health care workers in unscheduled care areas.</p> <p><b>Nursing Workforce</b> Appointing to Registered Nursing (all branches) and Midwifery posts across all service areas, remains extremely challenging despite significant, proactive local recruitment and international recruitment.</p> <p><b>Nursing and Midwifery Education</b> The Trust continues to support students from all local Universities in compliance with Nursing and Midwifery Council Standards, to ensure a workforce fit for the future. Engagement with students has been increased across all Universities and branches of Nursing, and Southern Trust remains the only Trust in Northern Ireland to offer posts to students in Year 2 of their training. The Trust also ensures support for new Registrants with Nursing Induction and Preceptorship, and access to accredited post-registration development to ensure staff who are knowledgeable</p>	

and competent to deliver person-centred care.

### **Key issues/risks for discussion**

#### **NQI Framework**

The NQI assurance framework is to be supported by a FileMaker data base version 15 as it has the ability to analyze complex data from all 4 domains across all directorates. The current version 11 needs to be upgraded as the software company will no longer support this version (since Sept 2015). Until this is completed and version 15 is functional, assurance on the quality of nursing care will continue to be provided via the paper-based audit analysis which, as per the research undertaken in the Trust, is considered to be less robust. A small number of iPads / android tablets are also required to ensure timely data collection and analysis using the upgraded version 15 and hopefully the software issues around functionality will be resolved in the near future.

#### **NMC Revalidation**

Assurance on nursing and midwifery revalidation is provided through reports generated via a bespoke FileMaker database which, as above requires to be upgraded to a new version 15. Until this work is completed reports on assurance on revalidation will be provided from reports from version 11.

#### **Nursing Workforce**

A risk for the Trust is how to continue to deliver safe nursing care given the number of vacancies across services that are unable to be filled despite significant local and international recruitment activity. This is on the Corporate Risk Register and actions plan are in place to maintain safe nursing care.

### **Summary of SMT challenge/discussion**

#### **NQI Framework**

Following Trust Board approval, the implementation of the NQI Assurance Framework has continued with the development and testing of audit tools and data analysis continues. Moving to version 15 the EDN will support the EDON to provide more robust assurances on the quality of nursing care provided within the Trust.

#### **NMC Revalidation**

SMT is satisfied that arrangements are in place to provide assurance on timely revalidation and that monitoring procedures will identify those registrants at risk of failing to revalidate. As such, SMT agreed to reduce the risk from high to medium on the corporate risk register in September 2016. The current assurance arrangements are supported by a FileMaker database which is currently being upgraded.

#### **Nursing Workforce**

As a corporate risk SMT are aware of the risk of nursing vacancies on the delivery of services. It is recognised that the international recruitment campaigns in 2016 will provide additionally in terms of supply across 2017.

**Internal/External engagement**

Trust Ward Sisters / Charge Nurses / Team Leaders and nurses in all directorates continue to participate in a rollout programme for implementing the NQI Framework and a NQI Framework Steering Group continues to meet bi-monthly to oversee and support progress. There is ongoing engagement of Personal and Public Involvement (PPI) Leads involving patients in service improvement initiatives. Research and nursing leads have also engaged with the PHA's Patient / Client Experience Standards and 10,000 Voices initiative to ensure cross-agency information sharing and learning.

The Trust Assistant Director of Nursing (Workforce and Education), continues to lead international recruitment and review local recruitment approaches for the five Health and Social Care Trust, with Karyn Patterson seconded to the role of HR Regional Nursing and Medical International Recruitment Lead.

**Human Rights/Equality**

There are no perceived specific Human Rights or equality issues within the context of the framework approach proposed. The focus of nursing quality indicators is to provide assurances on high quality compassionate care that supports Trust delivery of Human Rights and equality requirements.

International nursing recruitment will be progressed taking into account all UK requirements as well as any legislative requirements from other countries.



# **Executive Director of Nursing Report to Trust Board 24<sup>th</sup> November 2016**

Executive Director of Nursing Update Report to Trust Board 24<sup>th</sup> November 2016**1.0 INTRODUCTION**

This report provides an update on the key nursing and midwifery governance and workforce development and training activity set out in the reports tabled in June 2016.

**2.0 NURSING QUALITY INDICATOR (NQI) FRAMEWORK UPDATE**

- 2.1 The ST's Nursing Quality Indicator (NQI) aims to proactively drive improvements in the quality of nursing and midwifery care and the patient experience. In 2014 the EDN funded research which examined the application of a nursing quality indicator (NQI) framework in evidencing the impact of nursing on patient safety outcomes and the patient experience in adult in-patient wards. Proposed Framework: -

**2.2 Evidencing the nursing contribution to safe, effective, person-centred care**

		Domain 1	Domain 2	Domain 3	Domain 4
		Safe and effective process indicators	Safe and effective outcome indicators	Patient experience indicators	Nurse's knowledge of patient's care needs
Information Source	Patient Level Data	Review of patient records to assess compliance with evidence-based care bundles	Review of patient records to determine patient safety outcomes in relation to selected NQIs	Exploration of patient's perception of their experience of nursing care	Nurses asked to identify the patient's nursing care needs. Responses mapped against nursing care plan
	Ward level Data	Patient safety outcome measures; feedback from nurses and complaints and incidents			

The research found that the NQI Framework provided a more robust and comprehensive analysis on the quality of nursing care as opposed to when domain elements were analysed individually. The NQI Framework supports a review of the patient's experience of their care journey and the knowledge of the nurses caring for them.

**2.3 Implementing the NQI Framework**

ST NQI Framework Implementation Group, chaired by the EDN, has agreed that **only those Nursing Quality Indicators (NQIs) which the Trust is required to report / provide assurance on locally (SMT / Trust Board) and regionally should be audited**, however, Directorate-specific monthly nursing audits could continue with the agreement of the director and senior nurses if required.

