

Please return this sheet to Personal Information redacted by the USI by 27th September 2019

MANAGING FRAILTY AND DELAYED TRANSFERS OF CARE IN ACUTE SETTINGS - SERVICE USER AUDIT DATA COLLECTION TEMPLATE

This service user audit is part of the project looking at "Managing frailty and delayed transfers of care in acute settings". For any queries on the data collection please contact Personal Information redacted by the USI

The below 11 questions should be completed on up to 50 consecutive discharges on one care of older people ward within your Trust/Health Board between 15th July and 27th September 2019

To support the completion of the service user audit, a printable sheet which can be used to collect data on the ward is available on the next tab. Please use this sheet to collate data manually for the service user audit prior to submitting your data via e-mail. All data for the service user audit must be submitted on this excel spreadsheet and e-mailed to Personal Information redacted by the USI once data has been recorded for 50 service users discharged from the care of older people ward. If you have any queries, please e-mail Personal Information redacted by the USI



No patient identifiable information should be submitted

Name of Trust/UHB/Hospital site:

Name of care of older people ward / medical ward:

Contact details (e-mail address) of contact for the service user audit data collection:

Question	1. Age of service user	2. What was the primary ICD-10 code that the service user was admitted with? (If ICD-10 code not in the list please select 'other')	3. Has this service user been diagnosed with Dementia?	4. What are the service user's normal living arrangements?	5. Has this service user had a hospital admission within the previous 12 months?	6. Has this service user had an emergency hospital re-admission within the last 30 days?	7. At what point in the pathway was CGA delivered to this service user?	8. What was the length of stay in days for this service user?	9. Was this patient a delayed transfer of care?	10. How many days was this patient delayed?	11. Where was this service user discharged to?
Definition	Age in years	<p>E46 - Unspecified protein-energy malnutrition F00, F01, F02, F03, F05 - Dementia in Alzheimer's disease; Vascular Dementia; Dementia in other disease classified elsewhere; Unspecified dementia; Delirium due to known physiological condition R15 - Faecal incontinence R26.2 & R26.8 - Difficulty in walking, not elsewhere classified; Other and unspecified abnormalities of gait and mobility R32 - Unspecified urinary incontinence R40 - Somnolence, stupor and coma R41 - Other symptoms and signs involving cognitive functions and awareness R46.0 - Very low level of personal hygiene R54 - Senility W00-W19 - Falls Z73.9 - Problem related to life-management difficulty, unspecified Z74 - Problems related to care-provider dependency Z99.3 - Dependence on wheelchair Other - ALL other ICD-10 codes</p> <p>This question is to assess whether the patient has been admitted with an ICD-10 code which may be a marker for frailty. If the code is not identified on the list please select other. If the service user has multiple ICD-10 codes please select the primary code.</p>	<p>Dementia diagnosis: Mild dementia Moderate or mid-stage Severe or late stage Terminal No diagnosis</p> <p>Please choose no diagnosis unless Dementia has been diagnosed clinically</p>			<p>If this current episode is a re-admission please select Yes</p>	<p>CGA is a multi-dimensional, multi-disciplinary process which identifies medical, social and functional needs, and the development of an integrated/co-ordinated care plan to meet those needs.</p> <p>Assessment unit = frailty unit, short-term assessment unit, CDU, acute medical unit, etc</p>	<p>Include length of stay on assessment units as well as inpatient ward if applicable</p>	<p>A delayed transfer of care occurs when an adult inpatient in hospital is ready to go home or move to a less acute stage of care but is prevented from doing so</p>	<p>Number of days the patient was ready to go home or move to a less acute stage of care but was prevented from doing so, all causes</p>	<p>Transitional arrangements include bed or home based intermediate care, re-ablement, time to think/assessment beds, awaiting continuing healthcare assessment, etc</p>
	Numerical	<p>Choose one from the following:- E46 - Unspecified protein-energy malnutrition F00, F01, F02, F03, F05 - Dementia in Alzheimer's disease; Vascular Dementia; Dementia in other disease classified elsewhere; Unspecified dementia; Delirium due to known physiological condition R15 - Faecal incontinence R26.2 & R26.8 - Difficulty in walking, not elsewhere classified; Other and unspecified abnormalities of gait and mobility R32 - Unspecified urinary incontinence R40 - Somnolence, stupor and coma R41 - Other symptoms and signs involving cognitive functions and awareness R46.0 - Very low level of personal hygiene R54 - Senility W00-W19 - Falls Z73.9 - Problem related to life-management difficulty, unspecified Z74 - Problems related to care-provider dependency Z99.3 - Dependence on wheelchair Other - ALL other ICD-10 codes</p>	<p>Choose one from the following:- Mild Moderate or mid-stage Severe or late stage Terminal No diagnosis</p>	<p>Choose one from the following:- Own home Residential home Nursing home Sheltered housing Unknown Other</p>	<p>Choose from the following:- Yes No</p>	<p>Choose one from the following:- Yes No</p>	<p>Choose one from the following:- In the community/primary care A&E Assessment unit Inpatient ward CGA not delivered</p>	Numerical	<p>Choose one from the following:- No Yes - attributable to NHS Yes - attributable to social care Yes - attributable to both</p>	Numerical	<p>Choose one from the following:- Own home Residential home Nursing home Sheltered housing Transitional arrangements Hospice Died Other</p>
Service user											
Service user 1											
Service user 2											
Service user 3											
Service user 4											
Service user 5											

NHS Benchmarking Network - MANAGING FRAILTY AND DToCS IN ACUTE SETTINGS
SERVICE USER AUDIT 2019

This sheet may be used to collect individual data on the designated care of older people ward.
This printable sheet is to assist local data collection only. Do not submit the individual sheets
Please transfer data collected to the collation excel template for submission to us.
If you have any queries please contact [redacted] or [redacted]



No patient identifiable information should be noted on this sheet

Please complete for 50 consecutive patients discharged from one care of older people inpatient ward in the Trust/Health Board

1 Age of the service user (years) [text box]

2 What was the primary ICD-10 code that the service user was admitted with? (If ICD-10 code not in the list please select 'other')

Code	Admitting reason	Tick one
E46	Unspecified protein-energy malnutrition	
F00, F01, F02, F03, F05	Dementia in Alzheimer's disease	
	Vascular dementia	
	Dementia in other diseases classified elsewhere	
	Delirium due to known physiological condition	
R15	Faecal incontinence	
R26.2 & R26.8	Difficulty in walking, not elsewhere classified	
	Other and unspecified abnormalities of gait and mobility	
R32	Unspecified urinary incontinence	
R40	Somnolence, stupor and coma	
R41	Other symptoms and signs involving cognitive functions and awareness	
R46.0	Very low level of personal hygiene	
R54	Senility	
W00-W19	Falls	
Z73.9	Problem related to life-management difficulty, unspecified	
Z74	Problems related to care-provider dependency	
Z99.3	Dependence on wheelchair	
	Other	

3 Has the service user been diagnosed with dementia?

	Tick one
Mild dementia	
Moderate or mid-stage	
Severe or late stage	
Terminal	
No diagnosis	

4 What are the service user's normal living arrangements?

	Tick one
Own home	

Residential home	
Nursing home	
Sheltered Housing	
Unknown	
Other	

5 Has this service user had a hospital admission within the previous 12 months?

(Circle one)
Yes / No

6 Has this service user had an emergency hospital re-admission within the last 30 days?
(if this current episode is a re-admission please select Yes)

Yes / No

7 At what point in the pathway was CGA delivered to this service user?

	Tick one
In the community/primary care	
A&E	
Assessment unit	
Inpatient ward	
CGA not delivered	

8 What was the length of stay in days for this service user?
Include length of stay on assessment units as well as IP ward if applicable

9 Was this patient a delayed transfer of care?

	Tick one
No	
Yes - attributable to NHS	
Yes - attributable to social care	
Yes - attributable to both	

10 How many days was this patient delayed?

11 Where was this service user discharged to?

	Tick one
Own home	
Residential home	
Nursing home	
Sheltered Housing	
Transitional arrangements	
Hospice	
Died	
Other	

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Managing Frailty and Delayed Transfers of Care in the Acute Setting

BENCHMARKING DATA SPECIFICATION



The deadline for submission of data is **27th September 2019**

Data should be entered into the online collection form: www.members.nhsbenchmarking.nhs.uk

Participation is open to acute providers of older people's care who are members of the NHS Benchmarking Network.

Introduction:

The Older People's Care in Acute Settings benchmarking project was first run in 2014 and ran for 3 years. In 2017, the project changed focused and a deeper dive of the management of Delayed Transfers of Care (DToCs) was undertaken. This was opened to acute, mental health and community hospital providers. Consultation with members in 2018 has requested a re-focus on the pathway of people living with frailty through secondary care, but with a focus on DToCs, as part of the supported discharge element of the project. The benchmarking project will cover the pathway of older people through A&E (linked to our Emergency Care project) to the supported discharge processes.

The project considers links with other sectors including primary care, community, mental health and social care particularly at the front and back end of hospitals.

If your Trust/UHB doesn't specifically operate care of older people wards, please respond in relation to the medical wards.

This project is in partnership with the British Geriatrics Society who have assisted with scoping the data collection.

If you would like to submit separately across multiple Hospital sites, please register each as a separate submission.

Service user audit

The NHS Benchmarking Network has worked with the BGS to develop a service user level audit for the Managing Frailty and DToC in the Acute Setting project.

The objective of the service user level audit is to provide comparative data at service user level to facilitate service improvement in Trusts/UHBs.

Trusts/UHBs are requested to select one care of older people ward where data for the service user audit can be collected. If your Trust/UHB doesn't have a care of older people ward, please select one medical ward.

Service user audit data must be collected via an excel spreadsheet which is available to download on the members' area www.members.nhsbenchmarking.nhs.uk

Completed excel spreadsheets must be returned via e-mail to Personal Information redacted by the USI by **27th September 2019**

Reporting:

An interactive online data analysis tool will be available once the submissions have been validated.

Members will also receive a bespoke dashboard report.

An event to present the findings of the project will take place on the 6th February 2020. Members can register to attend on the members' area of the website.

Project reports will be released in February 2020.

Please note:

- All cost figures must be entered in full. For example £ 1 million should be entered as 1000000
- If you do not have the data to answer the question, please leave blank, do not put zero
- Once data collection has closed your figures will be validated and you will be provided with an opportunity to make amendments. For this process to occur smoothly and ensure members get the most from the project it is important that the data is submitted on time.

Support:

Data definitions are provided, however, questions on interpretation of data items and queries can be submitted to: Personal Information redacted by the USI, Personal Information redacted by the USI)

IMPORTANT: This EXCEL document is provided to support data collation only and CANNOT be used to submit data
All data must be submitted via online data collection at: www.nhsbenchmarking.nhs.uk



Managing Frailty and Delayed Transfers of Care in the Acute Setting

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Data sharing



QUESTION	DATA	DATA TYPE	DATA DEFINITION
Sharing data with NHS Improvement GIRFT Team			
England only: The NHS Improvement GIRFT Geriatric Medicine workstream would like to use participants' data to inform their work with Trusts. Please select "Yes" if you are willing for your data to be shared with the GIRFT team. If you have any questions about this, please contact the Network team for further information.			
Are you willing to share your data with the NHSI GIRFT team?		Yes / No	Not applicable for Wales/Scotland/Northern Ireland. Please see the NHS Improvement privacy notice here: https://improvement.nhs.uk/privacy/ .

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Qualification questions

The below questions provide a general view of provision for patients living with frailty in your Trust/UHB/Hospital site. Your responses to these yes/no questions will determine which question groups will be available to answer on the online data collection pages.

QUESTION	DATA	DATA TYPE	DATA DEFINITION	Section to appear when 'yes' selected
Does your Trust/UHB/Hospital site have an acute frailty service?		Drop-down menu:- Yes / No	"Acute frailty service" includes geriatric liaison, and dedicated geriatric teams	5.Acute frailty service
Do community services provide in-reach to the A&E department?		Drop-down menu:- Yes / No	This may include OPAL specialist nurses, community geriatrics, geriatric/frailty interface team, district nurses, community matrons	
Does your Trust/UHB/Hospital site have a frailty unit?		Drop-down menu:- Yes / No	A "frailty unit" is an acute care assessment unit, focused on the care of the frail and elderly	7.Frailty units
Does your Trust/UHB/Hospital site have a short-term assessment unit?		Drop-down menu:- Yes / No	"Short term assessment unit" includes emergency assessment units, CDU, or similar unit where patients are taken for time limited period (up to 12 hours) for assessment/diagnostics/decision. Exclude Surgical Assessment Units/Pre-operative Assessment Units or similar	8.Short term assessment units
Does your Trust/UHB/Hospital site have other assessment units (between 12 and 72 hours expected maximum length of stay)?		Drop-down menu:- Yes / No	"Other assessment units" include assessment units which don't fall under the definitions of "frailty unit" or "short term assessment unit" used in this project. Maternity, paediatric and surgical units should be excluded.	9.Other assessment units
Does your Trust/UHB/Hospital site operate a "Discharge to Assess" model?		Drop-down menu:- Yes / No	"Discharge to assess" schemes commonly operate as soon as the patient is clinically optimised ie the point at which care and assessment can safely be continued in a non-acute setting. The discharge to assess schemes will work with the patient/their carers to plan post-acute care in the person's own home or another community setting. This is in relation to immediate post-acute care & support needs and not the assessment for long-term care.	13.Discharge to assess
Does your Trust/UHB/Hospital site operate any Early Supported Discharge schemes?		Drop-down menu:- Yes / No		

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Organisation details



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QUESTION	DATA	DATA TYPE	DATA DEFINITION
Baseline information			
Trust/UHB turnover 2018/19 (£)		Numeric in £ (whole number)	Turnover at year end 2018/19 - defined as Trust operating income 2018/19
Trust/UHB/Hospital site WTE staff employed		Numeric	WTE at year end 2018/19 (all staff)
Trust/UHB/Hospital site WTE consultants employed		Numeric	WTE consultants employed at year end 2018/19 (all staff)
Trust/UHB/Hospital site WTE Geriatricians employed		Numeric	WTE Geriatricians employed at year end 2018/19 (all staff)
Are community services vertically integrated with acute services in your Trust/UHB/Hospital site		Drop down menu: Yes/ No / N/A	England only Use N/A for Wales and Northern Ireland responses where all services are integrated

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Governance & system linkages

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Pathways/protocols			
Is there a recognised frailty tool/pathway in use in the health and social care economy?			
Does the Trust have a clearly defined strategy/operational policy for the delivery of acute medical care to older people?			
Do pathways/protocols exist which clearly state the roles and relationships between A&E, frailty units/short term assessment units/other assessment units and the wards?			
Please describe what policies/procedures are in place locally with regard to the management of patients who are admitted from/are discharged to care homes locally			Copies of any supporting information should be e-mailed to <div>Personal Information redacted by the UST</div>
			The innovative red bag scheme is helping to provide a better care experience for care home residents by improving communication between care homes and hospitals. The red bag is the most visible part of successful collaboration between care homes, hospitals and ambulance staff, known as the hospital transfer pathway. When a care home resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items. Further information can be found at this link https://www.england.nhs.uk/publication/redbag/
Please describe whether the “Red Bag” initiative is being implemented locally, and what benefits are being indicated as a result of its use.			
Please describe the local frail pathways and submit any relevant material describing local policies and procedures, particularly with reference to the management of frail patients in the acute setting			Copies of any supporting information should be e-mailed to <div>Personal Information redacted by the UST</div>
Please describe the local pathways in place for the management of people with delirium / acute confusion, particularly with reference to the management of frail patients in the acute setting.			Copies of any supporting information should be e-mailed to <div>Personal Information redacted by the UST</div>
Does your Trust/UHB/Hospital site have a RAID team which can be accessed for patients presenting with mental health issues?			Rapid Assessment Interface and Discharge
Leadership			
Is there a designated Clinical Lead for Older People's services in the Trust/UHB/Hospital site?			
Is there a designated Clinical Change champion for frailty within the Trust/UHB/Hospital site?			From the Acute Frailty Network '10 principles of managing Acute Frailty'
Is there an executive sponsor within the Trust/UHB/Hospital site for the management of frail older people?			
Older People specific policies			

Is there a policy which mentions for example, the management of outliers and the movement/transfer of older people within the acute setting		Drop-down menu:- Yes / No	
If yes, please briefly describe the policy		Narrative	

Older People policies - links with other services			
Is the Trust/UHB/Hospital site able to view the enriched Summary Care Record?		Yes / No / N/A	England only The new GP contract introduced in July 2017 requires all primary care practices in England to identify people who are 65 years plus who are living with moderate and severe frailty. The GP frailty assessment will form part of the enriched Summary Care Record and this can be made available to secondary care where patients have given their consent to sharing
Please describe any other systems/links in place (if any) with primary care for the identification of high risk, frail older people		Narrative	Please describe any other systems in place where secondary care is able to access primary / community care records where frailty has been identified
Does the Trust/UHB/Hospital site use a third sector scheme to enhance the care of older people?		Drop-down menu:- Yes / No	E.g. Dementia UK Admiral Nurses, Age UK, British Red Cross. May be used in admission avoidance schemes / supported discharge / transport schemes.
If yes, please describe the third sector schemes used		Narrative	
Do any other staff, not necessarily employed by this Trust/UHB, provide in-reach to acute services to assist with admission avoidance?		Drop-down menu:- Yes / No	

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Acute frailty service

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Front end service model			
Please describe your acute frailty service		Narrative	
Is the acute frailty service located in the A&E department?		Drop-down menu:- Yes / No	Acute frailty service includes geriatric liaison, and dedicated geriatric teams
Is there an acute frailty service providing in-reach to the A&E department?		Drop-down menu:- Yes / No	This may be provided by the acute frailty team conducting dedicated input to A&E
How many hours is this team available over a 24 hour period?:-			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
Does the acute frailty service have rights to admit patients?		Drop-down menu:- Yes/No	



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A&E (admission avoidance services)

QUESTION	DATA	DATA TYPE	DATA DEFINITION
A&E (admission avoidance services)			
Is routine identification of frailty undertaken on entry to the accident and emergency department in older people?		Drop-down menu:- Yes / No	Routine identification of frailty should be undertaken using a recognised tool
Please indicate which tool is being used		Drop-down menu:- Rockwood Clinical Frailty Scale (CFS) Identification of Senior at Risk (ISAR) Silver code Prisma-7 Edmonton Frail Scale Locally agreed frailty tool Frailsafe Other	
If other, please indicate		Narrative	Please describe which other frailty tool is in use in this setting
For which age group is routine identification of frailty undertaken?		Drop-down menu:- All ages 65+ 70+ 75+ 80+ 85+ Other criteria for frailty identification in place	
If other, please describe		Narrative	
On average how long does it take for a patient to receive clinical frailty assessment following their arrival in A&E		Numerical	Time in minutes from arrival in A&E to the beginning of clinical frailty assessment
What percentage of patients in need of clinical frailty assessment are seen within 30 minutes of arrival at A&E		Numerical	
Are therapists available in A&E to assist with admission avoidance of older people?		Drop-down menu:- Yes / No	"Therapists" means physiotherapists and/or OTs

If yes, what are the hours of availability of the therapy team over a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
Can social workers be rapidly accessed by A&E to assist with admission avoidance of older people?		Drop-down menu:- Yes / No	
If yes, what are the hours of availability of the social work team over a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
Does the Hospital Discharge Team provide in-reach to A&E?		Drop-down menu:- Yes / No	This relates to the Hospital Discharge Team actively going into A&E review patients who may be suitable for discharge without an admission to MAU or to inpatient care
If yes, what are the hours of availability of the Hospital Discharge Team in A&E over a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
Do community matrons / specialist nurses provide in-reach to A&E to assist with admissions avoidance?		Drop-down menu:- Yes / No	
Does the Trust/UHB/Hospital site have a locally agreed strategy for providing more same day emergency care?		Drop-down menu:- Yes / No	Trust believes that the move to provide same day emergency care will be a significant factor in easing pressure on secondary care. Long Term Plan: 'This model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third.'
If yes, please give details		Narrative	

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Frailty units

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Frailty unit - (answer this section in relation to the whole unit/process for all patients not just older people)			
Does your frailty unit have locally agreed referral criteria regarding the type of patient that can be accepted?		Drop-down menu:- Yes / No	
Please indicate what type of patient can be referred to the frailty unit		Narrative	include here whether patients have mobility, continence, cognitive impairment. Do specific criteria apply to patients who have been admitted from a care home?
Is routine identification of frailty undertaken on admission/transfer to the frailty unit?		Yes/No/N/A	Use N/A where an assessment for frailty has been undertaken elsewhere in the system. Routine identification of frailty should be undertaken using a recognised tool
Please indicate which tool is being used		Drop-down menu: Rockwood Clinical Frailty Scale (CFS) Identification of Senior at Risk (ISAR) Silver code Prisma-7 Edmonton Frail Scale Locally agreed frailty tool Frailsafe Other	
If other, please indicate		Narrative	Please describe which other frailty tool is in use in this setting
For which age group is routine identification of frailty undertaken?		Drop-down menu: All ages 65+ 70+ 75+ 80+ 85+ Other criteria for frailty identification in place	
If other, please describe		Narrative	
If a frailty tool is in use, is this tool used by the whole MDT or just the medical team?		Drop-down menu: Whole MDT Medical Team Other	
Is the frailty tool used to identify who requires CGA?		Drop-down menu:- Yes / No	
How many beds does the frailty unit have?		Numerical	
What is the expected maximum length of stay on the frailty unit?		Drop-down menu: 12 hours 24 hours 48 hours 72 hours Greater than 72 hours	
Who provides clinical leadership of the frailty unit?		Drop-down menu: General Physician Geriatrician GPwSI Advanced Nurse Practitioner Other	

What is the frequency of senior clinical review in the frailty unit?		Drop-down menu. Twice per day Once per day Every other day Other	Senior clinical review is Consultant or Speciality Registrar level (not junior doctor) This would also include review by an ANP
Is senior clinical review undertaken at weekends?		Drop-down menu:- Yes / No	
Does the frailty unit provide an outreach service, working with primary & community care to case find individuals at risk of admission?		Drop-down menu:- Yes / No	
Do any other services provide in-reach to the frailty unit pulling appropriate patients out/signposting to other services?		Drop-down menu:- Yes / No	For example, could be in-reach by Intermediate Care, Mental Health services, therapy teams, social care teams, etc.
If yes, please describe which services		Narrative	
What are the hours of availability of senior medical cover to the frailty unit in a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
How is medical cover provided OOHs to the frailty unit?		Drop-down menu. on-call rota (generic) on-call rota (specialist) dedicated cover - in house other	

Is there a dedicated geriatric team located in the frailty unit?		Drop-down menu:- Yes/No	Teams may comprise of medical and/or clinical staff dedicated to the care of older people in the frailty unit
If yes, what are the hours of availability of the dedicated geriatric team located in the frailty unit in a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
Does the Hospital Discharge Team provide dedicated support to the frailty unit?		Drop-down menu:- Yes / No	

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Short term assessment units

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Short-term assessment unit (up to 12 hours expected length of stay only) (answer this section in relation to the whole unit/process for all patients not just older people)			
Is routine identification of frailty undertaken on admission/transfer to the short term assessment unit?		Yes/No/N/A	Use N/A where an assessment for frailty has been undertaken elsewhere in the system. Routine identification of frailty should be undertaken using a recognised tool
Please indicate which tool is being used		Drop-down menu: Rockwood Clinical Frailty Scale (CFS) Identification of Senior at Risk (ISAR) Silver code Prisma-7 Edmonton Frail Scale Locally agreed frailty tool Frailsafe Other	
If other, please indicate		Narrative	Please describe which other frailty tool is in use in this setting
For which age group is routine identification of frailty undertaken?		Drop-down menu: All ages 65+ 70+ 75+ 80+ 85+ Other criteria for frailty identification in place	
If other, please describe		Narrative	
If a frailty tool is in use, is this tool used by the whole MDT or just the medical team?		Drop-down menu: Whole MDT Medical Team Other	
Is the frailty tool used to identify who requires CGA?		Drop-down menu:- Yes / No	
How many beds does the short term assessment unit have?		Numerical	
Do all admissions of older people go through the short term assessment unit?		Drop-down menu:- Yes No	Answer "No" if direct admissions to wards are allowed from A&E
Who provides clinical leadership of the short term assessment unit?		Drop-down menu: General Physician Geriatrician GPwSI Advanced Nurse Practitioner Other	
What is the frequency of senior clinical review in the short term assessment unit?		Drop-down menu: Twice per day Once per day Every other day Other	Senior clinical review is Consultant or Speciality Registrar level (not junior doctor) This would also include review by an ANP
Is senior clinical review undertaken at weekends?		Drop-down menu:- Yes / / No	

Does the short term assessment unit provide an outreach service, working with primary & community care to case find individuals at risk of admission?		Drop-down menu:- Yes No	
Do any other services provide in-reach to the short term assessment unit pulling appropriate patients out/signposting to other services?		Drop-down menu:- Yes No	For example, could be in-reach by Intermediate Care, Mental Health services, therapy teams, social care teams, etc.
If yes, please describe which services		Narrative	
What are the hours of availability of senior medical cover to the short term assessment unit in a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
How is medical cover provided OOHs to the short term assessment unit?		Drop-down menu:- On-call rota (generic) On-call rota (specialist) Dedicated cover - in house Other	
Is there a dedicated geriatric team located in the short term assessment unit?		Drop-down menu:- Yes / No	Teams may comprise of medical and/or clinical staff dedicated to the
If yes, what are the hours of availability of the dedicated geriatric team located in the short term assessment unit in a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
Does the Hospital Discharge Team provide dedicated support to the short term assessment unit?		Drop-down menu:- Yes / No	

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Other assessment units

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Other assessment units (between 12 and 72 hours expected length of stay) (answer this section in relation to the whole unit/process for all patients not just older people)			
How many other assessment units are there?		Numerical	
Is routine identification of frailty undertaken on admission / transfer to the other assessment unit(s)?		Yes/No/N/A	Use N/A where an assessment for frailty has been undertaken elsewhere in the system. Routine identification of frailty should be undertaken using a recognised tool
Please indicate which tool is being used		Drop-down menu:- Rockwood Clinical Frailty Scale (CFS) Identification of Senior at Risk (ISAR) Silver code Prisma-7 Edmonton Frail Scale Locally agreed frailty tool Frailsafe Other	
If other, please indicate		Narrative	Please describe which other frailty tool is in use in this setting
For which age group is routine identification of frailty undertaken?		Drop-down menu:- All ages 65+ 70+ 75+ 80+ 85+ Other criteria for frailty identification in place	
If other, please describe		Narrative	
If a frailty tool is in use, is this tool used by the whole MDT or just the medical team?		Drop-down menu:- Whole MDT Medical Team Other	
Is the frailty tool used to identify who requires CGA?		Drop-down menu:- Yes / No	
How many beds do the other assessment units have in total?		Numerical	
What is the expected maximum length of stay on the other assessment units?		Drop-down menu:- 24 hours 48 hours 72 hours	
Do all admissions of older people go through the other assessment unit/s?		Drop-down menu:- Yes / No	Answer "No" if direct admissions to wards are allowed from A&E
Who provides clinical leadership of the other assessment unit?		Drop-down menu:- General Physician Geriatrician GPwSI Advanced Nurse Practitioner Other	

What is the frequency of senior clinical review in the other assessment units?		Drop-down menu: Twice per day Once per day Every other day Other	Senior clinical review is Consultant or Speciality Registrar level (not junior doctor) This would also include review by an ANP
Is senior clinical review undertaken at weekends?		Drop-down menu:- Yes / No	
Do the other assessment unit/s provide an outreach service, working with primary & community care to case find individuals at risk of admission?		Drop-down menu:- Yes / No	
Do any other services provide in-reach to the other assessment unit/s pulling appropriate patients out/signposting to other services?		Drop-down menu:- Yes / No	For example, could be in-reach by Intermediate Care, Mental Health services, therapy teams, social care teams, etc.
If yes, please describe which services		Narrative	
What are the hours of availability of senior medical cover to the other assessment unit/s in a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
How is medical cover provided OOHs to the other unit/s?		Drop-down menu: on-call rota (generic) on-call rota (specialist) dedicated cover - in house other	
Is there a dedicated geriatric team located in the other assessment unit/s?		Drop-down menu:- Yes / No	Teams may comprise of medical and/or clinical staff dedicated to the care of older people in the other assessment unit
If yes, what are the hours of availability of the dedicated geriatric team located in the other assessment unit/s in a 24 hour period?			
During the week		Numerical	Please express as, for example, 8 rather than 9-5
At weekends		Numerical	Please express as, for example, 8 rather than 9-5
Does the Hospital Discharge Team provide dedicated support to the other assessment unit/s?		Drop-down menu:- Yes / No	

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Assessment of older people

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Frailty assessment			
If a frailty identification tool is in use, how is this used throughout the acute pathway?		Narrative	include how the frailty identification tool may be used to flag at risk patients. In other sections of the collection you will be asked to provide which frailty identification tool is in use and if patients are routinely assessed.
Once frailty assessment has been undertaken and frailty identified, what action is then undertaken by the Trust/UHB/Hospital site? (answer only if you undertake frailty assessment)			
Referral to an acute frailty service		Drop-down menu:- Yes / No	
Referral to a frailty unit		Drop-down menu:- Yes / No	
Management by the medical team		Drop-down menu:- Yes / No	
Other		Drop-down menu:- Yes / No	
If other, please describe		Narrative	
Is the frailty score added to the patient's hospital record?		Drop-down menu:- Yes / No	
Comprehensive Geriatric Assessment			
CGA is a multi-dimensional, multi-disciplinary process which identifies medical, social and functional needs, and the development of an integrated/co-ordinated care plan to meet those needs. Further information on CGA can be found here - https://www.bgs.org.uk/resources/managing-frailty			
Does CGA take place in the frailty unit? (Answer only if you have a frailty unit)		Drop-down menu:- Yes / No	
Does CGA take place in the short term assessment unit? (Answer only if you have a short term assessment unit)		Drop-down menu:- Yes / No	
Does CGA take place in the other assessment unit/s? (Answer only if you have other assessment unit/s)		Drop-down menu:- Yes / No	
Is Comprehensive Geriatric Assessment delivered on Care of Older People wards?		Drop-down menu:- Yes / No	CGA is a multi-dimensional, multi-disciplinary process which identifies medical, social and functional needs, and the development of an integrated/co-ordinated care plan to meet those needs
Is Comprehensive Geriatric Assessment delivered on other specialty wards?		Drop-down menu:- Yes / No	CGA is a multi-dimensional, multi-disciplinary process which identifies medical, social and functional needs, and the development of an integrated/co-ordinated care plan to meet those needs
Is there an MDT response that initiates CGA within the first hour of admission?		Drop-down menu:- Yes / No	
Who is involved in carrying out CGA on the assessment units?			
Consultant		Drop-down menu:- Yes / No	
Other medical staff		Drop-down menu:- Yes / No	
Nurse		Drop-down menu:- Yes / No	
Therapist		Drop-down menu:- Yes / No	
Does the Trust/UHB/Hospital site have an awareness programme for non-geriatricians about frailty and CGA?		Drop-down menu:- Yes / No	
How are patients identified as needing CGA?		Narrative	
Can CGA be accessed in the community?		Drop-down menu:- Yes / No	

Is CGA documented on a single shared assessment document accessible by all MDT members?		Drop-down menu:- Yes / No	
Do CGAs contain a care plan which has been discussed with the patient and/or their carers?		Drop-down menu:- Yes / No	
Has the hospital used the hospital-wide Comprehensive Geriatric Assessment (HoW CGA) self-assessment tool?		Drop-down menu:- Yes / No	wide-comprehensive-geriatric-assessment-how-cga-overview This toolkit is aimed at clinical teams and helps hospitals identify what processes need development, supported by clinical
Are all older people accessing urgent care routinely assessed for the following:- (tick all which apply):-			
Pain		Drop-down menu:- Yes / No	
Depression		Drop-down menu:- Yes / No	
Skin integrity		Drop-down menu:- Yes / No	
Falls and mobility		Drop-down menu:- Yes / No	
Continence		Drop-down menu:- Yes / No	
Safeguarding issues		Drop-down menu:- Yes / No	
Delirium and dementia		Drop-down menu:- Yes / No	
Nutrition and hydration		Drop-down menu:- Yes / No	
Sensory loss		Drop-down menu:- Yes / No	
Activities of daily living		Drop-down menu:- Yes / No	
Vital signs		Drop-down menu:- Yes / No	
End of life care		Drop-down menu:- Yes / No	

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Inpatient care

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Models of care on inpatient older people wards			
Number of designated Care of Older people beds		Numerical	If there are units or wards under the care of older people team but with a different designation (not designated as care of older people beds) these should be included. Do not include stroke beds. Older people wards provide specialist geriatrician-led care to older people with complex needs.
Is routine identification of frailty undertaken on admission/transfer to the older people inpatient wards?		Yes/No/N/A	Use N/A where an assessment for frailty has been undertaken elsewhere in the system. Routine identification of frailty should be undertaken using a recognised tool
If yes, please indicate which tool is being used		Drop-down menu:- Rockwood Clinical Frailty Scale (CFS) Identification of Senior at Risk (ISAR) Silver code Prisma-7 Edmonton Frail Scale Locally agreed frailty tool Frailsafe Other	
If other, please indicate		Narrative	Please describe which other frailty tool is in use in this setting
For which age group is routine identification of frailty undertaken?		Drop-down menu:- All ages 65+ 70+ 75+ 80+ 85+ Other criteria for frailty identification in place	
If other, please describe		Narrative	
Is a nursing self-care model delivered on the inpatient older people wards?		Drop-down menu:- Yes / No	The model of nursing self-care in acute illness has been described to guide nurses in assessing the major issues that influence patients' participation in self-care. Regular assessment of patients' perceptions and circumstances relative to the variables identified by the model will guide nurses in promoting and supporting self-care by acutely ill patients. This works on the theory that patients will want to be as independent as possible and self-care as far as possible. See pdf's for guidance. Older People wards only.
Does a social care worker or generic supported discharge co-ordinator form part of the MDT supporting care of older people wards?		Drop-down menu:- Yes No	
Do the older people wards in the Trust/ONB/hospital site maintain lists of older people who are no longer benefitting from acute care?		Drop-down menu:- Yes No	From the NAO report 'Discharging older patients from hospital' https://www.nao.org.uk/report/discharging-older-patients-from-hospital/
If yes, are daily progress chasing meetings held?		Drop-down menu:- Yes No	
Models of care on inpatient wards (not designated older people wards)			
Number of medical beds (not designated care of older people beds)		Numerical	Please include stroke beds
Is routine identification of frailty undertaken on admission/transfer to the inpatient wards in older people?		Yes/No/N/A	Use N/A where an assessment for frailty has been undertaken elsewhere in the system. Routine identification of frailty should be undertaken using a recognised tool



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If yes, please indicate which tool is being used		Drop-down menu: Rockwood Clinical Frailty Scale (CFS) Identification of Senior at Risk (ISAR) Silver code Prisma-7 Edmonton Frail Scale Locally agreed frailty tool Frailsafe Other	
If other, please indicate		Narrative	Please describe which other frailty tool is in use in this setting
For which age group is routine identification of frailty undertaken?		Drop-down menu:- All ages 65+ 70+ 75+ 80+ 85+ Other criteria for frailty identification in place	
If other, please describe		Narrative	
Does your Trust/UHB/Hospital site have a specific locally agreed target for reducing length of stay for older people?		Drop-down menu:- Yes / No	This would be an internal target. From the NAO report 'Discharging older patients from hospital' https://www.nao.org.uk/report/discharging-older-patients-from-hospital/
Number of patients under specialty code 430 not in a care of older people bed on 31st March 2019		Numerical	Specialty code 430 is Geriatric Medicine (HMS Data Dictionary). Number of patients with specialty code 430 who were not in a Care of Older People bed on the 31st March 2019

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Discharge process

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Discharge protocols			
Is there a documented supported discharge protocol consistently applied across all wards?		Drop-down menu:- Yes / No	
Is there an up-to-date directory of services available locally?		Drop-down menu:- Yes / No	
Is there a locally agreed protocol for referral to the Housing Department(s)?		Drop-down menu:- Yes / No	
Is there a locally agreed standard time for processing of referrals through the Housing Department?		Drop-down menu:- Yes / No	
Does the Trust/UHB/Hospital site collect the numbers of patients who have lost packages of care due to an acute admission?		Drop-down menu:- Yes / No	
Discharge processes			
Is all discharge information documented in a single 'discharge passport' (or equivalent)?		Drop-down menu:- Yes / No	
Does the Trust/UHB/Hospital site have an integrated discharge team (IDT) or equivalent?		Drop-down menu:- Yes / No	Integrated means both health and social care staff within the team "Discharge team" means any team with a hospital wide remit to deal with complex or supported discharges
Does the Trust/UHB/Hospital site use trusted assessors to carry out a holistic assessment of need to avoid duplication?		Drop-down menu:- Yes / No	A trusted assessor is a person who is competent in performing to an agreed set of nationally recognised competencies. From the NAO report 'Discharging older patients from hospital' https://www.nao.org.uk/report/discharging-older-patients-from-hospital/
Estimate the percentage of supported discharges that have input from the discharge team		Percentage	Discharge team means any team with a hospital wide remit to deal with complex or supported discharges
Estimate the percentage of supported discharges that are dealt with by ward staff without the input of the discharge team		Percentage	Discharge team means any team with a hospital wide remit to deal with complex or supported discharges
Can the discharge team directly start health care packages?		Drop-down menu:- Yes / No	directly start a package means without further assessment from the receiving team
Can the discharge team directly start social care packages?		Drop-down menu:- Yes / No	directly start a package means without further assessment from the receiving team
Is there an executive sponsor within the Trust/UHB/Hospital site for the supported discharge process?		Drop-down menu:- Yes / No	
Do the inpatient wards have dedicated ward discharge co-ordinators?		Drop-down menu:- All wards/ some wards/ No	
Does the Trust/UHB/Hospital site operate therapy led discharge?		Drop-down menu:- Yes / No	
Does the Trust/UHB/Hospital site operate nurse led discharge?		Drop-down menu:- Yes / No	
Are Expected Dates of Discharge set within 24 hours of admission?		Drop-down menu:- Yes / No	https://improvement.nhs.uk/documents/629/expected-date-of-discharge-and-clinical-criteria-RIG.pdf
Is the Trust/UHB/Hospital site operating daily board rounds?		Drop-down menu:- Yes / No	https://improvement.nhs.uk/resources/safer-patient-flow-bundle-board-rounds/
If yes, please use this space to indicate the impact of using the daily board round methodology on flow through the acute setting		Narrative	
Does the Trust/UHB/Hospital site operate the Red: Green Bed Day methodology?		Drop-down menu:- Yes / No	https://improvement.nhs.uk/improvement-offers/red2green-campaign
If yes, please use this space to indicate the impact of using the Red: Green Bed day methodology on flow through the acute setting		Narrative	
Do you have access to social care at weekends to facilitate the discharge of patients?		Drop-down menu:- Yes / No	
Other discharge schemes			
Do the IDT or ward staff have access to dedicated Pharmacy advice for supported discharges?		Drop-down menu:- Yes / No	
Does your Trust/UHB/Hospital site have access to specialist transport schemes (other than that provided by Ambulance services) to expedite the discharge of patients from hospital?		Drop-down menu:- Yes / No	
Are any third sector schemes in place which have been commissioned to help with the discharge process from hospital?		Drop-down menu:- Yes / No	



Are there local schemes to expedite the discharge of patients back to care homes?		Drop-down menu:- Yes / No	
If yes, please describe		Narrative	
Delayed transfers of care processes / reporting			
Do you agree your SITREP data with your local authority partners before reporting?		Drop-down menu:- Yes / No	England only From the NAO report 'Discharging older patients from hospital' https://www.nao.org.uk/report/discharging-older-patients-from-hospital/
Did you impose a fine on any of your local authority partners in 2018/19?		Drop-down menu:- Yes / No	England only
Continuing Healthcare (CHC) processes			
Is there a locally agreed standard time for the application of the CHC Checklist Tool		Yes / No	For most people, the first step is to have an assessment with a health or social care professional using a screening tool called the Checklist Tool. This screening may suggest that a patient may be eligible for NHS continuing healthcare.
If yes, give the local standard in days		Numerical	
Is there a locally agreed standard time for the application of CHC Decision Support Tool		Yes / No	If the individual 'screens in' using the Checklist then their needs will be considered in more detail using the Decision Support Tool (DST). This will be done by at least two professionals (from different professional backgrounds) involved in their care who are referred to as the 'multi-disciplinary team' or MDT.
If yes, give the local standard in days		Numerical	
Is there a locally agreed policy for fast-track assessment for CHC?		Yes / No	Fast-track assessment of CHC may be used where health is deteriorating quickly and the patient is nearing end of life. Support and care packages are usually put in place within 48 hours
Where does assessment for CHC occur?			To qualify for CHC the individual has to be assessed and found to have a 'primary health need'. The term 'primary health need' has a very specific meaning, i.e. the patient's day to day nursing/healthcare needs are, taken as whole, beyond local authority powers to meet. This is judged by looking at the nature, intensity, complexity and unpredictability of the patient's needs. Any one, or any combination, of these four characteristics of need might mean that the patient is judged to have a 'primary health need'.
On inpatient ward		Yes / No	
On dedicated assessment ward		Yes / No	
Intermediate care bed based unit		Yes / No	
In "time to think" or transition beds		Yes / No	
At place of care/own home		Yes / No	
Other		Yes / No	
If other, please describe		Narrative	Of particular interest would be insight as to where patients who are occupying an acute bed wait whilst awaiting a CHC assessment. Are the patients receiving any active interventions e.g. to prevent deconditioning, etc.
Who leads the CHC assessment?		Drop-down menu:- Integrated discharge team Hospital discharge team (health only) Separate team of CHC nurse assessors Other	
How long does CHC assessment take on average (in days)?		Numerical	Average time in days from when the CHC checklist is applied to panel application
Please use this space for any other information about how the CHC process is managed locally		Narrative	Of particular interest would be insight as to where patients who are occupying an acute bed wait whilst awaiting a CHC assessment
Intermediate care			
Are criteria in place locally outlining which patients might be suitable for intermediate care?		Drop-down menu:- Yes / No	See "Intermediate Care – Halfway Home" updated guidance for the NHS and LAs, July 2009
If a patient is deemed suitable for intermediate care, who carries out intermediate care assessments?		Drop-down menu (tick all that apply):- Integrated discharge team Hospital discharge team (health only) Separate intermediate care assessment team based in hospital Inpatient wards Assessment teams from IC providers other	
Who carries out Mental Capacity Act assessments?			

Doctors		Drop-down menu:- Often Occasionally Never	
Nurses		Drop-down menu:- Often Occasionally Never	
Mental health liaison		Drop-down menu:- Often Occasionally Never	
Psychiatrist		Drop-down menu:- Often Occasionally Never	
Therapist		Drop-down menu:- Often Occasionally Never	
Social workers		Drop-down menu:- Often Occasionally Never	
Shared patient records			
Can social workers access patient records?		Yes / No	
Can social workers document their notes in patient records?		Yes / No	
Can community services access secondary care / acute services patient records?		Yes / No	
Can community services document their notes in secondary care / acute services patient records?		Yes / No	
Aids and adaptations			
Is there a locally agreed standard for the time taken for aids and adaptations to be fitted to a service user's home		Yes / No	
If yes, give the standard for aids and adaptations (days)		Numerical	Give waiting time from referral to fitting in days

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Discharge to assess

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Discharge to Assess (D2A)			
Which discipline within your organisation clinically leads the discharge to assess service?		Drop-down menu:- Medical Therapy Nursing Social Care Other	
If other, please describe here		Narrative	
Where a discharge to assess model is in operation, what is the percentage of supported discharges where assessments are carried out in the patient's own home?		Percentage	From the NAO report 'Discharging older patients from hospital' https://www.nao.org.uk/report/discharging-older-patients-from-hospital/ If an exact figure is not available, please provide an estimate.
Is there a locally agreed standard for the time taken to assess a person in their own home under the discharge to assess model?		Drop-down menu:- Yes / No	
If yes, what is this standard in hours?		Numerical	
On average, how long does it take for a person to be assessed in their own home in hours?		Numerical	waiting time for assessment in hours. It is likely that the organisation responding to this question will only know this if the Discharge to Assess scheme is run and managed by the same organisation.
Please use this space to describe your local discharge to assess model		Narrative	If known, describe which organisation manages the service, how this links with local acute, community and social care services, the composition of the workforce delivering the service, etc. It would be useful to know the impact of having a local Discharge to Assess scheme on flow through the acute setting.