Nursing Quality Indicators (NQIs)	Reporting Mode
1. SKIN	Audit
2. Falls (Part A)	Audit
3. Nutrition (MUST)	Audit
4. NEWS / OEWS / PEWS	Audit
5. Omitted and Delayed Meds (Failure to record)	Audit
6. Nurse Record Keeping	Audit
7. Pt/C Experience Standards / 10,000 Voices	Audit
8. Professionalism (NMC Revalidation, Nurse Supervision)	Quarterly progress report
9. Preceptorship	End of year progress report
10. Delivering Care (Normative Staffing)	End of year progress report
11. NMC Standards to Support Learning and Assessment in Practice 2008	End of year progress report

2.4 It was agreed that FileMaker software would be used to analyse the audit data as it has the ability to analyze complex data from all 4 domains across all directorates. The Trust requires to update the FileMaker software as current versions are no longer supported. Until this is completed assurance on the quality of nursing care will continue to be provided via the paper-based audit analysis. Collection of data will be via use of an iPad / android tablet which hopefully will be available soon.

2.5 *NQI Framework Implementation Activity June – November 2016*

Post-research / Implementation Activity	Progress
Review and agree the NQIs which the Trust is required to report on regionally in line with 2016-17 requirements	<b>Concluded</b>
Pilot / testing of the associated NQI audit tools to ensure that they reflect the 4 domains	<b>Concluded</b>
Writing of NQI Framework database	<b>Concluded</b> – until FileMaker version 15 available
Upload of FileMaker Version 15 and supply of mobile devices for data collection	<b>Delayed</b> (as at Nov 2016)
Agreement on divisional / ward / team rollout arrangements	<b>Concluded</b>
Facilitated audit consistency training/awareness with identified auditors – a core recommendation to support valid and reliable reporting on audit outcomes	<b>Concluded</b> Will be repeated as new auditors come on board
Development of <i>Guidance for Auditors on the Application of the NQI Audit Tools</i>	<b>Concluded</b> for Acute Directorate but will be tested after database upload

Development of <i>Guidance for Managers on Areas for Improvement of Nursing Care</i> at both at ward/team and organisational level post-audit	<b>Ongoing</b> - will be tested after database upload
Engagement with Personal and Public Involvement (PPI) Leads on post-audit service improvement initiatives	<b>Ongoing</b>
Development of an evaluation strategy to assess success of Framework in evidencing safe, quality nursing care and enhanced patient experience.	<b>Ongoing</b>
Submission of research paper for publication in the <i>International Journal of Health Care Quality Assurance</i>	<b>Concluded</b> – awaiting peer reviewer feedback
The Acute directorate NQI Steering Group members to develop criteria for nurses' involvement in non-nursing audits to ensure that nursing care and capacity is not compromised.	<b>Ongoing</b>

The NQI Framework Steering Group continues to meet bi-monthly to review progress on the implementation. Further progress on implementation is delayed until the database is live and the iPads are available and functioning in the collection of data.

## 2.6 Reporting Arrangements

Arrangements for reporting on NQIs will reflect other formats used across the Trust, e.g., Trust Delivery Plan reports. The use of the file maker database will facilitate the development of the outcomes dashboard.

## 3.0 Reporting on Agreed NQIs

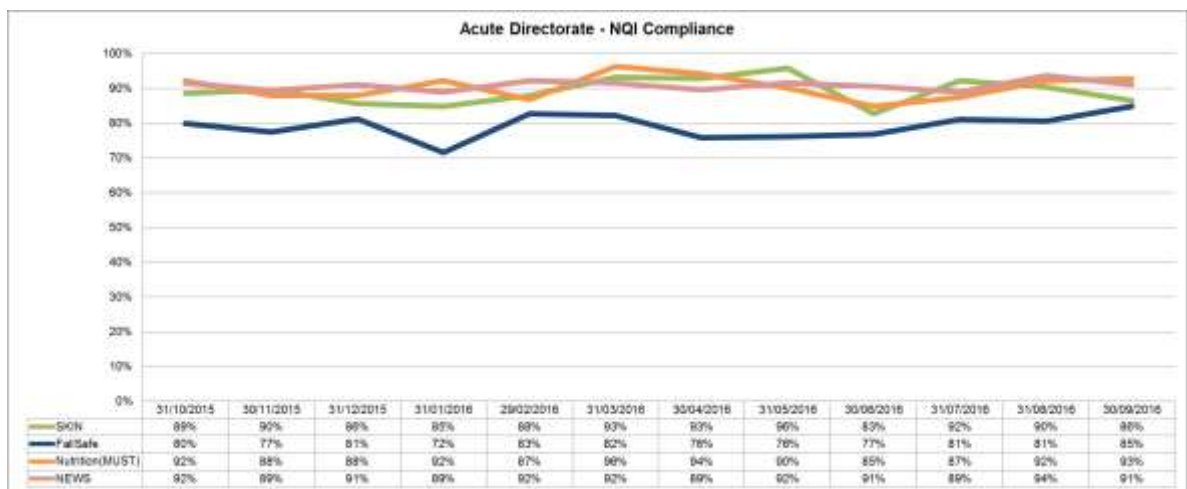
Monthly paper-based audits would continue to be undertaken by the Ward Sisters / Charge Nurses / Team Leaders (in those directorates where applicable) and collated on Excel with each indicators being reported on separately rather than across the 4 domains as recommended in the research.

### 3.1

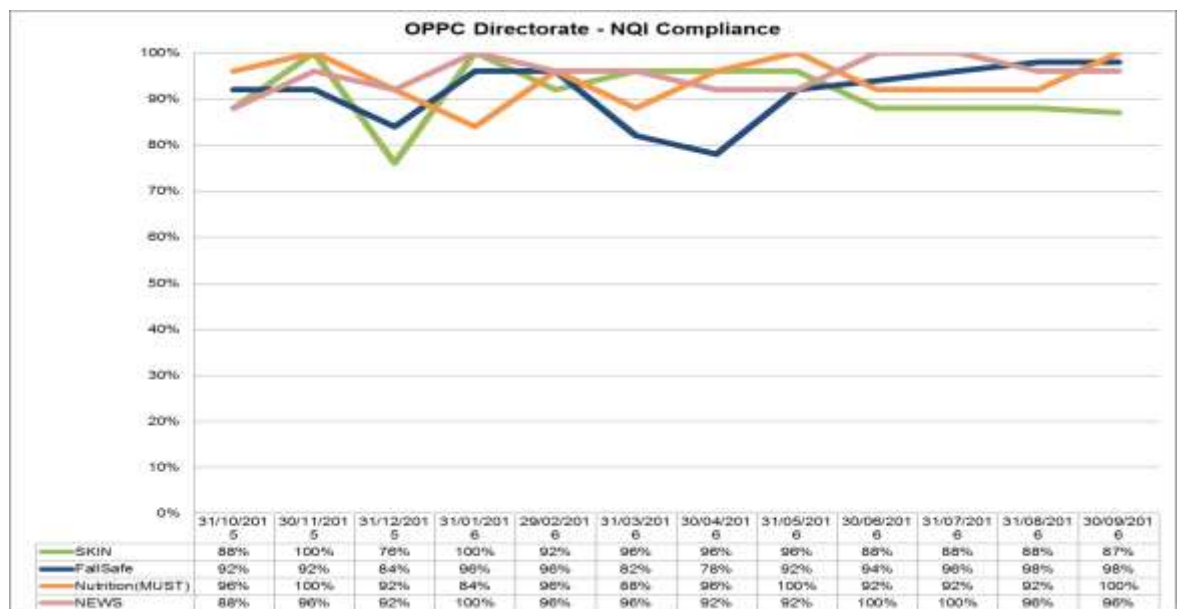
NQI	Acute	OPPC	MHD	CYP	Report via
1. SKIN	X	X			Audit
2. Falls (Part A)	X	X	X		Audit
3. Nutrition (MUST)	X	X	X		Audit
4. NEWS / OEWS / PEWS	X	X	X	X	Audit
5. Omitted and Delayed Meds (Failure to record)	X	X	X		Audit
6. Nurse Record Keeping	X	X	X	X	Audit
7. Pt/C Experience Standards / 10,000 Voices	X	X	X	X	Audit

8. Professionalism (NMC Revalidation and Nurse Supervision)	X	X	X	X	Monthly report
9. Preceptorship	X	X	X	X	End of year reports
10. Delivering Care (Normative Staffing)	X	X	X	X	
11. NMC Standards to Support Learning and Assessment in Practice 2008	X	X	X	X	

### 3.2 NQIs 1- 4 - Acute Adult Inpatient Wards



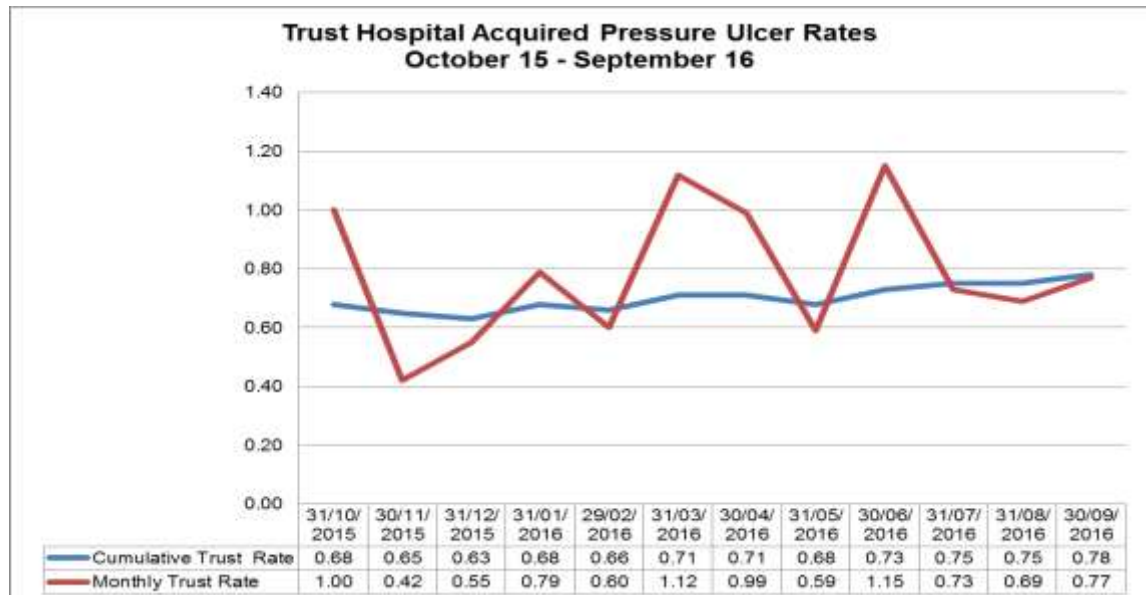
### 3.3 NQIs 1- 4 - OPAC (Non-Acute) Adult Inpatient Wards



In both Acute and Non-acute Directorates nurses are consistently achieving significant or full compliance with the SKIN (pressure ulcer), Falls, MUST (nutrition) and NEWS indicators. There is continued concentrated efforts by Ward Sisters through support,

education and enhanced monitoring to ensure full compliance on all indicators is achieved.