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Activity



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QUESTION						DEFINITION
Total and age profile of Trust/UHB/Hospital site patient activity 2018/19						
Emergency Department activity (type 1) - Please note Trust total is the total of all ages for your Trust, not a summation of the over 65 age groups.						
	0-64	65-74	75-84	85+	Trust total (auto sum)	
A&E attendances						See NHS data dictionary
Unplanned re-attendances at A&E within 7 days						
Disposal method from Emergency Department:						
Admitted						Code 01
Discharged						Codes 02,03
Referred						Codes 04,05,06,11
Transferred to another hospital						Code 07
Died						Code 10
Left department						Codes 12,13
Other						Code 14
Assessment units activity (this section should be completed for all assessment units (frailty units, short term and other assessment units) assessing patients within a 72 hour stay). Exclude maternity, paediatric and surgical units.						
	0-64	65-74	75-84	85+	Trust total (auto sum)	
Admissions to assessment units						
Admissions to assessment units by source:						
GP						
A&E						
Outpatients						
Other						
Disposal method from assessment units:						
Admitted/transfer to inpatient care						
Discharged						
Left/self-discharged						
Died						
Average time before a patient is assessed by a senior clinician in hours						Numerical
Percentage of patients admitted through an assessment unit who received CGA						Numerical. From the NAO report 'Discharging older patients from hospital' https://www.nao.org.uk/report/discharging-older-patients-from-hospital/
Average length of stay in assessment unit in hours						Numerical

Inpatient activity						
Emergency admissions should include those patients initially admitted to the assessment unit						
	0-64	65-74	75-84	85+	Trust total (auto sum)	
Elective admissions						Elective admissions - see NHS Data Dictionary
Emergency admissions						Emergency admissions - see NHS Data Dictionary. Include activity related to admission methods 21-28, exclude admission methods 31-32 and 2C (maternity) and 81-82 (other admissions). Emergency admissions should include those patients initially admitted to the assessment unit
Emergency re-admissions within 30 days						Re-admission rates can indicate the success of the NHS in helping people to recover effectively from illnesses or injuries. Re-admissions can occur for a number of reasons and are not always preventable, but can serve as a warning indicator that local practices may not be providing the required quality of acute care and discharge planning, particularly when re-admissions are increasing
Average length of stay in days for emergency admissions						
Number of emergency admissions to inpatient wards who were discharged:						From the NAO report 'Discharging older patients from hospital' https://www.nao.org.uk/report/discharging-older-patients-from-hospital/
On the same day						
The following day						
Number of spells (emergency admissions) with length of stay of 0 - 6 days						
Number of spells (emergency admissions) with length of stay of 7 - 20 days						
Number of spells (emergency admissions) with length of stay of 21 days or more						
Number of occupied bed days for spells (emergency admissions) with length of stay of 0 - 6 days						Inpatient care only. Please exclude assessment units.
Number of occupied bed days for spells (emergency admissions) with length of stay of 7 - 20 days						Inpatient care only. Please exclude assessment units.
Number of occupied bed days for spells (emergency admissions) with length of stay of 21 days or more						Inpatient care only. Please exclude assessment units.
Total number of occupied bed days in Trust 2018/19						Inpatient care only. Please exclude assessment units.
Average % bed occupancy over 12 month period	Trust Total 2018/19					Average % bed occupancy is calculated as occupied bed days (see previous question) divided by available bed days in the period (as a percentage). Use the General and Acute category as per the KH03 returns definitions.
Discharge activity						
	0-64	65-74	75-84	85+	Trust total (auto sum)	
Total number of discharges						
Total number of supported discharges						Discharges processed by the supported/integrated discharge team (or equivalent)
Number of patients returning to usual place of residence following discharge from hospital						
Admissions directly to long-term care from hospital						If a service user was admitted from long term care, please exclude.

Delayed transfers of care (DTOC)						
	0-64	65-74	75-84	85+	Trust total (auto sum)	
Total delayed transfers of care (total for 2018/19 from SITREP) in bed days						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Total delayed transfers of care (total for 2018/19 from SITREP) in bed days which are due to NHS delays						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Total delayed transfers of care (total for 2018/19 from SITREP) in bed days which are due to Social Care delays						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Total delayed transfers of care (total for 2018/19 from SITREP) in bed days which are due to both NHS and Social Care delays						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Reasons for delayed transfers for care (2018/19 from SITREP) - Trust/UHB/Hospital site						
Awaiting completion of assessment						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Awaiting public funding/CHC						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Awaiting further non acute hospital care						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Awaiting care home placement						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Awaiting care package in own home						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Awaiting community equipment & adaptations						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Awaiting family choice						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Disputes						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Housing						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
Other						NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.

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Finance

Please include here the costs of teams identified under Workforce section. Please ensure consistency e.g. where staff are apportioned across teams, apportion budgets accordingly.
Include the cost of social care colleagues where this has been included in the Workforce section (even if not paid by the Trust/UHB)
You are asked to provide the total costs/workforce of the short term assessment unit and supported discharge teams on the basis that these areas will largely be dealing with older people but it is not feasible to attribute cost/workforce to the older people cohort only.
The bank, agency and overtime spend should be included in total pay costs column and then extracted for the bank, agency & overtime data fields below.

QUESTION					DATA DEFINITION
Cost of teams	Pay costs £	Non pay costs £	Indirect costs/overhead allocations £	Total costs £	Use outturn 2018/19
Acute frailty team (resource allocated to A&E)					include dedicated geriatric team and any other dedicated admission avoidance resource such as therapists and social workers This team may be located in A&E or in an assessment unit
Assessment units (all costs of the units)					Exclude maternity, paediatric and surgical units.
Care of older people medical team					Exclude staff time included in dedicated geriatric A &E team or short term assessment team
Care of older people wards (all non-medical staff on wards)					If care of older people is under general medicine, provide the data for your general medicine wards
Supported discharge team (all costs of the team)					

CIP/CRES target as % of budget	Percentage
Acute frailty service in A&E department CIP %	
Assessment units CIP %	
Care of older people medical team CIP %	
Care of older people wards CIP %	
Supported discharge team CIP %	

CIP as % of total budget 2018/19

Bank, agency & overtime expenditure 2018/19	
Bank spend	
Agency spend	
Overtime spend	

To include all bank/agency staff including medical and nursing
To note that this should be an extract of finance data supplied above



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Additional workforce

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Does the Trust/UHB/Hospital site have Advanced Nurse Practitioners (ANP) in older people's care?		Drop-down menu:- Yes / No	
Does every care of older people ward in your Trust/UHB/Hospital site have access to an ANP in older people's care?		Drop-down menu:- Yes / No	
Do ANPs provide advice and support wider than the older people wards?		Drop-down menu:- Yes / No	
Do the ANPs in older people's care link directly with community services?		Drop-down menu:- Yes / No	E.g. working with community matrons / care coordinators in the community to step service users up and down to/from secondary care
If yes, please describe how this linkage works		Narrative	
Does the Trust/UHB/Hospital site participate in a consultant practitioner trainee programme?		Drop-down menu:- Yes / No	Developing clinical leaders to work with vulnerable older people
Does the Trust/UHB/Hospital site have specific dementia training for all staff?		Drop-down menu:- Yes / No	
Does the Trust/UHB/Hospital site provide any training on frailty specifically for the surgical specialties?		Drop-down menu:- Yes / No	
If yes, please describe		Narrative	
% of dedicated care of older people workforce who have completed local mandatory training requirements		Percentage	% of staff that have completed local mandatory training requirements during the year 2018/19 calculated as: Numerator: WTE completing mandatory training requirements in the year; divided by Denominator: Average WTE staff in post in the year eligible to complete mandatory training requirements multiplied by 100 to give a % rate
% of dedicated care of older people workforce who have had an annual appraisal		Percentage	% of staff that have an annual appraisal completed during the year 2018/19 calculated as: Numerator: WTE having had an annual appraisal in the year; divided by Denominator: Average WTE staff in post in the year eligible for annual appraisal multiplied by 100 to give a % rate



Benchmarking Network



British Geriatrics Society
Improving healthcare
for older people

Does the Trust/CHB/Hospital site provide a frailty identification/awareness training programme		Drop-down menu:- Yes / No	This would include why it is important to identify frailty, why it is important, the frailty syndromes, etc
Please indicate which staff receive frailty identification / awareness training			
Geriatricians		Drop-down menu:- Yes / No	
Other speciality medics		Drop-down menu:- Yes / No	
Nursing staff		Drop-down menu:- Yes / No	
Therapy staff		Drop-down menu:- Yes / No	
Please outline any other staff that receive frailty identification / awareness training		Narrative	
Is this training mandatory?		Drop-down menu:- Yes / No	
Is training available for non-core staff?		Drop-down menu:- Yes / No	Non core refers to non geriatric/frailty specialist trained staff
Does the Trust/CHB/Hospital site provide training on how to identify/screen for people living with frailty?		Drop-down menu:- Yes / No	
Is this training mandatory?		Drop-down menu:- Yes / No	
Does the Trust/CHB/Hospital site provide training on how to assess and manage people living with frailty?		Drop-down menu:- Yes / No	
Is this training mandatory?		Drop-down menu:- Yes / No	
Please describe any initiatives in place to help with the recruitment or retention of staff		Narrative	

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Quality & outcomes

QUESTION	DATA	DATA TYPE	DATA DEFINITION
Key indicators for care of older people wards			
Do the Care of Older People wards routinely collect Patient Reported Experience Measures?		Drop-down menu:- Yes / No	Patient Reported Experience Measures which are routinely collected following intervention (rather than an annual patient satisfaction survey). PREMs assess the experience of care delivered to patients from the patient perspective
Do the Care of Older People wards routinely collect Patient Reported Outcome Measures?		Drop-down menu:- Yes / No	Patient Reported Outcome Measures which are routinely collected following intervention (rather than an annual patient satisfaction survey). PROMs assess the quality of care delivered to patients from the patient perspective
Friends and Family Test - percentage of patients who would recommend the service		Percentage	Include those 'extremely likely' or 'likely' to recommend the service. Not applicable to Wales and Northern Ireland
Number of formal complaints - Care of Older People wards during 2018/19		Numerical	
Number of Serious Incidents - Care of Older People wards during 2018/19		Numerical	Number of serious incidents recorded (for Older People's services) by the organisation in 2018/19
Percentage of SIs fully investigated and completed within 60 working days during 2018/19 for Care of Older People wards		Percentage	Numerator: The number of older people SIs fully investigated and completed in 2018/19 within 60 working days; divided by Denominator: The total number of Older People SIs fully investigated and completed in the year; multiplied by 100 to give the percentage rate. If there were no reported serious incidents, please leave blank.
Number of never events recorded during 2018/19 for Care of Older People wards		Numerical	

Number of safeguarding incidents reported 2018/19 for Care of Older People wards		Numerical	include safeguarding alerts to adult social care
Number of whistle blowing incidents reported to the Trust OHS Board in 2018/19 for Care of Older People wards		Numerical	
Number of medication errors on Care of Older People wards 2018/19		Numerical	
Does the Care of Older People service routinely carry out satisfaction surveys with service users/carers?		Drop-down menu:- Yes / No	At least an annual satisfaction survey for Older People's services users/carers
Harm free care (Patient Safety Thermometer)			
Number of incidences of falls (with harm) of patients whilst on the Care of Older People wards 2018/19		Numerical	see http://www.safetythermometer.nhs.uk/ for further information. Take the average of the 12 monthly scores for 2018/19.
Number of incidents of pressure ulcers whilst on the Care of Older People wards 2018/19		Numerical	see http://www.safetythermometer.nhs.uk/ for further information. Take the average of the 12 monthly scores for 2018/19.
Number of occurrences of UTIs of patients with catheterisation whilst on the Care of Older People wards 2018/19		Numerical	see http://www.safetythermometer.nhs.uk/ for further information. Take the average of the 12 monthly scores for 2018/19.
Number of patients catheterised on Care of Older People wards 2018/19		Numerical	Number of patients newly catheterised on care of older people wards in 2018/19. Take the average of the 12 monthly scores for 2018/19.
Number of incidences of newly acquired VTEs whilst on the Care of Older People wards 2018/19		Numerical	see http://www.safetythermometer.nhs.uk/ for further information. Take the average of the 12 monthly scores for 2018/19.
Number of occurrences of C. Diff on the Care of Older People wards 2018/19		Numerical	The number of occurrences of hospital acquired clostridium difficile infection on care of older people wards in 2018/19
Number of occurrences of hospital acquired pneumonia on the Care of Older People wards 2018/19		Numerical	The number of occurrences of hospital acquired pneumonia on care of older people wards in 2018/19
Number of occurrences of MRSA on the Care of Older People wards 2018/19		Numerical	The number of occurrences of MRSA on care of older people wards in 2018/19

Trust/UHB/Hospital site wide indicators			
Does the Trust/UHB/Hospital site have a process in place for disseminating NICE quality standards?		Drop-down menu:- Yes / No	
Number of incidences of falls (with harm) in the Trust/UHB/Hospital site in 2018/19		Numerical	see http://www.safetythermometer.nhs.uk/ for further information
NHS Staff Survey results % feeling satisfied with the quality of work and patient care they are able to deliver (Trust/UHB/Hospital site)		Percentage	Latest survey results from NHS staff survey (use 2019 results if available). Is only available at whole organisational level and does not apply to Wales
Is the Trust/UHB/Hospital site taking part in any local CQUIN schemes related to the care of older people?		Yes/No	Welsh UHBs and NI HSCTs should respond yes to this question if any locally agreed quality improvement schemes are in operation locally (as Wales and NI don't operate CQUIN schemes in the same way as England)
If yes, please provide details		Narrative	
Is the Trust/UHB/Hospital site taking part in any local CQUIN schemes related to the management of frailty in the acute setting?		Yes/No	Welsh UHBs and NI HSCTs should respond yes to this question if any locally agreed quality improvement schemes are in operation locally (as Wales and NI don't operate CQUIN schemes in the same way as England)
If yes, please provide details		Narrative	
Please describe any good practice in the services covered by this survey which is occurring in your Trust/UHB/Hospital site		Narrative	
Please briefly describe any examples of how your organisation has used previous iterations of the benchmarking project to support service improvement		Narrative	

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Intergrated Care Systems Project and Consent

The NHS Benchmarking Network is developing a new Integrated Care Systems product to support strategic planning at the whole system level. The product will use selected data from NHSBN projects alongside national data sets. To ensure this tool is as complete and useful as possible, we are seeking consent to use the following data submitted as part of this collection (2018/19 data) and the previous collection (2017/18 data) on a named basis.

Only the following data would be used for this purpose, and no other data already submitted. Please review the data below, answer the two consent questions, and click 'Save'.



QUESTION	DATA	DATA TYPE	DATA DEFINITION
Is routine identification of frailty undertaken on entry to the accident and emergency department in older people?		Drop-down menu:- Yes / No	Routine identification of frailty should be undertaken using a recognised tool

Does your Trust/UHB/Hospital site have a frailty unit?		Drop-down menu:- Yes / No	Acute frailty service includes geriatric liaison, and dedicated geriatric teams
Is Comprehensive Geriatric Assessment delivered on Care of Older People wards?		Drop-down menu:- Yes / No	CGA is a multi-dimensional, multi-disciplinary process which identifies medical, social and functional needs, and the development of an integrated/co-ordinated care plan to meet those needs
Does your Trust/UHB/Hospital site operate a "Discharge to Assess" model?		Drop-down menu:- Yes / No	"Discharge to assess" schemes commonly operate as soon as the patient is clinically optimised ie the point at which care and assessment can safely be continued in a non-acute setting. The discharge to assess schemes will work with the patient/their carers to plan post-acute care in the person's own home or another community setting. This is in relation to immediate post-acute care & support needs and not the assessment for long-term care.
Does the Trust/UHB/Hospital site have an awareness programme for non-geriatricians about frailty and CGA?		Drop-down menu:- Yes / No	
How long does CHC assessment take on average (in days)?		Numerical	Average time in days from when the CHC checklist is applied to panel application
Number of designated Care of Older people beds		Numerical	If there are units or wards under the care of older people team but with a different designation (not designated as care of older people beds) these should be included. Do not include stroke beds. Older people wards provide specialist geriatrician-led care to older people with complex needs.
Total delayed transfers of care (total for 2018/19 from SITREP) in bed days:		Drop-down menu:	NHS England November 2018 guidance on SITREP reporting. If this information is collected by the Northern Ireland HSCTs or the Welsh University Health Boards, please still provide.
0-64		Numerical	
65-74		Numerical	
75-84		Numerical	
85+		Numerical	
Trust Total (Auto-Sum)	0	Auto-sum	
Trust/UHB/Hospital site WTE Geriatricians employed		Numerical	WTE Geriatricians employed at year end 2018/19 (all staff)
Overall Workforce Metrics (vacancy/sickness/turnover)			
Care of older medical team			
Vacancy rate		Percentage	
Sickness rate		Percentage	
Turnover rate		Percentage	
Care of older people wards			
Vacancy rate		Percentage	
Sickness rate		Percentage	
Turnover rate		Percentage	
Number of medical beds (not designated Care of Older people beds)		Numerical	Please include stroke beds

Total number of occupied bed days in Trust 2018/19			
0-64		Numerical	Inpatient care only. Please exclude assessment units.
65-74		Numerical	Inpatient care only. Please exclude assessment units.
75-84		Numerical	Inpatient care only. Please exclude assessment units.
85+		Numerical	Inpatient care only. Please exclude assessment units.
Trust Total (Auto-sum)	0	Auto-sum	
Trust/UHB/Hospital site WTE consultants employed		Numeric	WTE consultants employed at year end 2018/19 (all staff)

Consent

QUESTION	DATA	DATA TYPE	DATA DEFINITION
I/we consent to the above data for the current collect (2018/19 data) being used on a named basis for the ICS Project		Drop-down menu:- Yes, I/We consent No, I/We do not consent	
I/we consent to the above data for the previous collection (2017/18 data) being used on a named basis for the ICS Project		Drop-down menu:- Yes, I/We consent No, I/We do not consent	

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Workforce

All figures should be for the year 2018/19 WTE in establishment
You are asked to provide the total costs/workforce of the short term assessment unit and supported discharge teams on the basis that these areas will largely be dealing with older people but it is not feasible to attribute cost/workforce to the older people cohort only.
Please note, the template should be completed on the basis of the employed job ROLE rather than professional background
Please do not double-count employees if they have, for example, a managerial role but a clinical role also; time should be apportioned accordingly.

Medical staffing

*other Medical staff would include Associate Specialists, Staff Grade doctors, Trust Grades, Specialty Doctors

WTE	Consultant funded establishment	Other medical (non-Consultant or other trainee WTE - not FY1/2) funded establishment	Trainees - FY 1 funded establishment	Trainees - FY 2 funded establishment	Locums
Acute frailty team (resource allocated to A&E)					
Assessment units all medical staff (exclude maternity, paediatrics and surgical units)					
Care of older people medical team (not included in above teams)					

Nurse and HCA staffing

WTE	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c and above
Acute frailty team (resource allocated to A&E)									
Assessment units									
Care of older people wards									
Supported discharge team									

Allied Health Professionals:

Please note, where staff work across functions, please apportion wte input to the teams listed

WTE	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c and above
Acute frailty team (resource allocated to A&E)									
Assessment units									
Care of older people wards									
Supported discharge team									

Social Care Professionals:

Please note, where staff work across, functions, please try to apportion wte input to the teams listed
For social care professionals, please include wte worked across the 4 areas of the acute pathway, regardless of whether the employing organisation is the trust or by the Local Authority
Social care professionals deliver social work, personal care, protection or social support services with needs arising from old age, illness, disability or poverty

WTE	WTE
Acute frailty team (resource allocated to A&E)	
Assessment units	
Care of older people wards	
Supported discharge team	

Management and administrative & clerical

WTE	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c and above
Acute frailty team (resource allocated to A&E)									
Assessment units									
Care of older people team (medical secretaries)									
Care of older people wards									
Supported discharge team									

Overall workforce metrics:	Vacancy rate %	Staff sickness rate %	Staff turnover rate %
Acute frailty team (resource allocated to A&E)			
Assessment units			
Care of older people medical team			
Care of older people wards			
Supported discharge team			

Location of Paper Death Certificate Book – 28.3.2020

Directorate	Site	Location
Acute	CAH Main Hospital	Patient Flow – Bleep <small>Personal Information redacted by the</small> to request death certificate book
	Daisy Hill Hospital	Patient Flow – Bleep <small>Personal Information redacted by the</small> to request death certificate book
	Acute Care at Home	AC@H Office - Lurgan Office
CYP	CAH Blossom Ward	Black Box, Sister's Office
	CAH Neo-Natal	Store Room Cabinet
	DHH Paediatric Ward	Patient Flow – Bleep <small>Personal Information redacted by the</small> to request death certificate book
MHLD	CAH Bluestone Unit	Contact Patient Flow CAH
	Gillis Ward, St Luke's Hospital	Ward Safe
OPPC	Lurgan Hospital	Ward 1 – Paper Death Certificate Book kept beside the Mortuary Book (Nurses Station front wing) Ward 2 – Paper Death Certificate Book in black box in Sister's Office Ward 3 – To borrow from Ward 1 or Ward 2
	South Tyrone Hospital	Dr P Stinson's Office – Clip on drawer but not locked

Memorandum

To:	All Medical Staff (Consultant, SAS and Junior Doctors)
c.c.	Operational Directors; Mrs H Trouton, Mrs G Hamilton, Directorate Governance Coordinators, Joanne McConville, Head of Patient Safety Data and Improvement
From:	Dr Maria O’Kane, Medical Director
Date:	8 th April 2021
Subject:	Independent Medical Examiner : Actions required from medical staff following death of a patient

Dear Colleagues,

We would like to take this opportunity to thank you all for your continued professionalism and hard work.

Over the last number of years the Department of Health has led a series of reforms to the death certification process following the publication of the Shipman and Luce Inquiries.

One of the main recommendations from those Inquiries was that all deaths should be subject to independent scrutiny to provide greater assurance around the cause of death and to ensure that deaths are appropriately referred to the Coroner. The introduction of an Independent Medical Examiner (IME) was also raised in the Hyponatraemia Inquiry when it was recommended that;

“The Department should now institute the office of Independent Medical Examiner to scrutinise those hospital deaths not referred to the Coroner”.

This memo is to highlight that the Southern Health and Social Care Trust has discussed the Independent Medical Examiner role with the Department of Health, and the Trust will be involved in the Independent Medical Examiner prototype from 19/04/2021.

To this end, the Independent Medical Examiner’s involvement will be conducted in real time with deaths being reviewed quickly after completion of the MCCD and that the review will include a discussion with the certifying doctor.

An information sheet outlining the process is attached in Appendix 1.

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Thank you for help in implementing this requirement.

Personal Information redacted by the USI

Dr Maria O’Kane
Medical Director

Independent Medical Examiner (IME) - Prototype #3

Process for Registered Certifying Doctor.

Background

The Department of Health (NI) is evaluating the best method for the review of death certification by an IME. An IME is an experienced clinician who, as part of an IME Service (IMES) team, will review the completed Medical Certificate of Cause of Death (MCCD) following a death to check it represents a reasonable conclusion as to the likely underlying cause of death. The IMES will also review hospital deaths to check whether they should have been referred to the Coroners Service for Northern Ireland (CSNI).

This prototype #3 exercise will,

- a. test the best method for contacting the Registered Certifying Doctor (RCD) with a particular focus on discussing a death with the RCD **before** the MCCD has been issued to the General Register Office (GRO).
- b. evaluate a streamlined model for referring a death to the CSNI; an IME, rather than the CSNI, will primarily field calls which are intended to seek advice and clarification.

Prototype #3 will be carried out in the following hospitals. Your Medical Director fully supports participation and the following colleague will answer any local queries.

SHSCT

Craigavon Area Hospital and Daisy Hill Hospital - Dr Damian Gormley

Personal Information redacted by the USI

This prototype #3 exercise starts in the SHSCT on **20th April 2021**, joining the NHSCT and WHSCT who have been part of the prototype for some months.

It will operate for deaths being certified by a Registered Certifying Doctor on,

TUESDAYS	from 08.00 – 16.00
WEDNESDAYS	from 08.00 – 16.00
THURSDAYS	from 08.00 – 16.00

IME Service

Personal Information redacted by the USI

Sequence of prototype #3 exercise

1. Prior to entering the death onto NIECR, the Registered Certifying Doctor (RCD) needs to decide, preferably with direction from their Senior Medical Staff team, whether to refer the death to the CSNI.

Referral to CSNI

2. A referral to the CSNI may either be,
 - i. not clear cut. The RCD may want some advice or is uncertain about the exact formulation of the cause of death or whether the death needs reported. They will now be able to obtain advice and help from the IMES.

The RCD should complete the Mortality Pathway on NIECR, entering the Initial Record of Death (IRD) details. They should then complete the record and contact the IME Service directly on [Personal Information redacted by the USI]. An IME will review the case and either recommend a referral to the CSNI or the completion of a MCCD.

- ii. a straightforward referral where there is no doubt and can be reported directly to the CSNI. These are categorised as Section 7 deaths. These should be reported without delay, directly to the CSNI. Following the CSNI instruction, the IRD can be completed.

Section 7 death

Trauma, Violence, Misadventure
Negligence, Malpractice
Unnatural illness or disease
Self-Harm, Suicide
Poisoning, Drug intoxication
Occupational disease
As a result of an anaesthetic, or
Medical intervention

Death Certification - MCCD review and discussion

3. For all deaths which do not require referral to the CSNI, the RCD should record the Initial Record of Death (IRD) onto NIECR Mortality Pathway.
4. Immediately after clicking '**Complete**' but **BEFORE** emailing the MCCD to the GRO, the RCD should contact the IME Service on their dedicated line. If this number is temporarily unmanned, please leave a voicemail.
5. RCD is to confirm the deceased's name, Health & Care number and date of death to IME Officer (IMEO).
6. The IMEO will ask for the RCD's name and contact number (mobile [*preferred*] or direct work number) and schedule an agreeable IME review appointment time, within 20 – 60 minutes, if possible. This will depend on the volume of calls into the IMES.
7. The IME, using all the facilities of NIECR, will review the MCCD, especially the Cause of Death entry and then contact the RCD at the allotted time. It is anticipated that the discussion will last no more than 10 minutes.

IME Service

[Personal Information redacted by the USI]

8. If the IME believes the death should have been reported to the Coroner, the medical team should refer the death to the CSNI. Should the IME and RCD, with their Consultant, disagree, the IME will discuss death with the Trust's Medical Director.
9. The IME will also discuss the implant hazard boxes if they have not been completed or if they do not correlate with the NIECR record.
10. To facilitate the conversation, if possible, it would be helpful if you were in a quiet environment, e.g. preferably not the ward nurses' station; with NIECR open at the deceased's pathway and the MCCD also open.
11. If changes to the MCCD are agreed between the RCD and the IME, these could be made by the RCD using the '*Re-open Task*' function - effectively an 'edit' function.
 - a. Go back into NIECR and select the correct patient.
 - b. Select the "*Pathway*" tab and click "*Show - ALL*".
 - c. Select the *Mortality Initial Record of Death* box and click "*Re-Open Task*".
 - d. You will be asked for a reason - type in "*Issuing revised MCCD*".
 - e. Make your changes to the MCCD and press "*Complete*".
12. If, in the IME's opinion, there needs to be changes made to the MCCD, but the RCD is unwilling, the IME will give the RCD permission to go ahead and issue the MCCD. However, as requested by the Trusts Medical Directors, the IME might inform them of the discussion.
13. Finally, the IME will check that the RCD knows how to forward the MCCD to the GRO. If not, they will talk the RCD through the process of emailing the GRO.

Who are the prototype IMEs?



Dr Julian Johnston
DOH Medical Adviser

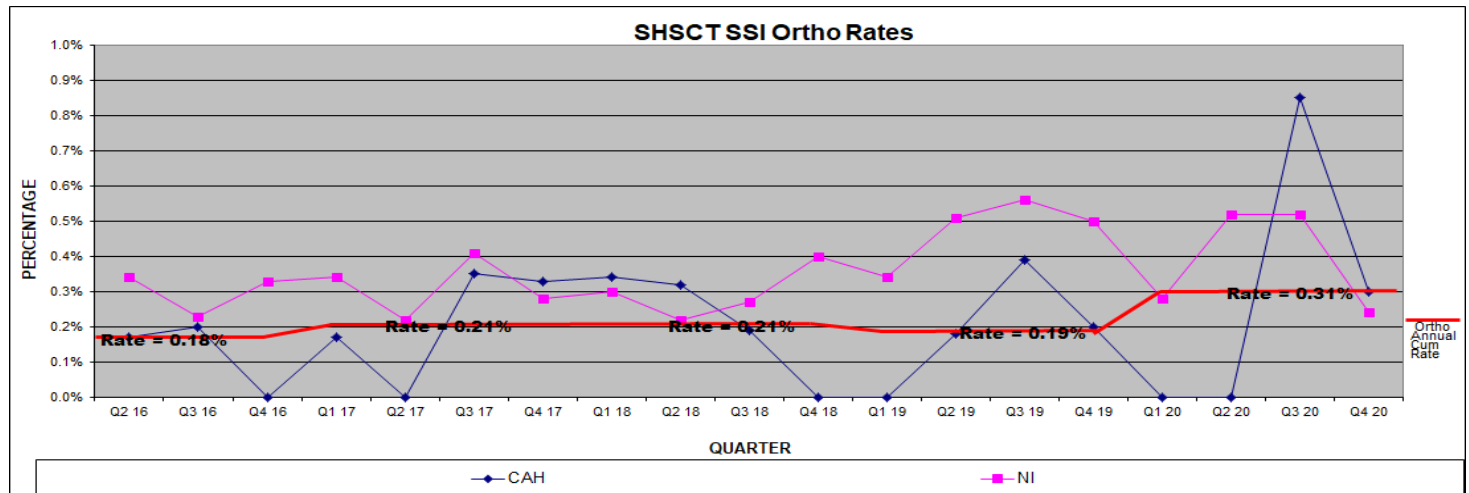


Dr Dermot Hughes
Former WHSCT MD



Dr Paddy Woods
Former Deputy CMO

Surgical Site Infection (SSI) Ortho:



- Q4 2020 SSI Rates have been released by the PHA. CAH Rate was **0.30%** (1/337 procedures). NI Rate was **0.24%** (4/1,633 procedures). CAH Rate (last 8 quarters i.e. Q1 2019 → Q4 2020) was **0.23%** (8/3,431). NI Rate (last 8 quarters i.e. Q1 2019 → Q4 2020) was **0.44%** (82/18,723).
- The Cumulative Rate for 2020 was **0.31%**, up from **0.19%** in 2019

Surgical Site Infection (SSI) C/Section:

- Q4 2020 SSI rates have been released by the PHA. A summary of the data is as follows:

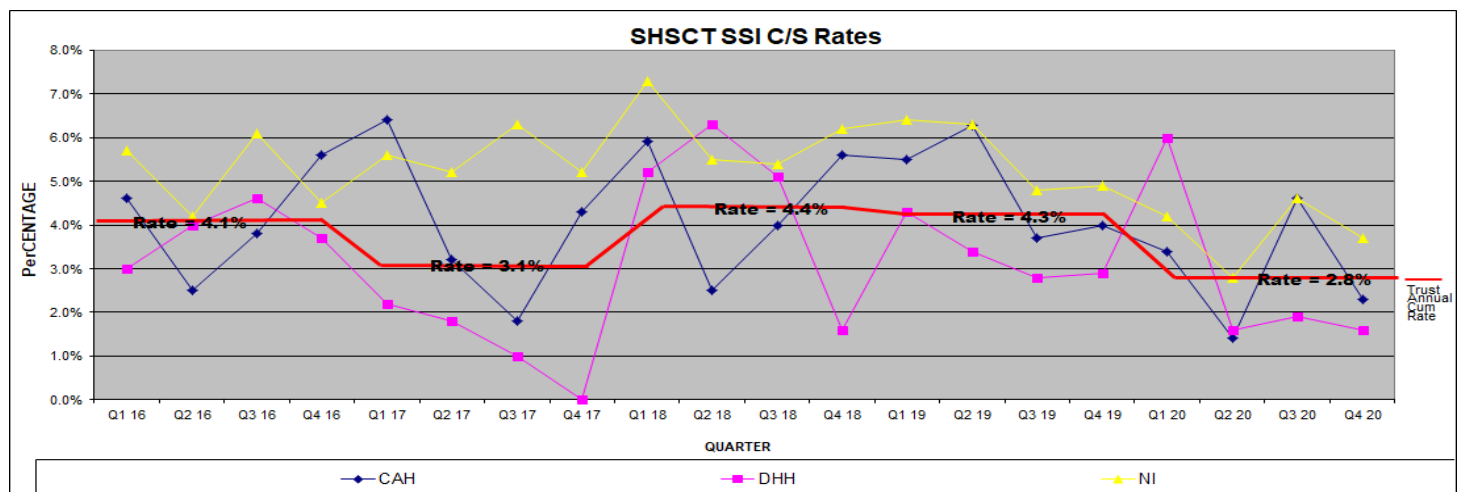
SSI Rates:

CAH **2.29%** (4) down from **4.59%** (9) in Q320
 DHH **1.64%** (3) down from **1.87%** (4) in Q320
 TRUST **1.96%** (7) down from **3.17%** (13) in Q320
 NI Average **3.74%** (54) down from **4.55%** (73) in Q320

Surveillance Forms Returned to the PHA:

CAH **85.8%** down from **86.0%** in Q320
 DHH **90.6%** up from **90.3%** in Q320
 TRUST **88.2%** same as Q320
 NI Average **82.8** down from **86.3%** in Q320

- CAH SSI Rate back below the NI Average
- DHH SSI Rate below the NI Average since Q2 2020
- Trust's SSI Rate below the NI Average since Q1 2020
- Of the **8** Units in NI, DHH had the lowest SSI Rate in Q4 2020, with CAH the **2nd** lowest
- The Cumulative Rate for 2020 was **2.8%**, down from **4.3%** in 2019



- The quarterly SSI C/Section Audits took place in March 2021

Overall Bundle Compliance at CAH **85%** (17/20 patients audited) – same as Dec 20

Non-compliant element:

- Appropriate use of Antibiotics – In 2 of 20 cases audit antibiotics were not given prior to the administration of anaesthesia, with no contraindication documented

-Glucose Control (Diabetic patients only) – In 1 of 4 cases audited the mother's Serum Glucose Level was not measured/recorded/monitored Day 1 and Day 2 post C/Section.

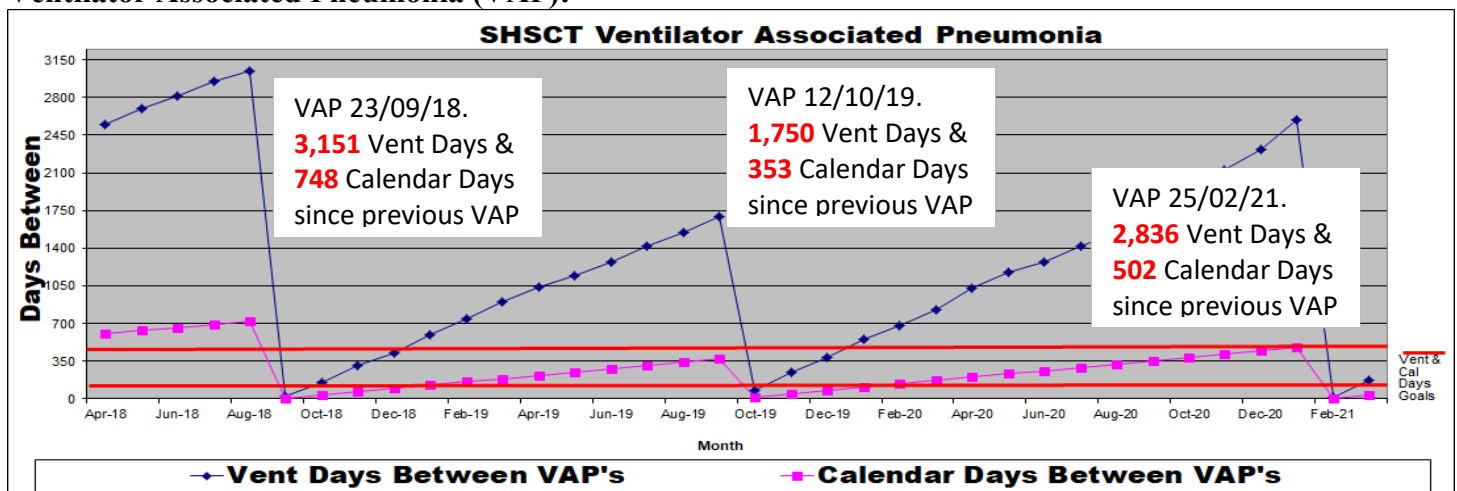
Overall Bundle Compliance at DHH **95%** (19/20 patients audited) – up from **85%** in Dec 20

Non-compliant element:

- Appropriate Hair Removal - In 1 of 20 cases audited the method of hair removal was inappropriate or not recorded & there was no evidence in the mother's chart that she had received a copy of the Trust's Information leaflet, which addresses same.