### 3.4 Southern Trust Hospital Acquired Pressure Ulcers (Oct 2015 – Sept 2016)



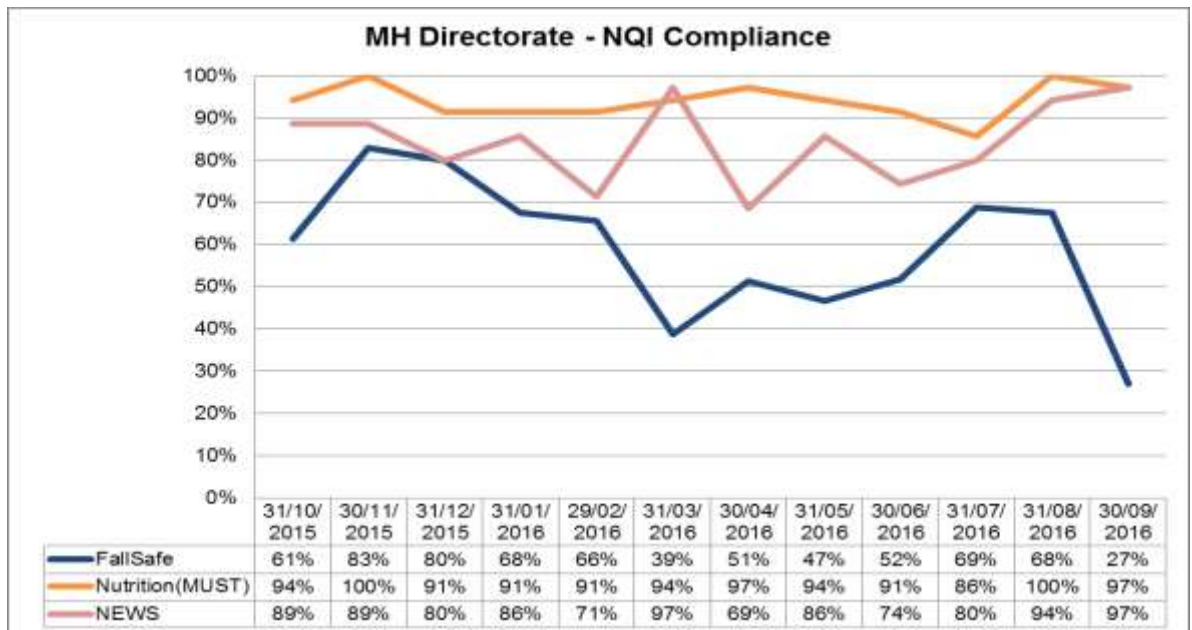
The data is taken from individual wards Safety Crosses across the Trust and cross referenced against Datix. The implementation of the SKIN Bundle and associated training over the last three years has increased staff awareness regarding the identification, grading, management and reporting of Hospital Acquired pressure ulcers.

The Public Health Agency Quality Improvement Plan Framework for 2016/7 requires Trusts to provide quarterly detail on the following: -

- Compliance with SKIN Bundle
- Total Number of Hospital Acquired Pressure Ulcers grade 2 and above
- Number of Hospital Acquired Pressure Ulcers grade 3 and 4
- Number of Hospital Acquired Pressure ulcers grade 3 and 4, which were unavoidable

To facilitate the above, the Trust's Tissue Viability Nurse Specialist and the relevant Ward Sisters have undertaken a Root Cause Analysis (RCA) on all Grade 3 and 4 Ward Acquired Pressure Ulcers identified since March 2015.

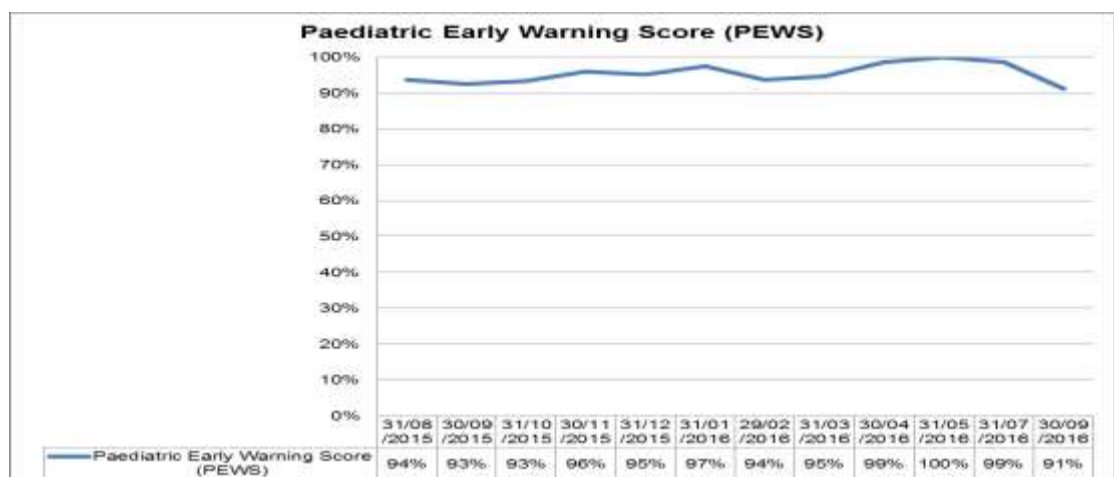
### 3.5 NQIs 2 - 4 - Mental Health and Disability Directorate



Compliance with the NEWS and Nutrition (MUST) bundles across the seven inpatient wards has improved from A RAG of amber in July to green in August and September 2016.

The record audit shows that Willows and Gillis Wards were full compliant with the FallSafe bundle, however, compliance in other wards ranged from 27% to 69% (n = 39). The elements contributing to non-compliance included:- not recording urinalysis (n=15), not recording if patients were asked about their fear of falling (n=2) and history of falling (n=2). Action plans are in place to address these gaps in recording.

### 3.6 NQI 4 - Children and Young People's Directorate

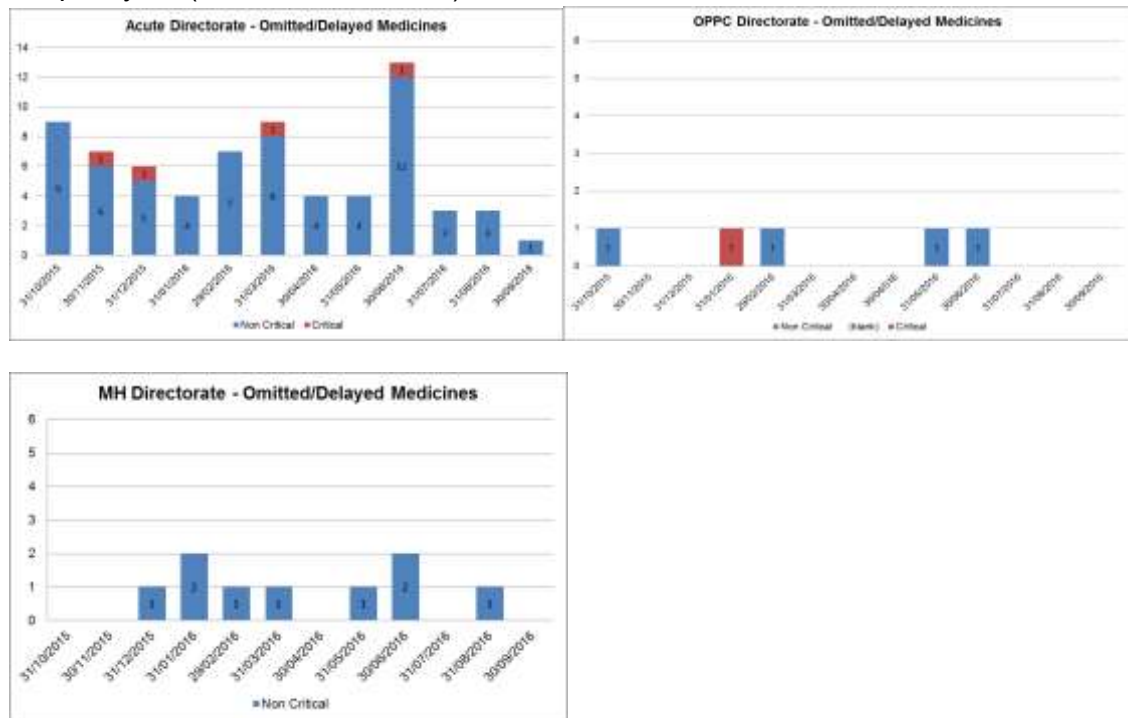


The Paediatric Early Warning Score (PEWS) audit is completed in both the DHH and CAH Children's Wards. The current PEWS template is a pilot of the new regional PEWS chart. The parameters and scoring in the new chart is more extensive than previously and feedback is currently being collated for regional review within the Quality Collaborative group. The parameters within the new chart no longer include temperature but now include

blood pressure monitoring. The numerical values have changed significantly therefore has affected the current existing template on the NQI data base which is also now under review.

### 3.7 NQI 5 - Omitted / Delayed Critical Medicines – all adult in-patient wards

Omitted / Delayed Critical Medicines have been monitored in all adult in-patient wards over the past year (since October 2015) with results for each directorate as outlined below.



#### October 2015 – September 2016

Directorate	Medicine Kardexes audited	Total no of medicine doses prescribed	No of 'Blank' doses	Total critical medicine doses prescribed	No of critical medicine doses that were 'Blank'
Acute	1,602	19,405	70 (0.36%)	5,478	4 (0.02%)
OPPC	296	5,096	5 (0.09%)	845	1 (0.01%)
MHD	420	5,600	9 (0.16%)	261	0
<b>Total</b>	<b>2,318</b>	<b>30,101</b>	<b>84(0.27%)</b>	<b>6,584</b>	<b>5 (0.01%)</b>

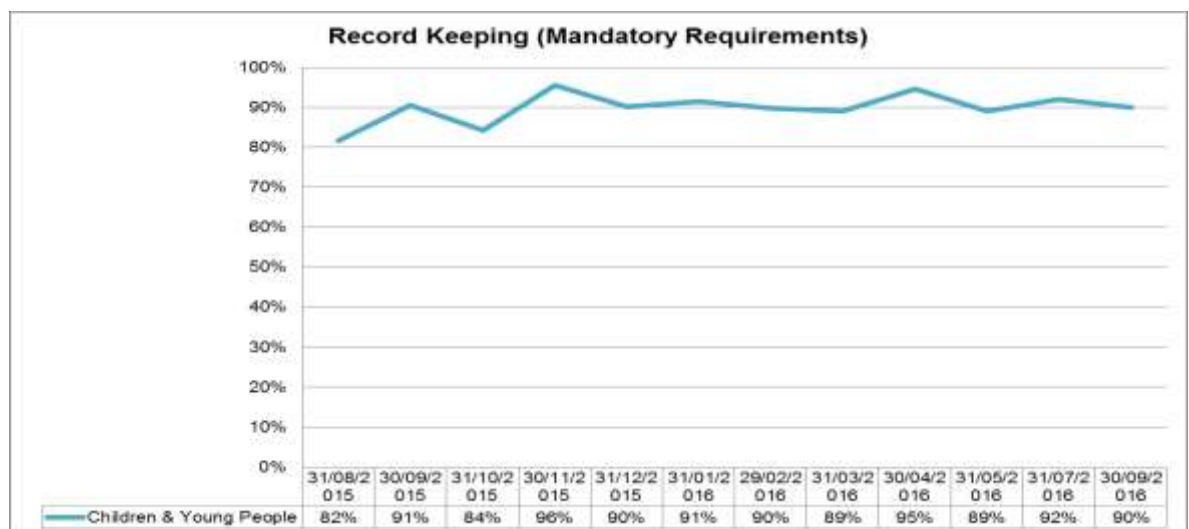
\*Blank = no record in kardex that a medicine, including a critical medicine, had been administered at the prescribed time. This does not necessarily mean the medicine was not administered only that it was not recorded as being administered.

In the last 12 month period 5 out of a total of 6,584 [0.01%] prescribed *critical* medicines were recorded as 'Blank'; 4 were in the Acute Directorate, 1 in OPPC and 0 in MHD. There is a variety of reasons why a medicine may not have been administered, such as the patient was fasting, a new medicine was recently prescribed or the medicine was not

available on the wards.

### 3.8 NQI 6 - Recording Care : Evidencing Safe and Effective Care

Recording care is an important element in evidencing safe and effective nursing care and is a skill and activity which the profession is constantly promoting and improving on. Over the past year the average Trust compliance with mandatory record keeping standards in Acute, Non-acute and MHD adult in-patient areas was 91%.



The record keeping audit tools for adult and children's nursing differ and therefore cannot be compared against each other. CYP has scored an average of 90%.

The draft paediatric PEWS charts continue to be used within the Children's Wards. SHSCT CYPS comments in relation to the draft PEWS charts have been shared with the Regional Working Group. CYPS are awaiting the outcome of the collation of all regional comments and suggested amendments to the PEWS charts.

### 3.9 To support improvement in record keeping the EDN identified funding for the temporary

secondment of a Professional Development Facilitator. The Facilitator's role is to promoting a positive recording keeping culture amongst nurses that reflects the delivery of person-centred care and compliance with good recording keeping practices. Southern Trust Lead Nurses developed and tested a person-centred recording framework, known as the PACE (Patient-centre, Assessment, Nursing Care and Evaluation) Framework and the Facilitator is leading the rollout of the PACE Framework across the Acute Directorate. The Framework has been successful in supporting the recording of person-centred care and the other HSC Trusts are now testing the Framework with a view to rollout within their organisations.