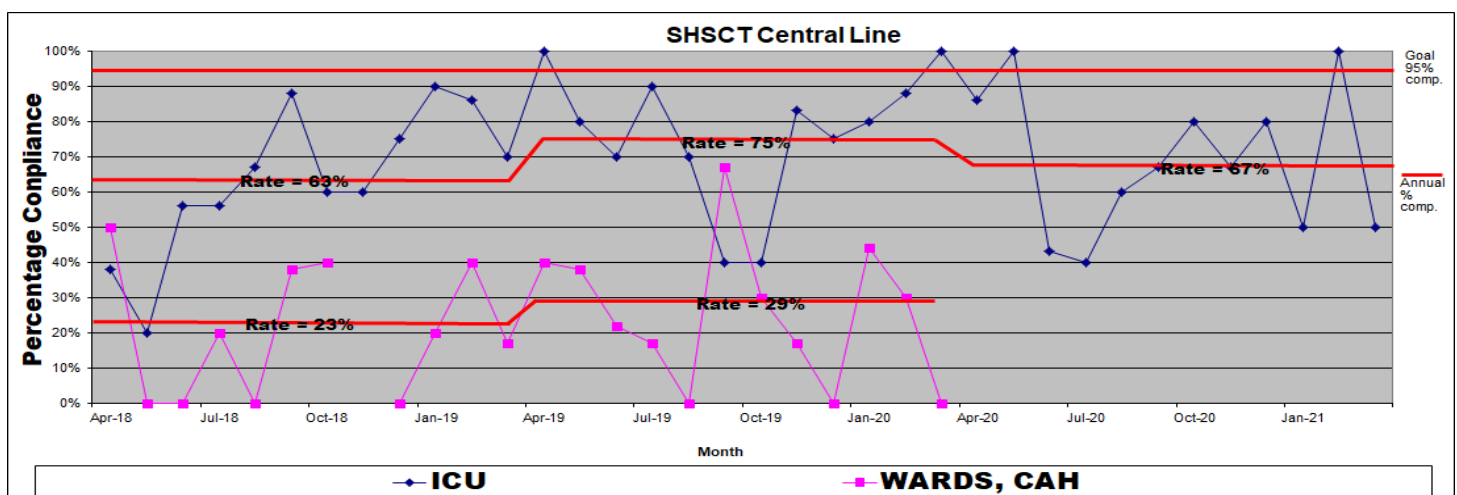
- The next quarterly Audits will take place in June 2021

Ventilator Associated Pneumonia (VAP):



- Vent Days Between VAP's **175** (26th February 21 → 31st March 21)
- Calendar Days Between VAP's **34** (26th February 21 → 31st March 21)

Central Line:



- Non-Compliant Case:
 - In 1 of 8 cases audited the method of Hand Hygiene used was inappropriate
 - In 3 of 10 cases audited the Central Line Insertion Form was not completed, therefore there was no record of method of Hand Hygiene, Skin Prep., & size of drape used & no contraindication documented when the subclavian site was not used.
- The Audit on the Wards will be reinstated from Apr 21
- Results shared with Lead Clinician & Lead Nurse for this QI work to address areas of non-compliance

NEWS:

- The figures are a combination of the Independent Audit undertaken by Lead Nurses & the audit undertaken by the Ward Managers/Band 6's. Details of Overall Bundle Compliance is below:

Quarter	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
ACUTE	95% (365/384)	94% (422/451)	92% (428/463)	Audit cancelled due to Covid-19
TRUST	93% (494/531)	93% (554/596)	93% (541/584)	

- NB: Q4 19/20 data is for Jan & Feb 20 only. March audits not undertaken due to Covid-19
- Q1 20/21 Audit was cancelled by the PHA due to Covid-19

MUST (Malnutrition Universal Screening Tool):

- The figures are a combination of the Independent Audit undertaken by Lead Nurses & the audit undertaken by the Ward Managers/Band 6's. Details of Overall Bundle Compliance is below:

Quarter	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
ACUTE	89% (317/356)	90% (365/406)	88% (404/458)	Audit cancelled due to Covid-19
TRUST	91% (453/498)	92% (502/548)	90% (521/578)	

- NB: Q4 19/20 data is for Jan & Feb 20 only. March audits not undertaken due to Covid-19
- Q1 20/21 Audit was cancelled by the PHA due to Covid-19

Critical Medicines Omitted:

The figures are a combination of the Independent Audit undertaken by Lead Nurses & the audit undertaken by the Ward Managers/Band 6's. Details of Overall Bundle Compliance is below:

Quarter	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
ACUTE	1 (357)	1 (405)	2 (461)	Audit cancelled due to Covid-19
TRUST	1 (500)	4 (549)	2 (582)	

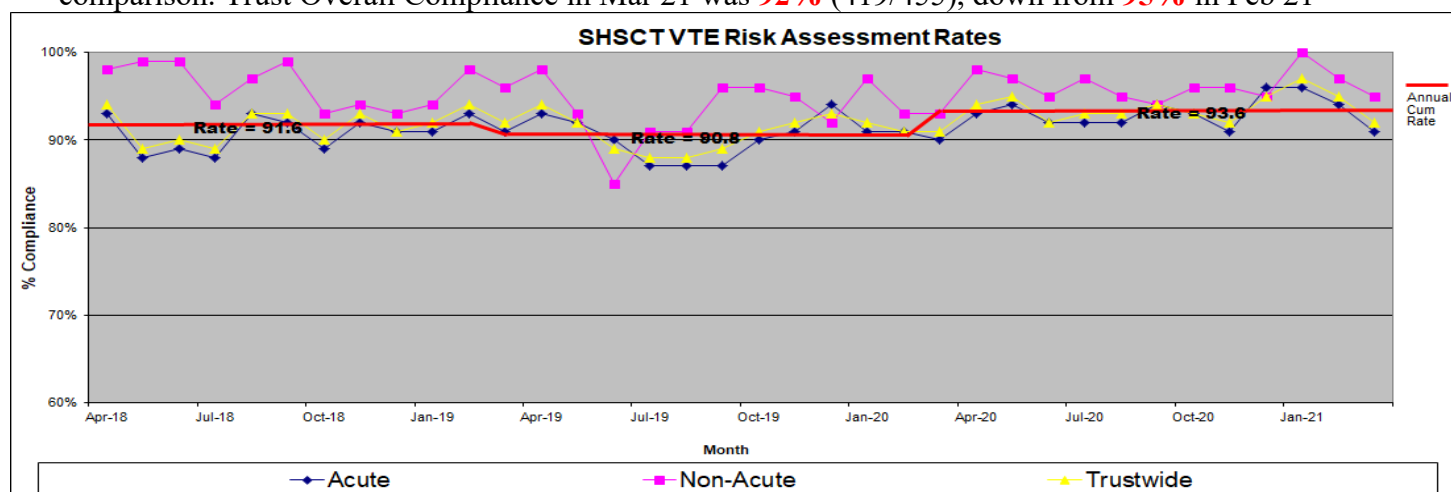
- NB: Q4 19/20 data is for Jan & Feb 20 only. March audits not undertaken due to Covid-19
- Q1 20/21 Audit was cancelled by the PHA due to Covid-19

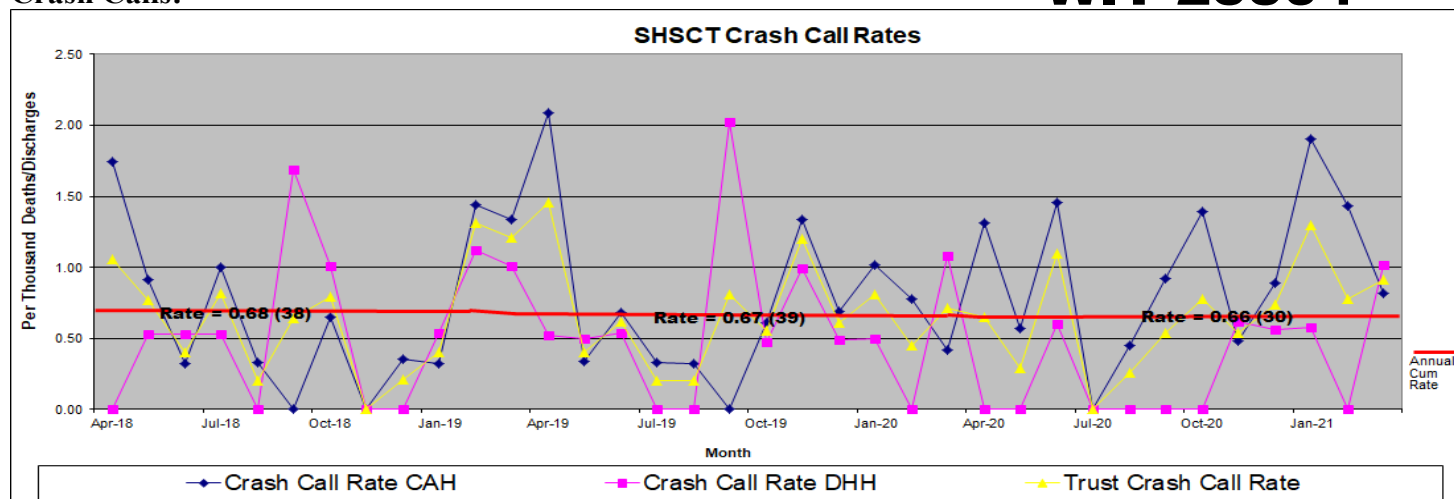
Mar 21 (Week Commencing 01/03/21 → Week Commencing 29/03/21)							
Division	Site	Ward	Number of Weekly Audits not done	Charts with Fully Completed VTE Risk Assessment	Number of Charts Audited	Monthly Percentage Compliance	Quarter 4 20/21 Percentage Compliance
S&EC	CAH	3 South	0	18	22	82% ↑	84% ↑
		4 North CESW	0	23	24	96% ↑	94% ↓
		4 South	0	19	25	76% ↓	89% ↓
		Elective Adm.	1	15	19	79% ↑	79% ↑
		Orthopaedic	0	18	23	78% ↓	92% ↓
		Trauma	4	N/A	N/A	N/A	N/A
	DHH	F/male Surg.	0	24	24	100% ↑	94% ↓
		MSW/HDU	N/A	N/A	N/A	N/A	N/A
M&UC	CAH	1 South	0	20	25	80% ↓	88% ↓
		1 North	0	22	24	92% ↑	89% ↑
		2 North Resp.	0	6	7	86% ↓	98% ↑
		Haematology	0	11	11	100% ↔	96% ↓
		3 North	0	25	25	100% ↔	100% ↔
		2 North Med	0	6	6	100% ↑	98% ↑
		AMU	3	9	10	90% ↑	80% ↓
		Frailty Ward	0	22	22	100% ↑	98% ↓
	DHH	F/male Med.	0	23	23	100% ↔	98% ↑
		CCC/MMW	0	25	25	100% ↔	100% ↑
		Stroke/Rehab	0	22	24	92% ↓	94% ↓
		Respiratory L3	0	22	23	96% ↓	98% ↓
IMWH	CAH	Gynae	1	11	11	100% ↔	90% ↑
TOTAL			9 ↔ (9)	341	373	91.4% ↓	93.5% ↑

Key: Red – Under 85% compliance, Amber – Compliance between 85% & 94%, Green – Above 95% (Reg. target)

- In summary Overall Compliance with fully completed Risk Assessment on the Acute Wards was **91.4%** (341/373 charts audited) down from **93.9%** (290/309 charts audited) in Feb 21
- Total number of weekly audits not completed in Mar 21 was **9** same as Feb 21

The Run Chart below shows compliance against the Commissioning Plan target of **95%** compliance. The Trust Compliance includes the Non-Acute Wards & therefore their compliance has been included also for comparison. Trust Overall Compliance in Mar 21 was **92%** (419/455), down from **95%** in Feb 21



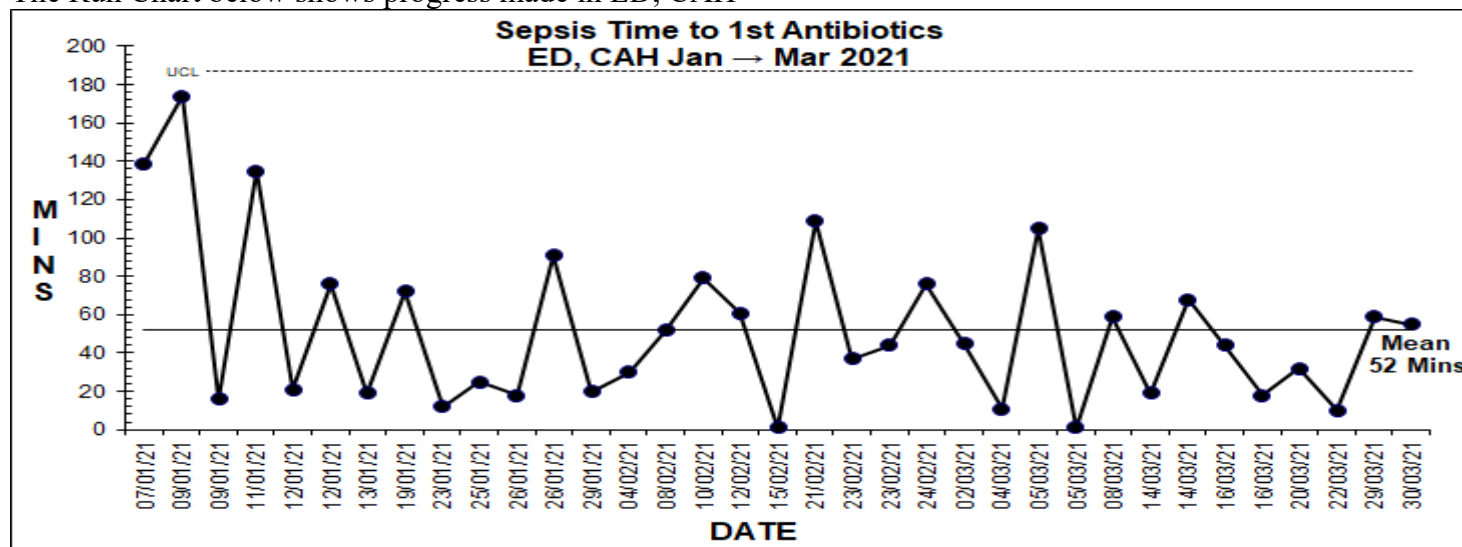


- CAH Rate **0.82** per 1,000 deaths/discharges (**2** Crash Calls) down from **1.42** (**3** Crash Calls) in Feb 21
- DHH Rate **1.02** per 1,000 deaths/discharges (**2** Crash Calls) up from **0** (**0** Crash Calls) in Feb 21
- Trust Rate **0.91** per 1,000 deaths/discharges (**4** Crash Calls) up from **0.77** (**3** Crash Calls) in Feb 21
- Trust cumulative Crash Call Rate for 20/21 was **0.66** (**30**) per 1,000 deaths/discharges, down from **0.67** (**39**) in 19/20

Emergency Care QI Work: Sepsis 6 CAH & DHH:

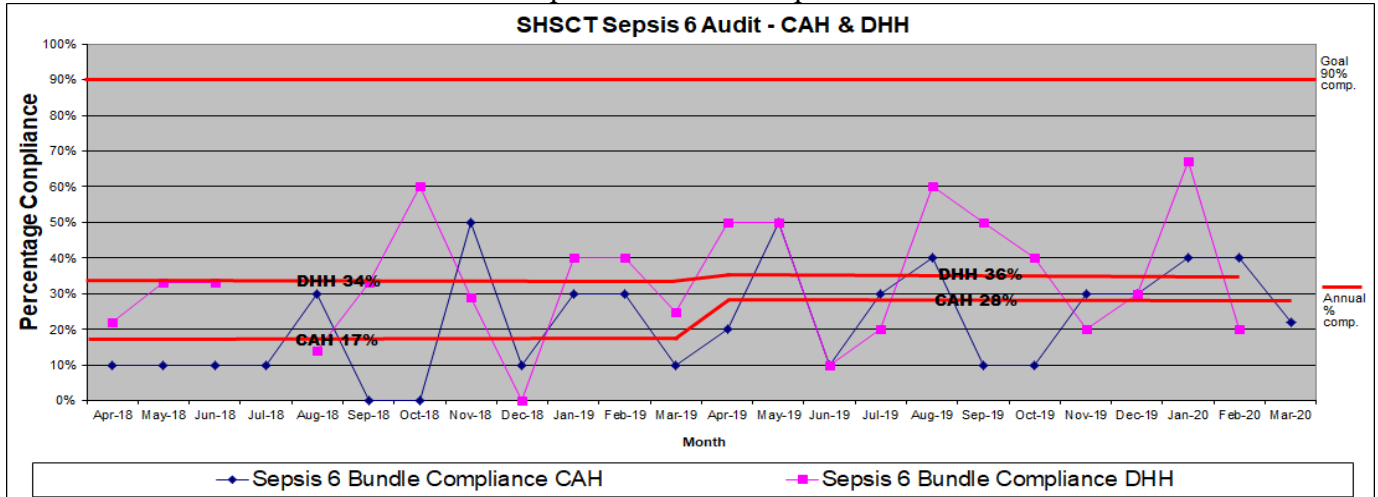
- The new Regional Sepsis QI initiative has been ongoing from Oct 19. The Regional Agreed aim is to improve the time to 1st antibiotics “In Hours” i.e. Mon → Fri 9:00am → 5:00pm. Work is underway in 3 Pilot Areas ED, CAH, (Oct 19 – Dr. Suzie Budd, Clinical Lead), AMU, CAH (Dec 19 – Dr. Emily Hannah, Clinical Lead) & ED, DHH (14th Jan 20 – Dr. Laura Lavery, Clinical Lead). In the ED’s of CAH & DHH it was decided to measure compliance 24/7.

The Run Chart below shows progress made in ED, CAH



- Mar 21 compliance in-hours was **75%** (3/4 cases audited), same as Feb 21. Case outside target timeframe was **105** mins.
- Mar 21 compliance out-of-hours was **89%** (8/9 cases audited), up from **40%** (2/5 cases audited) in Feb 21. Cases outside target timeframe was **68** mins
- Mean Time Jan 21 → Mar 21 = **52** mins, within Regional target timeframe of **60** minutes.
- In 2020 Mean Time = **76** minutes
- Auditing in ED, DHH & AMU have been suspended due to Covid-19

The Run Chart below shows Overall Bundle Compliance with the Sepsis6 Bundle in ED's of CAH & DHH



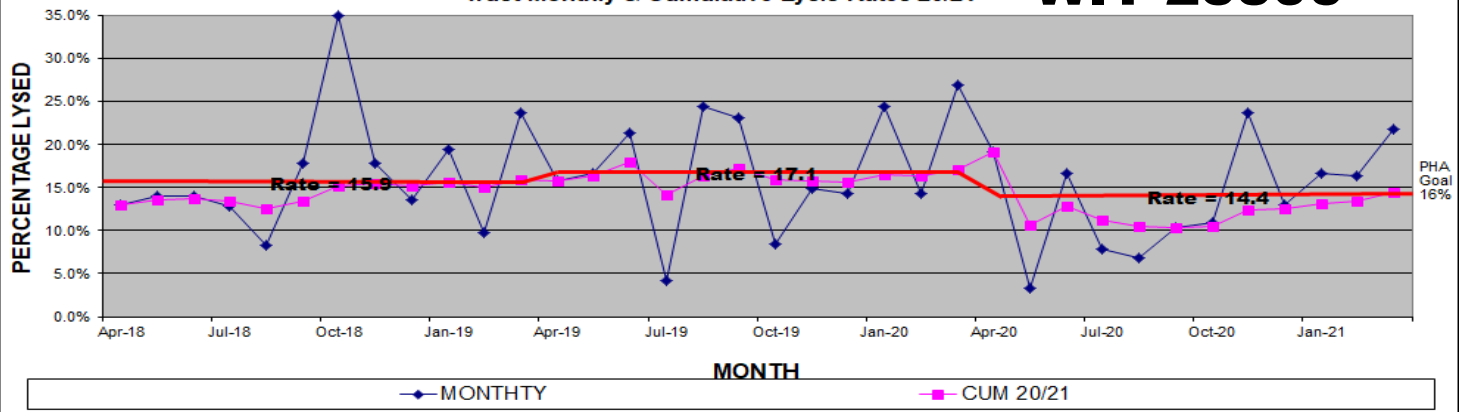
- Auditing has been suspended due to Covid-19

Stroke Collaborative:

- Regional agreement to collect data on the following, however only Lysis Data will be reported to the PHA/DHSSPS on a quarterly basis:

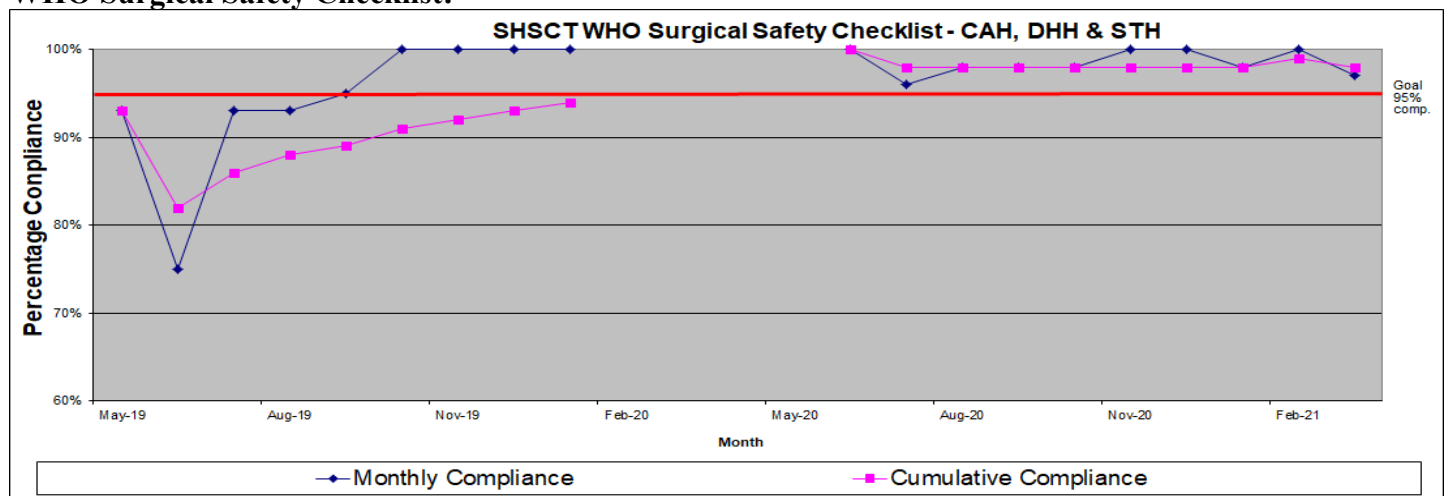
	CAH		DHH		TRUST		
Measure		Mar 21		Mar 21		Mar 21	Commentary Mar 21
Patients who are potentially eligible for thrombolysis are assessed by Acute Stroke Team within 30 minutes of arrival	18/19 99%	100% (56/56)	18/19 99%	100% (29/29)	18/19 99%	100% (85/85)	-
Patients who are potentially eligible for thrombolysis receive CT scan within 45 minutes	18/19 99%	100% (19/19)	18/19 98%	96% (24/25)	18/19 99%	98% (43/44)	DHH: Patient presented out-of-hours. Outside target timeframe by 4 mins. Reason for delay not documented
Patients deemed suitable for thrombolysis receive first bolus within 60 minutes	18/19 90%	100% (6/6)	18/19 75%	83% (5/6)	18/19 86%	92% (11/12)	DHH: Patient presented out-of-hours. Outside target timeframe by 22 mins. Reason for delay not documented
Patients transferred to Hyper Acute Stroke Unit (or appropriate environment) within 90 mins	18/19 94%	100% (6/6)	18/19 89%	83% (5/6)	18/19 93%	92% (11/12)	DHH: Patient presented out-of-hours. Outside target timeframe by 143 mins. Reason for delay not documented
	CAH		DHH		TRUST		
Outcome Measure	2019/20	Mar 21	2019/20	Mar 21	2019/20	Mar 21	AIM 20/21 (Based on Commissioning Plan) To ensure that the proportion of thrombolysis administration 16%
Monthly Thrombolysis Rate		16.7% (6/36)		31.6% (6/19)		21.8% (12/55)	
Thrombolysis Rate (Yearly)	17.6% (58/329)	13.6% (51/374)	16.1% (28/174)	17.9% (15/84)	15.9% (69/435)	14.4% (66/458)	

Trust Monthly & Cumulative Lysis Rates 20/21



The above is “Real Time” data, which is subject to change. The Directorate of Performance & Reform is responsible for reporting to the RHSCB. From the above table only the lysis rates are reported. Furthermore their report is 3 months in arrears to allow Clinical Coding to reach an acceptable level.

WHO Surgical Safety Checklist:



- The Monthly Audits were reinstated in May 19 & were suspended Feb → May 20 due to Covid-19
- Mar 21 Compliance **97%** (58/60) down from **100%** (50/50) in Feb 21, Cumulative Compliance 20/21 **98%**

SKIN Care (Pressure Ulcer):

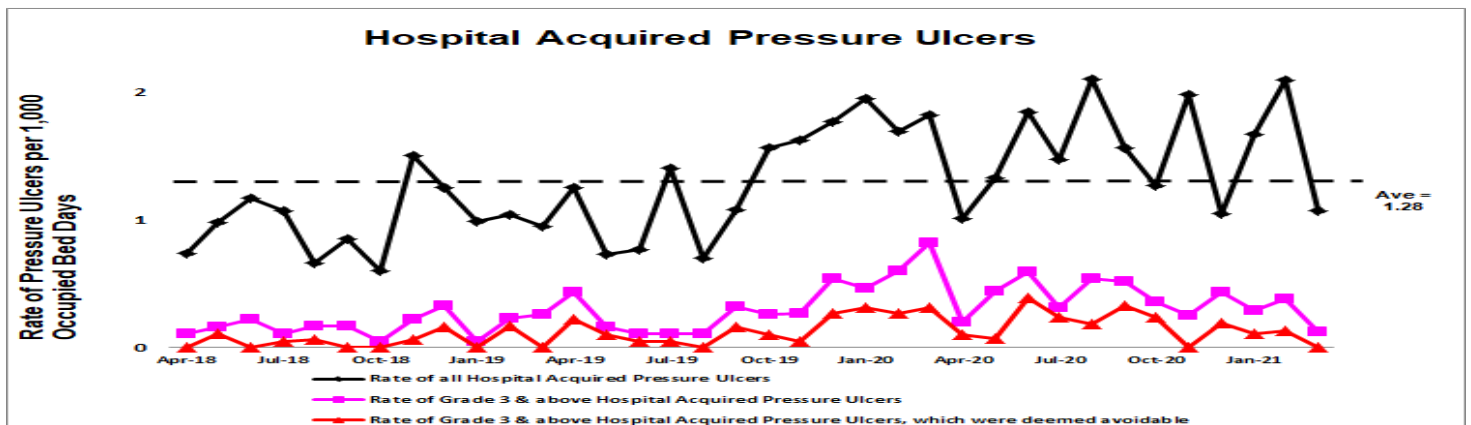
- The figures are a combination of the Independent Audit undertaken by Lead Nurses & the audit undertaken by the Ward Managers/Band 6's. Details of Overall Bundle Compliance is below:

Quarter	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
ACUTE	85% (194/227)	88% (224/256)	84% (262/311)	Audit cancelled due to Covid-19
TRUST	89% (294/331)	89% (324/366)	85% (331/389)	

- NB: Q4 19/20 data is for Jan & Feb 20 only. March audits not undertaken due to Covid-19
- Q1 20/21 Audit was cancelled by the PHA due to Covid-19
- There were **18** Hospital Acquired Pressure Ulcers reported in Mar 21. Of these, **2** were Grade 3/4 U or DTT's, (Haematology Ward & 3 North Medicine, CAH)
- In 20/21 Post Incident Reviews have been carried out on **65** cases to date with **31** deemed to have been avoidable. This represents **11%** of all Ward Acquired Pressure Ulcers reported in 20/21. The outstanding RCA's (**4**) will be carried out in due course.

Ward Acquired Pressure Ulcers & Rate per 1,000 Occupied Bed Days - 25307

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 20/21	Rate & No 19/20
CAH															
Ward 4 South	3	0	0	1	0	0	1	0	0	3	0	1	9	1.16	1.94 (25) ↓
Ward 4 North	0	1	0	0	1	1	0	1	1	0	1	0	6	0.71	0.89 (10) ↓
Ward 3 South	1	2	4	4	8	2	5	0	0	3	2	1	32	3.50	1.24 (14) ↑
Trauma Ward	1	2	2	0	0	1	1	0	2	2	0	1	12	1.66	4.64 (41) ↓
Orthopaedic Ward	0	0	2	1	0	1	0	3	0	3	2	1	13	2.81	0.62 (2) ↑
Gynae Ward	N/A	N/A	N/A	0	0	1	0	2	1	0	1	0	5	1.84	0.30 (1) ↑
ICU	2	2	2	3	0	4	2	4	2	6	12	2	41	15.14	12.12(28) ↓
Ward 3 North Medicine	1	1	4	3	4	2	1	4	0	1	2	1	24	4.69	2.75 (17) ↑
Ward 3 North Stroke	0	1	1	0	0	0	0	0	0	2	0	0	4	0.77	1.49 (9) ↓
Ward 2 North	0	1	2	2	0	0	2	0	3	1	1	0	12	1.28	1.39 (17) ↓
Ward 5 Haematology	1	0	2	1	1	N/A	N/A	0	0	0	0	1	6	2.49	1.36 (6) ↑
Ward 1 South	0	0	1	3	3	0	2	1	1	0	1	1	13	1.19	2.01 (26) ↓
Ward 1 North	0	0	1	0	1	2	0	1	0	0	1	0	6	0.63	0.70 (8) ↓
AMU	1	1	0	1	3	2	1	1	0	0	0	0	10	1.07	1.52 (18) ↓
2 South Medical	0	2	2	1	3	3	1	5	0	0	2	1	20	1.90	2.10 (14) ↓
CEAW	0	0	0	0	0	0	0	1	0	0	1	0	2	0.95	N/A
Emergency Department	0	0	2	1	4	0	0	3	2	1	2	1	16	N/A	N/A
Ramone 4	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	1	1	1	3	1.24	N/A
Other Areas e.g. Recovery	0	1	0	1	0	1	2	2	1	0	0	0	8	N/A	N/A
DHH															
Male Surgical/DEAW/Resp.	0	0	0	0	0	0	0	0	0	1	1	0	2	0.60	0.65 (4) ↓
Female Surg/Gynae	0	1	1	0	0	0	1	0	0	0	1	0	4	0.67	0.51 (5) ↑
HDU	0	0	0	1	0	1	0	0	0	0	0	2	4	1.91	1.70 (5) ↑
Stroke/Rehab	0	0	0	0	1	1	0	1	0	1	0	0	4	0.43	0.28 (3) ↑
Male Med/CCU	0	0	0	0	0	0	1	0	0	0	1	1	3	0.31	0 (0) ↑
Female Medical	0	2	0	0	1	2	0	0	2	0	1	0	8	0.73	0.74 (9) ↓
Emergency Department	0	0	0	0	0	0	0	0	1	0	0	0	1	N/A	N/A
Lurgan															
Ward 1	0	0	0	0	3	0	0	0	0	0	0	0	3	0.80	0.65 (4) ↑
Ward 2 Stroke	0	0	1	0	1	0	0	1	0	0	0	0	3	0.61	1.26 (7) ↓
Ward 3	0	0	0	0	0	0	1	1	1	0	0	0	3	0.69	0.85 (5) ↓
STH															
Ward 1 STH	0	0	0	0	1	0	0	0	0	2	0	3	6	1.21	1.12 (7) ↑
Ward 2 STH	0	N/A	0	0	N/A	N/A	0	1	0	0	0	0	1	0.42	0.65 (4) ↓
MHLD															
Gillis	0	1	1	1	0	0	0	0	0	2	0	0	5	0.91	0.51 (3) ↑
Willows	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (0) ↔
TOTAL	10	18	28	24	35	24	21	32	17	29	33	18	289		
RATE	1.01	1.33	1.84	1.47	2.10	1.56	1.27	1.98	1.05	1.67	2.09	1.07		1.56	1.36(301) ↑



- The Trust's Monthly Hospital Acquired Pressure Ulcer Rate for Mar 21, based on 30 Wards was **1.07** (18/16,852) per 1, 000 Occupied Bed Days down from **2.09** (33/15,762) per 1,000 Occupied Bed Days in Feb 21

- The Trust's 20/21 Hospital Acquired Pressure Ulcer Rate, based on 30 Wards, 1,000 Bed Days, up from **1.36 (301)** in 2019/20.

Patient Falls:

- The figures are a combination of the Independent Audit undertaken by Lead Nurses & the audit undertaken by the Ward Managers/Band 6's. Details of Overall Bundle Compliance is below:

Quarter	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Acute Bundle A Compliance	82% (291/355)	79% (321/405)	86% (401/467)	Audit cancelled due to Covid-19
Trust Bundle A Compliance	84% (420/500)	81% (445/550)	87% (512/587)	

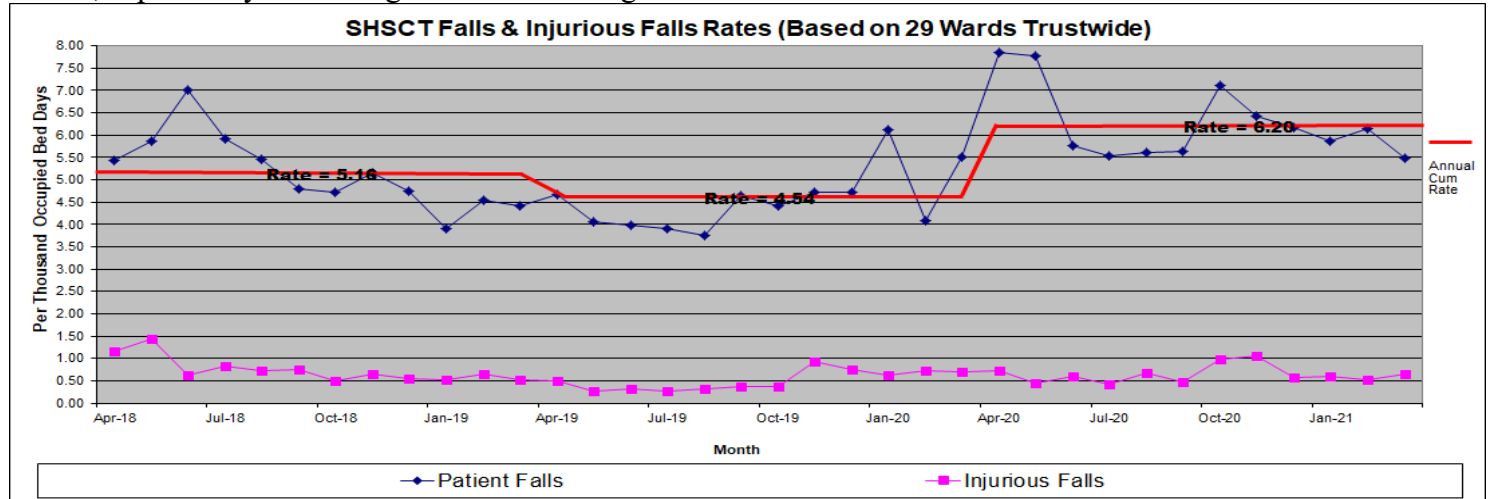
Quarter	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Acute Bundle B Compliance	79% (236/300)	82% (289/352)	83% (340/411)	Audit cancelled due to Covid-19
Trust Bundle B Compliance	82% (359/437)	83% (412/495)	84% (444/526)	

- NB: Q4 19/20 data is for Jan & Feb 20 only. March audits not undertaken due to Covid-19
- Q1 20/21 Audit was cancelled by the PHA due to Covid-19

The table below gives details of individual Ward's Falls Numbers & Falls Rate 20/21:

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 20/21	Rate 19/20
CAH															
Ward 4 South	2	0	0	3	2	2	2	2	1	3	1	0	18	2.32	2.88 (37) ↓
Ward 4 North	3	3	3	4	7	5	2	1	3	2	5	5	43	5.06	2.22 (25) ↑
Ward 3 South	10	5	7	8	3	7	6	6	1	7	5	9	74	8.10	3.73 (42) ↑
Trauma Ward	4	4	3	4	8	3	0	10	5	5	7	2	55	7.59	5.77 (51) ↑
Orthopaedic Ward	4	5	1	5	0	0	8	3	5	8	8	4	51	11.01	3.08 (10) ↑
Gynae Ward	N/A	N/A	N/A	0	0	1	2	2	0	2	1	4	12	4.42	1.79 (6) ↑
Ward 3 North Medicine	2	5	4	4	7	4	5	3	6	4	3	11	58	11.32	8.26 (51) ↑
Ward 3 North Stroke	1	3	5	6	1	1	4	4	5	4	2	3	39	7.46	6.94 (42) ↑
Ward 2 North	4	7	3	2	3	5	1	2	6	3	2	2	40	4.25	3.36 (41) ↑
Haematology Ward	1	0	0	1	0	N/A	N/A	0	1	0	1	2	6	2.49	4.75 (21) ↓
Ward 1 South	5	9	4	2	3	4	11	4	3	5	6	0	56	5.15	3.55 (46) ↑
Ward 1 North	1	2	1	2	6	3	3	5	2	0	0	2	27	2.82	3.59 (41) ↓
AMU	2	5	9	8	3	6	16	7	13	12	10	5	96	10.28	9.40 (111) ↑
2 South Medicine	0	3	10	2	3	12	8	6	2	2	6	6	60	5.69	3.91 (26) ↑
CEAW	N/A	N/A	0	0	0	0	0	0	0	1	0	0	1	0.48	N/A
Ramone 4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	1	5	4	3	15	6.19	N/A
DHH															
Male Surgical/Resp	3	0	0	0	0	0	0	1	2	2	0	4	12	3.62	2.76 (17) ↑
Female Surg/Gynae	0	0	0	2	0	2	2	0	0	3	1	0	10	1.67	2.67 (26) ↓
HDU	0	0	1	0	0	0	0	0	0	0	1	2	4	1.91	2.72 (8) ↓
Stroke/Rehab	4	2	6	5	2	3	5	7	1	3	3	6	47	5.09	4.73 (50) ↑
Male Med/CCU	4	16	11	12	8	3	4	2	3	5	9	5	82	8.38	4.76 (56) ↑
Female Medical	2	7	6	3	7	8	7	7	7	6	4	6	70	6.38	4.34 (53) ↑
Lurgan															
Ward 1	0	6	2	3	3	2	3	7	5	1	2	0	34	9.02	3.08 (19) ↑
Ward 2 Stroke	3	3	2	0	0	3	1	1	4	2	3	0	22	4.46	3.61 (20) ↑
Ward 3	3	2	1	1	0	1	2	1	2	0	2	2	17	3.94	3.57 (21) ↑
STH															
Ward 1 STH	2	0	1	1	3	1	1	0	1	2	2	1	15	3.03	1.44 (9) ↑
Ward 2 STH	0	N/A	0	0	N/A	N/A	0	1	0	5	1	1	8	3.33	2.28 (14) ↑
MHLD															
Gillis	12	4	2	6	7	5	12	8	13	4	2	2	77	14.02	14.24 (83) ↓
Willows	4	13	5	5	16	3	5	5	5	3	3	4	71	9.84	9.47 (69) ↑
TOTAL	76	104	87	89	92	84	110	97	97	99	94	91	1120		
RATE	7.84	7.77	5.77	5.52	5.61	5.64	7.12	6.42	6.16	5.86	6.14	5.49		6.20	4.54 (995) ↑

The Run Chart below shows Patient Falls & Injurious Falls Rates per 1,000 Occupied Bed Days based on 29 Wards, captured by staff using the Falls Walking Stick & Datix.



- Falls Rate **5.49** (91/16,574 Occupied Bed Days) down from **6.14** (94/15,315) in Feb 21
- Injurious Falls Rate **0.66** (11/16,574 Occupied Bed Days) up from **0.52** (8/15,315) in Feb 21
- Cumulative Falls Rate for 20/21 was **6.20**, compared to **4.54** in 19/20

Regional Delirium Audit:

The table below shows compliance against the 3 Measures of the Delirium Bundle, for the Acute Wards, where auditing is underway. All 5 Non-Acute Wards also undertake a monthly audit.

Ward/Measure	At risk patients who have a SQiD carried out (single question in delirium)	Patients with a 4AT completed (tool to assess for delirium)	Patients with an Investigations & Management Plan completed
Trauma (Aug 20)	95% (19/20)	83% (5/6)	60% (3/5)
1 North (Mar 21)	95% (19/20)	100% (1/1)	100% (1/1)
3 North Med (Mar 21)	100% (20/20)	100% (8/8)	100% (4/4)
3 South (Dec 20)	100% (5/5)	100% (1/1)	N/A (0/0)
4 North (Oct 20)	75% (15/20)	100% (5/5)	100% (3/3)
4 South (Sept 20)	100% (14/14)	100% (3/3)	100% (3/3)
Ramone 4 (Mar 21)	100% (20/20)	100% (14/14)	100% (4/4)
Stroke/Rehab (Mar 21)	100% (20/20)	100% (11/11)	100% (5/5)
Female Surg. (Mar 21)	100% (20/20)	100% (3/3)	100% (3/3)

- Audits received from Wards highlighted in red.

Acute SMT Report on Patient Experience and Adverse Incidents

Introduction

The attached report looks at complaints, compliments and adverse incidents for the month of March 2021 in Acute Services.

Key Messages

Complaints

- There were 37 formal complaints received in March 2021.
- The 2 day acknowledgement target has been met at 100% for March complaints. The Regional target of the 20 day response time has been 43% in March 2021. Some of the complaints are very overdue and would need further escalation for responses. Reminders have been sent from Governance Office and ongoing meetings are happening to try and facilitate a more timely response time.
- The top subjects of complaint for March 2021 were lack of Communication and Information with 19 and Staff Attitude with 18 complaints.
- At year to date the top subject of complaint is Quality of Treatment and Care with 129 formal complaints to date with Staff Attitude sitting at 98.
- Currently we have 4 new reopened complaints for March 2021. There has been an upturn in reopened complaints due to further issues more than incomplete first responses.

Compliments

There were 80 compliments overall recorded for the month March 2021.

IMWH received 40, FSS 14, MUSC, 9 and SEC 17.

Please make sure that the Ward Managers/ Staff log any compliments they received either passed on via email or letter through the compliments portal on the intranet. It is up to the

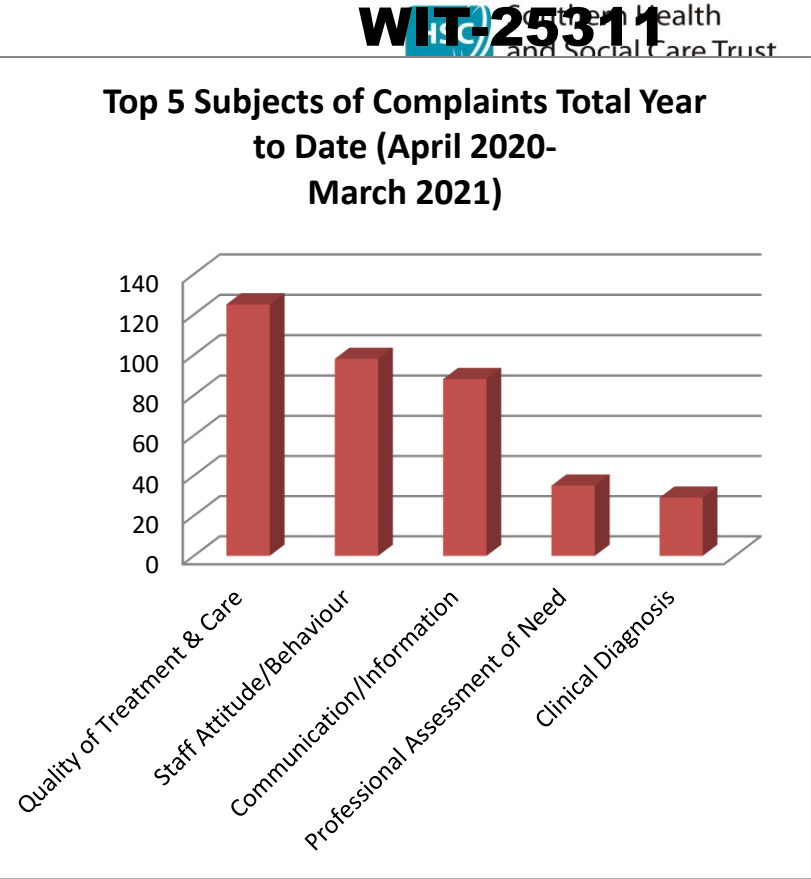
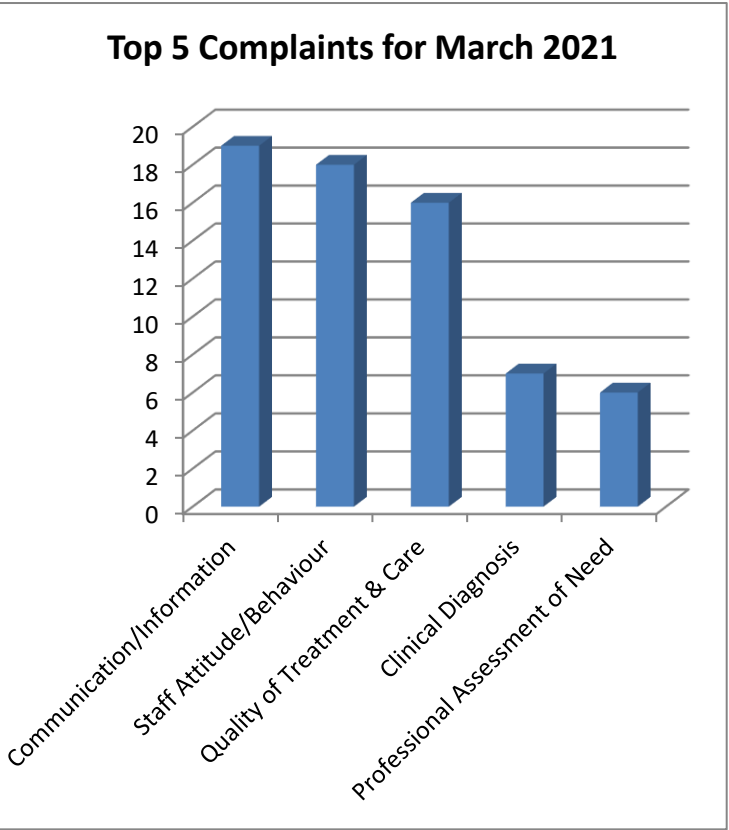
Incidents

- There was an increase in incidents recorded in March 2021 to 709 compared to March last year when 476 were recorded.
- Patient Behaviour including violence and aggression has now become the top incident for 2020/2021 year with is the top incident for the period April 2020 to March 2021 contributing to 1310 incidents recorded. Patient falls contributed to 1281 of the incidents for the current year and it has been advised that the Falls form be filled out for each area in relation to major and catastrophic falls which was sent out by the Corporate Team to the ADs to disseminate.

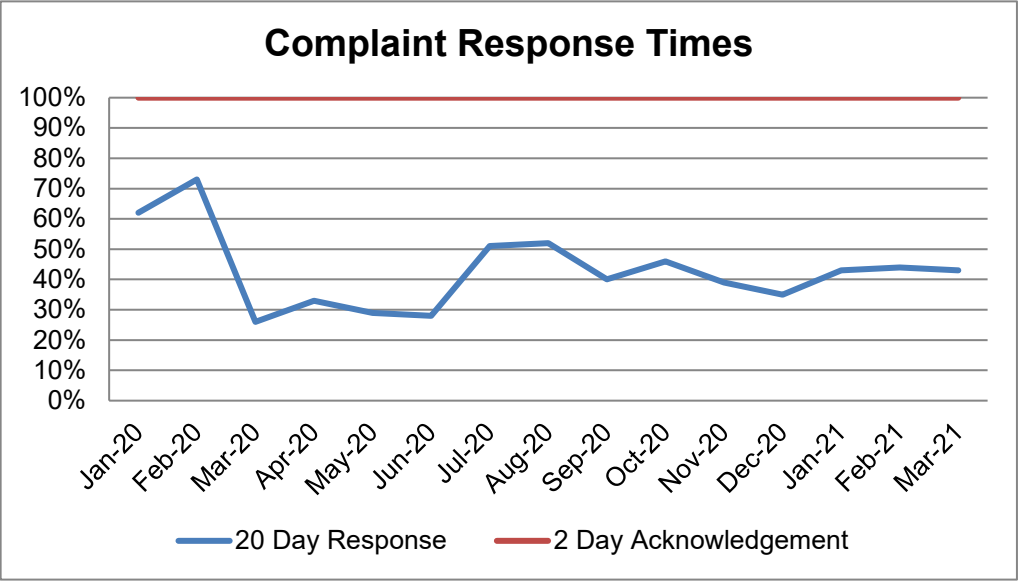
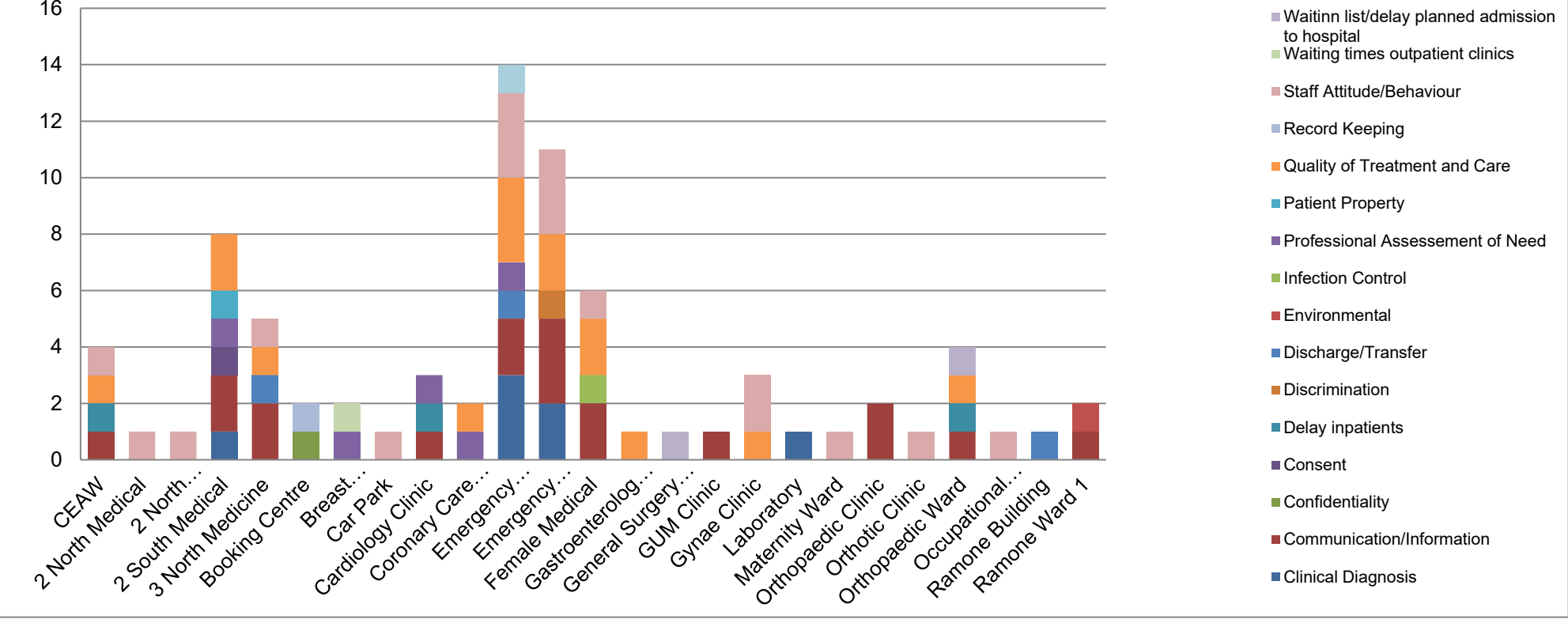
PATIENT EXPERIENCE (Complaints and Compliments)

Complaint Statistics

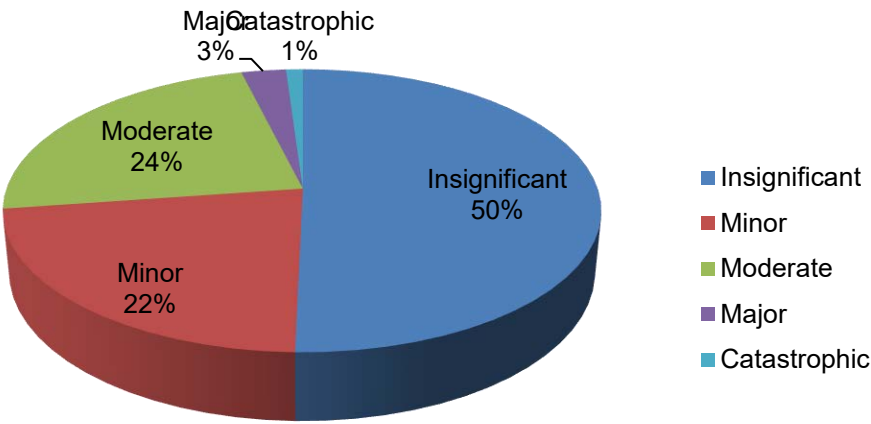
	Formal Complaints	Informal Complaints	MLA Enquiries	Re-Opened Complaints	Awaiting Consent	Ombudsman*
Apr-20	9	6	20	0	2	1
May-20	8	5	12	1	2	3
Jun-20	20	6	9	2	5	0
Jul-20	34	2	29	1	7	0
Aug-20	35	3	27	1	3	1
Sep-20	26	3	34	7	6	0
Oct-20	30	2	15	6	4	2
Nov-20	34	3	30	6	0	0
Dec-20	25	4	25	6	1	0
Jan-21	30	4	32	3	1	1
Feb-21	23	4	22	4	3	1
Mar-21	37	2	15	3	2	0
Total	311	44	270	40	36	7



Formal Complaints by Location and Type - March 2021



Complaints by Severity April 20 to March 2021

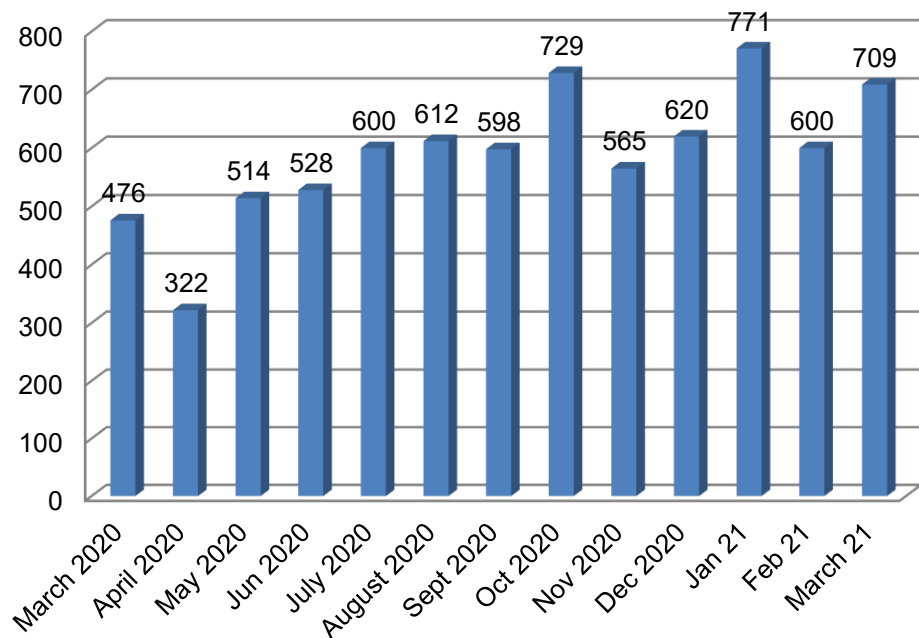


Complaints by Division and Date Received
March 20 to March 21

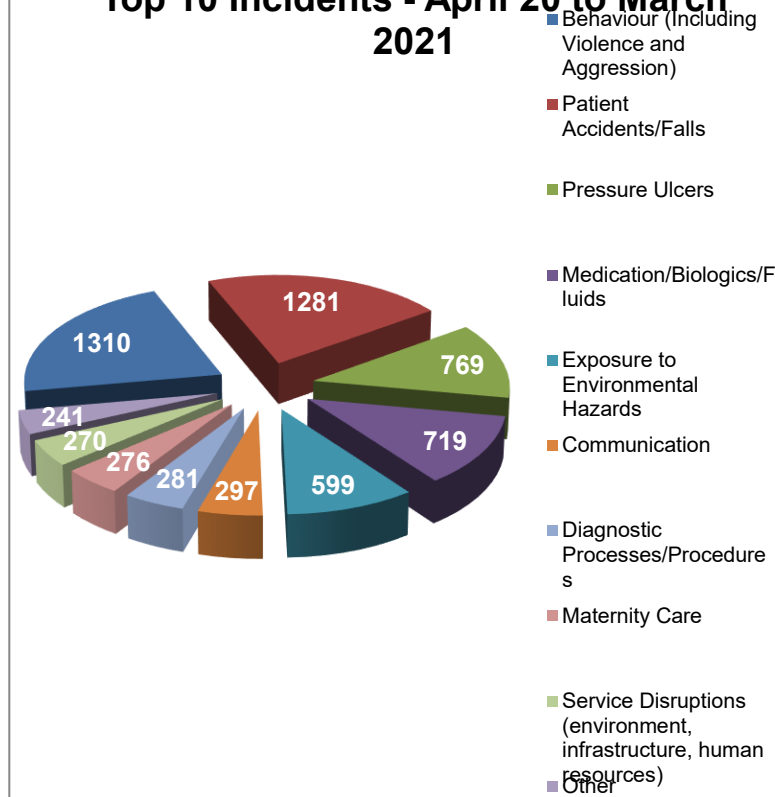
	Mar 20	Apr 20	May 20	Jun 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
IMWH / CCS	7	5	0	10	7	7	5	8	13	14	6	17	13	112
FSS	3	0	1	0	1	1	6	0	2	1	1	0	5	21
MUC	18	6	3	11	10	19	23	34	22	44	37	15	56	298
PHARMACY	1	0	0	0	0	0	0	0	0	0	1	0	0	2
SEC	7	2	2	1	5	6	8	8	11	0	14	5	9	78

ADVERSE INCIDENTS

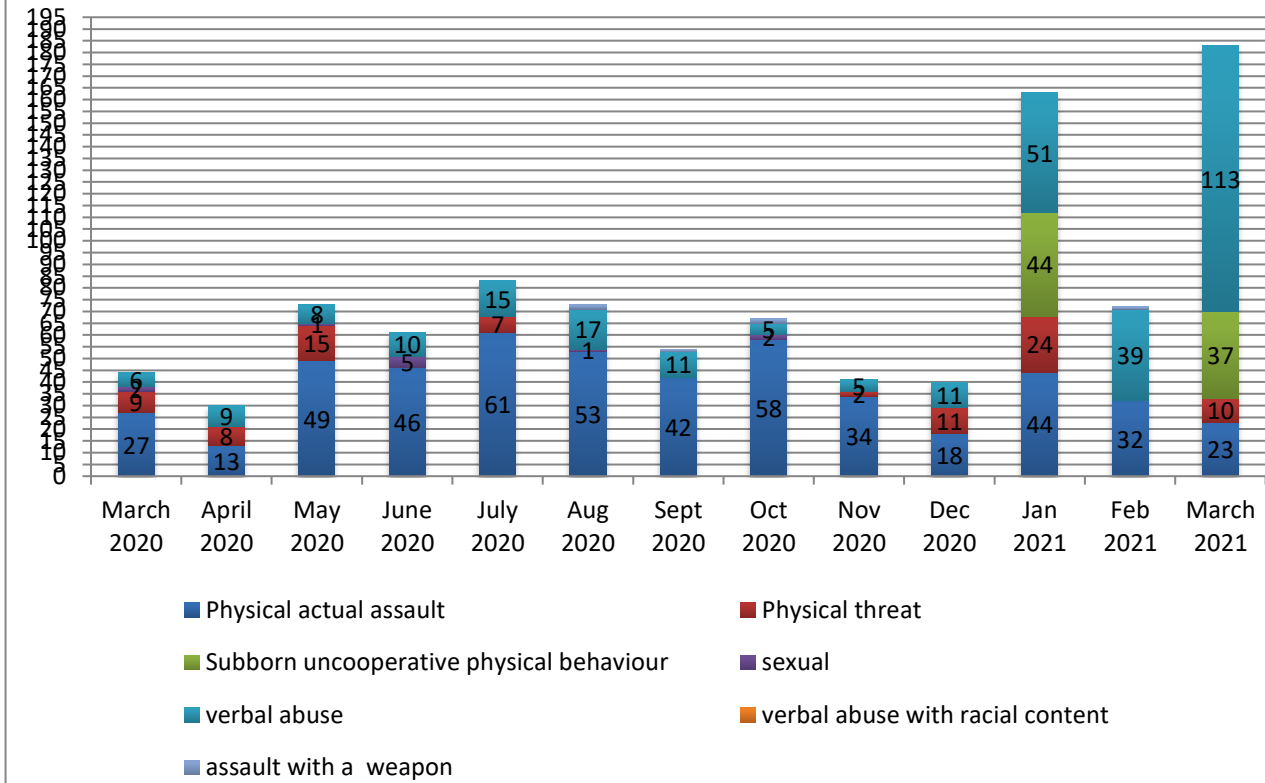
Adverse Incidents



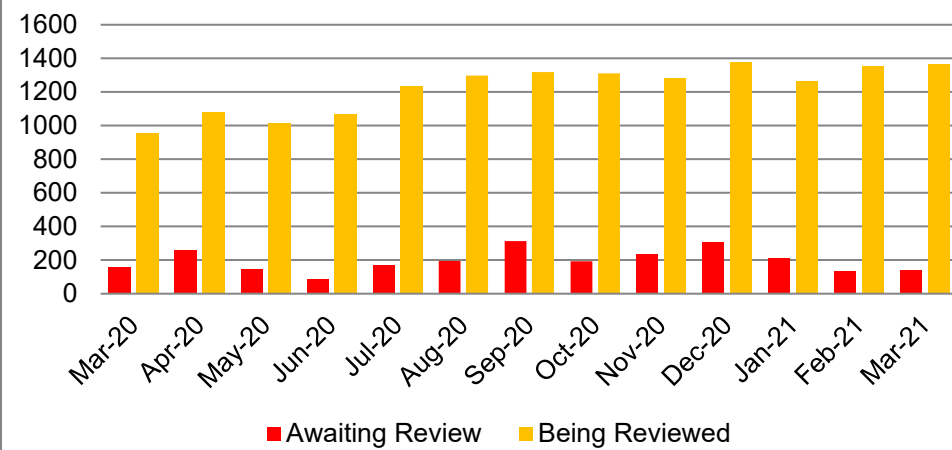
Top 10 Incidents - April 20 to March 2021



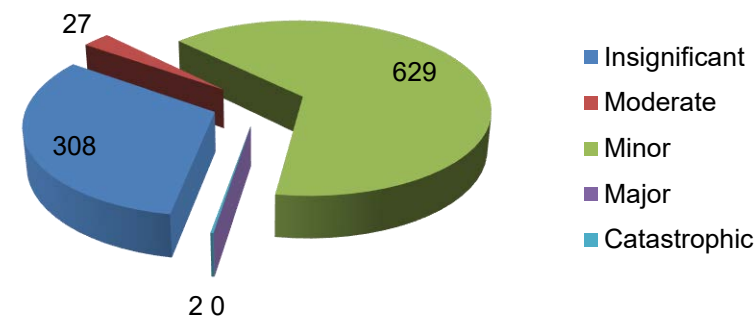
Violence and Aggression Incidents by Month and Type



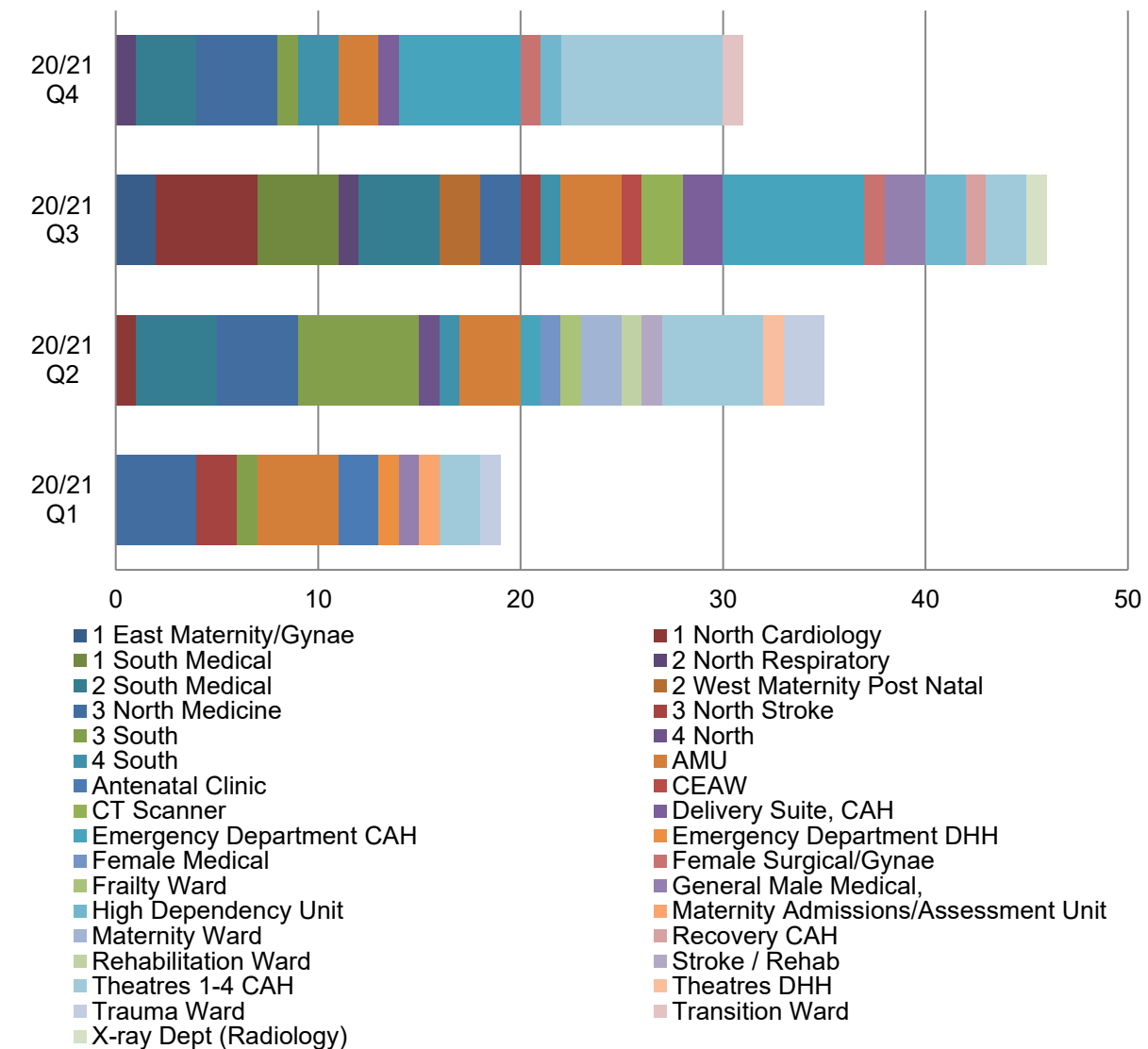
Stages of Investigation



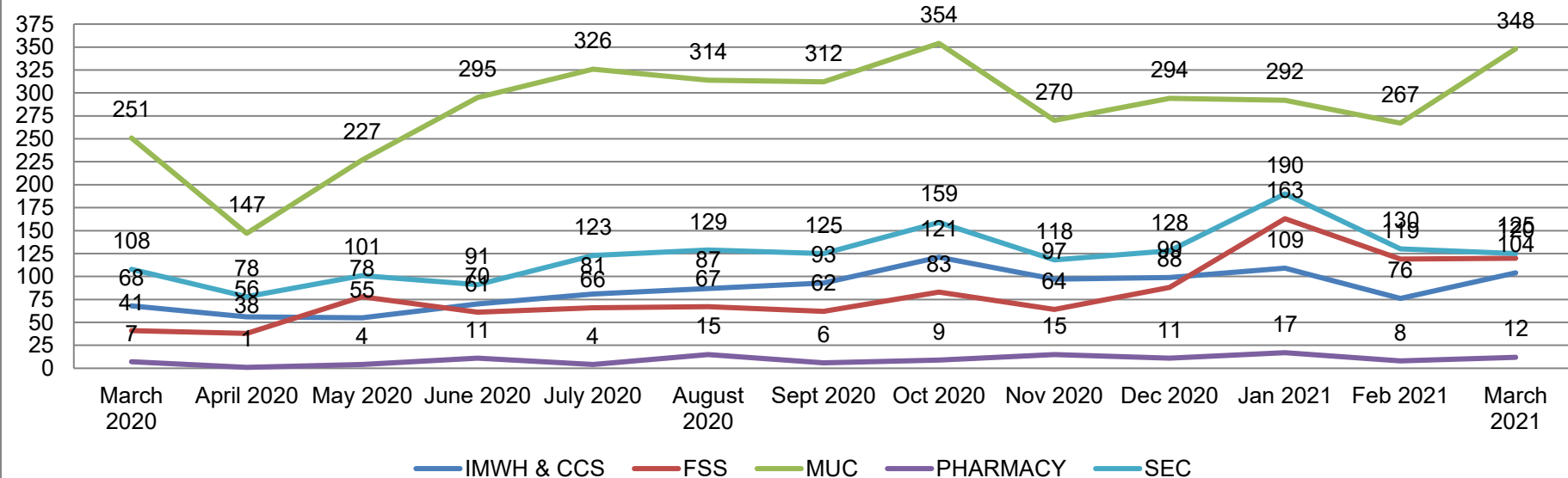
Severity of Falls May 20- March 2021

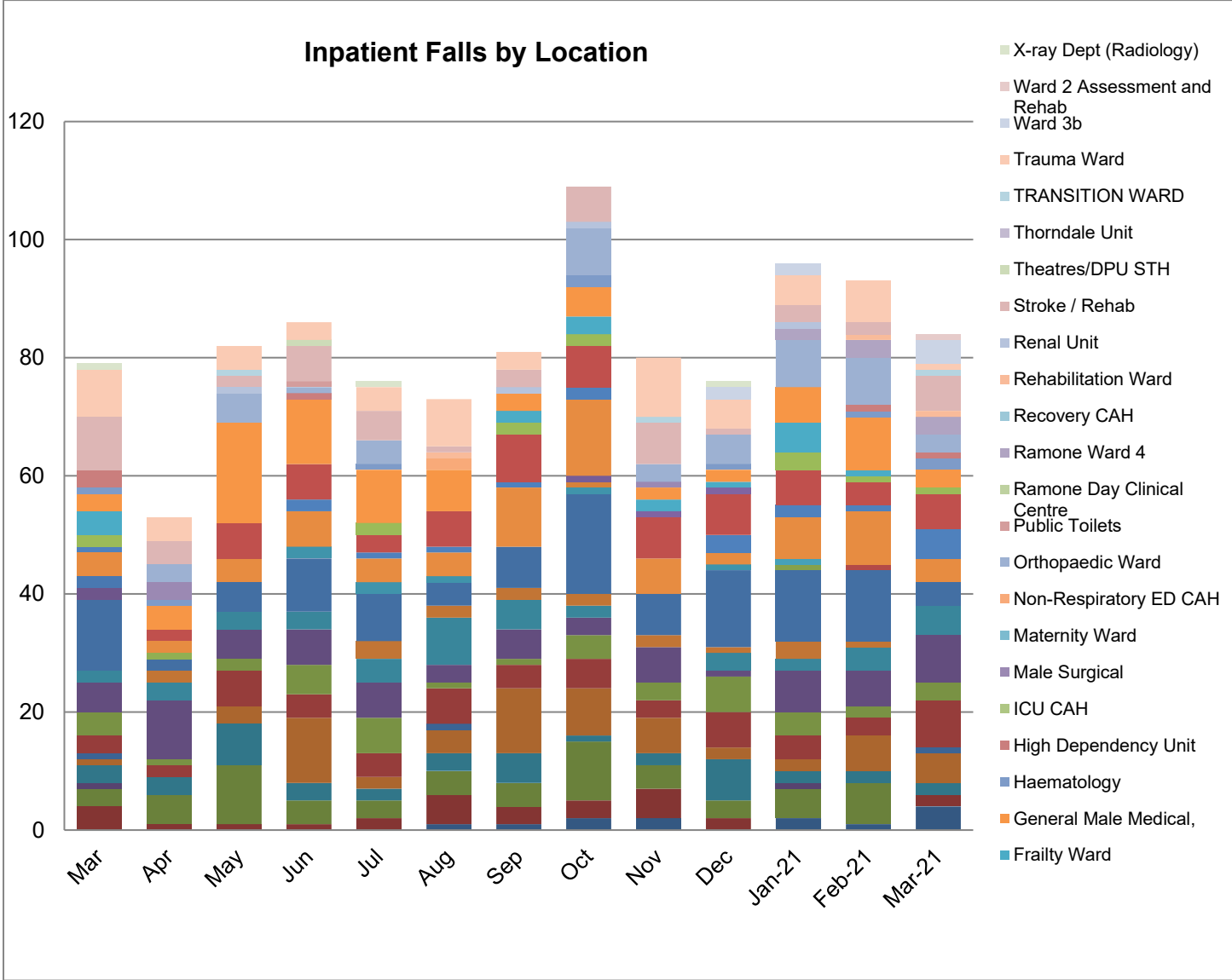
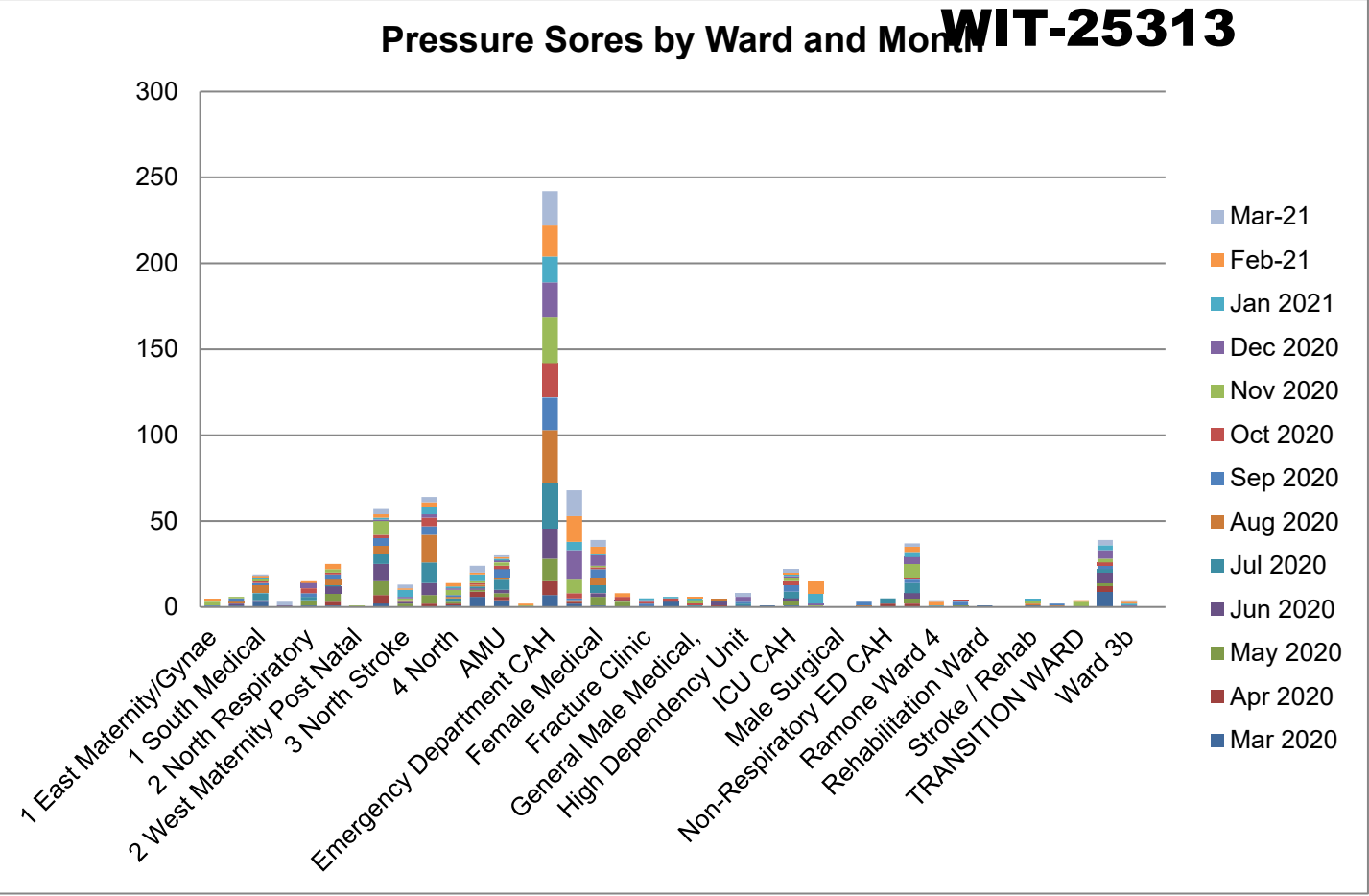
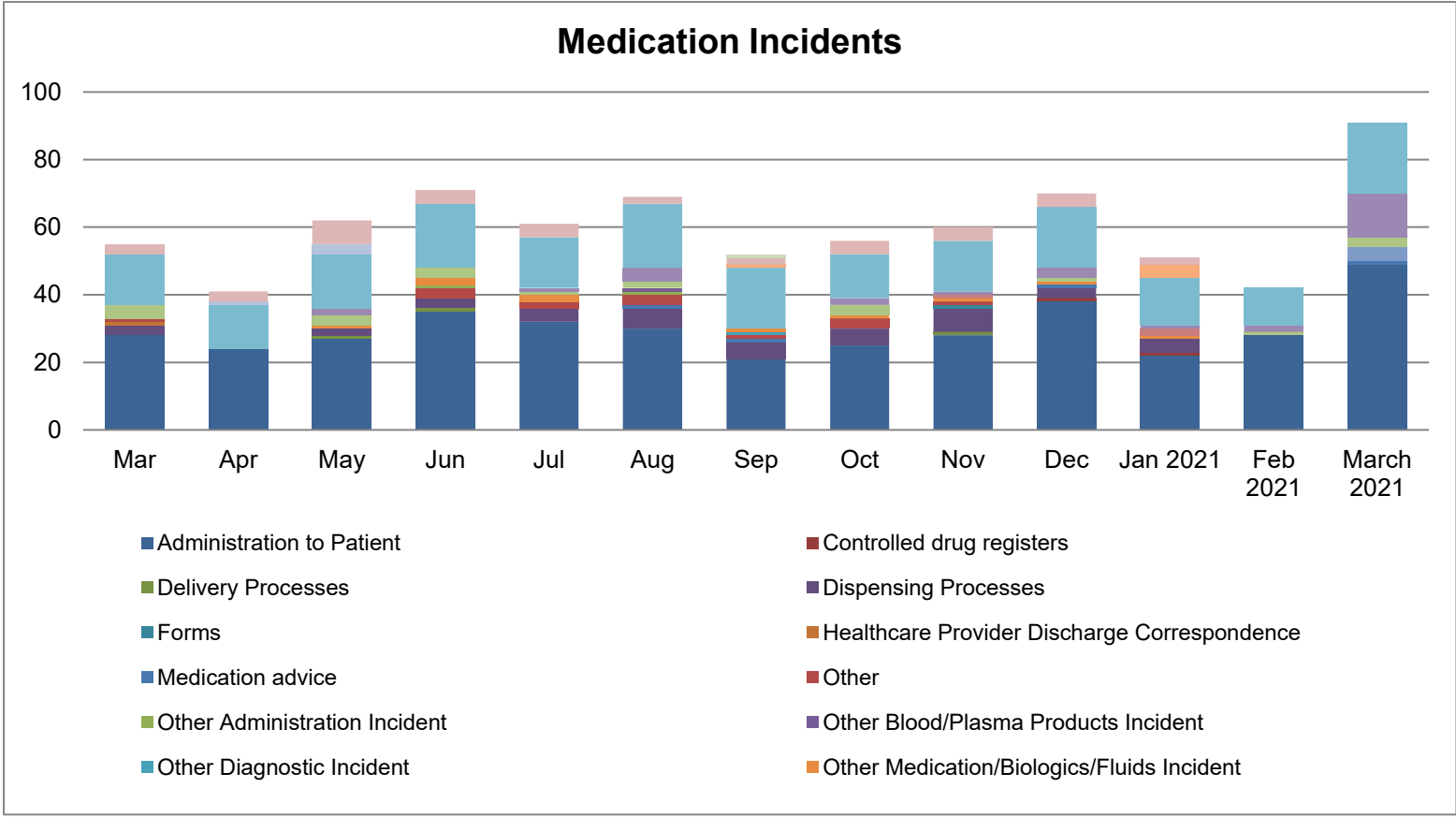


Staffing Incidents by Quarter and Location



Adverse Incidents by Division





Absconding Patients

	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
1 East Maternity/Gynae	0	0	0	0	1	0	0	0	0	0	0	1
1 North Cardiology	0	1	0	1	0	0	0	0	0	0	0	2
1 South Medical	0	0	1	0	0	0	0	0	0	0	0	1
2 South Medical	0	1	0	0	0	0	0	0	0	0	0	1
2 West Maternity Post Natal	0	0	0	0	0	1	0	0	0	0	0	1
3 South	0	0	0	0	0	0	0	1	0	0	0	1
4 North	0	0	0	0	0	0	1	0	1	1	0	2
4 South	0	0	0	0	0	0	0	1	0	0	0	1
AMU	4	0	2	0	0	0	0	0	6	2	7	12
Car Park/Grounds	0	0	1	0	0	0	0	0	0	1	0	1
Coronary Care	0	0	0	0	0	0	0	0	0	0	2	2
Direct Assessment Unit	0	0	0	0	0	0	0	0	0	1	0	1
Emergency Department CAH	6	7	11	13	9	15	11	11	17	19	27	146
Emergency Department DHH	0	0	5	2	6	3	5	10	15	11	13	70
Entrance/Exit	0	1	0	0	0	0	0	0	0	0	1	2
Female Medical	0	1	1	3	0	0	1	2	0	0	2	10
Female Surgical/Gynae	0	0	0	0	0	0	0	0	1	0	0	1
Frailty Ward	0	0	0	0	0	0	0	0	2	0	0	2
General Male Medical, Non Respiratory ED CAH	5	6	3	1	1	4	0	0	2	0	1	23
Reception/Waiting Area	1	1	0	1	2	1	0	0	0	0	0	6
Rosebrook	0	0	0	0	0	0	0	0	1	0	0	1
Stroke / Rehab	0	1	0	0	1	0	1	0	0	1	2	6
Theatres DHH	0	0	0	1	0	0	0	0	0	0	0	1
TRANSITION WARD	0	0	0	0	0	1	0	0	0	0	0	1
Trauma Ward	0	1	0	0	0	0	0	0	0	0	0	1
Total	16	20	24	22	20	25	19	25	46	36	55	308

DIRECTORATE OF ACUTE SERVICES										
Ref	Record name	Div	Loc (Exact)	Date Received	Investigation due	Reply due	Sent to....	Reminders Sent	Last Holding	Comments
Personal Information redacted by the USI		SEC	Urology	16/12/2019	02/01/2020	16/01/2020	Mark Haynes, Martina Corrigan	14/02/2020 22/06/2020	23/03/2020	(PCC Bronte Mayo) Mark Haynes has requested time off clinical duties to carry out investigation before he can issue response. Martina Corrigan advised this time off could not yet be given. - Sent to Ronan Carroll 05.02.2021
		MUC	MMW DHH	05/10/2020	19/10/2020	02/11/2020	Kay Carroll - Annette O'Hara	09/11/2020, 06/12/2020, 11/12/2020		Melanie 26/04/2021
		MUC	ED DHH	24/12/2020	12/01/2021	26/01/2021	Kay Carroll - Laura McAuliffe	16/02/2021 &19/03/2021	26/04/2021	Mary Burke to advise on wording for response - as per Carly
		SEC	ED CAH	05/01/2021	19/01/2021	02/02/2021	Erskine Holmes	18/02/2021 & 19/03/2021 & 26/04	03/02/2021 & 26/04/2021	ED section completed and approved, T&O response got await physio. - email to Cathy Mc 26/04
		SEC/MUC	UROLOGY/GENERAL MED	11/01/2021	26/01/2021	09/02/2021	Dr A Glackin, Wendy Clayton, Chris wamsley, Louise Devlin			Urology response received, awaiting 1 south
		MUC	2 South	12/01/2021	26/01/2021	09/02/2021	Patricia Loughan	22/02/21 & 19/03 26/04	22/02/2021 & 28/04/21	Patricia to respond, reminder sent.
		IMWH	DOU	13/01/2021	2701/2021	10/02/2021	Mary Dawson& Wendy Clarke	22/02/21 & 19/03, 26/04	22/02/2021 & 26/04	No resposnes as of yet reminder to all.
		SEC	Booking Centre	15/01/2021	02/02/2021	16/02/2021	Amie Nelson	22/02/2021 & 19/03/2021	23/03/2021 & 26/04	Query FSS - Booking centre sent to Amie - email to Amie to confirm she can take for investigation
		SEC	Urology	21/01/2021	04/02/2021	18/02/2021	Wendy Clayton, John O'Donoghue, Dorothy Sharpe	19/02/2021 & 23/04	19/02/2021 & 26/04/21	Reminded sent by sarah to Wendy 23/04
		SEC	ED	21/01/2021	03/02/2021	17/02/2021	Amie N,	26/04/2021	19/02/2021 & 26/04	Resent to Amie for urgent response.
		SEC	SEC	02/02/2021	17/02/2021	03/03/2021	Aimee Nelson Ronan Carroll	23/03/2021	23/03/2021 & 26/04/21	Investigation email sent out 05/02 - AN to send to EE and 352
		IMWH	DHH Mathernity	03/02/2021	17/02/2021	03/03/2021	Wendy Clarke, Mary Dawson, Mr Wheeler, Dr Kamath		23/03/2021 & 26/04/21	Wendy Clarke to approve draft response

Reopened Complaints for SEC at 21.4.2020

Ref	Record name	Div	Loc (Exact)	Response / Meeting (R/M)	Re-Opened	Last Updated	Progress
Personal Information redacted by the USI		SEC	Day Surgery	M	27/11/2019	12/03/2020	Reminder for approval of draft notes from Dr McArdle 10/03/2020 - PCC Gavin Devlin phoned to enquire about notes. E-Mailed Amie Nelson to advise and request she contact Dr McArdle.
		SEC	4 South	R	06/12/2019	22/01/2020	Amie and Ronan to decide if a neutral person is to conduct meeting 10.03.2020
		SEC		R	14/02/2020	05/03/2020	Sent to Martina Corrigan. Reminder sent.
		SEC	Surgical Asses	R	20/01/2020	10/03/2020	Reminder to A Nelson for timeline requested by solicitor 10/03/2020

Ombudsman at 20 April.2021

Trust Ref	NIPSO Ref	Patient	Div	Ombudsman Date	Progress
Personal Information redacted by the USI			SEC/MUC/Radiology	10.03.2020	Awaiting OPPC in order to send response back. Need to put in the bit re SAI rational. Extension to 05th May 2021
			SEC	25.01.2021	6 month recommendations to be carried out by June 2021
			SEC	10.12.2020	evidence of recommendation to be forwarded in 6 months by June 2021
			SEC	15.08.19	initial investigation with Ombudsman
			MUSC	14.03.2020	Response with the Ombudsman
			SEC	05.05.20	Accepted by the Ombudsman for investigation 24/02/.2021
			MUSC	10.12.2020	Further medical records requested and sent 11..03.2021
			SEC	12.02.2021	Awaiting ombudsman to come back
			IMWH	Feb-21	Accepted by the Ombudsman
			Gastro	Mar-21	Response sent to the Ombudsman 22.4.21

Medication incidents CCS2

ID	Incident date	Directorate	Division	Site	Loc (Exact)	Description	Drug administered	Correct drug	Action taken	Consequence	Incident affecting	Incident type tier one	Incident type tier two	Incident type tier three	DHSSPS impact	DHSSPS potential	DHSSPS likelihood	DHSSPS risk rating
<div>Personal information</div>	12/03/2021	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Orthopaedic Ward	Patient had NG tube inserted 12/3/21. Due for NG feed at 1900. PH checked at 1915 = 7.0 Feed commenced at 1920 and ran overnight for 12 hours. Ph should have been 5.5 or below. Error noticed on night shift 13/3/21.	Enteral Feed Product		Patient informed	Minor	Patient Incident	Medication/Biology/Fluids	Administration to Patient	Contraindication due to medical condition	minor	catastrophic	possible	extreme
<div>Personal information</div>	01/03/2021	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	3 South	Patient admitted to hospital and written up for pre-admission medication. This included their Flixotide 100microgram accuhaler. This was ordered by ward staff and subsequently Flixotide 500microgram accuhaler was ordered in error (high dose steroid inhaler). This was then administered by the patient twice daily for 5 days. I was completing a medication history on the patient and checking the patient's own drugs when I recognized the incorrect strength of accuhaler in the patients locker. I asked nursing staff if they knew whether the accuhaler was ordered from pharmacy whilst the patient was an inpatient which staff nurse confirmed it was supplied by hospital pharmacy and was ordered late last week.	Fluticasone	Fluticasone	I informed the patient that the wrong strength of accuhaler was ordered. I asked if the patient had suffered any side effects as a result (eg oral thrush)which the patient denied. I told them that I ordered the correct strength from pharmacy. I alerted the ward sister to this.	Minor	Patient Incident	Medication/Biology/Fluids	Administration to Patient	Incorrect dose	minor	moderate	possible	medium
<div>Personal information</div>	11/03/2021	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	3 South	LOCKER UNLOCKED 3 SOUTH BACK BAY 1 BED 2 BAY 2 BED 1 BAY 2 BED 4 FRONT BAY 2 BED 3 BAY 2 BED 4 ROOM 4			WARD SISTERS INFORMED LOCKERS LOCKED BY MYSELF	Insignificant	Organisational Incident	Medication/Biology/Fluids	Storage Processes (in pharmacy or on unit)	Incorrect storage environment	insignificant	moderate	possible	medium

Personal Information	17/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	CEAW	Was contacted by patients sister on the DN out of hours phone who informed me that her sister had been discharged from hospital yesterday evening the 16/3/21 on clexane following surgery. She had been shown how to use the clexane just once and deemed by staff to be competent however when she got home she wasn't sure she was doing it right and instead of administering 1 40mg injection she gave herself 3 in an attempt to ensure it was going in right. Patients sister was advised to phone District Nursing to come out and administer clexane injection today. I advised patients sister that I would like to phone OOH GP for advice on giving a further injection after she has taken 3 times her dose and advised I would ring back. Patients sister advised OOH were contacted last night and advised she would be ok.	Enoxaparin	Enoxaparin	Contacted OOH GP and gave details of incident. OOH GP phoned me back and explained the incident with the patients clexane. GP I spoke with asked that patient be brought into ED to have urgent bloods checked including coag before administering any further clexane. Contacted patients sister and advised that patient needs to go to ED to have her bloods done. She is going to take her now. I advised if clexane to be given for staff in ED to refer to DN regarding this.	Minor	Patient Incidents	Medication/Bloods/Fluids	Administration to Patient	Inappropriate/incorrect Self Administration	minor	moderate	possible	medium
Personal Information	25/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	General Outpatients Reception/Waiting Area	Patient was admitted electively for procedure on 25/03/21. Patient is type 2 diabetic on insulin. Patient had attended pre-operative assessment where he had been advised to hold all oral medications the morning of surgery but was not advised re insulin. Patient was fasted from 1800 on 24/03/21 and administered usual dose of insulin morning of surgery (48 units novomix). Patient felt symptoms of hypoglycemia (extreme thirst) blood sugar was 4.3 mmols.	Insulin		Patient was advised he should not take insulin if he is fasting. Anesthetics contacted and GKI fasting protocol commenced. Blood sugars observed hourly.	Minor	Patient Incidents	Medication/Bloods/Fluids	Medication advice	Incorrect advice provided	minor	moderate	possible	medium
Personal Information	03/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Critical medication Epilim 12.5mls not administered at 1400hrs 03/03/2021 on ward prior to surgery	Sodium Valproate	Sodium Valproate	Not noticed until Staff nurse [Personal Information], in recovery ward was checking patient drug kardex at 18.45hrs and getting patient ready for transfer back to ward. Dr Harte CT2 made aware of same-ensure patient gets next dose at 2200hrs. Patient made aware of missed dose.	Minor	Patient Incidents	Medication/Bloods/Fluids	Administration to Patient	Incorrect frequency of dose (omitted dose)	minor	moderate	possible	medium