- 3.10 A regional record keeping competency framework and self-assessment tool has been developed to support Health Care Support Workers (HCSWs) in recording care and will now be tested across all Trusts prior to full implementation.

### **3.11 NQI 8 - Professionalism - NMC Revalidation and Nurse Supervision**

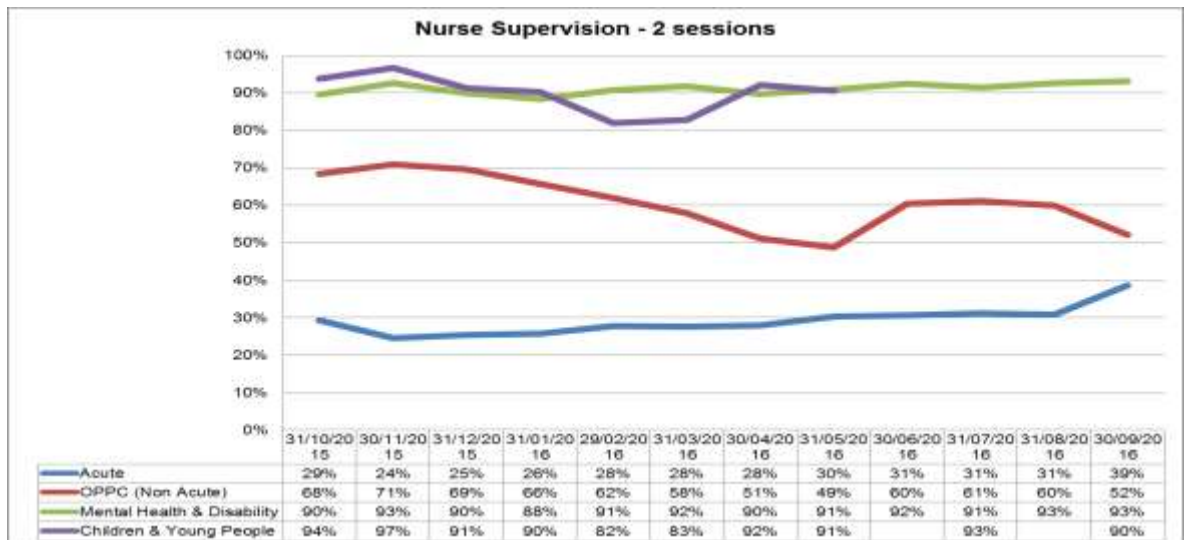
#### ***NMC Revalidation***

The Nursing and Midwifery Council's (NMC) revised revalidation arrangements for registered nurses and midwives came in to effect in April 2016 and includes a number of additional elements designed to improve public protection and ensure that nurses and midwives remain fit to practise throughout their careers.

The Trust has put supportive arrangements in place to ensure organisational and registrant readiness for implementation of the additional criteria. This has included support provided by the Nursing Governance Co-ordinators and a Revalidation Support Team. The development of a database provides monthly reports to managers on those nurses and midwives who are due to revalidate and / or pay their annual fee. Since April 2016, excluding those who had been granted an extension, all but 3 of 727 (99.6%) registrants have revalidated / paid their annual fee on time. On the occasions where the 3 registrants did not revalidate / pay their annual fee on time their name was removed from the register until they satisfy the NMC's requirements.

#### **3.12 Nurse Supervision**

The ST's Policy on Nurse Supervision requires that all registered nurses are able to avail of two sessions of professional supervision per year.



Ensuring nurses can access two supervision sessions has been a challenge in all directorates, particularly Acute. However, given the NMC's review of statutory supervision in midwifery, the CNO is also undertaking a review of the regional Nurse Supervision Policy. Recording and discussing reflections on practice is now a core component of revalidation and it is expected that this requirement will support and encourage better compliance with the nurse supervision policy.

### 3.13 NQI 9 - Preceptorship

Preceptorship is: 'a period of structured transition for the Preceptee during which he/she will be supported by a Preceptor, to develop confidence as an autonomous professional, refine skills, values, attitudes and behaviours and to continue on a journey of lifelong learning' (adapted from Department of Health (DoH), 2010). The programme is 26 weeks duration and is co-delivered by Clinical Education Centre and the Practice Education Team.

The table below provides an overview of activity April 2016 to September 2016:

Number of Programmes due to complete April 2016-September 2016	Number of Registrants due to complete a programme* April 2016-September 2016	Registrants indicated as having completed Programme	Reason for non-completion	Number of Preceptorship Programmes commenced April 2016-September 2016	On target to complete Programme within 26 week timescale
8	113	79	Left Trust (6) Long term sick/maternity leave (4)  Withdrew as not a new registrant (1)  Awaiting confirmation from line manager of completion of programme (23)	3	23 (x1 on sick leave)

\*These programmes commenced prior to April 2016

### **3.14 NQI 10 - Delivering Care (Normative Staffing)**

Progress regarding implementation of Delivering Care across all phases is set out as follows:

#### **Phase 1 (Acute medical and surgical wards)**

Bi-annual reporting regarding compliance for this phase of Delivering Care continues with the most recent report submitted for the reporting period April 2016 to September 2016. Additional funding was received to convert 15WTE Band 5 posts to Band 6 posts within acute medical wards, and staff are in post or due to commence imminently. The requirement for Ward Sisters/Charge Nurses to be 100% supervisory is being achieved across all acute surgical wards, however, the majority of acute medical wards are unable to achieve this standard.

#### **Phase 2 (Emergency Departments)**

Finalisation of the Emergency Department staffing model is in progress, with an expectation that this will be agreed pre-Christmas 2016.

Key elements of this model include senior staffing requirements (Band 6 or Band 7) across the 24 hour period, which will ensure that all key areas of the ED have an experienced nurse to provide expert clinical knowledge at all times, to ensure that patient pathways function seamlessly throughout the department to improve patient safety and enhance their experience in the department.

#### **Phase 3 (District Nursing)**

Development and agreement regarding a model for District Nursing remains challenging. Following a regional data collection exercise and analysis of the Hurst Model a draft summary paper based on 24 hour provision of care has been developed, recognising that this requires further analysis and refinement for registered skill mix, the supervisory role and palliative care key worker role. There are ongoing discussions to develop an IT tool to support caseloads and staff utilisation. The region is currently considering the Buurtzorg (Netherlands) model, and potential application to the Northern Ireland context.

#### **Phase 4 (Health Visiting)**

A summary paper was completed in September 2016, with a proposed caseload forming the model for Health Visiting, with the focus on 0-4 year olds to carry out the 3 core functions of the health visiting service.

#### **Phase 5 (Mental Health)**

This phase will commence December 2016.

#### 4.0 NMC Standards to Support Learning and Assessment in Practice

##### Mentor Register (EiMs Electronic Register)

##### Current Mentorship Statistics

SHSCT for the reporting timeframe have 898 mentors who are currently available to mentor students.

Table 1 below provides further detail and Table 2 provides this information per Directorate/Divisions.

Table 1: SHSCT Mentor Statistics

	Available	Unavailable*	Total Number
<b>Mentors</b>	503	242	<b>745</b>
<b>Sign-off mentors</b>	380	181	<b>561</b>
<b>Practice Teachers</b>	15	8	<b>23</b>
<b>TOTALS</b>	<b>898</b>	<b>431</b>	<b>1329</b>

\*Unavailable due to mentor criteria lapsed, leave reason, action plan in progress. The Practice Education Team continue to work with Ward Sisters/Charge Nurses/Team Leaders to maximise the availability of mentors, which is of paramount importance moving forwards due to the increased number of students from September 2016.

Table 2: Mentor Statistics per Directorate/Division\*

Directorate / Division	Number of Mentors	Number of Sign-off Mentors	Number of Practice Teachers	Total
<b>Acute: MUSC</b>	130	105	0	<b>235</b>
<b>Acute: ATICS &amp; SEC</b>	154	132	0	<b>286</b>
<b>Acute: IMWH &amp; CCS</b>	20	123	0	<b>143</b>
<b>CYPS</b>	161	52	11	<b>224</b>
<b>OPPC</b>	151	76	7	<b>234</b>
<b>MHLD</b>	129	73	5	<b>207</b>
<b>Totals</b>	<b>745</b>	<b>561</b>	<b>23</b>	<b>1329</b>

##### Student Capacity

Number of practice areas approved for student placements	Number of educational audits carried out in past 6 months	Max. number of students that can be accommodated at any one time
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141	66	358
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Due to ongoing requirements to increase practice placements, the Practice Education Team continually work with service colleagues to scope placement capacity. A regional Task and Finish Group has been established to ensure consistency and continuity across Trusts regarding capacity of practice placements. The regional Practice Placement Agreement is being updated by DoH and Trusts to facilitate student placements for individuals on the Open University Pre-Registration Nursing Programme employed by the independent sector.

### **Mentors/Sign-off Mentors/Practice teachers CPD Activity**

The Practice Education Team facilitates a number of programmes and updates for mentors, sign-off mentors and Practice Teachers throughout the year, which are Nursing and Midwifery Council requirements. CPD activity statistics can be viewed below:

<b>Programme/Activity Title</b>	<b>Number of programmes/sessions facilitated April 2016 – Sept 2016</b>	<b>Number of mentors/SoM/PT who completed the programme/activity/added to mentor register</b>
Mentorship Preparation Programme/APEL	1	125/2
Nursing and Midwifery annual update	45	592
Triennial reviews	N/A	92
Progression to sign-off mentor status programme	1	30
Model of support	1	22
Supervising mentor preparation programme	1	2
Practice Teacher Forum	1	12

### **Challenges in Practice Placements**

The challenge of time for mentoring nursing and midwifery students continues, in particular the required 1 hour protected time per week for sign-off mentors with final placement students (NMC, 2008). A re-audit in August 2016 demonstrated that progress has been made since the previous audit in 2015, although the Trust remains not fully compliant. An action plan has been updated as a result.

## **5.0 Advanced Nurse Practitioner Programme**

As previously reported DoH has confirmed financial support for the training fees for 20-25 nurses regionally to commence an Advanced Nursing Practice Programme. The initial

focus will be for Paediatric and Emergency Department settings.

SHSCT has contributed to the on-going debate regarding the development of this role over recent years and is currently represented on the Curriculum Planning Group with Ulster University. It is anticipated that the first programme will commence February 2017.

## **6.0 Consultant Nurses and Midwives Framework**

A regional work-stream has reviewed the role of Nurse and Midwife Consultants in NI. Draft professional guidance for these Consultant roles has been developed and will be circulated on completion. The four core competencies will complement other generic competency frameworks which are relevant to the Consultant Nurse and Consultant Midwife roles, such as Knowledge and Skills Framework (DH, 2004); Healthcare Leadership Model (NHS Leadership Academy 2013); Attributes Framework (DoH, 2016).

## **7.0 Post –registration Nursing and Midwifery Education Commissioning 2015-2016**

The Trust continues to conduct annual learning needs analysis for Registrants and works closely with the DoH to secure funding for those education programmes that are necessary for the nursing and midwifery workforce to continue to deliver a high standard of care. The financial constraints on this budget for the academic year September 2016 -2017 have continued, with only a limited number of courses inside and outside Northern Ireland being funded.

It has been communicated that the ongoing financial constraints in the nursing and midwifery workforce education budget will continue for 2017-2018. In order to make best use of resources the Trust have been asked to identify priorities for training for 2017-2018 and further scoping will commence shortly regarding identifying relevant education programmes.

## **8.0 Clinical Education Centre (CEC)**

Southern Trust continues to fully utilise the Service Level Agreement (SLA) with the CEC. For the period March 2016 to September 2016, the utilisation was 76.46%. Further information will be submitted as part of the EDoN end of year report.

### **ADD SECTION re First Trust N&M Induction Programme**

The first Trust-wide Nursing and Midwifery Induction Programme commenced October 2016, with 70 new staff attending. The introduction of the programme aims to have positive benefits for the Trust in terms of recruitment and retention. The programme will run over a period of 3-4 weeks (part-time attendance) and includes corporate and professional induction, mandatory training, a range of e-learning, and commencement on the Trust's Preceptorship programme for new registrants. Whilst the core induction programme will be delivered for all new staff, a variety of elements will be added for branch-specific nurses.