<div>Personal Information</div>	26/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	PATIENT DISCHARGED FROM 3 SOUTH CAH ON 25/3/21 SYRINGE DRIVER. NO REFERRAL MADE TO DISTRICT NURSING TEAM. FAMILY CONTACTED OOH ON 26/3/21 AT 20.00 TO ADVISE NO NURSE HAD VISITED THAT DAY TO RENEW SYRINGE DRIVER. TWILIGHT NURSE CALLED TO HOME AT 21.00. NO EQUIPMENT IN HOME TO RENWEW SYRINGE DRIVER AND HAD TO GO BACK TO BASE TO GET SUPPLIES. DELAY IN SYRINGE DRIVER BEING RENEWED. (Patient required oral pain relief)	Oxycodone		REPORTED TO ON CALL MANAGER. ATTEMPTED TO CONTACT WARD ON 26.3.21AT 22.30 BUT ONLY AGENCY STAFF ON WARD. PATIENTS AND FAMILY REASSURED AND SYRINGE DRIVER RENEWED. SPOKE WITH WARD MANAGER 29/3/21 ADVISED THEY HAD THOUGHT REFERRAL WAS PUT THROUGH ACCESS AND INFORMATION AND THAT THEY HAD TRIED TO PHONE DISTRICT NURSING <div>Personal Information redacted by the ULS</div>)AND THERE WAS NO REPLY AND THEY HAD NO TIME TO KEEP RINGING AND HAD FORGOTTEN TO FOLLOW UP THE NEXT DAY.	Minor	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect timing of dose (delayed)	minor	minor	possible	low
<div>Personal Information</div>	08/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	A delirious Insulin Dependent T2DM patient presented to ED on 5/3/21 at 22.10. Admitted medically and clerked in at 01.00 6/3/21, seen on weekend review 7/3/21 and by ward Dr's on the 8/2/21. Pharmacy IP ECR completed on 7/3/21 and documented in medical notes. I took over nursing care of this patient on 8/3/21 at 08.00 and during an independent check of information regarding podiatry for toe ulceration via NIECR, I incidentally discovered that the patient was Insulin dependent and that Novomix '30' BD had not been prescribed from admission. CBG's had been checked QDS by nursing staff and documented as a tablet controlled diabetic on 24 hour nursing admission booklet.	Insulins		I immediately escalated the findings to the medical team at 11.15, whom had already seen the patient on the ward round that morning, and informed both the ward manager and ward pharmacist.	Moderate	Patient Incidents	Medication/Biology/Fluids	Prescribing Processes	Not prescribed required medication (reconciliation error)	minor	minor	possible	low
<div>Personal Information</div>	05/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	4 North	medication error 5/3/21 patient meant to get longtec 5 mg as prescribed on the kardex and on a reducing dose from longtec 20mg which was given as it was still prescribed on the Kardex and was not scribbled out.	Oxycodone	Oxycodone	Patient informed. NIC <div>Personal Information</div> informed. SN <div>Personal Information</div> aware. Doctor on ward informed. Pain nurse informed.	Insignificant	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect dose	insignificant	minor	possible	low

Personal Information	25/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	4 South	Bag of 500mls NaCl 0.9% with 40mmol KCL erected instead of 500mls NaCl 0.9% with 20mmol KCL erected. Ran for one hour before error was noted.	Potassium Chloride And Sodium Chloride	Potassium Chloride And Sodium Chloride	IVF discontinued. Clinical observations checked and satisfactory. Error documented in CD book. FY1 made aware - IVF prescription reviewed.	Minor	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect dose	minor	minor	possible	low
Personal Information	09/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	4 South	Patient received dose of Teicoplanin at 02.00, eight hours after previous dose instead of 18.00. Patient should have received IV Meropenem at 02.00 instead.	Teicoplanin	Meropenem	Clinical obs checked on realization of error. FY1 informed. Reviewed by FY1 - nil ordered.	Minor	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect medication/fluid	minor	minor	possible	low
Personal Information	25/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	4 South	Patient received 500mls NaCl 0.9% with 20KCL instead of 1000mls NaCl 0.9% with 20KCL as prescribed.	Potassium Chloride And Sodium Chloride	Potassium Chloride And Sodium Chloride	Clinical obs satisfactory following same. FY1 informed - nil ordered.	Minor	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect strength	minor	minor	possible	low
Personal Information	02/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	CEAW	came on duty at 20:00, attended to patient and noted iv medication that was given to patient was not as prescribed in the drug Kardex. paracetamol iv was signed by 2x staff nurses for that time but the drug attached was iv metronidazole which is not prescribed in patient's drug Kardex. IV metronidazole immediately stopped and disconnected from patient.	Metronidazole	Paracetamol	bed manager informed Doctor informed for assessment of patient Staff members involved notified checked vital signs regularly, closely monitored overnight	Minor	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect medication/fluid	insignificant	minor	possible	low
Personal Information	05/03/2021	Acute Service	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/Gynae	Staff Nurse Pera came to office to inform Sister that she had made a drug error 2 days prior (03/03/2021) when preparing a syringe driver, and realized today when she was doing the same driver that it was a different amount being administered than she worked out with Staff nurse SC 2 days ago. The patient had received less than prescribed of alfentanil. (prescribed 1.5mg, received 0.75mg)	Alfentanil	Alfentanil	Pera was open and honest about this and brought it to Sisters attention & informed ward pharmacist & medical team immediately. Patient reviewed & no concerns. Pain well managed at time and dose reduced on 04/03/2021 before we were aware of error therefor patient suffered no ill effect from lower dose. Pharmacist reviewed & datix to be completed as per policy.	Insignificant	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect dose	insignificant	minor	possible	low

<div>Personal information</div>	02/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Orthopaedic Ward	Critical drug missed being administered	Filgrastim	Filgrastim	reported to medical staff and patient informed	Insignificant	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Failure to administer	insignificant	minor	possible	low
<div>Personal information</div>	11/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Orthopaedic Ward	<p>Nurse in charge of patient not ordering medications to be administered to patient.</p> <p>Beclometasone 100micrograms/dose breath actuated inhaler - brand ideally should have also have been specifically prescribed, prescribed as two puffs twice daily. Patient was admitted to the ward on 11/03/2021 and all doses for 11th and 12th marked as medication not available on the Kardex. This could have been ordered through pharmacy by the named nurse.</p>	Beclometasone	Beclometasone	I informed the patient that this hadn't been administered, she was aware of this and on discharge planned to take this immediately when she gets home today. She was happy with this outcome.	Minor	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Failure to administer	insignificant	minor	possible	low
<div>Personal information</div>	27/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Orthopaedic Ward	<p>Ortho ward contacted to get critical medications madopar for a new admission on the trauma ward, Staff nurse confirmed they had the medications and an HCA from trauma ward asked to collect the medications from the ortho ward. The HCA arrived back to the ward with the madopar loose inside a paper towel with the drug name and dose handwritten on the paper towel, not inside the original drug packaging.</p>	Co-Beneldopa	Co-Beneldopa	<p>The drug could not be given as we could not confirm that this was the right drug or the right dose as prescribed for the patient on the ward. Drug then obtained from another ward. Clinical co-ordinator <div>Personal information</div> aware as on the ward at the time the drug was received from ortho. A photograph of medications and paper towel has been emailed to SR <div>Personal information</div> and SR <div>Personal information</div></p>	Minor	Patient Incidents	Medication/Biology/Fluids	Storage Processes (in pharmacy or on unit)	Incorrect storage environment	insignificant	minor	possible	low
<div>Personal information</div>	26/03/2021	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	<p>Query medication error. Noticed on Kardex 22.00 pm apixaban on hold but signed for by night nurse. clexane also signed for on Kardex. Spoke with sho who said datex same. and fy1 <div>Personal information</div> reviewed karex. Clexane bd still to be given as apixaban half life 1 hours. No ooze noted for wound but same monitored.Patient not sure when asked did he receive he said he cant remember. Staff involved to be asked if signing error or not.</p>	apixiban	apixiban	spoke with sho and patient and fy1.	Minor	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Contraindication due to interactions with other medications	minor	minor	possible	low

<div>Personal Information</div>	30/03/2021	Acute Service	Surgery and Elective Care	Craigavon Hospital	Trauma Ward	<div>new patient admitted in ward with ankle fracture . she was in sore . I have given 10 am MST 30 tablets.the same medicine was given in ED at 4.50 am which was documented in flimsy .. I checked the Kardex only.later I noticed the flimsy and aware that I have given an extra dose</div>	Morphine	Morphine	<div>informed ward manager,sister in charge ,SHO , pharmacist and painteam..checked the news ,gcs .informed the patient about same and apologized. reviewed the patient by doctor.patient missed her night MST 10 yesterday night and had a dose in ed at 4.50am speak with the pain team about same..as the patient is in pain doctor reviewd the Kardex and changed and increased the MST doses .</div>	Insignificant	Patient Incidents	Medication/Biology/Fluids	Administration to Patient	Incorrect frequency of dose (extra dose)	insignificant	minor	possible	low
<div>Personal Information</div>	12/03/2021	Acute Service	Surgery and Elective Care	Craigavon Hospital	Theatres 5-8 CAH	<div><div>Personal Information</div>old lady for Open Reduction and Fixation of shoulder injury on Trauma List. PMH Hypertension GORD DH Irbesartan Omeprazole Previous gynae surgery No History of Allergy Had awake interscalene block then modified RSI. Increasing airway pressures 30 mins into case Patient draped and in deck chair position Concerns regarding tube position investigated and satisfactory Unsatisfactory capnograph trace. Concern over mechanical obstruction of airway. second dose of rocuronium given Increasing bronchospasm reduced lung compliance on manual ventilation with ambu bag bradycardia then 20-30 seconds asystole adrenaline given improvement in ventilation adrenaline infusion commenced remaining drugs given as per anaphylaxis protocol patient successfully extubated but requiring ongoing adrenaline infusion Plasma tryptase sent and follow up will be arranged</div>	Rocuronium	Rocuronium	<div>patient referred to ICU for follow up and moved to recovery on adrenaline No ICU bed available ICU agree to review</div>	Modest	Patient Incidents	Medication/Biology/Fluids	Post-administration Patient Monitoring	Adverse drug reaction	Adverse drug reaction			

Incident Review position 19.04.2021

Count of Approval status	Column Labels		
Row Labels	Being reviewed	In holding area, awaiting review (blank)	Grand Total
Clinical and Social Care Governance	1		1
Functional Support Services	23	21	44
IMWH - Cancer and Clinical Services	611	10	621
Medicine and Unscheduled Care	553	59	612
Pharmacy	45	22	67
Surgery and Elective Care (blank)	221	9	230
Grand Total	1454	121	1575

	Being reviewed	In holding area, awaiting review	(blank)	Grand Total
Functional Support Services	23	21		44
3 North Medicine	1			1
Admin Floor		2		2
AMU	1			1
Canteen/Dining Room		2		2
Car Park/Grounds	1	1		2
Daisy Hill Resource Centre	1			1
Direct Assessment Unit	1			1
Domestic Services	1	1		2
ED - Admin Services		1		1
Emergency Department CAH	1			1
Emergency Department DHH	4			4
Female Medical	1			1
Female Surgical/Gynae	1			1
General Outpatients Reception/Waiting Area	1			1
Gynae Clinic		1		1
Health Records	2	1		3
Kitchen		1		1
Laundry Room		2		2
MEC		2		2
Minor Injuries Unit		1		1
Orthopaedic Ward	1			1
Ramone Building	1	1		2
Ramone Ward 4	1			1
Secretarial Team - Admin Services		1		1
Theatres 1-4 CAH	1			1
Theatres/DPU STH	1			1
Tower Block		3		3
Wards - Admin Services	2	1		3

	Being reviewed	In holding area, awaiting review	(blank)	Grand Total
Medicine and Unscheduled Care	553	59		612
1 East Maternity/Gynae	1			1
1 North Cardiology	18	1		19
1 South Medical	17	4		21
2 North Respiratory	8	2		10
2 South Medical	21	1		22
3 North Medicine	16			16
3 North Stroke	9			9
3 South	2			2
A* Homecare		1		1
Admin Floor	4	1		5
Air (Respiratory) Lab		1		1
AMU	27	7		34
Audiology Clinic	1			1
Banbridge HSSC	1			1
Bio-chemistry Lab	1	1		2
Blood Transfusion Lab	2			2
Car Park/Grounds	3			3
Cardiology Research	1			1
Cloughmore Ward	1			1
College of Nursing/ST Headquarters	1			1
Coronary Care Ward	3	1		4
Corridor/Stairs	6	1		7
CYP A&E	2			2
Day Hospital		1		1
Day Surgery Unit CAH	1			1
DEAW		1		1
Dental Clinic		1		1
Dermatology Clinic	6			6
Diabetology Clinic	1			1
Direct Assessment Unit		1		1
Donning and Doffing CAH		2		2
Donning and Doffing DHH	2			2
ECG Clinic	2			2
ED Majors	1			1
Emergency Department CAH	205	4		209
Emergency Department DHH	68	1		69
Entrance/Exit	2	1		3
Female Medical	10	2		12
Female Surgical/Gynae	1			1
Frailty Ward	1			1
Gastroenterology Clinic	1			1
General Male Medical,	17			17
General Medicine Clinic	2			2
General Outpatients Reception/Waiting Area	5	1		6
General Outpatients Treatment Room	1			1
Haematology	4			4
High Dependency Unit	1			1
Hockley Lodge and Mews Nursing Home	1			1

Home of client	3	2		5
IBD Nurses		1		1
ICU CAH	1			1
Isolation Ward 1 Ramone		3		3
Laboratory		2		2
Laganvale Care Nursing Home		1		1
Male Surgical	1			1
MEC		1		1
Microbiology Lab	1	1		2
Minor Injuries Unit	1			1
MRI Unit	2			2
Non Trust GP premises	1			1
Non Trust premises		1		1
Non-Respiratory ED CAH	3			3
Older People Assessment Unit CAH		1		1
Older People Assessment Unit DHH	1			1
Paediatric Ward	1			1
Paediatrics Ambulatory Ward		1		1
Patient Support Office	1			1
Pharmacy Stores / Distribution		1		1
Physiotherapy Inpatient	1			1
Physiotherapy Outpatients Department	1			1
Psychiatry Clinic	1			1
Public place	1			1
Public Toilets	1			1
Ramone Building		1		1
Ramone Day Clinical Centre	3			3
Ramone Ward 1	2			2
Ramone Ward 4	2			2
Reception/Waiting Area	1	3		4
Rehabilitation Ward	4			4
Renal Unit	1			1
Silverwood Ward	1			1
Speech Therapy Outpatients Department	1			1
STH Site COVID Centre		1		1
Stroke / Rehab	24	1		25
The Rowans	1			1
Tower Block		1		1
Ward 1, Assessment and Rehabilitation	1	1		2
Ward 3b	11			11
Willows Ward	1			1
(blank)	2			2

	Being reviewed	In holding area, awaiting review	(blank)	Grand Total
Pharmacy	45	22		67
1 South Medical	1			1
3 North Stroke	1			1
AMU	1			1
Community Pharmacy	1			1
Emergency Department DHH	1			1
ICU2	1			1
Pharmacy Aseptic Unit	29	7		36
Pharmacy Dispensary	9	1		10
Pharmacy Stores / Distribution		1		1
South Lakes Leisure Centre	1	13		14

	Being reviewed	In holding area, awaiting review	(blank)	Grand Total
IMWH - Cancer and Clinical Services	83	10		93
Acute Directorate AHP's	7			7
1 East Maternity/Gynae	2			2
Occupational Therapy Dept	2			2
Physiotherapy Inpatient	1			1
Physiotherapy Outpatients Department	2			2
Haematology	3			3
Haematology Clinic	5			5
Oncology Clinic, Mandeville Unit	10	1		11
Pharmacy Aseptic Unit		1		1
2 North Respiratory	1			1
Cardiology Clinic	1			1
CT Scanner	11			11
ED X-ray	1			1
Emergency Department CAH	1			1
High Dependency Unit	1			1
MRI Unit	3			3
Neonatal Unit/SCBU	1			1
Portering	1			1
Summer Hill Surgery, Warrenpoint		1		1
X-ray Dept (Radiology)	11			11
2 West Maternity Post Natal	1			1
Blood Transfusion Lab	2	1		3
Cellular Pathology Lab	3			3
Colposcopy Clinic		3		3
Delivery Suite, CAH	1			1
Delivery Suite, DHH	7			7
ED Majors	1			1
Emergency Department CAH	1			1
Laboratory	1			1
Microbiology Lab	1	3		4
Non Trust premises	1			1

	Being reviewed	In holding area, awaiting review	(blank)	Grand Total
Midwifery and Gynaecology	535	0		535
1 East Maternity/Gynae	29			29
2 East Midwifery Led Unit	5			5
2 West Maternity Post Natal	56			56
Antenatal Clinic	82			82
Banbridge HSSC	1			1
Brownlow HSSC, Legahorry Centre	4			4
Car Park/Grounds	3			3
Cellular Pathology Lab	1			1
Colposcopy Clinic	1			1
Crossmaglen Health Centre	1			1
CT Scanner	1			1
Day Hospital	1			1
Day Obstetric Unit	2			2
Delivery Suite, CAH	127			127
Delivery Suite, DHH	101			101
Early Pregnancy Problem Clinic	3			3
Female Surgical/Gynae	16			16
General Outpatients Reception/Waiting Area	1			1
General Outpatients Treatment Room	4			4
Gynae Clinic	11			11
Home of client	16			16
John Mitchel Place, HSSC	4			4
John Mitchel Place, HSSC	1			1
Kilkeel Health Centre	1			1
Laboratory	1			1
Maternity Admissions/Assessment Unit	6			6
Maternity Ward	46			46
Neonatal Unit/SCBU	1			1
Non Trust premises	1			1
Nurses Home	1			1
Portadown HSSC	2			2
Reception/Waiting Area	1			1
SAUCS (GPOOH) Kilkeel	1			1
Sterile Services Dept	1			1
Theatres 1-4 CAH	1			1
(blank)	1			1

	Being reviewed	In holding area, awaiting review	(blank)	Grand Total
Anaesthetics, Theatres and IC Services	74			74
2 North Respiratory	1			1
Coronation Building	1			1
Day Hospital	1			1
Day Procedure Unit DHH	1			1
Day Surgery Unit CAH	6			6
Emergency Department CAH	1			1
General Outpatients Reception/Waiting Area	2			2
ICU CAH	15			15
ICU2	11			11
Lift	1			1
Pre-operative Assessment Clinic	1			1
Recovery CAH	2			2
Scheduling Team	2			2
Theatres 1-4 CAH	8			8
Theatres 5-8 CAH	2			2
Theatres DHH	3			3
Theatres/DPU STH	15			15
Tower Block	1			1

	Being reviewed	In holding area, awaiting review	(blank)	Grand Total
General Surgery	147	9		156
1 East Maternity/Gynae	3			3
3 Five Two Healthcare	1			1
3 North Medicine	1			1
3 South	16			16
4 North	7			7
4 South	3			3
Breast Clinic	1			1
Car Park/Grounds		2		2
CEAW	1			1
Day Surgery Unit CAH	1			1
DEAW	1			1
Dermatology Clinic	1			1
Emergency Department CAH	4			4
Female Surgical/Gynae	5			5
Finance Department	1			1
General Outpatients Reception/Waiting Area	2			2
General Surgery Clinic	3	1		4
Haematology Lab	1			1
High Dependency Unit	2			2
Home of client	2			2
ICU CAH	1			1
Laboratory		1		1
Lift		1		1
Male Surgical	1			1
MEC	1	1		2
Microbiology Lab	1			1
MRI Unit	1			1
Oral Surgery Clinic	1			1
Orthopaedic Ward	1			1
Paediatric Ward	16			16
Paediatrics Ambulatory Ward	1			1
Pharmacy Medicines Information	1			1
Ramone Building		2		2
Recovery DHH	1			1
Theatres 1-4 CAH	2			2
Theatres/DPU STH	4			4
Thorndale Unit	2			2
Tower Block	2			2
Trauma Ward	2	1		3
Urology Clinic	19			19
Aughnacloy House	1			1
ENT Clinic	1			1
General Outpatients Reception/Waiting Area	1			1
General Outpatients Treatment Room	1			1
General Surgery Clinic	1			1
Ophthalmology Clinic	1			1
Thorndale Unit	1			1
Urology Clinic	1			1

Day Procedure Unit DHH	6			6
Day Surgery Unit CAH	12			12
Theatres/DPU STH	8			8

ID	Incident date	Division	Service Area	Loc (Exact)	Approval status
132050	22/01/2021	Functional Support Services	Booking / Admin	Tower Block	In holding area, awaiting review
133053	29/01/2021	Medicine and Unscheduled Care	General Medicine	Laboratory	In holding area, awaiting review
115641	23/03/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Colposcopy Clinic	In holding area, awaiting review
129966	10/12/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Colposcopy Clinic	In holding area, awaiting review
133969	21/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Pharmacy Stores / Distribution	In holding area, awaiting review
132044	19/01/2021	Functional Support Services	Booking / Admin	Tower Block	In holding area, awaiting review
134065	23/02/2021	Pharmacy	Pharmacy	Pharmacy Stores / Distribution	In holding area, awaiting review
137222	18/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	In holding area, awaiting review
137303	18/04/2021	Functional Support Services	Locality Support Services (C&B)	Kitchen	In holding area, awaiting review
135056	11/03/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
135188	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Entrance/Exit	In holding area, awaiting review
115053	10/03/2020	Surgery and Elective Care	General Surgery	Laboratory	In holding area, awaiting review
137132	16/04/2021	Functional Support Services	Linen Services	Laundry Room	In holding area, awaiting review
116293	15/04/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Colposcopy Clinic	In holding area, awaiting review
123423	20/08/2020	Functional Support Services	Booking / Admin	MEC	In holding area, awaiting review
136591	08/04/2021	Functional Support Services	Locality Support Services (C&B)	Canteen/Dining Room	In holding area, awaiting review
137036	15/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	In holding area, awaiting review
132643	01/02/2021	Functional Support Services	Booking / Admin	Admin Floor	In holding area, awaiting review
136589	08/04/2021	Functional Support Services	Locality Support Services (C&B)	Canteen/Dining Room	In holding area, awaiting review
136706	09/04/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	In holding area, awaiting review
136808	12/04/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
136838	12/04/2021	Functional Support Services	Decontamination Services	Gynae Clinic	In holding area, awaiting review
137025	14/04/2021	Surgery and Elective Care	General Surgery	Trauma Ward	Being reviewed
135587	21/03/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
132864	04/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
123270	21/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Admissions/Assessment Unit	Being reviewed
110970	23/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
120596	07/07/2020	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
120828	10/07/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Laboratory	Being reviewed
121713	25/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
130858	03/01/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
133415	12/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Sterile Services Dept	Being reviewed
97347	08/04/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
106707	09/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
115967	03/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
125006	22/09/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
125025	23/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
91444	30/11/2018	Medicine and Unscheduled Care	General Medicine	General Outpatients Reception/Waiting Area	Being reviewed
108983	01/11/2019	Medicine and Unscheduled Care	General Medicine	General Outpatients Reception/Waiting Area	Being reviewed
135998	29/03/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
132249	25/01/2021	Surgery and Elective Care	General Surgery	Tower Block	Being reviewed
110823	17/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Non Trust premises	Being reviewed
112134	20/11/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
122294	05/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
130884	03/01/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
131079	05/01/2021	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
134364	28/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
129582	08/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
129616	09/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Nurses Home	Being reviewed
116580	20/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
116907	30/04/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
135098	11/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	Portering	Being reviewed
65853	09/01/2017	Medicine and Unscheduled Care	Acute Hospital Social Workers	Corridor/Stairs	Being reviewed
128476	19/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed

115321	15/03/2020	Medicine and Unscheduled Care	General Medicine	Admin Floor	In holding area, awaiting review
134092	23/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
134273	25/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134410	01/03/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
134592	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
102271	16/07/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
112481	21/01/2020	Medicine and Unscheduled Care	General Medicine	Blood Transfusion Lab	Being reviewed
112549	16/01/2020	Medicine and Unscheduled Care	General Medicine	Blood Transfusion Lab	Being reviewed
121274	17/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
122324	05/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
95383	05/03/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
104175	27/08/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Tower Block	Being reviewed
113599	11/02/2020	Medicine and Unscheduled Care	General Medicine	Dermatology Clinic	Being reviewed
132184	24/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
124564	09/09/2020	Surgery and Elective Care	General Surgery	Car Park/Grounds	In holding area, awaiting review
128189	13/11/2020	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
135978	26/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
136131	30/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136328	02/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
116990	01/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
98806	16/05/2019	Medicine and Unscheduled Care	General Medicine	Admin Floor	Being reviewed
99031	21/05/2019	Medicine and Unscheduled Care	Cardiac Services	ECG Clinic	Being reviewed
129372	04/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
129572	08/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
128954	27/11/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	In holding area, awaiting review
115893	10/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
133988	22/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Corridor/Stairs	Being reviewed
134277	26/02/2021	Medicine and Unscheduled Care	General Medicine	Female Surgical/Gynae	Being reviewed
134338	27/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
119905	24/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
102164	20/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
112185	16/01/2020	Medicine and Unscheduled Care	General Medicine	Rehabilitation Ward	Being reviewed
121709	25/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
131137	03/01/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
113832	14/02/2020	Medicine and Unscheduled Care	General Medicine	Car Park/Grounds	Being reviewed
123606	27/08/2020	Functional Support Services	Decontamination Services	Theatres/DPU STH	Being reviewed
131823	08/12/2020	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
124603	07/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133291	10/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
115343	15/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
135324	14/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Banbridge HSSC	Being reviewed
135338	16/03/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
135499	19/03/2021	Medicine and Unscheduled Care	General Medicine	Ramone Day Clinical Centre	Being reviewed
135931	27/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136335	02/04/2021	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
136628	09/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Bio-chemistry Lab	In holding area, awaiting review
136942	13/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
137035	10/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
90713	12/11/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
137109	15/04/2021	Medicine and Unscheduled Care	General Medicine	Direct Assessment Unit	In holding area, awaiting review
135018	09/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
135403	16/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
123671	29/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Admissions/Assessment Unit	Being reviewed
133648	16/02/2021	Surgery and Elective Care	General Surgery	Recovery DHH	Being reviewed
130574	28/12/2020	Medicine and Unscheduled Care	Cardiac Services	Silverwood Ward	Being reviewed
121714	25/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
131576	14/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed

122803	14/08/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
128083	12/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135952	28/03/2021	Surgery and Elective Care	General Surgery	4 North	Being reviewed
136922	13/04/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	Summer Hill Surgery, Warrenpoint	In holding area, awaiting review
134278	24/02/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
114449	27/02/2020	Medicine and Unscheduled Care	General Medicine	Public place	Being reviewed
106425	05/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
134546	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 East Midwifery Led Unit	Being reviewed
128887	23/11/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
129364	04/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
84869	28/06/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
122271	05/08/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres DHH	Being reviewed
130834	03/01/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
131806	18/01/2021	Functional Support Services	Health Records	3 North Medicine	Being reviewed
135007	05/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
135714	23/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
91226	22/11/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
108106	03/11/2019	Medicine and Unscheduled Care	General Medicine	Rehabilitation Ward	Being reviewed
136284	29/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136852	12/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136918	13/04/2021	Functional Support Services	Locality Support Services (C&B)	Ramone Ward 4	Being reviewed
136952	09/04/2021	Functional Support Services	Decontamination Services	Theatres 1-4 CAH	Being reviewed
133940	20/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
118731	02/06/2020	Medicine and Unscheduled Care	General Medicine	Reception/Waiting Area	In holding area, awaiting review
107535	22/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
126788	21/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
127020	26/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135143	12/03/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
111044	24/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
130449	23/12/2020	Medicine and Unscheduled Care	General Medicine	Laboratory	In holding area, awaiting review
131149	07/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
99447	30/05/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Coronation Building	Being reviewed
118546	28/05/2019	Medicine and Unscheduled Care	General Medicine	Donning and Doffing DHH	Being reviewed
136062	30/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136748	10/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
137030	14/04/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
137048	05/04/2021	Functional Support Services	Locality Support Services (A&D)	Minor Injuries Unit	In holding area, awaiting review
122454	07/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
131053	03/01/2021	Functional Support Services	Health Records	Admin Floor	In holding area, awaiting review
132707	13/01/2021	IMWH - Cancer and Clinical Services	Acute Directorate AHP's	Physiotherapy Outpatients Department	Being reviewed
132014	22/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
124169	02/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Brownlow HSSC, Legahorry Centre	Being reviewed
114866	06/03/2020	Surgery and Elective Care	General Surgery	Tower Block	Being reviewed
133343	11/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
134247	12/02/2021	Pharmacy	Pharmacy	ICU2	Being reviewed
128738	24/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
128974	27/11/2020	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
137219	18/04/2021	Surgery and Elective Care	General Surgery	4 North	Being reviewed
90384	02/11/2018	Medicine and Unscheduled Care	General Medicine	General Outpatients Reception/Waiting Area	Being reviewed
107253	09/10/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
134979	09/03/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
136058	29/03/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
136433	05/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136583	08/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
121707	24/07/2020	Medicine and Unscheduled Care	General Medicine	High Dependency Unit	Being reviewed
135940	28/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed

135614	21/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
136487	06/04/2021	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
137227	18/04/2021	Medicine and Unscheduled Care	General Medicine	ICU CAH	Being reviewed
94436	12/02/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Laboratory	Being reviewed
98419	09/05/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Hospital	Being reviewed
103164	05/08/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
129371	04/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135102	11/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
136475	06/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
135570	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
118263	27/05/2020	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
134577	03/03/2021	Pharmacy	Pharmacy	1 South Medical	Being reviewed
135774	24/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
120804	10/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
108236	04/11/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 East Midwifery Led Unit	Being reviewed
133775	18/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136700	25/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
131397	12/01/2021	Surgery and Elective Care	General Surgery	Orthopaedic Ward	Being reviewed
134934	08/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
119603	17/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
115112	11/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
131459	13/01/2021	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
97128	29/03/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
111073	25/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
132420	27/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
131848	19/01/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
134721	03/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
130194	19/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
125416	28/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
122732	13/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137206	17/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
117531	09/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137171	16/04/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
131356	11/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
117554	13/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
132573	30/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
115496	19/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135503	19/03/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed
134990	09/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
128040	12/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
111511	05/01/2020	Surgery and Elective Care	General Surgery	Home of client	Being reviewed
134436	01/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
134168	24/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Recovery CAH	Being reviewed
129004	19/06/2020	Functional Support Services	Booking / Admin	Emergency Department CAH	Being reviewed
137264	18/04/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
135628	22/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
126144	10/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135268	03/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
128167	13/11/2020	Medicine and Unscheduled Care	General Medicine	Older People Assessment Unit DHH	Being reviewed
124700	17/09/2020	Surgery and Elective Care	General Surgery	Lift	In holding area, awaiting review
134111	24/02/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
128594	22/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
112507	22/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
95086	27/02/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	General Outpatients Reception/Waiting Area	Being reviewed
137037	14/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136602	04/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed

136438	05/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
126331	30/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Brownlow HSSC, Legahorry Centre	Being reviewed
136555	08/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136070	30/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
111779	27/10/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
135857	26/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
113475	08/02/2020	Surgery and Elective Care	General Surgery	Home of client	Being reviewed
135935	27/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
114479	26/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
133953	19/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
116291	15/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135146	12/03/2021	IMWH - Cancer and Clinical Services	Cancer Services	Pharmacy Aseptic Unit	In holding area, awaiting review
136011	17/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
117640	14/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
114787	04/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
115016	24/11/2019	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
136501	13/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136930	13/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
120641	28/06/2020	Surgery and Elective Care	General Surgery	Paediatrics Ambulatory Ward	Being reviewed
129927	15/12/2020	Medicine and Unscheduled Care	General Medicine	Donning and Doffing CAH	In holding area, awaiting review
134718	01/03/2021	Medicine and Unscheduled Care	General Medicine	1 North Cardiology	Being reviewed
135012	10/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
136704	10/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
122698	12/08/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
137248	19/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134998	10/03/2021	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
136333	02/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
116577	23/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
131842	19/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
114421	26/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Car Park/Grounds	Being reviewed
128832	25/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135580	20/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
136756	10/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134448	01/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
121991	30/07/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136793	12/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	In holding area, awaiting review
134948	24/06/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132932	05/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	Emergency Department CAH	Being reviewed
120134	26/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
124048	05/09/2020	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
136200	31/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	In holding area, awaiting review
136202	01/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136132	31/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
130303	22/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
121487	21/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
131437	17/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
135034	01/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
136944	14/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136337	02/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135821	20/03/2021	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
132085	22/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
134576	03/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
102397	23/07/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
118411	28/05/2020	Medicine and Unscheduled Care	Cardiac Services	Cloughmore Ward	Being reviewed
137263	19/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	In holding area, awaiting review
136423	05/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
92377	17/12/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed

108175	30/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 East Midwifery Led Unit	Being reviewed
127869	09/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
132486	21/01/2021	Medicine and Unscheduled Care	General Medicine	Ward 1, Assessment and Rehabilitation	Being reviewed
83588	22/05/2018	Medicine and Unscheduled Care	General Medicine	Non Trust GP premises	Being reviewed
135400	17/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135173	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
112382	20/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
96666	16/02/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
135541	19/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
97696	24/04/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136507	07/04/2021	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	In holding area, awaiting review
133634	10/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
132872	03/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Recovery CAH	Being reviewed
136569	12/01/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
123824	01/09/2020	Medicine and Unscheduled Care	General Medicine	STH Site COVID Centre	In holding area, awaiting review
137177	17/04/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
93740	26/01/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
136630	09/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
130278	02/11/2020	Functional Support Services	Health Records	Health Records	Being reviewed
133288	17/11/2020	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
114884	06/03/2020	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
118309	23/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
125729	05/10/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Surgery Unit CAH	Being reviewed
135834	25/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137028	14/04/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
114597	01/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
134337	27/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
104433	02/09/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
124088	07/09/2020	Medicine and Unscheduled Care	Emergency Department Services	Hockley Lodge and Mews Nursing Home	Being reviewed
122833	14/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
112447	13/12/2019	Surgery and Elective Care	General Surgery	General Surgery Clinic	Being reviewed
136458	06/04/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
126223	09/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
120426	03/07/2020	Surgery and Elective Care	General Surgery	General Surgery Clinic	In holding area, awaiting review
126053	08/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
134559	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133583	14/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
133605	15/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132531	21/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
135465	18/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Emergency Department CAH	Being reviewed
108289	06/11/2019	Medicine and Unscheduled Care	Emergency Department Services	Day Surgery Unit CAH	Being reviewed
136865	12/04/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
130902	03/01/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	In holding area, awaiting review
134146	24/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
133112	08/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
112246	16/01/2020	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
127251	25/07/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
133437	17/01/2021	Surgery and Elective Care	General Surgery	Female Surgical/Gynae	Being reviewed
135170	12/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
130871	03/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
125768	05/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133750	17/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
91944	12/12/2018	Medicine and Unscheduled Care	General Medicine	General Outpatients Reception/Waiting Area	Being reviewed
121078	07/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
104976	11/09/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
127254	18/04/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed

134853	05/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131481	13/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131405	13/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
124560	14/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Admissions/Assessment Unit	Being reviewed
137250	19/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
116755	15/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
136456	06/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133039	07/02/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed
125508	01/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133158	09/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
136582	08/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
130000	16/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Colposcopy Clinic	Being reviewed
136598	08/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135160	12/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133624	16/02/2021	Functional Support Services	Booking / Admin	MEC	In holding area, awaiting review
96446	30/03/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
136196	31/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134685	04/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
120908	12/07/2020	Surgery and Elective Care	General Surgery	Emergency Department CAH	Being reviewed
134978	27/09/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
134803	07/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
128057	20/08/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
107514	23/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
122836	14/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
130434	24/12/2020	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
136437	05/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132706	12/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
110472	14/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
48636	29/03/2010	Medicine and Unscheduled Care	General Medicine	Gastroenterology Clinic	Being reviewed
129007	28/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
115378	16/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
132316	25/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
119060	10/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
129993	16/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
110178	11/11/2019	IMWH - Cancer and Clinical Services	Acute Directorate AHP's	1 East Maternity/Gynae	Being reviewed
128903	26/11/2020	Medicine and Unscheduled Care	Emergency Department Services	Reception/Waiting Area	In holding area, awaiting review
134896	17/02/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
129277	01/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
119755	21/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133751	16/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	General OutpatientsTreatment Room	Being reviewed
134899	08/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136209	01/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	In holding area, awaiting review
135463	18/03/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
136055	29/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
126524	15/10/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Surgery Unit CAH	Being reviewed
132010	21/01/2021	Medicine and Unscheduled Care	General Medicine	Ramone Ward 1	Being reviewed
125554	01/10/2020	Surgery and Elective Care	General Surgery	Emergency Department CAH	Being reviewed
134702	05/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
107494	22/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135969	28/03/2021	Medicine and Unscheduled Care	General Medicine	Ramone Ward 4	Being reviewed
131340	11/01/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
117704	13/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
110424	13/12/2019	IMWH - Cancer and Clinical Services	Acute Directorate AHP's	1 East Maternity/Gynae	Being reviewed
114402	26/02/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Surgery Unit CAH	Being reviewed
135308	15/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
102744	31/07/2019	Surgery and Elective Care	General Surgery	1 East Maternity/Gynae	Being reviewed
136889	13/04/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed

107530	21/10/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
133507	14/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134622	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135068	05/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134698	04/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134706	05/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134774	04/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133478	12/02/2021	Medicine and Unscheduled Care	General Medicine	Home of client	In holding area, awaiting review
130660	16/11/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
128277	16/11/2020	Surgery and Elective Care	General Surgery	4 South	Being reviewed
116072	07/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
124937	21/09/2020	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
131633	11/01/2021	IMWH - Cancer and Clinical Services	Cancer Services	Haematology Clinic	Being reviewed
135921	27/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
105512	19/09/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Lift	Being reviewed
135178	12/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
118085	20/05/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Blood Transfusion Lab	Being reviewed
77945	29/11/2017	Medicine and Unscheduled Care	General Medicine	MRI Unit	Being reviewed
134137	19/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136124	30/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
126537	13/10/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
136169	31/03/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
99320	28/05/2019	Surgery and Elective Care	General Surgery	General Outpatients Reception/Waiting Area	Being reviewed
135760	21/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
136406	03/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135382	16/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
133297	01/02/2021	Surgery and Elective Care	General Surgery	Finance Department	Being reviewed
128261	15/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136978	14/04/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
123440	25/08/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	In holding area, awaiting review
130774	01/01/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
132106	23/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
132250	25/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134630	04/03/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
134545	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133428	12/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
124825	18/09/2020	IMWH - Cancer and Clinical Services	Acute Directorate AHP's	Occupational Therapy Dept	Being reviewed
135911	26/03/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
135926	27/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
133468	13/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
133466	13/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
127018	25/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132338	26/01/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
78514	24/01/2018	IMWH - Cancer and Clinical Services	Laboratory Services	ED Majors	Being reviewed
129933	11/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
127958	10/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
134492	01/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136540	07/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135204	13/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
133848	18/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
118583	01/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
124538	05/09/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
133426	12/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135294	15/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	In holding area, awaiting review
125585	02/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
129845	13/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed

116975	01/05/2020	Medicine and Unscheduled Care	General Medicine	Physiotherapy Inpatient	Being reviewed
135353	16/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
128885	26/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
137017	14/04/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	MRI Unit	Being reviewed
118902	06/06/2020	Medicine and Unscheduled Care	Emergency Department Services	Corridor/Stairs	Being reviewed
134682	12/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
117814	19/05/2020	Medicine and Unscheduled Care	Emergency Department Services	Bio-chemistry Lab	Being reviewed
136167	31/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136160	31/03/2021	Medicine and Unscheduled Care	General Medicine	Isolation Ward 1 Ramone	In holding area, awaiting review
137215	18/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
83791	01/06/2018	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
101697	10/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
96919	09/04/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
101818	10/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
109758	02/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
112091	14/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
112855	28/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
118651	01/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
103555	14/08/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
130695	30/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134219	25/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
133504	14/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
131389	12/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135422	16/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
109324	21/11/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
102273	02/07/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
133229	15/07/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
134644	04/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Surgery Unit CAH	Being reviewed
136154	30/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
135839	26/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
130366	23/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135953	28/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135119	12/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137269	18/04/2021	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
111709	31/12/2019	Surgery and Elective Care	General Surgery	Female Surgical/Gynae	Being reviewed
119840	16/06/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Cellular Pathology Lab	Being reviewed
123195	20/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
132080	15/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
93799	22/01/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
133435	12/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136327	01/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
128907	27/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
117322	07/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
123445	25/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
90814	16/11/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
124417	11/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
131464	13/01/2021	Functional Support Services	Health Records	Health Records	Being reviewed
135534	19/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
136395	03/04/2021	Functional Support Services	Locality Support Services (Newry)	Domestic Services	In holding area, awaiting review
110284	08/12/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, DHH	Being reviewed
108768	12/11/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
118311	13/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
137026	14/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
118629	24/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136050	29/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
129373	03/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
102393	22/07/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed

134165	24/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
110667	18/12/2019	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
134194	24/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135095	28/01/2021	IMWH - Cancer and Clinical Services	Acute Directorate AHP's	Occupational Therapy Dept	Being reviewed
102394	22/07/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
132605	01/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Car Park/Grounds	Being reviewed
130271	21/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136476	07/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134770	03/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
122819	14/08/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
116647	21/04/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Blood Transfusion Lab	In holding area, awaiting review
121480	17/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
115131	11/03/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
134745	05/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136680	06/04/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
129776	11/12/2020	Pharmacy	Pharmacy	3 North Stroke	Being reviewed
129259	02/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
122178	03/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
136153	31/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Crossmaglen Health Centre	Being reviewed
136537	07/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
122674	12/08/2020	IMWH - Cancer and Clinical Services	Cancer Services	Haematology Clinic	Being reviewed
136317	01/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
137228	18/04/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
135891	25/03/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
135895	26/03/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
119464	16/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136405	04/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	In holding area, awaiting review
118019	21/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
121164	15/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
121497	15/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136265	01/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
116895	30/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
116931	30/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
134392	28/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136736	09/04/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
123413	24/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
103065	06/08/2019	Medicine and Unscheduled Care	General Medicine	Audiology Clinic	Being reviewed
115342	15/03/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
115353	15/03/2020	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
135118	12/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132958	04/02/2021	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
125000	22/09/2020	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
133041	07/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
109138	21/11/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
100977	19/06/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
133184	04/02/2021	Medicine and Unscheduled Care	General Medicine	Coronary Care Ward	Being reviewed
122309	05/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
134730	05/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
137246	18/04/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
127615	23/10/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
134600	03/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
105789	20/09/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Non Trust premises	Being reviewed
133310	10/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
107304	17/10/2019	Surgery and Elective Care	General Surgery	4 North	Being reviewed
134667	04/03/2021	Functional Support Services	Locality Support Services (Newry)	Emergency Department DHH	Being reviewed
134445	01/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133760	17/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed

93966	31/01/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
118729	04/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
107570	23/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
107652	20/10/2019	Medicine and Unscheduled Care	General Medicine	Public Toilets	Being reviewed
135674	22/03/2021	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
136157	25/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
132633	01/02/2021	IMWH - Cancer and Clinical Services	Acute Directorate AHP's	Physiotherapy Outpatients Department	Being reviewed
125158	21/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
127319	30/10/2020	Medicine and Unscheduled Care	General Medicine	Isolation Ward 1 Ramone	In holding area, awaiting review
132581	29/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
129660	09/12/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	In holding area, awaiting review
136794	12/04/2021	IMWH - Cancer and Clinical Services	Laboratory Services	Microbiology Lab	In holding area, awaiting review
128472	12/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
125635	02/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135529	19/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136705	09/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
115245	10/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
102074	18/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Kilkeel Health Centre	Being reviewed
130578	28/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136753	10/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
131566	08/10/2020	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
100958	22/06/2019	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
127236	29/10/2020	Medicine and Unscheduled Care	General Medicine	Home of client	In holding area, awaiting review
132898	04/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137095	14/04/2021	Functional Support Services	Linen Services	Laundry Room	In holding area, awaiting review
111855	02/10/2019	Surgery and Elective Care	General Surgery	3 South	Being reviewed
137021	14/04/2021	Medicine and Unscheduled Care	General Medicine	Ramone Ward 4	Being reviewed
122006	30/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
134989	09/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
88624	02/09/2018	Medicine and Unscheduled Care	Cardiac Services	Cardiology Research	Being reviewed
123556	27/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135663	23/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136597	08/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
127942	10/11/2020	Medicine and Unscheduled Care	General Medicine	1 North Cardiology	Being reviewed
135705	23/03/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
137024	14/04/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
128720	22/11/2020	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
116706	24/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
128224	15/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
122865	15/08/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
130920	04/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
106705	09/10/2019	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
122646	05/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
111378	02/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
127240	27/10/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
135114	11/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135441	12/10/2020	Medicine and Unscheduled Care	General Medicine	Ward 1, Assessment and Rehabilitation	In holding area, awaiting review
133843	18/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
129772	11/12/2020	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
128294	16/11/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
131743	10/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135654	22/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135640	22/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135437	18/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136614	08/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
116307	15/04/2020	Medicine and Unscheduled Care	General Medicine	Willows Ward	Being reviewed
132185	24/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed

134982	09/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
111419	03/01/2020	Surgery and Elective Care	General Surgery	Dermatology Clinic	Being reviewed
96784	05/04/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
136261	01/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136849	12/04/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
87195	22/08/2018	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
131844	19/01/2021	Medicine and Unscheduled Care	General Medicine	Corridor/Stairs	Being reviewed
132399	23/01/2021	Surgery and Elective Care	General Surgery	MRI Unit	Being reviewed
135532	19/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134963	09/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
121162	15/07/2020	Medicine and Unscheduled Care	Emergency Department Services	Non-Respiratory ED CAH	Being reviewed
134535	28/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
127978	11/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Early Pregnancy Problem Clinic	Being reviewed
133419	26/01/2021	Surgery and Elective Care	General Surgery	Theatres 1-4 CAH	Being reviewed
131127	31/12/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
131285	10/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
93368	14/01/2019	Surgery and Elective Care	General Surgery	General Outpatients Reception/Waiting Area	Being reviewed
135304	15/03/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
133582	15/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136197	31/03/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
124199	08/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Car Park/Grounds	Being reviewed
136299	01/04/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
127854	09/11/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	In holding area, awaiting review
131353	10/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135853	20/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
135431	15/03/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
124113	07/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
124312	24/08/2020	Medicine and Unscheduled Care	Cardiac Services	Haematology	Being reviewed
133505	14/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
131986	02/10/2020	Functional Support Services	Booking / Admin	Daisy Hill Resource Centre	Being reviewed
134089	23/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
136687	01/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
120112	26/06/2020	Medicine and Unscheduled Care	General Medicine	Dental Clinic	In holding area, awaiting review
136089	21/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
137283	18/04/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
119762	21/06/2020	Medicine and Unscheduled Care	General Medicine	Donning and Doffing DHH	Being reviewed
136436	05/04/2021	Surgery and Elective Care	General Surgery	ICU CAH	Being reviewed
124062	06/09/2020	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
120498	04/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Early Pregnancy Problem Clinic	Being reviewed
134688	06/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
136348	01/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
127311	30/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Corridor/Stairs	Being reviewed
135097	10/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
135558	20/03/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
135694	16/10/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
111029	24/12/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, CAH	Being reviewed
111042	24/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135156	12/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
131326	07/01/2021	Surgery and Elective Care	General Surgery	MEC	In holding area, awaiting review
131802	18/01/2021	Functional Support Services	Booking / Admin	Wards - Admin Services	In holding area, awaiting review
117748	17/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
132897	04/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
107815	28/10/2019	Medicine and Unscheduled Care	General Medicine	Dermatology Clinic	Being reviewed
136859	12/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
127933	05/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136609	04/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Day Hospital	Being reviewed

133179	09/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
90812	14/11/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
125412	29/09/2020	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
134029	22/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137187	17/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	General OutpatientsTreatment Room	Being reviewed
132491	28/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
110976	23/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
110954	23/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
131786	18/01/2021	Medicine and Unscheduled Care	General Medicine	Renal Unit	Being reviewed
136181	31/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136170	31/03/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
115341	15/03/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
131325	07/01/2021	Surgery and Elective Care	General Surgery	Ramone Building	In holding area, awaiting review
133642	05/02/2021	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
131547	10/01/2021	Functional Support Services	Booking / Admin	Wards - Admin Services	Being reviewed
133045	07/02/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
136409	04/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134007	22/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135026	10/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
95430	07/03/2019	Surgery and Elective Care	General Surgery	Oral Surgery Clinic	Being reviewed
131826	08/12/2020	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
134317	19/01/2021	Surgery and Elective Care	General Surgery	Breast Clinic	Being reviewed
135384	17/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134170	24/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
131605	13/01/2021	Surgery and Elective Care	General Surgery	Ramone Building	In holding area, awaiting review
129269	02/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
129656	08/12/2020	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
136213	30/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	MRI Unit	Being reviewed
128088	05/11/2020	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
90702	14/11/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
129506	18/11/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
129901	15/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
123042	18/08/2020	Surgery and Elective Care	General Surgery	1 East Maternity/Gynae	Being reviewed
101634	05/07/2019	Surgery and Elective Care	General Surgery	Emergency Department CAH	Being reviewed
132269	25/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
128861	27/08/2020	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
92984	09/01/2019	Medicine and Unscheduled Care	Acute Hospital Social Workers	Admin Floor	Being reviewed
131224	08/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
113439	05/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
127550	03/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134830	07/03/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
123863	01/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Portadown HSSC	Being reviewed
128162	13/11/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Microbiology Lab	Being reviewed
101498	05/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
129294	03/12/2020	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
135296	15/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
129299	09/06/2015	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
130797	02/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
135122	12/03/2021	Medicine and Unscheduled Care	General Medicine	IBD Nurses	In holding area, awaiting review
135347	11/03/2021	Medicine and Unscheduled Care	General Medicine	Ramone Day Clinical Centre	Being reviewed
126504	24/09/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	In holding area, awaiting review
123175	19/08/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
136712	09/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
134857	01/08/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
121476	21/07/2020	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
116723	25/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
114556	28/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Neonatal Unit/SCBU	Being reviewed

114534	28/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
126138	11/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
131088	07/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133922	20/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
124527	13/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134130	14/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
125491	25/09/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
134583	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 East Midwifery Led Unit	Being reviewed
130606	29/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
113656	12/02/2020	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
109873	03/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
124089	07/09/2020	Medicine and Unscheduled Care	Acute Hospital Social Workers	General Male Medical,	Being reviewed
134693	05/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136311	02/04/2021	Surgery and Elective Care	General Surgery	CEAW	Being reviewed
133106	08/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135778	24/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136945	14/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135390	17/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133432	12/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
119119	11/06/2020	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
136599	05/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	In holding area, awaiting review
128522	20/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135574	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135381	17/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
134763	06/03/2021	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
127792	09/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135394	18/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
129969	15/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136426	05/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
132540	29/01/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
135638	22/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
126668	19/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
133301	10/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
125918	05/10/2020	Surgery and Elective Care	Scheduling Team	Day Procedure Unit DHH	Being reviewed
135077	08/03/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
132937	05/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
126675	20/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
131498	14/01/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
136954	12/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
75870	13/11/2017	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
126099	09/10/2020	Medicine and Unscheduled Care	Emergency Department Services		Being reviewed
113054	31/01/2020	Medicine and Unscheduled Care	General Medicine	Physiotherapy Outpatients Department	Being reviewed
135575	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
111411	03/01/2020	Surgery and Elective Care	General Surgery	4 North	Being reviewed
128649	17/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
134991	10/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
124902	21/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
132416	27/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135703	15/03/2021	Medicine and Unscheduled Care	Cardiac Services	Haematology	Being reviewed
127136	27/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
131873	14/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
135612	21/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136620	08/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
129568	04/12/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
135428	16/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132347	19/01/2021	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	In holding area, awaiting review
134684	01/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed

137267	16/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	In holding area, awaiting review
137029	14/04/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
125268	26/09/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
134677	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
132429	28/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
127618	04/11/2020	Medicine and Unscheduled Care	General Medicine	Emergency Department DHH	Being reviewed
133651	16/02/2021	Surgery and Elective Care	General Surgery	4 North	Being reviewed
130203	20/12/2020	Surgery and Elective Care	General Surgery	4 South	Being reviewed
119680	18/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
118557	15/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135547	20/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
136725	10/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
79729	06/02/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
75618	03/11/2017	Medicine and Unscheduled Care	Cardiac Services	Paediatric Ward	Being reviewed
130514	27/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135083	10/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
122032	31/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	General Outpatients Reception/Waiting Area	Being reviewed
127930	10/11/2020	Pharmacy	Pharmacy	Community Pharmacy	Being reviewed
125639	02/10/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
129419	05/12/2020	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
128740	23/11/2020	Surgery and Elective Care	General Surgery	Car Park/Grounds	In holding area, awaiting review
126232	23/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
116566	22/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
116700	23/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
135451	18/03/2021	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
134670	26/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
124221	08/09/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
131369	12/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
121942	28/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
136940	13/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
127405	31/08/2020	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
136625	09/04/2021	Surgery and Elective Care	General Surgery	Female Surgical/Gynae	Being reviewed
126436	09/10/2020	Medicine and Unscheduled Care	General Medicine	Frailty Ward	Being reviewed
132705	03/08/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
133208	25/09/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
123442	25/08/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
121437	21/07/2020	Surgery and Elective Care	General Surgery	Pharmacy Medicines Information	Being reviewed
136683	09/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
128506	10/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
124542	04/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
115031	09/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
128515	16/11/2020	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
62573	21/10/2016	Medicine and Unscheduled Care	General Medicine	Patient Support Office	Being reviewed
133542	14/02/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
135174	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132030	21/01/2021	Functional Support Services	Booking / Admin	Secretarial Team - Admin Services	In holding area, awaiting review
133538	14/02/2021	Surgery and Elective Care	General Surgery	Trauma Ward	Being reviewed
136762	10/04/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
136431	05/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
130961	05/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
122062	01/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134781	06/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
132072	16/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
124224	08/09/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
135302	15/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
136912	08/04/2021	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed

136679	09/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
134858	08/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
131941	25/08/2020	Medicine and Unscheduled Care	General Medicine	Haematology	Being reviewed
129822	13/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
127720	07/11/2020	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
127496	03/11/2020	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
136530	07/04/2021	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
131406	12/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
40226	16/01/2015	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
134006	22/02/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
130375	23/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
128374	18/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136088	30/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
123408	25/08/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
130859	03/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137307	02/02/2021	IMWH - Cancer and Clinical Services	Laboratory Services	Microbiology Lab	In holding area, awaiting review
135586	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135581	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
121602	21/07/2020	Medicine and Unscheduled Care	General Medicine	Tower Block	In holding area, awaiting review
133307	10/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
125908	02/10/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
125868	06/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
134520	23/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
126112	09/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
112833	28/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
127279	29/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
116641	23/04/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
120905	12/07/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136277	01/04/2021	Functional Support Services	Locality Support Services (C&B)	Orthopaedic Ward	Being reviewed
122633	11/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
125979	06/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology		Being reviewed
134580	21/12/2020	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
132728	21/12/2020	Medicine and Unscheduled Care	General Medicine	1 North Cardiology	Being reviewed
116576	23/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136227	13/03/2021	IMWH - Cancer and Clinical Services	Laboratory Services	Microbiology Lab	In holding area, awaiting review
106706	09/10/2019	Medicine and Unscheduled Care	Acute Hospital Social Workers	CYP A&E	Being reviewed
136184	21/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
108655	11/11/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
110210	05/12/2019	Medicine and Unscheduled Care	Acute Hospital Social Workers	Corridor/Stairs	Being reviewed
128780	25/11/2020	IMWH - Cancer and Clinical Services	Cancer Services	Haematology Clinic	Being reviewed
127253	29/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Early Pregnancy Problem Clinic	Being reviewed
115570	22/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
123264	21/08/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
114723	03/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135664	23/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135009	04/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
115162	10/03/2020	Medicine and Unscheduled Care	General Medicine	Day Hospital	In holding area, awaiting review
136665	07/04/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
127912	05/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136641	06/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
120528	05/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
101522	06/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
129695	10/12/2020	Surgery and Elective Care	Scheduling Team	Day Procedure Unit DHH	Being reviewed
135336	15/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
136611	25/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	John Mitchel Place, HSSC	Being reviewed
118985	08/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
123676	29/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed

131572	21/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
129882	14/12/2020	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
133215	07/02/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
134382	28/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
129113	30/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
126520	16/10/2020	Surgery and Elective Care	Outpatients	Urology Clinic	Being reviewed
133078	03/11/2020	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
125454	29/09/2020	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
115454	19/03/2020	Medicine and Unscheduled Care	Emergency Department Services	Psychiatry Clinic	Being reviewed
98917	09/05/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, DHH	Being reviewed
134710	05/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
136605	21/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
134488	02/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
136130	29/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135408	18/03/2021	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
136353	03/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134678	10/02/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed
133885	19/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133913	19/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137092	15/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136731	10/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135939	28/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
115413	18/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
137211	18/04/2021	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
129123	13/11/2020	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
131489	13/01/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
128813	24/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
121324	18/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
125019	22/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
129285	01/12/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
135175	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134117	24/02/2021	IMWH - Cancer and Clinical Services	Laboratory Services	Emergency Department CAH	Being reviewed
120510	04/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136615	08/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135634	17/03/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
127160	22/10/2020	Medicine and Unscheduled Care	Emergency Department Services		Being reviewed
126507	13/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Non-Respiratory ED CAH	Being reviewed
136273	01/04/2021	Medicine and Unscheduled Care	General Medicine	3 South	Being reviewed
93221	15/01/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
137238	17/04/2021	Clinical and Social Care Governance	Clinical and Social Care Governance	3 North Stroke	Being reviewed
125692	04/10/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Blood Transfusion Lab	Being reviewed
129045	29/11/2020	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
135717	23/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
118259	22/05/2020	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
137104	15/04/2021	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
135831	25/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
121629	23/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Portadown HSSC	Being reviewed
92451	27/12/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
137253	19/04/2021	Surgery and Elective Care	General Surgery	Trauma Ward	In holding area, awaiting review
134820	07/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
134860	04/03/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
132002	21/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135163	14/12/2020	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed
87498	28/08/2018	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
84064	27/03/2018	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
136481	07/04/2021	Surgery and Elective Care	General Surgery	Female Surgical/Gynae	Being reviewed
135180	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed

124387	10/09/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134542	02/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136631	09/04/2021	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
136927	06/04/2021	Medicine and Unscheduled Care	General Medicine	Ramone Day Clinical Centre	Being reviewed
98922	10/05/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, DHH	Being reviewed
125177	24/09/2020	Surgery and Elective Care	Scheduling Team	Day Procedure Unit DHH	Being reviewed
133556	12/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
136579	06/04/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 5-8 CAH	Being reviewed
133951	21/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
116503	21/04/2020	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
133748	13/02/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
134493	01/03/2021	Medicine and Unscheduled Care	General Medicine	1 North Cardiology	Being reviewed
137251	19/04/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
133207	28/04/2017	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
136560	06/04/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
108985	08/11/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
95479	08/03/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
131657	15/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
135636	22/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
120672	07/07/2020	Medicine and Unscheduled Care	General Medicine	Car Park/Grounds	Being reviewed
118386	28/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
130629	29/12/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Pre-operative Assessment Clinic	Being reviewed
123600	28/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
129038	29/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	General OutpatientsTreatment Room	Being reviewed
135044	10/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
93293	11/01/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	General Outpatients Reception/Waiting Area	Being reviewed
132265	26/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
130565	28/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
121877	28/07/2020	Surgery and Elective Care	General Surgery	Thorndale Unit	Being reviewed
136827	09/04/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
136424	05/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
133231	02/07/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
136939	14/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131162	07/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
134686	30/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
133764	17/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
124017	03/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Admissions/Assessment Unit	Being reviewed
131476	13/01/2021	Functional Support Services	Locality Support Services (Newry)	Emergency Department DHH	Being reviewed
125104	23/09/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
109849	03/12/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Scheduling Team	Being reviewed
100658	20/06/2019	Surgery and Elective Care	Outpatients	Aughnacloy House	Being reviewed
135788	25/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
84474	25/05/2018	Medicine and Unscheduled Care	General Medicine	Banbridge HSSC	Being reviewed
132517	29/01/2021	Surgery and Elective Care	Scheduling Team	Day Procedure Unit DHH	Being reviewed
121118	15/07/2020	Surgery and Elective Care	General Surgery	1 East Maternity/Gynae	Being reviewed
115060	10/03/2020	Medicine and Unscheduled Care	General Medicine	ECG Clinic	Being reviewed
137229	17/04/2021	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
127722	07/11/2020	Medicine and Unscheduled Care	General Medicine	Male Surgical	Being reviewed
136603	07/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
129728	10/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131255	09/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132946	04/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
136938	13/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
102399	23/07/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
135568	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	DEAW	In holding area, awaiting review
131717	17/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed

133555	15/02/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	In holding area, awaiting review
135592	21/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136699	23/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
122954	14/08/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
137062	14/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	In holding area, awaiting review
136697	25/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
131723	12/01/2021	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
132397	26/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135286	15/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
135427	18/03/2021	Surgery and Elective Care	General Surgery	3 North Medicine	Being reviewed
134408	24/10/2020	Medicine and Unscheduled Care	General Medicine	Female Medical	Being reviewed
124721	16/08/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
117436	11/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137241	18/04/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
135824	25/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	In holding area, awaiting review
125099	18/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
125456	25/09/2020	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
112338	18/01/2020	Medicine and Unscheduled Care	Emergency Department Services	CYP A&E	Being reviewed
136935	13/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136858	12/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
136681	09/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
136622	08/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131024	06/01/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
114113	20/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	SAUCS (GPOOH) Kilkeel	Being reviewed
136192	31/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
129764	10/12/2020	Medicine and Unscheduled Care	Cardiac Services	Dermatology Clinic	Being reviewed
135702	21/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135179	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
97758	20/04/2019	Medicine and Unscheduled Care	General Medicine	Rehabilitation Ward	Being reviewed
135544	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134394	28/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
125819	06/10/2020	Surgery and Elective Care	Outpatients	Thorndale Unit	Being reviewed
129753	11/12/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
135169	12/03/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
137200	17/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137155	16/04/2021	Surgery and Elective Care	General Surgery	4 North	Being reviewed
128957	27/11/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
116124	08/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134988	09/03/2021	Medicine and Unscheduled Care	General Medicine	3 South	Being reviewed
132151	24/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
118864	05/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
115680	25/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
113273	04/02/2020	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
118966	07/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136054	29/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
110317	10/12/2019	Surgery and Elective Care	General Surgery	Theatres/DPU STH	Being reviewed
129066	30/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
121257	17/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
134681	16/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
129184	01/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
132294	26/01/2021	Surgery and Elective Care	General Surgery	DEAW	Being reviewed
127986	09/11/2020	Medicine and Unscheduled Care	Cardiac Services	Haematology	Being reviewed
127790	06/11/2020	IMWH - Cancer and Clinical Services	Cancer Services	Haematology	Being reviewed
136339	01/04/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
114813	04/03/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
136077	15/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
136105	29/03/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed

124328	03/09/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
129573	08/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
105518	19/09/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Admissions/Assessment Unit	Being reviewed
137153	21/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
132350	27/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
117849	18/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
95528	28/02/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
135984	29/03/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
120220	18/06/2020	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
110272	10/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135429	16/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
115443	18/03/2020	Medicine and Unscheduled Care	General Medicine	Rehabilitation Ward	Being reviewed
137168	16/04/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 5-8 CAH	Being reviewed
136724	09/04/2021	Functional Support Services	Locality Support Services (Newry)	Female Medical	Being reviewed
131155	05/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136741	10/04/2021	IMWH - Cancer and Clinical Services	Cancer Services	Haematology	Being reviewed
136127	30/03/2021	IMWH - Cancer and Clinical Services	Cancer Services	Haematology	Being reviewed
137023	14/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135852	17/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
137169	16/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Older People Assessment Unit CAH	In holding area, awaiting review
134363	28/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
128570	21/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
133462	13/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
88687	24/09/2018	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
136792	12/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131924	20/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Microbiology Lab	In holding area, awaiting review
123141	19/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135455	15/03/2021	Medicine and Unscheduled Care	Cardiac Services	Coronary Care Ward	Being reviewed
135289	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
125422	15/09/2020	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
121256	16/07/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
128731	24/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133941	20/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
126536	16/10/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	In holding area, awaiting review
131653	15/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
108695	12/11/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
136987	26/03/2021	Functional Support Services	Health Records	Direct Assessment Unit	Being reviewed
135995	27/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
115114	11/03/2020	Medicine and Unscheduled Care	General Medicine	Dermatology Clinic	Being reviewed
126515	15/10/2020	Medicine and Unscheduled Care	Cardiac Services	Dermatology Clinic	Being reviewed
125690	03/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
126102	10/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134568	25/02/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
117459	11/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
131917	19/01/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
136616	07/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
131754	18/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135038	10/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
134741	05/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133701	17/02/2021	Functional Support Services	Locality Support Services (Newry)	Emergency Department DHH	Being reviewed
114635	02/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
136964	14/04/2021	Functional Support Services	Locality Support Services (C&B)	AMU	Being reviewed
136971	13/04/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
133209	04/02/2011	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
125378	28/09/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
128383	15/11/2020	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
134786	06/03/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed

136787	19/03/2021	Medicine and Unscheduled Care	General Medicine	Female Medical	In holding area, awaiting review
135647	22/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	MRI Unit	Being reviewed
134985	09/03/2021	Pharmacy	Pharmacy	AMU	Being reviewed
110831	20/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
134579	02/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
125415	28/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
119496	16/06/2020	Medicine and Unscheduled Care	Emergency Department Services	Non-Respiratory ED CAH	Being reviewed
136324	02/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
116856	23/03/2020	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
136573	27/11/2020	Surgery and Elective Care	General Surgery	3 South	Being reviewed
99051	28/04/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
121751	26/07/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
113681	12/02/2020	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
117716	17/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
126210	12/10/2020	Medicine and Unscheduled Care	Acute Hospital Social Workers	The Rowans	Being reviewed
132835	04/02/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
122538	09/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
103411	12/08/2019	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
122246	03/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
124211	08/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Day Obstetric Unit	Being reviewed
124890	18/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
122682	11/08/2020	Surgery and Elective Care	General Surgery	Day Surgery Unit CAH	Being reviewed
136448	05/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
131332	11/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137127	15/04/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	In holding area, awaiting review
98960	20/05/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
133639	06/02/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
120153	22/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
121003	13/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
117346	08/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
122234	04/08/2020	Surgery and Elective Care	General Surgery	Theatres/DPU STH	Being reviewed
129234	02/12/2020	Medicine and Unscheduled Care	General Medicine	Paediatrics Ambulatory Ward	In holding area, awaiting review
129637	07/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
114804	04/03/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
136345	02/04/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
131931	02/11/2020	Functional Support Services	Health Records	ED - Admin Services	In holding area, awaiting review
127129	17/10/2020	Surgery and Elective Care	General Surgery	3 Five Two Healthcare	Being reviewed
134919	09/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133427	12/02/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
129174	30/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Day Obstetric Unit	Being reviewed
113105	01/02/2020	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
126849	22/10/2020	Functional Support Services	Booking / Admin	Tower Block	In holding area, awaiting review
130239	21/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
124588	12/08/2020	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
136022	22/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
128961	15/11/2020	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
126444	15/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
126461	16/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Car Park/Grounds	Being reviewed
123279	21/08/2020	Medicine and Unscheduled Care	General Medicine	Donning and Doffing CAH	In holding area, awaiting review
130678	30/12/2020	Surgery and Elective Care	Scheduling Team	Day Procedure Unit DHH	Being reviewed
108156	26/10/2019	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134680	03/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136989	14/04/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Surgery Unit CAH	Being reviewed
122864	15/08/2020	Medicine and Unscheduled Care	General Medicine	Non Trust premises	In holding area, awaiting review
120372	12/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
113662	10/02/2020	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
119234	12/06/2020	Medicine and Unscheduled Care	General Medicine	Air (Respiratory) Lab	In holding area, awaiting review

134635	03/03/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
112988	29/01/2020	Medicine and Unscheduled Care	General Medicine	Diabetology Clinic	Being reviewed
132226	24/01/2021	Pharmacy	Pharmacy	South Lakes Leisure Centre	Being reviewed
104876	09/09/2019	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
121424	18/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
129748	26/11/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
111668	07/01/2020	Medicine and Unscheduled Care	General Medicine	Admin Floor	Being reviewed
131054	02/01/2021	Functional Support Services	Health Records	Health Records	In holding area, awaiting review
128249	13/11/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres DHH	Being reviewed
98057	01/05/2019	Surgery and Elective Care	General Surgery	Haematology Lab	Being reviewed
125351	28/09/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
102966	05/08/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
134458	02/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
121618	22/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
135697	21/02/2021	Medicine and Unscheduled Care	Cardiac Services	Coronary Care Ward	In holding area, awaiting review
133322	10/02/2021	Surgery and Elective Care	General Surgery	4 South	Being reviewed
134311	26/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Minor Injuries Unit	Being reviewed
115571	21/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
123136	19/08/2020	IMWH - Cancer and Clinical Services	Diagnostic Services	Neonatal Unit/SCBU	Being reviewed
129514	08/12/2020	Medicine and Unscheduled Care	Emergency Department Services	Reception/Waiting Area	In holding area, awaiting review
116508	21/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
131658	16/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131950	20/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133180	09/02/2021	Pharmacy	Pharmacy	Emergency Department DHH	Being reviewed
102402	24/07/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
116413	19/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
126379	15/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
111088	24/12/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
115076	09/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
136715	09/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134557	02/03/2021	Functional Support Services	Locality Support Services (Newry)	Emergency Department DHH	Being reviewed
115484	19/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134309	26/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
126257	13/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
120037	26/06/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Cellular Pathology Lab	Being reviewed
131855	19/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
135379	17/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
115020	06/03/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
135615	21/03/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
114863	05/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
134375	24/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
122632	07/08/2020	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
115447	18/03/2020	Surgery and Elective Care	General Surgery	Microbiology Lab	Being reviewed
134373	26/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
136091	23/03/2021	Medicine and Unscheduled Care	General Medicine	A* Homecare	In holding area, awaiting review
121171	15/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
135806	25/03/2021	Surgery and Elective Care	Outpatients	General Outpatients Reception/Waiting Area	Being reviewed
128945	27/11/2020	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
127326	30/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
136844	05/01/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed
128788	10/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135164	12/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
135339	09/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	High Dependency Unit	Being reviewed
118428	29/05/2020	Surgery and Elective Care	Outpatients	ENT Clinic	Being reviewed
112871	29/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
134345	27/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed

134157	24/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	John Mitchel Place, HSSC	Being reviewed
136642	02/05/2020	IMWH - Cancer and Clinical Services	Diagnostic Services	Cardiology Clinic	Being reviewed
136757	11/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
121153	15/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
122923	15/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
98797	16/05/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Procedure Unit DHH	Being reviewed
135397	18/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136552	07/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136332	27/03/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
127775	08/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 East Midwifery Led Unit	Being reviewed
131288	10/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
118180	25/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
136729	07/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
100224	12/06/2019	Surgery and Elective Care	General Surgery	General Surgery Clinic	Being reviewed
131624	15/01/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
133392	12/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
126548	17/10/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
128798	24/11/2020	Functional Support Services	Locality Support Services (Newry)	Female Surgical/Gynae	Being reviewed
113858	16/02/2020	IMWH - Cancer and Clinical Services	Laboratory Services	2 West Maternity Post Natal	Being reviewed
133153	09/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
126589	18/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
128172	13/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
132892	30/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
136717	10/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
115435	18/03/2020	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
116432	20/03/2020	Medicine and Unscheduled Care	Acute Hospital Social Workers	College of Nursing/ST Headquarters	Being reviewed
128877	26/11/2020	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
135303	15/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
135125	10/03/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
108716	12/11/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
131270	09/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
137101	15/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136908	12/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134907	08/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
131766	11/01/2021	Functional Support Services	Booking / Admin	General Outpatients Reception/Waiting Area	Being reviewed
119031	09/06/2020	Medicine and Unscheduled Care	Acute Hospital Social Workers	General Male Medical,	Being reviewed
132730	28/02/2020	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
128417	18/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
130771	30/12/2020	Functional Support Services	Locality Support Services (Newry)	Car Park/Grounds	In holding area, awaiting review
124970	22/09/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133484	13/02/2021	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
136558	08/04/2021	Surgery and Elective Care	General Surgery	High Dependency Unit	Being reviewed
123240	21/08/2020	Medicine and Unscheduled Care	Emergency Department Services	Laganvale Care Nursing Home	In holding area, awaiting review
106632	07/10/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
115523	20/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
118669	03/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
136626	09/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
116573	22/04/2020	Medicine and Unscheduled Care	General Medicine	Entrance/Exit	Being reviewed
130243	20/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
122264	03/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
134976	09/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135537	20/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
124620	15/09/2020	Medicine and Unscheduled Care	General Medicine	Microbiology Lab	Being reviewed
136511	07/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
56045	05/04/2016	Medicine and Unscheduled Care	General Medicine	Home of client	Being reviewed
120404	02/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed

120411	03/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
94546	14/02/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
119542	17/06/2020	Surgery and Elective Care	General Surgery	3 South	Being reviewed
135460	18/03/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
126018	08/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
125452	23/09/2020	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
129297	02/12/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
135584	21/03/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
137103	15/04/2021	Surgery and Elective Care	General Surgery	4 North	Being reviewed
136199	01/04/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	ED X-ray	Being reviewed
135968	29/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
94856	22/02/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
135898	26/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
109991	05/12/2019	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
121976	30/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135662	23/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
90815	16/11/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
136163	31/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
112058	14/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
129403	05/12/2020	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
134038	22/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134696	05/03/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
120996	12/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135808	25/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
126292	13/10/2020	Surgery and Elective Care	Outpatients	General OutpatientsTreatment Room	Being reviewed
102391	22/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
136800	31/03/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
97731	25/04/2019	Surgery and Elective Care	Outpatients	General Surgery Clinic	Being reviewed
112722	18/01/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
137195	17/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
137108	16/04/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	In holding area, awaiting review
134780	05/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136073	29/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
119857	16/06/2020	IMWH - Cancer and Clinical Services	Laboratory Services	Cellular Pathology Lab	Being reviewed
129489	07/12/2020	IMWH - Cancer and Clinical Services	Cancer Services	Haematology Clinic	Being reviewed
102755	24/07/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
130263	15/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
129949	15/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
134529	02/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
135972	29/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres DHH	Being reviewed
136271	01/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
136391	04/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
104337	30/08/2019	Medicine and Unscheduled Care	General Medicine	Speech Therapy Outpatients Department	Being reviewed
96386	29/03/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
133336	10/02/2021	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
132639	29/01/2021	Functional Support Services	Booking / Admin	Car Park/Grounds	Being reviewed
121045	31/10/2019	Surgery and Elective Care	General Surgery	Thorndale Unit	Being reviewed
136608	31/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Brownlow HSSC, Legahorrey Centre	Being reviewed
127127	27/10/2020	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
136698	09/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
102885	19/07/2019	Surgery and Elective Care	General Surgery	MEC	Being reviewed
126724	13/10/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Reception/Waiting Area	Being reviewed
130093	18/12/2020	Medicine and Unscheduled Care	General Medicine	Ward 3b	Being reviewed
136832	03/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135134	12/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
137161	16/04/2021	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	In holding area, awaiting review

128668	23/11/2020	Medicine and Unscheduled Care	General Medicine	General OutpatientsTreatment Room	Being reviewed
135722	24/03/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
135791	25/03/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	Being reviewed
135836	26/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
117162	05/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
127054	16/10/2020	Medicine and Unscheduled Care	General Medicine	Ramone Building	In holding area, awaiting review
133235	10/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
137175	17/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133403	06/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
128348	17/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Theatres 1-4 CAH	Being reviewed
122296	18/07/2020	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
131287	10/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135360	17/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135395	17/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135388	17/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135498	19/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135469	18/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137244	18/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
122585	10/08/2020	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
112368	20/01/2020	Surgery and Elective Care	Outpatients	Ophthalmology Clinic	Being reviewed
136716	09/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137110	16/04/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed
106357	03/10/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
107384	21/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
130102	16/12/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
115279	13/03/2020	Medicine and Unscheduled Care	General Medicine	Corridor/Stairs	In holding area, awaiting review
137020	14/04/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
122586	10/08/2020	Medicine and Unscheduled Care	General Medicine	3 North Stroke	Being reviewed
101899	15/07/2019	Surgery and Elective Care	General Surgery	Theatres/DPU STH	Being reviewed
136188	31/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
119740	21/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
132968	05/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
135938	28/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137172	16/04/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
135231	14/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
108004	02/10/2019	Surgery and Elective Care	General Surgery	Male Surgical	Being reviewed
130965	24/12/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
133816	11/02/2021	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
115253	12/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
136798	08/04/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
129109	02/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
119586	18/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
123699	30/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135719	24/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133742	17/02/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed
109370	25/11/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
115758	27/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
136517	07/04/2021	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
125069	15/09/2020	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
136627	08/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
63019	14/10/2016	Medicine and Unscheduled Care	Cardiac Services	Home of client	Being reviewed
132580	30/01/2021	Medicine and Unscheduled Care	General Medicine	Isolation Ward 1 Ramone	In holding area, awaiting review
136459	30/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
76547	30/11/2017	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
136867	13/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135818	25/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
124413	11/09/2020	Surgery and Elective Care	Scheduling Team	Day Procedure Unit DHH	Being reviewed

123039	18/08/2020	IMWH - Cancer and Clinical Services	Cancer Services	Haematology Clinic	Being reviewed
135208	13/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
129752	11/12/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
128679	24/11/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
137158	16/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137174	17/04/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
133645	15/02/2021	Surgery and Elective Care	General Surgery	High Dependency Unit	Being reviewed
102654	21/07/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, DHH	Being reviewed
132742	02/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
133855	19/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
130964	31/12/2020	IMWH - Cancer and Clinical Services	Genito-Urinary Medicine (GUM)	John Mitchel Place, HSSC	Being reviewed
133581	15/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Cellular Pathology Lab	Being reviewed
98478	10/05/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
78565	23/01/2018	Medicine and Unscheduled Care	Emergency Department Services	ED Majors	Being reviewed
135387	17/03/2021	Medicine and Unscheduled Care	General Medicine	General Male Medical,	Being reviewed
122784	31/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Admissions/Assessment Unit	Being reviewed
137220	17/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
134558	02/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	CT Scanner	Being reviewed
116989	01/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
133463	12/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
116851	29/04/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
137154	16/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
122272	28/07/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
113860	15/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
115828	29/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
135679	23/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
136913	13/04/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	X-ray Dept (Radiology)	Being reviewed
107756	25/10/2019	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
137239	18/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	In holding area, awaiting review
136198	31/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
129374	03/12/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
96908	04/04/2019	Medicine and Unscheduled Care	General Medicine	General Medicine Clinic	Being reviewed
123032	11/08/2020	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
122680	12/08/2020	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
128735	15/09/2020	Surgery and Elective Care	General Surgery	Theatres 1-4 CAH	Being reviewed
136606	08/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Brownlow HSSC, Legahorrey Centre	Being reviewed
133905	19/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
120813	04/07/2020	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
120554	06/07/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135775	24/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
136702	28/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
136703	02/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Female Surgical/Gynae	Being reviewed
110559	13/12/2019	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
88018	10/09/2018	Surgery and Elective Care	General Surgery	General Surgery Clinic	Being reviewed
117636	13/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136061	30/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137245	18/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	In holding area, awaiting review
136504	07/04/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
110425	13/12/2019	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
135291	15/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135790	25/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
120049	24/06/2020	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	Being reviewed
132148	24/01/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU2	Being reviewed
133328	29/12/2020	Functional Support Services	Booking / Admin	Ramone Building	Being reviewed
104863	08/09/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, DHH	Being reviewed
114730	03/03/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
136477	07/04/2021	Medicine and Unscheduled Care	General Medicine	1 South Medical	Being reviewed

114340	25/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
67412	19/03/2017	Medicine and Unscheduled Care	General Medicine	Entrance/Exit	Being reviewed
119025	09/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	General OutpatientsTreatment Room	Being reviewed
136178	31/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
114274	24/02/2020	Medicine and Unscheduled Care	General Medicine	Reception/Waiting Area	Being reviewed
121170	15/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
135721	24/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
130107	18/12/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
120962	13/07/2020	Surgery and Elective Care	General Surgery	Emergency Department CAH	Being reviewed
123988	10/08/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
127398	30/10/2020	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
110265	10/12/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, DHH	Being reviewed
121260	17/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
114726	03/03/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
135792	18/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres 1-4 CAH	Being reviewed
136765	11/04/2021	Surgery and Elective Care	General Surgery	Female Surgical/Gynae	Being reviewed
129750	11/12/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
131544	09/01/2021	Functional Support Services	Booking / Admin	Wards - Admin Services	Being reviewed
91626	05/12/2018	Pharmacy	Pharmacy	Pharmacy Aseptic Unit	Being reviewed
84527	20/06/2018	Medicine and Unscheduled Care	General Medicine	General Medicine Clinic	Being reviewed
113959	18/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
121919	28/07/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	John Mitchel Place, HSSC	Being reviewed
135733	03/03/2021	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
131539	14/01/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
123494	23/07/2020	Medicine and Unscheduled Care	General Medicine	MEC	In holding area, awaiting review
134676	04/03/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Theatres/DPU STH	Being reviewed
123431	24/08/2020	Pharmacy	Pharmacy	Pharmacy Dispensary	Being reviewed
127570	21/09/2020	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135105	10/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134043	21/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
132927	05/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
129762	10/12/2020	Medicine and Unscheduled Care	Cardiac Services	Dermatology Clinic	Being reviewed
131284	09/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
113713	13/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Maternity Ward	Being reviewed
68682	28/04/2017	Medicine and Unscheduled Care	General Medicine	Home of client	Being reviewed
102698	30/07/2019	Surgery and Elective Care	General Surgery	Paediatric Ward	Being reviewed
110553	13/12/2019	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
134928	25/01/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
135932	27/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134880	08/03/2021	Medicine and Unscheduled Care	Cardiac Services	Coronary Care Ward	Being reviewed
118396	26/05/2020	IMWH - Cancer and Clinical Services	Acute Directorate AHP's	Physiotherapy Inpatient	Being reviewed
135466	18/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
137082	15/04/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Day Surgery Unit CAH	Being reviewed
121851	31/10/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
134083	06/02/2021	Medicine and Unscheduled Care	General Medicine	Female Medical	In holding area, awaiting review
136570	12/01/2021	Medicine and Unscheduled Care	General Medicine	1 East Maternity/Gynae	Being reviewed
131704	17/01/2021	Medicine and Unscheduled Care	General Medicine	AMU	Being reviewed
105672	23/09/2019	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	Scheduling Team	Being reviewed
136566	06/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
133182	21/01/2021	Functional Support Services	Locality Support Services (Newry)	Domestic Services	Being reviewed
135033	26/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Home of client	Being reviewed
136921	13/04/2021	Medicine and Unscheduled Care	Cardiac Services	Emergency Department DHH	Being reviewed
137249	18/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
133406	12/02/2021	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	ICU CAH	Being reviewed
128683	23/11/2020	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
136527	17/01/2021	Medicine and Unscheduled Care	Cardiac Services	1 North Cardiology	In holding area, awaiting review
86025	03/05/2018	Medicine and Unscheduled Care	General Medicine	Admin Floor	Being reviewed

131853	18/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
137002	14/04/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
118429	11/05/2020	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
128795	20/11/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed
136610	07/01/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	John Mitchel Place, HSSC	Being reviewed
117022	02/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
136713	10/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	In holding area, awaiting review
97468	15/04/2019	IMWH - Cancer and Clinical Services	Laboratory Services	Delivery Suite, DHH	Being reviewed
125829	03/10/2020	Functional Support Services	Booking / Admin	Ramone Building	In holding area, awaiting review
133763	17/02/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
124306	09/09/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
134920	09/03/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
131910	04/01/2021	Medicine and Unscheduled Care	General Medicine	Stroke / Rehab	Being reviewed
135611	21/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135653	22/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136411	05/04/2021	Medicine and Unscheduled Care	General Medicine	2 South Medical	Being reviewed
128988	28/11/2020	Surgery and Elective Care	Anaesthetics, Theatres and IC Services	2 North Respiratory	Being reviewed
131265	10/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
110422	13/12/2019	Surgery and Elective Care	Scheduling Team	Day Surgery Unit CAH	Being reviewed
109510	27/11/2019	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
132364	20/01/2021	Medicine and Unscheduled Care	Cardiac Services	General Outpatients Reception/Waiting Area	In holding area, awaiting review
110106	07/12/2019	Surgery and Elective Care	Scheduling Team	Theatres/DPU STH	Being reviewed
134653	03/03/2021	IMWH - Cancer and Clinical Services	Cancer Services	Oncology Clinic, Mandeville Unit	Being reviewed
135440	18/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
134504	02/03/2021	Medicine and Unscheduled Care	General Medicine	MRI Unit	Being reviewed
135035	10/03/2021	Medicine and Unscheduled Care	General Medicine	3 North Medicine	Being reviewed
137278	19/04/2021	Medicine and Unscheduled Care	General Medicine	2 North Respiratory	In holding area, awaiting review
133386	11/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	2 West Maternity Post Natal	Being reviewed
134882	08/03/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	1 East Maternity/Gynae	Being reviewed
132654	01/02/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	2 North Respiratory	Being reviewed
136671	09/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
95663	12/03/2019	Surgery and Elective Care	General Surgery	Theatres/DPU STH	Being reviewed
131996	13/01/2021	Medicine and Unscheduled Care	General Medicine	Ramone Ward 1	Being reviewed
133211	03/12/2019	Surgery and Elective Care	General Surgery	Urology Clinic	Being reviewed
136168	31/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
135343	16/03/2021	IMWH - Cancer and Clinical Services	Diagnostic Services	CT Scanner	Being reviewed
135282	15/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
135533	19/03/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
136740	09/04/2021	Surgery and Elective Care	General Surgery	3 South	Being reviewed
123045	18/08/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
117391	10/05/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
91890	06/12/2018	Medicine and Unscheduled Care	General Medicine	General Outpatients Reception/Waiting Area	Being reviewed
120024	25/06/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Antenatal Clinic	Being reviewed
125367	28/09/2020	Medicine and Unscheduled Care	General Medicine	Emergency Department CAH	Being reviewed
136282	01/04/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department DHH	Being reviewed
131860	18/01/2021	Medicine and Unscheduled Care	Emergency Department Services	Emergency Department CAH	Being reviewed
132974	05/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Gynae Clinic	Being reviewed
134104	21/02/2021	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, CAH	Being reviewed
113469	07/02/2020	IMWH - Cancer and Clinical Services	Midwifery and Gynaecology	Delivery Suite, DHH	Being reviewed

Count of Approval status	Column Labels		
Row Labels	Being reviewed	In holding area, awaiting review (blank)	Grand Total
Clinical and Social Care Governance	1		1
Clinical and Social Care Governance	1		1
3 North Stroke	1		1
Functional Support Services	23	21	44
Booking / Admin	7	9	16
Admin Floor		1	1
Car Park/Grounds	1		1
Daisy Hill Resource Centre	1		1
Emergency Department CAH	1		1
General Outpatients Reception/Waiting Area	1		1
MEC		2	2
Ramone Building	1	1	2
Secretarial Team - Admin Services		1	1
Tower Block		3	3
Wards - Admin Services	2	1	3
Decontamination Services	2	1	3
Gynae Clinic		1	1
Theatres 1-4 CAH	1		1
Theatres/DPU STH	1		1
Health Records	4	3	7
3 North Medicine	1		1
Admin Floor		1	1
Direct Assessment Unit	1		1
ED - Admin Services		1	1
Health Records	2	1	3
Linen Services		2	2
Laundry Room		2	2
Locality Support Services (A&D)		1	1
Minor Injuries Unit		1	1
Locality Support Services (C&B)	3	3	6
AMU	1		1
Canteen/Dining Room		2	2
Kitchen		1	1
Orthopaedic Ward	1		1
Ramone Ward 4	1		1
Locality Support Services (Newry)	7	2	9
Car Park/Grounds		1	1
Domestic Services	1	1	2
Emergency Department DHH	4		4
Female Medical	1		1
Female Surgical/Gynae	1		1
IMWH - Cancer and Clinical Services	611	10	621
Acute Directorate AHP's	7		7
1 East Maternity/Gynae	2		2
Occupational Therapy Dept	2		2
Physiotherapy Inpatient	1		1

Physiotherapy Outpatients Department	2		2
Cancer Services	18	2	20
Haematology	3		3
Haematology Clinic	5		5
Oncology Clinic, Mandeville Unit	10	1	11
Pharmacy Aseptic Unit		1	1
Diagnostic Services	32	1	33
2 North Respiratory	1		1
Cardiology Clinic	1		1
CT Scanner	11		11
ED X-ray	1		1
Emergency Department CAH	1		1
High Dependency Unit	1		1
MRI Unit	3		3
Neonatal Unit/SCBU	1		1
Portering	1		1
Summer Hill Surgery, Warrenpoint		1	1
X-ray Dept (Radiology)	11		11
Genito-Urinary Medicine (GUM)	1		1
John Mitchel Place, HSSC	1		1
Laboratory Services	19	7	26
2 West Maternity Post Natal	1		1
Blood Transfusion Lab	2	1	3
Cellular Pathology Lab	3		3
Colposcopy Clinic		3	3
Delivery Suite, CAH	1		1
Delivery Suite, DHH	7		7
ED Majors	1		1
Emergency Department CAH	1		1
Laboratory	1		1
Microbiology Lab	1	3	4
Non Trust premises	1		1
Midwifery and Gynaecology	534		534
1 East Maternity/Gynae	29		29
2 East Midwifery Led Unit	5		5
2 West Maternity Post Natal	56		56
Antenatal Clinic	82		82
Banbridge HSSC	1		1
Brownlow HSSC, Legahorry Centre	4		4
Car Park/Grounds	3		3
Cellular Pathology Lab	1		1
Colposcopy Clinic	1		1
Crossmaglen Health Centre	1		1
CT Scanner	1		1
Day Hospital	1		1
Day Obstetric Unit	2		2
Delivery Suite, CAH	127		127
Delivery Suite, DHH	101		101
Early Pregnancy Problem Clinic	3		3
Female Surgical/Gynae	16		16

General Outpatients Reception/Waiting Area	1		1
General Outpatients Treatment Room	4		4
Gynae Clinic	11		11
Home of client	16		16
John Mitchel Place, HSSC	4		4
Kilkeel Health Centre	1		1
Laboratory	1		1
Maternity Admissions/Assessment Unit	6		6
Maternity Ward	46		46
Neonatal Unit/SCBU	1		1
Non Trust premises	1		1
Nurses Home	1		1
Portadown HSSC	2		2
Reception/Waiting Area	1		1
SAUCS (GPOOH) Kilkeel	1		1
Sterile Services Dept	1		1
Theatres 1-4 CAH	1		1
(blank)	1		1
Medicine and Unscheduled Care	553	59	612
Acute Hospital Social Workers	8		8
Admin Floor	1		1
College of Nursing/ST Headquarters	1		1
Corridor/Stairs	2		2
CYP A&E	1		1
General Male Medical,	2		2
The Rowans	1		1
Cardiac Services	29	3	32
1 North Cardiology	14	1	15
Cardiology Research	1		1
Cloughmore Ward	1		1
Coronary Care Ward	2	1	3
Dermatology Clinic	3		3
ECG Clinic	1		1
Emergency Department DHH	1		1
General Outpatients Reception/Waiting Area		1	1
Haematology	3		3
Home of client	1		1
Paediatric Ward	1		1
Silverwood Ward	1		1
Emergency Department Services	278	13	291
Bio-chemistry Lab	1	1	2
Car Park/Grounds	1		1
Corridor/Stairs	3		3
CYP A&E	1		1
Day Surgery Unit CAH	1		1
DEAW		1	1
ED Majors	1		1
Emergency Department CAH	196	3	199
Emergency Department DHH	66	1	67
Entrance/Exit		1	1

Hockley Lodge and Mews Nursing Home	1		1
Laganvale Care Nursing Home		1	1
Microbiology Lab		1	1
Minor Injuries Unit	1		1
Non-Respiratory ED CAH	3		3
Older People Assessment Unit CAH		1	1
Pharmacy Stores / Distribution		1	1
Psychiatry Clinic	1		1
Reception/Waiting Area		2	2
(blank)	2		2
General Medicine	238	43	281
1 East Maternity/Gynae	1		1
1 North Cardiology	4		4
1 South Medical	17	4	21
2 North Respiratory	8	2	10
2 South Medical	21	1	22
3 North Medicine	16		16
3 North Stroke	9		9
3 South	2		2
A* Homecare		1	1
Admin Floor	3	1	4
Air (Respiratory) Lab		1	1
AMU	27	7	34
Audiology Clinic	1		1
Banbridge HSSC	1		1
Blood Transfusion Lab	2		2
Car Park/Grounds	2		2
Coronary Care Ward	1		1
Corridor/Stairs	1	1	2
Day Hospital		1	1
Dental Clinic		1	1
Dermatology Clinic	3		3
Diabetology Clinic	1		1
Direct Assessment Unit		1	1
Donning and Doffing CAH		2	2
Donning and Doffing DHH	2		2
ECG Clinic	1		1
Emergency Department CAH	9	1	10
Emergency Department DHH	1		1
Entrance/Exit	2		2
Female Medical	10	2	12
Female Surgical/Gynae	1		1
Frailty Ward	1		1
Gastroenterology Clinic	1		1
General Male Medical,	15		15
General Medicine Clinic	2		2
General Outpatients Reception/Waiting Area	5		5
General OutpatientsTreatment Room	1		1
Haematology	1		1
High Dependency Unit	1		1

Home of client	2	2	4
IBD Nurses		1	1
ICU CAH	1		1
Isolation Ward 1 Ramone		3	3
Laboratory		2	2
Male Surgical	1		1
MEC		1	1
Microbiology Lab	1		1
MRI Unit	2		2
Non Trust GP premises	1		1
Non Trust premises		1	1
Older People Assessment Unit DHH	1		1
Paediatrics Ambulatory Ward		1	1
Patient Support Office	1		1
Physiotherapy Inpatient	1		1
Physiotherapy Outpatients Department	1		1
Public place	1		1
Public Toilets	1		1
Ramone Building		1	1
Ramone Day Clinical Centre	3		3
Ramone Ward 1	2		2
Ramone Ward 4	2		2
Reception/Waiting Area	1	1	2
Rehabilitation Ward	4		4
Renal Unit	1		1
Speech Therapy Outpatients Department	1		1
STH Site COVID Centre		1	1
Stroke / Rehab	24	1	25
Tower Block		1	1
Ward 1, Assessment and Rehabilitation	1	1	2
Ward 3b	11		11
Willows Ward	1		1
Pharmacy	45	22	67
Pharmacy	45	22	67
1 South Medical	1		1
3 North Stroke	1		1
AMU	1		1
Community Pharmacy	1		1
Emergency Department DHH	1		1
ICU2	1		1
Pharmacy Aseptic Unit	29	7	36
Pharmacy Dispensary	9	1	10
Pharmacy Stores / Distribution		1	1
South Lakes Leisure Centre	1	13	14
Surgery and Elective Care	221	9	230
Anaesthetics, Theatres and IC Services	74		74
2 North Respiratory	1		1
Coronation Building	1		1
Day Hospital	1		1
Day Procedure Unit DHH	1		1

Day Surgery Unit CAH	6		6
Emergency Department CAH	1		1
General Outpatients Reception/Waiting Area	2		2
ICU CAH	15		15
ICU2	11		11
Lift	1		1
Pre-operative Assessment Clinic	1		1
Recovery CAH	2		2
Scheduling Team	2		2
Theatres 1-4 CAH	8		8
Theatres 5-8 CAH	2		2
Theatres DHH	3		3
Theatres/DPU STH	15		15
Tower Block	1		1
General Surgery	113	9	122
1 East Maternity/Gynae	3		3
3 Five Two Healthcare	1		1
3 North Medicine	1		1
3 South	16		16
4 North	7		7
4 South	3		3
Breast Clinic	1		1
Car Park/Grounds		2	2
CEAW	1		1
Day Surgery Unit CAH	1		1
DEAW	1		1
Dermatology Clinic	1		1
Emergency Department CAH	4		4
Female Surgical/Gynae	5		5
Finance Department	1		1
General Outpatients Reception/Waiting Area	2		2
General Surgery Clinic	3	1	4
Haematology Lab	1		1
High Dependency Unit	2		2
Home of client	2		2
ICU CAH	1		1
Laboratory		1	1
Lift		1	1
Male Surgical	1		1
MEC	1	1	2
Microbiology Lab	1		1
MRI Unit	1		1
Oral Surgery Clinic	1		1
Orthopaedic Ward	1		1
Paediatric Ward	16		16
Paediatrics Ambulatory Ward	1		1
Pharmacy Medicines Information	1		1
Ramone Building		2	2
Recovery DHH	1		1
Theatres 1-4 CAH	2		2

Theatres/DPU STH	4		4
Thorndale Unit	2		2
Tower Block	2		2
Trauma Ward	2	1	3
Urology Clinic	19		19
Outpatients	8		8
Aughnacloy House	1		1
ENT Clinic	1		1
General Outpatients Reception/Waiting Area	1		1
General OutpatientsTreatment Room	1		1
General Surgery Clinic	1		1
Opthamology Clinic	1		1
Thorndale Unit	1		1
Urology Clinic	1		1
Scheduling Team	26		26
Day Procedure Unit DHH	6		6
Day Surgery Unit CAH	12		12
Theatres/DPU STH	8		8
(blank)			
(blank)			
(blank)			
Grand Total	1454	121	1575

Major & Catastrophic Incidents

19 - 26 April 2021

ID	Incident date	Time	Site	Division	Service Area	Speciality	Loc (Exact)	Severity	Description	Action taken	Lessons learned	Approval status	Closed
Personal information redacted by the USI	25/04/2021	18:00	Craigavon Area Hospital	Medicine and Unscheduled Care	GMMUC	GENMED	2 North Respiratory	Major	Patient - old covid positive patient admitted to 2 north. Suicidal, had taken an overdose. Not clerked in prior to coming to ward, no 1:1 staff available and no medical plan in place. Patient then clerked in on 2 north but later arrested and transferred to ICU.	Bed manger informed of the need for 1:1. Patient nursed in sideroom beside nurses station.		In holding area, awaiting review	
	22/04/2021	01:15	Craigavon Area Hospital	Medicine and Unscheduled Care	AEMUC	A/E	Emergency Department CAH	Major	TRANSFER FROM ED WITH NO COVID SWAB.	RAPID SWAB SENT		Being reviewed	
	20/04/2021	06:00	Craigavon Area Hospital	IMWH - Cancer and Clinical Services	DIAGNO	IMACT	CT Scanner	Major	Patient arrived to the department @ approximately 06:05. Stepped over onto scanner. When the patient lay down for scan she became unresponsive. She was accompanied by a nurse from the ward (2 South). The crash team was called and the crash trolley brought into the scan room. CPR commenced and crash team arrived. The patient had ROSC after approx. 4 mins of CPR. The patient was taken back to 2S.	Crash team called. CPR commenced by radiology staff.		In holding area, awaiting review	

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3191	ACUTE	03/09/2012	Safe, High Quality and Effective Care	62 Day Cancer Performance	Trust fails to meet performance standard due to increase in red flag, capacity issues, inability to downgrade and Regional issues.	Daily monitoring of referrals of patients on the 62 day pathway. Escalations to HoS/AD when patients do not meet milestone on pathway. Continuous communication with Regional with regard to patients who require PET and ITT patients for Thoracic Surgery, 1st oncology appointment. Monthly performance meetings with AD/HoS and escalations of all late triaging	24/02/2021- cancer access times have increased throughout due to COVID . Fortnightly meetings with specialties and escalated to HSCB. June 2020 Review of risk remains high due to COVID pandemic. Reduction in services due to social distancing and risk of COVID. Clinical space, theatre capacity availability is a challenge across all services. Dec19 Review of same risk remains unchanged. 06/08/2019 - Ongoing increase in red flag referrals across multiple tumour sites continues, leading to pressures throughout pathways with 1st appointment, investigation and diagnostics and surgery- in particular urology, UGI, LGI, gynae and haematology . 2019/20 cancer trajectory has been submitted to HSCB highlighting these concerns and projecting a decreasing performance against target. This is discussed at length HSCB at Trust Cancer Performance Meetings who are very aware of the Regional pressures on cancer services. NICAN groups continue to meet to review site specific pathways and make recommendations for any changes. June 2019 Difficulty in achieving 62 day cancer access pathway due to increase in referrals and demand and delay in first appointments.	HIGH
3829	ACUTE	13/09/2016	Safe, High Quality and Effective Care	Absconding patients from all Wards & Department	Patients at risk of leaving the ward or department without investigations, diagnosis and management plan in place. Patient risk - Incomplete treatment for medical or mental health issues leading to physical and/or mental health deterioration Risk of self harm / death Staff risk- unable to deliver care to patients, risk of violence and aggression when trying to persuade patients to avail of assessment, treatment and care for their illness.	Level of absconding rates identified. Absconding patient protocol in place. Staff awareness raised. Datix reporting in place. Short life working group established to review access to wards and departs promoting pts and staff safety.	09.03.2021- within ED a risk assessment is carried out if PSNI accompany patient under article 130 a joint risk is completed with nursing team. ED AMU review absconding patients with PSNI and mental health at interface meetings 24.02.2021- still ongoing issue and the staff adhering to policy and datix submitted with review taking taking place for each case. 24.06.2019 Absconding policy available - any incidents submitted on Datix, reviewed and staff aware. 23/2/2018 - Additional measures have been introduced to access and egress from ED and AMU. Swipe card is required. Statistics need to be reviewed before consideration can be given to reducing the risk rating. Situation continually monitored.	HIGH
4141	ACUTE	10/03/2021		Acute AHP Accommodation	Pre-covid space was a challenge within Acute AHP departments especially in relation to equipment storage. IPC recommendations in line with COVID 19 has had a significant impact on Acute AHP accommodation in both Acute sites: Physiotherapy CAH - department is shared space with outpatient MSK services (OPPC) to facilitate doffing the Gym including the Acute T&O gym has been out of use and with outpatient services downturning/stopping Acute staff were able to branch out into outpatient space to facilitate safe distancing in the department. This also required a significant decant of physiotherapy equipment to various storage areas around the Acute site. With the Doffing move to basement the gym will be reinstated as will all equipment and as MSK outpatient Physiotherapy services resume Acute staff will be displaced yet again and there is no solution to ensure safe distancing among this clinical team going forward. Team need to be onsite and responsive to the acute clinical need at ward level to ensure patient flow and improved patient outcomes. No Gym or Hydrotherapy space for rehabilitation of our complex patients. Need IPC guidance re: how this may progress alongside outpatient use T&O Physiotherapy - due to zoning and donning/doffing routes the T&O team were fully displaced and currently are allocated to rooms in outpatient area CAH (dental) temporarily. No access to T&O Gym space for intensive rehab of patients Occupational Therapy/Speech & language Therapy CAH - OT/SLT teams moved 3 times to facilitate Covid 19 - OT are now back in original department area but have had to displace SLT staff to enable social distancing in the department. All equipment also relocated to allow staff to branch out into all available space including the pre-covid assessment rooms. The department sits on main thoroughfare of the acute site therefore has a large volume of staff and patients flowing through it and also has outpatient fertility services alongside it as well as facilitating outpatient T&O and Rheumatology hand therapy Speech & Language Therapy CAH displaced to upstairs in Ramone building with additional space provided on the Admin floor as a temporary solution due to the need to safely distance staff. Long term solution required Physiotherapy DHH - department is shared space with outpatient MSK services (OPPC). To facilitate donning the Gym has been out of use and with outpatient services downturning/stopping some of this area has also been taken up by PPE storage. Acute staff have been able to branch out into outpatient space to facilitate safe distancing in the department as able. This also required a significant decant of physiotherapy equipment to various storage areas around the Acute site. No Gym or Hydrotherapy space for rehabilitation of our complex patients. Need IPC guidance re: how this may progress alongside outpatient use Dietetics DHH - due to IPC guidance for renal unit and need for spacing of doctors/nurses in renal the Dietitians lost the use of their office space and are now decanted to small outpatient dietetic office on ground floor beside the coffee bar. Insufficient space to safe distance so we have had to stagger use. This is now shared space with outpatient virtual assessments Speech & Language Therapy DHH - Office space in DHH is also shared with Community outpatient SLT as office space and used pre-covid as a clinic room for Acute outpatients. Safe social distancing is very challenging and staff are having to stay at ward level for longer periods and utilise ward computers etc to enable reports etc to be completed Departmental space for Acute AHP's is vital: "They are not ward based staff - work across the wards as required/fluid workforce	"Estates have walked OT/PT/SLT areas CAH - limited potential to create additional space - plan of works drawn up to maximise areas for safety. Same not actioned as yet and still leaves shortfall of 20+ spaces for staff "Physio Departmental RA completed "Occupational Therapy RA completed "Accommodation for SLT CAH in Ramone building - additional space required as well as outpatient clinic space "Portacabin allocated to OT/PT CAH for storage of essential equipment for patient discharge - temporary however needs to be retained as it is also used as a collection site for relatives for equipment avoiding the main hospital area	03/03/21 Outpatient OPPC services are set to resume activity onsite with the moving of doffing to basement in CAH - urgent need for additional space for staff PT Estates to review plans to maximise space as urgent across PT/OT Long term accommodation TBA for SLT Longterm storage solutions required	HIGH

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4112	ACUTE	13/08/2020		AHP Staffing Deficit - Acute Services	Core Acute AHP staffing significantly below the National Average (NHS Benchmarking 2017) combined with additional unresourced demand in the system across all areas and workforce issues in particular across Physiotherapy and Speech and language Therapy contribute to risk for the service, staff and patients/service users. This relates in this instance to the core Occupational Therapy, Physiotherapy, Speech and Language therapy and Dietetic teams on CAH site Current unresourced demand in the system: - Additional ICU beds in Recovery - big demand on existing ICU staff both Physiotherapy and Dietetics - no funded resource or cover for ICU from SLT or OT - Higher Acuity patients in 2N - Elective Ward - Transition ward - Additional stroke beds (funded for 10) - Additional medical beds 3S - Non recurrent funding frailty ward - only agency OT support, unable to recruit Physio - ED waits - on average 30 waits in ED - small resource contributing to GLT ED and AMU and struggling to impact on ED numbers/prevention of admission/signposting to AC@H etc - Increased age range and acuity of patients - Patients not receiving timely assessment and appropriate level of rehabilitation to maintain patient flow or actively contribute to timeliness and experience of the patient journey - Patients under nourished, remain nil by mouth for increased length of time due to reduced dysphagia cover. - Unable to facilitate mobilisation with resulting deterioration in muscle bulk and increased morbidity, lack of facilitation of activities of daily living hence increased dependency and requirement for larger package of care on discharge which will be delayed - complex delays - Poor/variable SSNAP results - Instability of core OT/PT staffing impacts on ability to rollout ward based 7 day working - Potential for SAls - increasing number of same in the system - Complaints received re: service provision - Inability to consistently meet professional standards - Health and wellbeing of staff compromised - Staff working outside levels of competency and under significant pressure. - Reduced morale and goodwill among teams - staff retention an issue with posts outside of acute attractive.	Regular contact with BSO re recruitment. Requests to contract and non contract agencies for AHP staff, core staff offered additional hours, Regular review of transfer of staff from DHH especially for stroke and current 2nd ED - challenging within OT/PTdue to gaps secondary to S/L, M/L especially in COVID era and recruitment issues ongoing and as 7 day working being piloted across OT/PT teams DHH, we have utilised cross site working effectively within SLT and dietetic teams as able to meet short term need but this does not address the longterm deficits	03/03/21significant redeployment from across directorates to enable Acute AHP teams to address demand secondary to additional medical beds and Covid impact across ICU and wards. Redeployment ending through March 21 Bids in place via Annex A and NMS workstreams for additional OT/PT input to wards secondary to covid - posts to be filled Awaiting confirmation of funding for Ambulatory models to address pateint flow and ED prevention of admission Support from Acute Director for investment paper to be drafted to address the baseline gaps across Acute AHP s a whole - March 21	HIGH
1220	ACUTE	18/08/2008	Provide safe, high quality care Be a great place to work Make the best use of resources	Breakdown of laundry equipment	Laundry equipment is outdate and requires replacement to avoid frequent breakdowns and disruptions to the laundry service. Potential risk to the supply of clean linen to wards and departments due to breakdown of essential laundry equipment. The aging laundry equipment needs to be replaced to avoid breakdowns and disruption to this core service. The risk affects the laundry service provided to not only Southern Trust facilities but also to Belfast City and Musgrave Park hospitals. Replacement parts for old and ageing equipment are now obsolete, causing delays in getting equipment repaired and back into operational use. The following pieces of equipment are required in the Laundry :- 1. Continuous Batch Tunnel Washer, Press and dryers - installed in 1992 (27yrs old) approx cost £760K 2. Ironer installed in 1975 (45 yrs old) approx cost £355K 3. Lint Extractor - requirement for fire safety - approx cost £70K 4. Pharmagg No 1 100kg barrier washer - installed in 2006 (14yrs old) approx cost £105K 5. Kent Dryer 100kg x4 - installed in 1987 (32 yrs old) approx cost £315K 6. Shrink Wrapper - installed in 2002 (17yrs old) approx cost £85K 7. Ironer installed in 1991 (28yrs old) approx cost £355K 8. Continuous Batch Tunnel Washer, Press and dryers - installed in 2001 (18yrs old) approx cost £760K Impact to service delivery - risk to the supply of clean bed linen to wards and departments in SHSCT and BHSCT. Risk of infection due to insufficient supply of linen for nursing staff to change / make up beds.	Estates has advised that it is becoming increasingly difficult to maintain the laundry equipment. They are unable to obtain replacement parts for the laundry equipment as the parts are now obsolete and it will ultimately come to a point when the machines will break down and remain out of operation. 10/08/20 - Equipment breakdowns are closely monitored and recorded. Detergent concentrations are monitored closely to ensure cleaning efficacy and minimise the number of re-wash cycles. The weight of the linen being loaded into the tunnel washers is monitored closely to ensure the equipment is not overloaded as this can lead to breakdown. March 2019 - A new calender was installed and commissioned to replace one of the four calenders in the laundry. Two new 57kg washing machines were installed and commissioned to replace a 100kg washing machine that had been condemned. The frequent breakdowns also put a strain on the newly acquired equipment as they are being overused when other equipment is out of use. There is increased staff overtime due to equipment breakdowns and equipment running at reduced capacity. Additional shifts are needed to ensure provision of sufficient clean linen each day to wards and departments.	16/02/2021 £84,000 capital funding approved to purchase a second hand ironing line 07/10/2020 Equipment breakdowns are closely monitored and recorded. Detergent concentrations are monitored closely to ensure cleaning efficacy and minimise the number of rewash cycles. The weight of the linen being loaded into the tunnel washers is monitored closely to ensure the equipment is not overloaded as this can lead to breakdowns. 10/08/20 - A CAG has been identified to commence the procurement process for a replacement tunnel washer. PaLS to arrange a meeting date as soon as possible. 28/2/2020 £50,000 capital allocation approved to purchase a second hand calender to replace No 2 calender which was beyond repair and was condemned. 11/10/19 £82,300 capital allocation approved to purchase a replacement refurbished press for the Powertrans tunnel washer as the press was beyond repair and was condemned. 1/4/19 New calender and two new washing machines installed and commissioned. List of aging laundry equipment added to capital priority list. 19/12/18 Capital funding approved and tender process completed. New equipment due to be installed and commissioned by end of March 2019. 5.4.18 Business case was recoated Nov 17 and was approved by SMT March 18. 16.8.17 Business case is still with Finance for re-costing. 12.12.16 No further update. 21.11.16 An additional option has been included and is with Finance for re-costing. 17.8.16 Business case for replacement of calenders presented to SMT - not approved. SMT has asked for an additional option to be included in the case i.e. to outsource the laundry service from another provider. 23.02.16 Business case forwarded to Finance for costing	HIGH

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773	ACUTE	29/07/2008	Safe, High Quality and Effective Care	CAH Theatres Endoscope Decontamination room	<p>The interim Endoscope decontamination facilities at CAH theatres do not meet DHSSNI decontamination strategy.</p> <p>There are no transfer lobbies or staff gowning rooms.</p> <p>The process flow is severely compromised by the size of the extremely cramped unit.</p> <p>There is no room for expansion.</p> <p>The workload in the endoscope decontamination facility has increased considerably over the last number of years due to additional theatre and radiology sessions as well as additional clinics in ENT OPD and Thorndale Unit.</p> <p>There is inadequate space for holding the contaminated endoscopes for manual washing prior to the automated process in the endoscope washer disinfectors. This frequently creates a bottleneck and slows down the process flow and turnaround time. The endoscopes and transport trolleys have to be stored in the hospital corridor outside the endoscope decontamination room due to lack of space - increased risk of theft (trolley plus endoscopes).</p> <p>In the event of any prolonged endoscope washer disinfecter downtime there would be significant disruption to endoscopic procedures in Theatres, Radiology, ICU or in ENT OPDand Thorndale Unit as there would be insufficient capacity to decontaminate the endoscopes on the Craigavon site. There would also be logistical issues and delays in turnaround times if the endoscopes had to be transported to another Trust site for decontamination ie Daisy Hill or South Tyrone.</p> <p>The endoscope washer disinfectors were installed in 2009 and have a working life of approximately 8 years.</p> <p>The Lancer endoscope washer disinfectors do not have the ability to perform channel patency tests to current DHSS guidance i.e. inability to perform partial blockage of the duodenal channel which is part of the quarterly channel patency testing regime.</p> <p>The EWD manufacturer has confirmed that they will support the FC 2/4 EWD models until 2022 for the electronics and until 2025 for mechanical parts.</p>	Situation being monitored.	<p>16.02.2021- draft paper re funding required has been shared with the Director of Acute Services.</p> <p>10/08/20 - DOH has set up a regional RDS2 steering group to assess the current provision of decontamination services, identify any shortfalls in compliance with policy and develop a strategy to address any identified gaps.</p> <p>3.10.19 Replacement EWDs are included on the capital funding list.</p> <p>May 2019 SHSCT provided a summary report to DOH on strategic planning relating to the decontamination of reusable medical devices</p> <p>24.06.19, 8.8.18, 12.6.18, 7.3.18 Risk remains unchanged 113.9.16 Head of Decontamination Services will work with Acute Planner to explore options for a modular unit adjacent to CAH CSSD to replace the existing the interim arrangement. Given that CSSD will form part of Phase 1 for the CAH Redevelopment, a modular solution will be considered as a further interim arrangement although it will need to address existing concerns. Indicative costs to be detailed in the paper and logged for consideration under capital allocations for 17/18. 23.2.16</p> <p>Following discussion at Acute senior management team with Head of Acute Planning, the risk will be addressed in the first phase of the redevelopment of the Craigavon site. On this basis it was agreed that nothing further would be done at this stage.</p> <p>5.1.16 Short paper highlighting the risks shared with Planning Dept and Director of Acute Services</p>	HIGH
3951	ACUTE	10/04/2018	Provide safe, high quality care	Delays in isolation	<p>Due to lack of side rooms/one to one nursing/lack of bed capacity in the service. Risk of spread of infection. Failure to isolate promptly can lead to outbreaks, close of bays, increased pressure on service. May lead to potential patient harm through the spread of potentially preventable infection or due to a lack of beds.</p>	<p>Trust can emphasise the importance of IPC issues at bed meetings and elsewhere. A recent teaching sessions was arranged to do this amidst the winter pressures. Side rooms are often occupied for reasons other than IPC reasons. IPC reasons for isolation are often of critical importance in that severe harm can be done to other patients and staff by failure to isolate promptly. This is often not the case for other reasons patients are in side rooms and side rooms should be prioritised to maximise patient safety. The Trust should also look to ways to enhance the capacity to isolate a patient when the hospital is full and a patient needs isolated urgently e.g. where a patient could be moved out of a room to facilitate critical IPC isolation.</p>	<p>24.01.21- delays in ascertaining results of swabs and screening and appropriate action delayed based on same and lack of isolation rooms to accommodate this.</p>	HIGH
3678	ACUTE	26/05/2015	Make the best use of resourcesProvide safe, high quality care	Lack of accomodation for Antenatal Clinics	<p>Lack of available rooms to undertake antenatal clinics resulting in delay in appointments and necessary repeat appointments.. inconvenient for patients</p>	<p>Unable to provide a one stop service to patients booking in Armagh Community Hospital as they have to return for their booking appointment when they have been scanned and a repeat scanning appointment in CAH/DHH if required.</p> <p>If a woman books in CAH/DHH she only requires one appointment.</p>	<p>16/03/2021- no change re-escalating for antenatal capacity due to increasing clinics still required investment and proposed planned works for 2021-2022</p> <p>12/08/20 - no change. Needs investment.</p> <p>Jun20 Antenatal OP setting being reviewed in conjunction with new CT scanner being built. Aug 19 Escalated from Divisional to Directorate Risk Register</p> <p>Jun19 Situation continues to be monitored with the increasing demand on the service Jan18 Still ongoing risk</p>	HIGH
3954	ACUTE	10/04/2018	Provide safe, high quality care	Lack of documentation	<p>Root cause analyses are repeatedly picking up incidences of poor documentation e.g. lack of filling out of Clostridium difficile bundle, lack of documentation that the patient has been informed of a diagnosis of Clostridium difficile, lack of filling out of cannula charts, etc.</p> <p>Lack of documentation can reflect either that something that should have happened has not happened or just that it has not been documented.</p> <p>In the former there is a direct risk to patient safety (e.g. death from Staphylococcus aureus bacteraemia from a cannula that was not inspected properly and removed when it should have been, death from Clostridium difficile due to deterioration not being picked up due to lack of due diligence in the application of the bundle).</p> <p>In the latter there is still danger to the patient as staff subsequently on duty will not be able to see what was done as it is not documented. There is also significant risk to litigation to individual staff and the Trust as without documentation to say that good practice has been carried out there is no proof that it has been done.</p>	<p>Medical and nursing training would emphasise the importance of good documentation.</p> <p>Root cause analyses would emphasise the importance of this. The recurrence of this problem as demonstrated by repeat root cause analyses however would suggest that current control measures are not sufficient.</p> <p>When challenged regarding poor documentation excuses given are usually:-</p> <p>(a) A lack of education/awareness regarding aspect s of care bundles</p> <p>(b) A lack of time to document things due to service pressures</p> <p>Problem (a) could re resolved through additional education to staff through Lead Nurses, Ward Sisters and Clinical Directors to their teams where this is needed. Problem (b) can only be resolved by easing the pressure on nursing and medical staff in general.</p> <p>In general the experience of the IPCT is that nursing documentation is better than medical documentation, especially with regards to documenting when a patient has been informed of their diagnosis.</p>	<p>24.02.2021- improvements have been made but still needs continually monitored</p>	HIGH
4142	ACUTE	24/02/2021	Provide safe, high quality careBe a great place to workMake the best use of resources	Recruitment and Retention issues- Trust Wards	<p>Patient safety risk. Identification the deteriorating patients, risk on escalation of same, lack of knowledge of in house processes, potential treatment/management/discharge delays. Increased pressure placed on core team, risk of burn out/work related stress.</p> <p>Potential lack of escalation/risk deteriorating patient not escalated.</p> <p>Potential risk of failed discharge/transfer due to lack of knowledge regarding processes. Risk of non-compliance with appropriate documentation required to manage patients holistic needs.</p>	<p>currently focusing prioritising recruitment to this area.</p> <p>Complete all outstanding e-reqs</p> <p>Internation nurse recruitment</p> <p>Target year 3 nursing students to this area to attract uptake</p> <p>Offer all bank and agency permanent positions</p> <p>Daily review and redeployment of staff to support the skill mix and staff levels with 2 South</p>	<p>Action plan completed working collaboratively with the AD from workforce to address this</p>	HIGH

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4131	ACUTE	03/12/2020	Safe, High Quality and Effective Care	Reduction in elective capacity due to covid restrictions-Urology ENT, Gen Surgery, Gyane and Orthopaedics	With the Covid-19 pandemic SEC ability to accommodate commissioned levels of activity is not being achieved resulting in increases in waiting times and volumes of patients on the elective and planned waiting list. As a result of increased waiting times and reduced capacity consequently patients may come to harm, increased levels of pain and discomfort and reduced quality of life	Mon-Friday 1x all day Urgent bookable on both sites CAH and DHH Due to limited elective capacity consultants clinically prioritise patients for surgery using the FSSA royal college guidelines, priority to cancer patients. Regional cancer rest meeting working towards equalising waiting times across the province. In house additionally from January 2021 on DHH site Endoscopy- weekend additional sessions in LV	15/02/2021- ICU remains open to 16 patients, surge staff from day surgery and theatres/recovery remain in situ. Currently in surge 3 03/12/2020- full de-escalation of CCaNNi critical care surge plan- this is currently medium surge and difficult to predict. Commencement of in house additionally from Jan 2021 for endoscopy and surgical specialities and the January sessions are currently being agreed. Increase urgent bookable theatre sessions	HIGH
4143	ACUTE	11/03/2021	Best use of resources to provide safe, high quality care	Replacement programme for Radiology Equipment on all Sites to replace equipment on unsupported operating systems and provide maintenance	A radiology equipment replacement programme is required to ensure that ongoing high quality diagnostic imaging services can be provided for patients within the Southern Trust. New Imaging equipment ensures maximum diagnostic capability with minimum radiation dose. There is equipment currently running on Microsoft Windows XP - the support ended in April 2014 leaving risks of ransomware attacks or hacking..Failure to patch as per schedule could result in the ability to access clinical systems on radiology equipment and server infrastructure. This has been highlighted by Tenable programme and could result in the loss of essential services.	Equipment replacement plan has been drawn up. A Capital Investment stream is required to be identified for Diagnostic imaging.Patching arrangement needs to be formalised. This needs developed with 3rd party agreement. All 3rd party contracts to be reviewed and amended to include patching - regional project looking at 3rd party suppliers being led by BSO. Targeted staff awareness, devices to be replaced, upgraded or if not possible must be segregated. IT working with Radiology to highlight all devices. "	"The equipment plan has been tabled at Trust SMT. Radiology have also presented to SMT to highlight the issues. This presentation has highlighted specific urgent requirements including breast imaging and fluoroscopy across both sites to include the required ventilation. Unfortunately at this time capital funding is not available within the Trust to meet the needs of the plan. Equipment records are kept up to date with records of breakdowns and quality assurance testing. There is ongoing review with IT regarding patching. " ongoing review with IT in relation to patching. All 3rd party contracts to be reviewed and amended to include patching- regional project. "To be amalgamated with 8, 10 and 11. The equipment plan has been presented at Trust SMT. Unfortunately at this time capital funding is not available within the Trust to meet the needs of the plan. Equipment records are kept up to date with records of breakdowns and quality assurance testing. "	HIGH
3971	ACUTE	28/08/2018	Provide safe, high quality care	Access to cath lab for NSTEMI patients	Standard 18d of Cardio vascular framework that eligible NSTEMI / ACS pts should have Cor Angio +/- PCI within 72 hrs of admission. Angiography within 72 hours improves outcomes for patients. (NICE). MINAP state: The performance of angiography and coronary intervention soon is an important facet of treatment for the majority of patients.	Monitored weekly. Access elective patients. Escalate number of patients waiting for in patient cath procedures daily to AD and Director.	24/02/2021- working through as part of cardiology network plan but the target is only 33% in 72 hours due to only one cath lab. 5 /11/20 KPI for N STEMI s getting to cath lab within 72 hours has dropped to 35 % from 45% this is impacting on length of stay and bed occupancy at ward level and resulting in patients being admitted to wrong ward 10/08/20 - Regional group has been established PID document agreed. Demand and Capacity for cath lab activity to commence when templates have been distributed to the Trusts. 14/5/2020. Modular Cardiac cath lab was removed in October 2019. Access times for NSTEMIS has dropped to 33% getting to Cath lab within 72 hours . Regionally agreed to establish group to review cath lab activity re access times and demands. 24.06.19 Monitored via MINAP only 50% getting to cath lab despite modular. High volumes of inpatient activity (monitored monthly for each site) Need to secure Funding permanent for modular. Need to reduce elective to facilitate inpatient. 13.08.18 Performance team to liaise with HSCB re funding	MOD
3981	ACUTE	05/11/2018	Provide safe, high quality care	Administrating Contrast Media within Radiology	The current framework for prescribing, supply and administration of medicines (primarily the prescription of contrast media) within Radiology across the region does not meet current legislative requirements. It is the agreed approach of the Regional Modernising Radiology Clinical Network that this current practice poses a low risk to patients and has developed as normal practice over the past number of decades to meet the ever increasing demand for contrast enhanced examination. All decisions regarding the administration of medicines in Radiology is done under the direction of senior clinical staff following local procedures, protocols and guidelines as delegated by their Clinical Director. Issues with the management of medicines within Radiology has been recognised as a national issue, which has been escalated to NHS England as a risk to Radiology services. As a long term administration of contrast media. Low Risk PGD's are being put in place within the Southern Trust to provide a degree of cover for Radiographers administering contrast media.	Currently radiographers operate under written protocols agreed by the clinical director of Radiology.	03/03/21 Radiographers received medicines management training in 2020, which is a requirement of administering contrast media under a PGD. This training has been added to the a new radiographers internal training matrix. The matrix has been colour coded for individual compliance, the percentage team compliance and arranged so that each team lead has more streamlined oversight of their staff members mandatory training. The most commonly used / higher risk contrast media / PGDs were prioritised for completion first. 7 have been completed and issued. Oral contrast administered on wards for CT scans was issued and requires all nursing staff to meet training requirements. Radiology remains in contact on the review of oral contrast administered on wards via acute standards and guidelines forum. At least 10 more PGDs have been identified. Drafts are in progress with Radiology and pharmacy. 02/06/2020 Process drawn up, agreed and is operational Mar 2020 Draft process has been prepared and further discussion to take place between ward based nursing and medical staff to determine if proposed process is workable. Dec19 A working group including radiology and pharmacy has been established with an initial meeting planned mid-December 2019. Training of radiographers required to undertake prescribing	MOD