## **9.0 Rotation Programme**

A rotational programme was introduced into the Acute Directorate in April 2015 as previously reported. The second cohort of 6 new registrants commenced the programme in October 2016. These staff will have the opportunity to work in three clinical areas over the next twelve months giving them an opportunity to consolidate their knowledge and skills as well as develop further skills in different care environments.

#### **10.0 Open University Nursing Programme (OU PRNP)**

This programme is available to Trust staff, and is a 4 year, part-time, work based programme for entry to the nursing profession (adult and mental health branches only). A total of 39 staff are currently undertaking the nursing programme, years 1 to 4.

##### **Innovation in Delivery of the OU PRNP**

Since September 2015 SHSCT, in partnership with the OU and DoH, have explored ways of increasing access to the programme for staff. A new model was implemented which facilitated 7 staff to complete the first two modules of the nursing programme as a stand-alone arrangement, and these staff have now commenced Year 2 of the programme in September 2016. This model has been replicated for September 2016, with a further 5 staff completing the first two modules of the nursing programme as a stand-alone arrangement. These 5 staff will commence stage 2 of the programme in September 2017.

In addition, SHSCT have commenced a further 15 staff onto Year 1 of the programme commencing September 2016, as a result of a realignment of backfill funding to additional places.

#### **11.0 Cause for Celebration**

Dawn Ferguson, Nursing Workforce and Education Coordinator, completed an MSc Developing Practice in Healthcare and has been awarded the University of Ulster's Mona Grey Award for Excellence in Post-Registration Research. Her dissertation was a qualitative study examining new registrants' views of a Preceptorship Programme during their transition year from student nurse/midwife to registrant.

#### **12.0 Recruitment**

The recognition of the insufficient supply of Registered Nurses across the province continues to be recognised, and nursing remains on the UK Shortage Occupation List.

##### **12.1 International**

Within the reporting timeframe of this report, six international recruitment campaigns have been conducted for the five H&SC Trusts in NI:

##### **EU**

1. May: Romania and Italy
2. June: Italy

### 3. October: Greece and Italy

#### Non-EU

### 4. Philippines: May, August and September.

All international recruits will be employed initially as Bank 3 Nursing Assistants pending registration with the NMC, in line with the arrangements for locally trained nurses.

On 16th September 2016 a group of 11 nurses from Italy arrived in the Trust, and are working across CAH and LH in acute medicine and non-acute. These staff are currently being supported to achieve NMC registration through a face to face English programme, in order to meet the Nursing and Midwifery requirements to achieve IELTS (International English Language Testing) at Level 7 across all domains. This programme is being delivered as part of a regional and local induction programme in partnership with the Clinical Education Centre.

#### Overview Update on All Offers (Regional)

To date there are currently 67 active offers from EU campaigns, and 724 offers from the Philippines. The current status of offers by Trust is detailed below:

Status of Offers	Northern	Belfast	Southern	Western	South Eastern	HSC <sup>1</sup>	Grand Total
Withdrawn / Offer Revoked	4	7	3	10	3	2	29
Pre-employment Checks in Progress	83	92	94	103	136	229	737
Started as Band 3	0	3	11	10	1		25
<b>Total Offers</b>	<b>87</b>	<b>102</b>	<b>108</b>	<b>123</b>	<b>140</b>	<b>231</b>	<b>791</b>
<b>For those at Pre-employment checks</b>							
Target Arrival Date In place	13	17	12	4	20		66

<sup>1</sup>These are offers not yet allocated to any Trust. Allocations will be made once the appointees are nearing arrival. Any imbalances across Trusts will be rectified using this group of appointees.

As previously reported, the arrivals date for EU campaigns can be identified almost immediately following interview, however the time from arrival to entry onto the NMC register is difficult to predict due to the individual requiring to obtain IELTS Level 7. The non EU timeframe for arrivals ranges between 7-14 months, with the majority anticipated around 10 months post-interview.

## 12.2 Local

Recommendations from the CNMAC Report (2015) relating to local recruitment approaches have been progressed through the regional Working Group and includes:

- More regular engagement with the student body across all local universities by Trust staff. The five Trusts are actioning this as a collaborative arrangement;
- All Trusts have initiated 'open' adverts on HSCRecruit;
- Job offers are now made to Year 3 students by all Trusts;
- Attending jobs fairs;
- The Working Group also has representation from the Recruitment Shared Service

Centre and is working to improve the recruitment experience for students and other applicants.

In addition, SHSCT has also progressed the following actions:

- Offers of posts to Year 2 students;
- Conducting 'one-stop-shops', with an interview conducted, decision given, pre-employment checks and Occupational Health checks commenced on the one day for all applicants. The October 2015 event resulted in 156 people interviewed, with 153 people successful. Of these 153, 107 have commenced in post. The next 'one-stop-shop' is planned for 25<sup>th</sup> November 2016;
- Streamlining of application and interview processes;
- Enhanced engagement with students throughout their placements in SHSCT, but particularly whilst on Placement 9 (management placement).

Following approval by SMT, a non-nursing support role, such as administration support or a housekeeping role, will be piloted to March 2017 and the impact on releasing nursing time will be evaluated.

### **13.0 Conclusion**

This report provides a summary of a range of high quality, person-centred care being provided by nurses and midwives in the Southern Trust. Audits of the quality nursing care have shown incremental improvement in adherence to core nursing processes and action plans are being implemented to ensure quality improvements. Senior nurses are working to embed the NQI Framework and it is anticipated that outputs from these audits will be available for the next report. Community Nursing and Midwifery teams are also working to identify those indicators which would best evidence compliance with agreed quality standards in their area of care. The Trust has put in place arrangements to support the implementation of the new NMC revalidation arrangements which supports professional reflections and enhances practice. These arrangements are now well-embedded and success reflected in the 99.6% revalidation rate since the new arrangement came into effect in April 2016.

The report specifies the challenges the Trust is facing in securing and ensuring a sufficient nursing workforce both now and over the next number of years.