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4116	ACUTE	06/10/2020	Provide safe, high quality care Make the best use of resources	Delays in undertaking rheumatology joint injections on the routine joint injection list	Unable to administer rheumatology joint injections for patients who are on the routine list. Due to lack of available clinic space- available limited clinics are prioritised for urgent patients which means there is no capacity to deal with routine patients Delays in patients being treated writing clinically required timescale's meaning a progression/deterioration of their condition which is irreversible.	The issue of lack of clinic space has been escalated to SMT via t he Rebuild Plan which notes additional clinic space required for this speciality. Patients are triaged to the appropriate waiting list at the outset of decision to treatment. If routine patient/their GP contacts the Dept to request earlier commencement the patient consultant would retriage to determine if their are factors which would warrant moving up the waiting list and recategorising as urgent.	16/03/2021- Clinic space still limited therefore no increase in capacity for joint injections. Current waiting times Urgent= 59 weeks, Routine= 61 weeks (urgent was routine which was escalated to urgent hence similar waiting times). Additional Clinic space- still awaiting outcome of Rebuild Plan Phase 3 to know if this has been provided	MOD
4049	ACUTE	07/08/2019	Provide safe, high quality care	Inability to accept Inutero Transfers from other Units for Neonatal Cots	The Trust is currently intermittently unable to accept inutero transfers for neonatal cots from other units. This is due to current maternity staffing level difficulties. Possible harm to mothers and babies who require a neonatal cot due to specific health needs and imminent delivery, therefore requiring transfer to this specialised facility. Potential for undue distress to baby and parents.	Continual monitoring of the staffing situation to make best use of existing resources. Transfer accepted when staffing levels permit.	16/03/2021- Ability to accept inutero transfers remains limited due to staffing and capacity ongoing recruitment continues, increased pressures to accept transfers due to regional neonatal capacity. Will continue to monitor Jun20 continue to monitor Dec19 Specific focus on recruitment - recruitment fayre undertaken and appointments made awaiting registration within next year. Retention of staff also focus within division to retain and recruit staff	MOD
4129	ACUTE	02/03/2020	Safe, High Quality and Effective Care Make the best use of resources	No psychology provision for Gastro, Rheumatology, Neurology, Diabetes and Endocrinology	There is no psychology provision for the named specialties about from 7 hours in DHH for Diabetes which is insufficient for the cohort of patients. Patients who have psychological problems may come to harm and in the case of diabetes there may be mortality if there is not provision to get them psychological assessments/therapies. In Diabetes in particular there are several issues- eating disorder, needle phobia, deliberate insulin omission, fear of hypoglycaemia. Some of these, in particular, deliberate insulin omission can lead to death. Within Gastro, Neurology and Rheumatology dealing with long term illness can be detrimental to mental health in the absence of relaxation, stress management and cognitive coping skills to help patients adjust to living with their condition.	Have sought help from the Psychology Department however they are under resourced and unable to make any provision with out additional funding/resources Have tried to submit Extra Contractual Referrals (ECR's) for Diabetes in Particular however they do not meet the required criteria Have tried to refer to BHSCCT however referrals have been returned as out of area. Have put the need for psychology services and the development of an IPT on the Acute Revenue Pressures and Priorities list however this service is competing with a huge volume of other priorities within the demography funding allocated to SHSCT.	16.03.2021- No change Submission of requirement on Acute Revenue Pressures and Priorities List	MOD
3508	ACUTE	24/10/2013	Safe, High Quality and Effective Care	Overcrowding in Emergency Department CAH & DHH.	Delay in assessment of NIAS patients as no space to off load. Delay in ECG as no space for patient. Delay in resuscitation treatment as Resus overcrowded. Delay in treatment as Majors area overcrowded. Patient may deteriorate in waiting area as no space and delays in getting them to cubicle and doctor. Patients may deteriorate while waiting for admission bed on ward medication errors will increase as nursing staff unable to cope with delayed admissions. Patients basic nursing care may delayed as not enough nursing staff to deliver it in overcrowded ED. Patients may loose confidence in the Trust. Staff may become burnt out and stressed.	Triage (second nurse in triage in intermittent periods when staffing allows. Department escalation plan in place. See and treat pilot with band 6 and ED consultant (pilot finished). Patient flow meetings. 4pm meetings with patient flow.	09/03/2021- ED have completed capacity plan. All areas in acute to do the same. Escalated to Directorate. ongoing workstreams 07.08.2020 - new workstreams have been setup in the Trust which may impact on overcrowding. Ongoing work to review and agree a capacity plan for both ED's. 12.08.19 MD escalation plan to be developed. Bed modelling exercise. 11.03.19- No update. 24.10.13 - There are systems in place to monitor this daily. The problem can fluctuate on certain days and become worse from November to March. Swing ward to be set up by November 2013.	MOD
3940	ACUTE	26/02/2018	Provide safe, high quality care	Provision of Consultant on call rota for out of hours GI bleeds.	Inability to provide consultant cover in the out of hours period with the skills to manage patients admitted with haematemesis. Patients admitted with large haematemesis unable to be managed in a time critical manner.	Registrar manages the patient with haematemesis in the first instance. If Registrar requires support they would phone round the Gastroenterology Team if available to come in to assist.	11/08/20 - this remains a risk and has been raised with Medical Director. 31.07.19 Still ongoing raised wit Med Director Re Surgery & Gastro 10.4.18 Escalated to Directorate RR 26.02.18 Risk added to Divisional Register	MOD
3663	ACUTE	29/04/2015	Provide safe, high quality care	Single CT Scanner available on DHH	If the CT scanner breaks down there is a potential to cause major operational difficulties in terms of assesement and treatment of patients and delay in diagnosis.	In the event of a breakdown we have divert arrangements in place with NIAS whereby patients will not be brought to DHH but taken directly to CAH. In the short term there is a second unit on site until March 2020. An IPT business case has been written to retain a modular CT Scanner in DHH.	March 2021 Need to secure additional funding to maintain the modular CT scanner for the next financial year March 2020 The Trust will build a new scanning suite in DHH which will provide 2 CT Scanners and an MRI scanner. There is currently no timeframe for the new suite due to the electrical infrastructure which needs to updated before the new suite is put in place 3/12/19 there are 2 CT scanners in place in CAH to cope with capacity and any downtime to the main scanner. DHH has 1 scanner which is being replaced, currently being covered with one ground level modular service in place during replacement. Risk remains as only one scanner in DHH and in case of downtime patients diverted to CAH. 7/8/19 Mobile CT Currently available on DHH site to reduce the workflow on main scanner. Work is planned for Sept/Oct to replace the existing DHH CT scanner and during the building works a mobile scanner will be available to facilitate DHH inpatients and ED patients. In the event of breakdown the transfer policy between CAH and DHH will be implemented. Nov18 Second CT Scanner is now in situ in CAH. 7.3.18 Mobile CT Scan is operational on site. 5.12.16 Mobile CT scanner now on site. Funding up until 31.3.17 to seek further funding to retain on site 17/18.	MOD
3957	ACUTE	30/04/2018	Safe, High Quality and Effective Care	The medical team on the Daisy hill hospital site cannot provide daily senior review for all the Medical in patients	Due to medical workforce they are unable to ensure that all in patients receive a senior medical review. Delay in investigations. Delay in review of investigations. Delay in Diagnosis. Impact on the patient treatment plan. Potential to contribute to overcrowding in ED as some of in patients could be potentially discharged.	Each Ward Sister to identify at the bed meetings if patient has not had senior review. Ensure that outlyers are seen and escalate accordingly to Lead Nurse/ HOS	24/02/2021- review of medical staffing on DHH site currently taking place. E- Req in system for specialties. 13/05/20. Zoning introduced but issues identified with this system. Audit carried out. Medical rota is sufficient to provide daily senior review. 24.06.19 No change. Zoning introduce needs evaluated. Review workforce available.	MOD

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3866	ACUTE	14/01/2017		The waiting room in the x-ray department,Lurgan Hospital needs to be revamped	Patients and staff are complaining regarding the condition of the waiting area in the x-ray department of Lurgan Hospital. It appears unclean, grubby and unhygienic. The carpet is stained and uneven. There is a crack in one of the window panes and the seating is very uncomfortable, torn and stained. There are nails sticking out of the walls were pictures have been removed and the wall paper is peeling off the walls. Pipes under the radiator are broken and the insulation is exposed. It does not give a good first impression of the department and we are not meeting the Trust's values of delivering a safe high quality service to all our service users. There have been numerous written complaints from service user regarding the condition of the waiting room Please see photographs of the waiting room and patient reviews of their experience attached Service users complaining about the seats being very uncomfortable especially for people with back problems -see patient reviews of their experience	Routine, daily house keeping Deep clean performed to try to remove stains from carpet and seats, however this was unsuccessful Patients advised to prevent their children climbing on the chairs An extra chair has been placed in the waiting room as a temporary measure for those with back problems		MOD
4133	ACUTE	29/01/2021		Unable to off load patients from ambulance when ED is overcrowded	Patients at risk due to being unable to offload patients from ambulance to ED due to overcrowding	HALO role and ongoing monitoring	09/03/2021- need to secure funding for medical gases for ambulance receiving area. Daily monitoring and escalation. Unscheduled care huddle regional actions daily. Estates ordering a modular unit for 6 cubicle receiving area. Ongoing review of escalation plan	MOD
3929	ACUTE	12/12/2017	Provide safe, high quality care,make the best use of resources	Declaratory Orders for patients who lack capacity	Decisions sought from the court in those cases when someone lacks capacity and wherein a deprivation of liberty is likely to exist. The risk is that for those cases not taken to the court for a declaration order, there is a risk that the Trust could be challenged through judicial review for the best interests decisions it makes obo individuals without capacity.	Advice is that in all cases where a DoL is evident for individuals assessed as lacking capacity, the Trust should seek a decision from the court. This is neither achievable not affordable. This paper proposes that Multi-disciplinary teams agree only the most difficult cases are taken to the court for a decision.	30.07.19 There will be partial implementation of Mental Capacity Act NI on 1 October 2019. This may alleviate some of the declaratory orders asTrust Authorisation panels are being set up. 7.3.18 Risk remains unchanged	LOW
3921	ACUTE	13/11/2017	Provide safe, high quality care	Extra patients on wards	No piped oxygen or suction in extra bedspace, lack of room for manual handling/attendance at cardiac arrest in extra bedspace, lack of privacy and dignity, increased pressure on staffing, increased complaints by service users, extra patient requiring evacuation in event of fire, increased risk of cross infection	All patients to be assessed on ward at time of requirement to place extra patient, so that most mobile patient may go into the extra bedspace, or the patient with no requirement for continuous oxygen or suction. portable oxygen/suction is available at ward level for emergency situations. infection control precautions must be kept to the highest standard, continue to isolate high risk patients and all staff to adhere to good IPC practice placement of patients must also take into consideration manual handling needs of the patient and again place most independent patient in extra bed space. in event of cardiac arrest extra bed should be pulled out into corridor and mobile screens etc used to screen patients who require arrest team all efforts should be made to maintain patients privacy dignity for the patient while the extra bed is in use and visiting rules should be strictly adhered to i.e 2 visitors per bed. patients should be encouraged to avail of day room etc if appropriate staff to be made aware that extra bed space is put into use only as a last resort and is a decision made by the director for best care option for all patients at the time of bed pressures staff to be aware of the need to explain to patients and their relatives of the reason for the extra bedspace and try to give reassurance that it will be stood down as soon as possible staff to ensure extra patient is on Immx board and patient handover for fire evacuation Where 1 additional patient is noted to pose risks, it needs to be offset against the risks associated with over crowding in ED when recuss, majors and minors are at maximum capacity resulting in delays in assessment of patients, treatment and inability to deal with blue light		LOW
3922	ACUTE	13/11/2017	Provide safe, high quality care	Lack of funding to ensure compliance with NICE guidelines that have been regional endorsed by the DHSSPSNI.	In April 2017 a Band 5 Governance Officer commenced work within the Acute S&G team as part of a secondment from the Corporate Governance team. This secondment to the Acute S&G forum ended on 31/12/17. The purpose of this audit was to ensure that an assurance framework is in place to comply with the reporting arrangements to the relevant external agencies (such as the HSCB). The outcomes from this audit are now being operationalised and outstanding actions are presented at the Acute S&G forum and Divisional Governance meeting to ensure progression. As part of this work a significant number of NICE guidelines have been identified as having an external barrier impeding implementation. This work has continued and there are now 79 listed NICE guidelines where an E proforma is required. There is a robust system in place to maintain E-proformas being sent to the HSCB as and when required. However due to COVID 19 pandemic from March 2020 / Industrial Action in November and December 2019 there has been a significant increase in the number of E proformas that are now overdue for review. The number is now 25 (32%) - this work will be deferred until October 2020 when it is agreed that the S&G NICE workplan can recommence. A copy of the updated July 2020 E proforma report provides evidence of this work. The work also provides a timely trigger for the compliance position to be reviewed in accordance with stipulated review timescales. In the past the HSCB would have reviewed 'red' status guidelines for all Trusts and for guidelines were all Trust's identified significant barriers these would have been prioritised as part of their annual work plan and there was the possibility of funding being allocated to support implementation at a local level. With effect from 01/04/2017 this is no longer the process, with all Trust' needing to manage all funding requests within existing financial resources. Given the number of competing demands this makes it very difficult to ensure that the S&G constraints are overcome and presenting a risk for the Directorate. As part of the 2020/21 workplan for the Acute S&G team workplan the 'Green Status' report is currently being reviewed to ensure those NICE guidelines that have been identified as either being fully compliant or have an internal action required to achieve full implementation are accurately reported upon.	Provision of bi monthly assurance responses to the HSCB as part of the Trust's Positive Assurance response. The content of this report is approved by the Director of Acute Services and Director of Performance prior to submission The accountability arrangements for the management of S&G within Acute Services are well defined to ensure the risk of not complying with a guideline due to identification of an external barrier is communicated to the SMT in a timely way. There are robust processes in place to ensure timely review of E proformas to ensure any change in compliance is identified and should the compliance status be downgraded from red to green the HSCB can then be notified	24/02/2021- being reviewed through standards and guidelines process 10/08/20 - Risk reviewed. Updated description of risk provided. March 2020 On-going monitoring and review within Acute S&G forum agenda Discussion with Trust SMT since this risk issue will be the same within the other operational directorates, albeit the number of guidelines are less June18 On-going monitoring and review within Acute S&G forum agenda Discussion with Trust SMT since this risk issue will be the same within the other operational directorates, albeit the number of guidelines are less	LOW

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4095	ACUTE	02/06/2020	Provide safe, high quality care in a great place to work	Mishandling of Patient handover resulting in an Information Governance breach	There is a risk that the handover with patients details could be mislaid anywhere on site or in the community. Patient detail not being managed in a confidential manner thereby reveling the patient's private business and exposing the Trust to a breach in public confidence.	All disciplines of staff have been informed of the recent breaches in Information Governance and the consequence of same. All wards and departments have bins with clearly visible signage indicating they are for the disposal of the confidential handover prior to the end of their shift Regular reminders at patient safety briefings to adhere to Trust governance protocols Representative in Acute have met and agreed the content on the handovers. Incident and meeting note shared with OPPC, Peads and MH directorates.	24/02/2021- continuously monitored 02/06/2020 Staff regularly reminded of necessity to adhere to Trust governance protocols.	LOW
2979	ACUTE	13/05/2011	Provide safe, high quality care	Multiple records/charts per patient e.g. a patient may have STH, CAH, BPC & DHH medical notes	Patient is at risk due to information in multiple charts (no one chart may contain a full record of patient history and investigations). Trust from risk of litigation. Risk to patient of incomplete information being available at time of consultation, incorrect diagnosis due to incomplete information, delay in diagnosis, risk of injury and/or death. Reputation of Trust at risk.	Patient information is available electronically in Patient Centre, NIPACS, Labs, TOMCAT. Charts for CAH and DHH only now registered. All charts are made available if requested.	19.08.2020 Most charts have now been replaced. 24.06.19 New system - one patient one chart for all new and recent patients. Ongoing update for older files for existing patients. 7.3.18 Risk remains unchanged 28.09.17 Further work is to take place with regard to registration of CAH and DHH charts and a move to 1 patient 1 chart. Initial discussions will take place in October with Health Records managers and the Booking Centre to identify issues relating to registration, and following this a proposal will be taken to Acute SMT for discussion and agreement. 28.12.16 - work ongoing with continuing to reduce number of charts per patient in circulation - robust weed and destruction of charts takes place every year and registration reduced. Risk reducing each year. 12.9.16 work still continuing on reducing the number of charts per patient - this is an ongoing exercise. A trial of going "paperlight" was conducted in June - Aug 16 which would reduce the amount of paperwork generated per patient however, until such time as a "write on" information system is available we cannot progress with paperlight / paperless clinics as information still needs to be recorded on the patient visit.	LOW
2422	ACUTE	13/10/2009	Provide safe, high quality care	Multiple training schedules for staff at Trust Level. Lack of resources to facilitate staff to go to training.	Staff unable to attend training due to multiple training schedules, therefore leaving ward short staff or staff not being updated. Mandatory requirements unable to be facilitated. With staff at training there is a potential risk of not providing safe high quality care to patients. It will deplete staff numbers at ward level therefore failure to meet the expected standards of care. This will apply pressure on colleagues who remain on the ward.	Ward Sister to manage off duty rotas and prioritise training needs/where there are high dependency levels responsibility of nurse in charge to assess situation and take decision on releasing staff for training/more flexible approaches to training eg delivered at ward level,e-learning etc.	24.06.19 No change. Monitor compliance monthly. Training now available on-line. Review frequency of training. 23.9.17 - CMT remains challenging to achieve over 80% mainly due to 1- staffing challenges and 2 availability of training which is not 'online'. 1.12.16 No further update. 13.9.16 Awaiting update 27/5/16 - No change.	LOW
4099	ACUTE	11/08/2020	Provide safe, high quality care Make the best use of resources	Neurophysiology- Due to insufficient staffing levels risk of occasional department closure days	Occasional risk to inpatients as no staff to provide service. There is the occasional inability to provide an inpatients service for EEG. EEGs are an aid to diagnosis. there is no on call/weekend or bank holiday cover	As a rule x2 staff not permitted to have annual leave at the same time however in exceptional circumstances this can occur when staffing levels are insufficient. Change the working pattern for x1 P/T member of staff which will reduce lone working days and therefore reduce risk of closure days	March 2021 - Lead due to retire in August 2021. 1 member of staff has taken a career break for 2 years. Another member of staff will shortly be going off on maternity leave. The remaining member of staff will increase their hours and be assisted by the trainee posts. Staff levels should be 3.22WTE	LOW

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3529	ACUTE	05/02/2014	Provide safe, high quality care	Non compliance to Standards and Guidelines issued to Southern Trust	<p>There is often a time lag between when the external agencies require the Trust to achieve full compliance against the recommendations outlined within standards and guidelines and when this is actually achieved. Such non-compliance poses the following risks for the patient and the organisation: Reduced ability to deliver quality patient care; Compromised patient safety and wellbeing; Poor patient outcomes - mortality/morbidity, delayed discharge, increased secondary complications; Staff members are non-compliant with evidence based working practices, lack of standardised practice, vulnerable wrt registration; Organisational risk - complaints, incidents, litigation, loss in confidence / negative publicity</p> <p>Service Capacity As of 30 June 2020 there are 2131 standards and guidelines identified on the Trust's S&G database. Of these 1622 were applicable to Acute Services (78%)</p> <p>Lack of suitable IT Recording System Due to volume and complexity of these guidelines it is a challenge for the Trust to monitor and review the compliance status of all the standards and guidelines that have been received. There is a corporate need to invest in a more fit for purpose information system. In 2017/18 BSO gave the WHSCT significant funding to support a pilot of a modified Sharepoint system that would in the first instance record and track the implementation of NICE guidelines and Technology Appraisals. The Regional NICE Managers forum acted as the project group and whilst the scope of the project was not embracive of all the types of standards and guidelines endorsed regionally it was at least a starting point. The ultimate vision was that upon completion this system would then be shared across the HSC (including the HSCB/DHSSPNIS) to provide a harmonised / standardised system that would provide effective monitoring and traceability of guidance implementation. Unfortunately this pilot has not yet yielded these desired outcomes and in the interim the SHSCT continues to use an excel spreadsheet whose functionality falls well short of service requirements. Discussions have been undertaken with Mark Toal to seek out other possible IT solutions - these have included Qlikvue / the new Datix S&G module (which remains in prototype) / Q Pulse. This scoping work is ongoing. Given the number of standards and guidelines that are now held on this system there is risk of it collapsing and there has been a number of incidents where data saving has not occurred due to capacity issues. As a safe guard a system back up is saved on a weekly basis. There is also the added frustration that if any of the directorate governance teams are using the shared excel spreadsheet no-one else can use it. This can impact on staff not being able to carry out their administrative duties on the system at that point in time. This is inefficient and there is a risk of a lack of timely data capture.</p> <p>S&G Backlog S&G backlog continues since the number of newly issued S&G demands the capacity of the Acute S&G team to ensure timely implementation. Consequently there continues to be a need to review the register, identify the backlog and prioritise those standards and guidelines that need to be implemented by nominated change leads. Since 7 January 2017 the corporate S&G forum has been stood down. Whilst new processes for managing S&G have been developed, one key challenge is the timely implementation of those S&G that have a cross directorate applicability. This includes a delay in identifying the lead directorate and who will lead these pieces of work. This has resulted in some S&G circulars not meeting the required deadline to submit an</p>	<p>Provision of bi monthly assurance responses to the HSCB as part of the Trust's Positive Assurance response. Corporate governance have an Excel database in place for logging and monitoring S&G. Within Acute Services a directorate S&G forum has been established - inaugural meeting was held 19 January 2017. Terms of reference are in place and the forum is chaired by the Director and attended by the SMT. The forum meets twice a month to review all newly issued S&G so to ensure appointment of a clinical change lead is confirmed in a timely manner, thereby ensuring implementation processes are put in place as early as possible. It also reviews and approves implementation plans requiring submission to the relevant external agency. It approves any policy/procedures/guidance that has been developed as part of these implementation plans. Standard item for discussion at the monthly Acute Clinical Governance meetings with submission of relevant reports Patients Safety & Quality Manager (Acute Services) attends all divisional governance meetings on a monthly basis and presents tailored activity reports to determine progress at an operational level Meeting schedule is in place to ensure meetings are held with the Heads of Service to review compliance against all S&G within their areas of responsibility A new Acute Services Lead Nurse, Midwifery & Radiology S&G forum - meetings held on a monthly basis Monthly summary report is issued out to Acute SMT to communicate to all staff what new regionally endorsed S&G have been issued. A copy is also shared with the M&M chairs so that they can review and share within their committee meetings Service KPIs are in place and presented to the Acute S&G forum on a quarterly basis Acute S&G procedures manual has been developed and has been operationalised since 1/4/2017. This is subject to ongoing review and updating Acute S&G administration processes maps have been developed and are to be presented at Acute S&G forum on 01/05/2018 Standard item for discussion at SMT (monthly) and Governance Committee with submission of relevant reports / assurance statements. Meetings held 6 monthly with the Head of development & Planning to ascertain if any business cases can be supported with relevant S&G Patient Safety & Quality Manager (Acute Services) attends the regional NICE Managers meeting which provides a valuable network with the other 4 HSCTs, DHSSPSNI and HSCB</p>	<p>10/08/20 - Risk reviewed and description of risk updated. 02/06/2020 standards still difficult to achieve with limited funding, staffing and equipment 09.03.2020, 5.12.16 Information below remains current 19.7.16 - Decision needs to be made regarding the viability of re-appointing an AMD for Standards and Guidelines (Acute Services) - forms part of the current review of Acute Services structures. Administrative support for the Patient Safety & Quality Manager needs to be reviewed - there is currently no administrative support. Patient Safety & Quality Manager (Acute Services) has successfully achieved a one year NICE scholarship - project is to undertake a review of the directorate's process for implementing standards and guidelines - to be completed by 31/03/2017. There continues to be an urgent need to put in place a more effective information system for the logging, dissemination and monitoring of standards and guidelines. Corporate governance is currently designing an inhouse system until an appropriate regional solution is agreed. Due to ongoing work pressures Phase 1 (01/10/2015 to current date) and Phase 2 of the backlog review (all S&G issued from 01/04/2007 - 30/09/2015) will be undertaken from 01/01/2018 to 31/03/2018 has not been progressed as planned and will continue during 2019/20 workplan. Phase 1 (From 2017 to current date) has been completed. Phase 2 of the backlog (from April 2007 - Sept 2015) remains outstanding.</p>	LOW
4090	ACUTE	09/03/2020	Provide safe, high quality care Make the best use of resources Improving Health and Wellbeing	Prescribing of valproate not in line with valproate Pregnancy Prevention (PREVENT) Programme	<p>Valproate is associated with teratogenic risks (congenital malformations, neuro-developmental disorders) in children exposed to valproate during pregnancy. Children exposed to valproate in utero are at increased risk of lower IQ and of risk of developing neurodevelopmental disorders. In 2017 and 2018 the DoH issued a number of circulars in relation to the risks of prescribing valproate in women of childbearing age (HSC (SQSD) 19/17, HSS (MD) 8/2018 and HSS (MD) 27/2018) highlighting new resources to support the safety of girls and women who are being treated with valproate. Among the recommendations to Trusts was the requirement to develop an action plan to ensure all girls and women of or nearing childbearing age taking valproate are systematically identified so that all relevant resources can be used to plan their care. In addition, all relevant resources are to be embedded in clinical practice for current and future patients, by revising local training, procedures and protocols.</p>	<p>Currently valproate is prescribed to a small number of patients under the care of NHSCT Consultants, all of whom have been made aware of the various DoH circulars and associated recommendations. A number of NHSCT Consultants sit on the Regional Valproate Group, chaired by PHA. The Trust has also recently established a task and finish group to address outstanding risks in relation to the recommendations in the circulars, namely the systemic identification of all girls and women who may be prescribed valproate. The Northern Area Drugs and Therapeutics Committee also monitors the implementation of the recommendations within the circulars through the Medicines Governance Pharmacist, also a member of the Regional Valproate Group.</p>	<p>9 March 2020 Consultants manage their own registers of girls and women on valproate.</p>	LOW

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
4007	ACUTE	28/02/2019	Provide safe, high quality care	Risk that patients receive inappropriate care due to the misuse of point of care testing	Risks arise from the inherent characteristics of the devices themselves and from the interpretation of the results they provide. They can be prone to user errors arising from unfamiliarity with the devices. Patients are at risk of inappropriate treatment as a consequence of inaccurate results. Individuals are sharing passwords/barcodes in contravention of Trust procedures and good governance. Equipment is not being properly maintained which puts equipment at risk of malfunction leaving patients vulnerable. Internal Quality Control review and regular audits have stopped due to a lack of resources. There is a lack of Assurance around temperature control of reagents etc. which has the potential to influence the results. Patients are at risk of receiving an inaccurate test result and receiving inappropriate treatment or not receiving treatment when it is actually required. Patients could come to serious harm / death. Staff are at risk to Trust sanction or Professional body sanction, litigation, dismissal. Trust is at risk of litigation due to improper use of devices. Trust is at risk of litigation due to improper treatment based on inaccurate results or misinterpretation of results.	Training is available on all devices. Quality controls are available. DATIX web is available to report and monitor any incidents. Staff are given unique barcodes to operate Trust equipment where they are deemed competent to do so. It is the responsibility of all staff issuing a POCT device to end users to ensure that the user is adequately trained and competent to use the device.	July 2020- As of 2019 support staff have been facilitating the Biomedical Scientist over the night time period. Whilst not all nights have been covered the majority are. Efforts are being made to secure additional resources to ensure all nights have additional staff cover. Feb20 Patient safety and quality manager mitigated the risks associated with improper use of glucometers by :1Issued a learning letter to all Acute ADs highlighting the dangers of barcode sharing, 2Redesigned and reissued an equipment safety poster to emphasise the importance of only using equipment you are trained to use and not to share barcodes. 3SOP updated to clarify that barcode sharing is a disciplinary offence and will not be tolerated- subsequently staff have disciplined. 4A quick guide was also developed and put inside every glucometer workstation in the Trust, again reminding staff that barcode sharing will not be tolerated. 5Since November 2018 Patient safety and quality manager has been auditing the glucometers and compliance has since increased 3 fold. Coordinate training and email the details are now emailed to lead nurses and available on SharePoint for everyone to access. Details shared with the bank. Staff had previously complained that training details where difficult to obtain. Equipment controller training sessions were also relaunched- this time with a POCT element. One to one training sessions/in house sessions when requested, reinforcing the dangers of barcode sharing and its disciplinary consequences. There have been no barcode sharing incidents since all this work began. As of 2019 additional resources were secured and additional staff are currently being recruited (July 2020) that should facilitate maintaining a low risk in this area.	LOW
3962	ACUTE	09/05/2018		The flooring in Theatre 4, CAH has a hole in it. The Siemens Image Intensifier wheel keeps getting stuck in this hole. To date a	The flooring in theatre 4 has a small hole in it. Unfortunately, it is in the vicinity that the radiographers park the Image Intensifier prior to starting a screening case. Recently the machine was parked here and unbeknown to the radiographer one of the wheel of the intensifier had been parked on the hole. When the Radiographer went to move the machine into position at the start of the screening case she found the machine every difficult to move laterally. To move the machine it took a lot of stretching, straining and pulling and unnecessary force. The radiographer eventually moved the machine out of the hole but in the process hurt her back. There is a manual handling and health and safety risk that need addressed immediately. If not dealt with it will increase staffs stress levels and effect their welfare and could leave the Trust open to litigation. Staff have a right to expect a safe and secure working environment.	"Raising Staff Awareness regarding the flooring in theatre 4 to help manage the risk. -Actioned 8/4/18 Round Robin e-mail to be sent to all staff with photos of the area in question. "Staff to attend yearly mandatory manual handling training-Actioned-on going. Incident reported on Datix-Actioned IR1 completed 27/4/18 Siemen's Engineer to be called to check out the intensifier as it seemed very stiff and difficult to move. Machine was out of action until checked - Actioned-Engineer checked out machine on 4.5.18. and the machine was ok'd to work by engineer and put back into action. Lead Radiographers to Liaise with theatre sister regarding the incident--- Actioned 4.5.18 Theatre Sister to liaise with Urologists regarding the positioning of the machine-Actioned-Urologists happy that radiographers work to the right of the patient to avoid the area in question (3/5/18) Theatre sister to put up safety awareness signs regarding the flooring and the image intensifier machine-Actioned 4.5.18 Flooring to be fixed-Theatre sister to contact Estates to find out when flooring to be replaced-Actioned 2.5.18-Estates have assured the sister that the floor will be replaced May/June 18 Flooring temporarily mended with a metal covering-Actioned 1/5/18- however there is a "lip" on this that is difficult to push machine over especially laterally. Radiographer advised to go for medical assessment		
3875	ACUTE	21/02/2017	Provide safe, high quality care Support people and communities to live healthy lives and improve their health and wellbeing Make the best use of resources	The transfer of patient data outside the EU.	Due to insufficient availability of Radiology Registrars within the Southern Trust the Radiology Department is unable to provide the service of reporting emergency CT scans for patients between 10.00pm and 9.00am daily. In order to address the problem the The Southern Trust has an arrangement with the Independent Sector provider to report on the CT scans in the out of hours and overnight periods. given that the Ind Sector Supplier is in Australia images have to be transferred electronically and this presents a risk and potential for data loss	The risks have been assessed by BSO Legal Services, Trust Information Governance and IT. Due to the following mitigating factors it is believed this risk is of an acceptable level:-Reputable company with contracts ongoing in NHS England Company has DPA obligations in place and have been co-operative in responding to additional requests for clarification -Lack of alternative re processing of records -Consequences of a data breach (CT scan images) -Likelihood of a data breach -Impact on patient if breach occurred -Reputational damage to Trust if breach occurred - may be low - depending on number of records involved Within the specification the following has been recorded: "3.11 Confidentiality / Intellectual Property Rights. Assurances must be provided to the Trust that data and digital images are secure at all times." Ongoing monitoring of images being sent and reports being returned will also be used to ensure there has been no loss of data.	March 2021 - this will continue to be a risk as in previous years March 2020 This will continue to be a risk due to the lack of availability of senior radiologists. 21.02.17 Risk added to Acute Risk Register	LOW

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
	0 28/02/2019	Provide safe, high quality care	MRI Craigavon Area Hospital	SyngoVia imaging software is not covered by service contract.	This software is essential in the reporting of Breast MRI as it is used to produce contrast uptake curves that cannot be produced on the PACS reporting stations. Server breakdown - costly repair as not under contract. Software versions not being updated - missing out on new benefits and uses for example in Prostate diffusion analysis. Data security risk - software out of date - updates not carried out. Info from IT - There is a security flaw with the SQL database server, which is out of support by Microsoft and I will need to approach Siemens. Scurity risk to patient data if not protected by software and security updates Risk of software becoming obsolete and no longer usable if versions no longer supported Risk then of being unable to provide breast MRI service	Risks to be managed on the current NIPACS system and images are being accepted as of diagnostic quality. If not of highest possible quality level.	7.8.19 This continued to be monitored and flagged in the region. Solution - to be part of NIPACS replacement BC.	HIGH	DIV
4079	16/12/2019	Provide safe, high quality care		Serious concerns highlighted following Peer Review visit of Systemic Anti -Cancer Treatment Service (SACT) November 2019.	no electronic prescribing system for Haematology chemotherapy drugs. Competency assessment for those prescribing first cycle of chemotherapy not in place SACT nursing competencies - some out of date storage of patients notes - confidentiality . SACT meetings did not include both Haematology and Oncology Increased risk of errors when prescribing drugs Inappropriate commencement of chemotherapy for a patient staff training out of date not in line with good practice Risk of breach of confidentiality lack of service development for the whole service	Corrective action plan developed to work through the concerns however regional support is required to implement electronic prescribing system for haematology chemotherapy. Medical competency framework needs to be progressed through NICaN. nursing staff to update competencies explore options for safe storage of patient notes Liaise with colleagues in Belfast trust to ensure job planning of oncologists to attend	June 2020 Awaiting regional direction re implementation of RISOH within Haematology. Nursing staff all now trained and signed off as competent in the delivery of SACT. Ongoing review to ensure all staff are up to date with competencies. SACT Multi Professional meeting occurs bi monthly with representation from both Oncology and Haematology. Ongoing review and awareness raising of the importance of Information Governance to ensure confidential information is kept secure. Regional Oncology/Haematology stabilisation plan underway with a bid submitted from Southern Trust. Dec19 Regional Support is required. Liaise with Belfast Trust to ensure job planning of oncologists to attend.	MOD	DIV
3847	24/10/2016	Provide safe, high quality care	Trustwide	AHP Capacity Deficit for Acute Oncology Staff	Lack of timely response to Oncology referrals by specialist staff and limited rehabilitation input.	Patients rehabilitation may be compromised.	22.1.18 Still ongoing risk 14.11.17 -Capacity and demand paper being revised, This need remains largely unmet 6.6.17 Regional work still ongoing Dec 16 Working with region to establish any regional developments.	LOW	DIV
4050	07/08/2019	Be a great place to work	Radiology, Craigavon Area Hospital	Lone Worker in Radiography	Risk of harm to radiography staff who may be working on their own to provide a critical service on the Daisy Hill site. There is risk to staff form adverse incidents including potential for sudden illness, accident or intruder with no immediate help at hand.	Out of hours entrances and exits are locked. Staff have access to phones and two-way radios that give the radiography staff access to portering staff in case of an emergency. Single Pane windows upgraded. Personal Panic alarm system installed. Inner doors replaced / thumb turn removed.	March 2021- Locks have been added to all rooms. Swipe access door to be installed between ED and Radiology. Radiology main doors have been replaced and have the option to become a swipe door July 2020- As part of the 2019 support staff have been facilitating the Biomedical Scientist over the night time period. Whilst not all nights have been covered the majority are. Efforts are being made to secure additional resource to ensure all nights have additional staff cover. June 2020 Resource was given for additional staff to be on at night and reduce the "lone-worker" risk. Two staff have been agreed - a third member would be required to cover every night and remove the risk. Management will continue to advocate for the additional resource required. Nov 19 Risk reviewed and this remains unchanged Aug 19 Resource was given for additional staff to be on at night and reduce the "lone worker" risk. Two staff have been agreed a third member would be required to cover every night and remove the risk. Management will continue to advocate for the additional resource required. 7.3.18 Risk continues to be monitored	LOW	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3291	28/11/2012	Safe, High Quality and Effective Care	Grounds	Car Parking and Traffic Management problems CAH	Contractors taking up space. Limited entrance and exit access causing grid lock of site in the event of an emergency / major incident. Limited parking spaces around the site. Risk of injury to patients having to park distance from hospital entrance. Patients missing appointments as unable to find parking space - disabled and able bodied. Staff, patinets and others unable to use foot paths due to cars parked on them - risk of injury from collision with vehicles. Inappropriate parking compromising access for emergency vehicles and pedestrian access to hospital. Risk of injury to pedestrians as no safe footway in parts of the site.	Security porters, cones and sticker patrols to prevent inappropriate parking. As part of Major Incident Review the Director of HR / Estates clarified Estates are responsible for traffic flow on site and FSS are responsible for car parking.	7/5/19 - Planning application for 2nd entrance applied for Lisnisky Lane gate is opened in emergencies. Increased level of complaints following the extension of enforcement in November 2018. Difficuilt parking is resulting in patients being late / non-attendance at clinic appointments. 23/2/2018 - Parking enforcement has been introduced at protect drop off zones, red hatched areas, emergency routes, ambulance bays and disabled spaces. Additional spaces at Craigavon Area Hospital. Traffic calming measures including ramps at pedestrian crossings and speed control signage at Craigavon Area Hospital. Renewed markings on disabled spaces to ensure they are visible.	MOD	DIV
3753	04/01/2016	Provide safe, high quality care		Falls from height CAH	Condition of Buildings, possible effects from drugs and alcohol, inadequate door access, poor lighting, machinery, equipment, spills, violence. Potential for injury, harm or death. 21.11.16 The new retaining wall beside the footpath up the main drive has created additional potential for harm.	None - Action Plan Attached.	13/6/19 Estates and Support Services to review outstanding actions. 23.02.18 Minor Works request submitted for outstanding controls.	MOD	DIV
3792	13/04/2016	Provide safe, high quality care a great place to work		Waste Storage and Handling CAH	Lack of space for waste dispersal rooms on 1, 3 and 4 North leading inappropriate storage / segration of waste and risk of leaks from contaminated clinical waste if not stored safely. Waste storage area on 1 East / 1 West and 2 East / 2 West are too small for ward requirements.	3 North waste is stored in the Sluice Room; 4 North waste is stored in a store room and 1 North waste is stored in the Domestic Store. Housekeeping arrangements are in place to ensure waste is stored as safely as possible. Staff are aware to report incidents, which are subsequently recorded on Datix. Spills are cleaned immediately. PPE is provided for staff handling waste and staff are trained in the use of PPE. Staff receive waste management training.	23/2/2018 - 4N have black and yellow bins in their dispersal now. 1N, 3N, 1W/1E, 2W/2E no progress.	MOD	DIV
3799	23/05/2016	Provide safe, high quality care		Falls from height DHH	Condition of Buildings, possible effects from drugs and alcohol, inadequate door access, poor lighting, machinery, equipment, spills, violence. Potential for injury, harm or death.	See action plan attached to Risk	27.02.18 Minor works request submitted for outstanding controls. 12/12/2016 A separate risk assessment is being completed by Acute Governance in relation to falls from heights. Erection or raising of anti-climb fencing in several areas. Secure 3 external doors at exterior of ED Dept,. Enclose plant and equipment.	MOD	DIV
3812	20/07/2016	Safe, High Quality and Effective Care	Switchboard	Lack of Emergency Major Incident Planning Software	Switchboard follows a Major Incident protocol, individually calling a list of key contacts, with a Major Incident Alert, Major Incident Declared and Major Incident Stood Down. In the event of a Major Incident declared up to 50 people may be contacted. This is time consuming, resulting in delays in key staff being notified. On site staff are individually bleeped. Switchboard staffing levels are reduced in the Out of Hours period, which will create further delays as additional staff will be required to come in. Switchboard manually record on paper as each person is contacted. Reports are available showing time of alert and numeric message. Voices over messages are not recorded.	Continue to monitor the situation. Paper completed to identify the risks shared with Acute SMT.	16/02/2021- Following a trial period Northern Trust now plans to implement the Appear App software. Southern Trust awaits to see if there are any operational issues before implementing the same here. 4/3/2020 It has moved the imessage system onto the Trust domain. System providers to complete the approval to rollout to all necessary staff. 15.5.19 Full implementation of roll out of smart phones has been completed. All Emergency calls to ext 6666 & 6000 are now being recorded. New iMessage bleeping system is now fully operational. IT are currently PEN (Security) testing the App. When complete test group will be identified & App tested prior to roll out to all Major Incident responders. 19.12.18 IT/Telecoms have rolled out new smart phones to all blackberry holders as the Appear App will not work on the blackberry phone. Implementation of the Imessage Appear App by Estates Telecoms Team has been rescheduled to April/May 2019. 5.4.18 Imessage Appear App (Emergency Planning Software) has been purchased. Trial is ongoing with the Northern Trust. SHSCT awaiting feedback from Northern trial before implementing. IT/Telecoms currently rolling out new smart phones to all blackberry holders as the Appear App will not work on the current blackberry phone. Full implementation scheduled for April/May 2018. All Emergency calls to ext 6666 & 6000 are now being recorded. 16.8.17 New iMessage system delivered March 2017. Problem with the servers discovered during implementation. Estates has advised that "go live" will be September 2017.	MOD	DIV
3861	13/12/2016	Provide safe, high quality care	Grounds	Car Parking and Traffic Management Problems DHH	Risk of injury to patients having to park distance from hospital entrance. Patients missing appointments as unable to find parking space - disabled and able bodied. Staff, patients and others unable to use foot paths due to cars parked on them - risk of injury from collision with vehicles. Inappropriate parking compromising access for emergency vehicles and pedestrian access to hospital. Risk of collision due to disregard by drivers of one way system. Risk of injury to pedestrians entering Car Park F as no safe footway.	Security porters, cones and sticker patrols to prevent inappropriate parking. As part of Major Incident Review the Director of HR / Estates clarified Estates are responsible for traffic flow on site and FSS are responsible for car parking.	17/12/18 Relocation of Pay and Display in Car Park C starting in Jan 2019 due to relocation of OOH and OPD. 27.02.18 Parking enforcement has been introduced at protect drop off zones, red hatched areas, emergency routes, ambulance bays and disabled spaces.	MOD	DIV

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3941	27/02/2018	Provide safe, high quality care		Use of 2 Work neutral detergent which is classified as 'Corrosive' without eye protection	This product is extensively used throughout the Trust in the main production kitchens, ward kitchens, staff tea rooms, for dishwashing, general cleaning and cleaning of floors etc. The use of eye protection when using this product is unrealistic and something that would be extremely difficult to enforce given its extensive use in the Trust.	Induction training, on the job training and BIC's training for Support Services staff. • COSHH awareness training (all staff) • Observation of user completing task/using chemical • Spot checks • Safe Systems of Work (Support Services staff only) • Protective aprons and gloves • Eye Protection for dilution of chemicals (Support Services staff only) • Staff reminded to continue to report incidents to their supervisor/manager • Pre-Employment Medical Advice – skin care etc • Ill Health Referrals to Occupational Health • COSHH Risk Assessment and Data Safety Sheet • SHSCT Policies and Procedures • Trained COSHH Assessor in each locality	17/12/18 - The cleaning chemicals contract is being retendered and this product will not be included in the new contract which should be introduced in April 2019. Feb 2018 A Customer Complaints Form was submitted to BSO and a request made to have this product replaced with a non-classified, 1 litre detergent, which is safe to use. BSO unable to take action as this is a regional contract and the Southern Trust was the only Trust in the region to raise concerns. This matter cannot be resolved until action is taken by BSO.	MOD	DIV
3973	28/08/2018	Provide safe, high quality care		Risk of injury when cleaning fixed beds in Bluestone	There are 68 beds of these beds in the Bluestone Unit. Hazard - manual handling (risk of musculoskeletal injury) and Infection Prevention and Control - areas of the bed not accessible for cleaning and no programme for cleaning underneath the bed which is fixed to the floor. Mattress type is an issue - no grips on the side of the mattress to aid moving and handling, mattress cannot be folded in half to clean. Low fixed height of the bed is an issue for manual handling.Musculoskeletal injury, infection control	Induction training, on the job training and BIC's training for Support Services staff. o Infection Control training o Waste management training o Manual Handling training core/refresher o Observation of user completing task/using chemical o Spot checks o Safe Systems of Work - task specific (Support Services staff only) o Protective aprons and gloves o Staff advised to wear enclosed and low footwear o Faults reporting o Staff reminded to continue to report incidents to their supervisor/manager o Staff advised to check if the load is within their capabilities before lifting it. o Staff advised to seek assistance if a load is beyond their capabilities i.e. a colleague. o Pre-Employment Medical Advice o Ill Health Referrals to Occupational Health o SHSCT Policies and Procedures	17/12/18 - Health and Safety have recommended 2 people to clean the bed. However, Domestic staff work on their own most of the day. Assistance from nursing staff required to turn the mattress during cleaning. Ergonomic assessment completed by Physio department. This risk will only be eliminated if the beds change but funding is required.	MOD	DIV
3978	25/09/2018	Provide safe, high quality care		CCTV System DHH Issues	The CCTV system at DHH is digital and has been put on the Trust Network and this is causing issues from an IT security perspective. The CCTV surveillance coverage does not extend to all of the areas required. Cyber attack and the hacking of data Loss of patient information Breach of Data Protection Act 2018 Compromised safety of all personnel on site Compromised security of both Trust and personal property Inability to detect crime and footage unable to be used in prosecutions Inability to investigate incidents Compromised ability to locate missing patients from the Wards or Department.	Precautionary measures by Estates / IT Number Plate Recognition cameras at DHH entrance and exit.	Business Case to be prepared to secure funding to have all CCTV transferred onto a Single Trust Digital Platform. Identify areas that require cameras on a risk basis and complete Minor Works Form for additional cameras 7/8/20 The analogue CCTV systems at DHH can be accessed via the IP platform, however the imagery remains of analogue quality and all analogue cameras and DVRs need upgraded to IP systems. CCTV status report is being completed by Support Services which will identify short-term and long-term requirements in order that priority rating can be agreed. Encrypted storage devices have been ordered which will increase data security and download/ transfer ability. All Portering Supervisors are trained to download CCTV imagery and arrangements are in place for them to download routinely to maintain their skills and a system is being put in place to record this. Arrangements are in place with Radio Contacts to come onsite and download imagery if urgently required out-of-hours if no Supervisor is on duty. CCTV Policy has been drafted.	MOD	DIV
4036	11/06/2019	Provide safe, high quality care	Trustwide	Discharge letters not being completed	When a patient is discharged they should be given a discharge letter which will give them details of their treatment in hospital and also detail out any follow up in terms of review, investigations that are required. If the letter is not done then the appropriate review/investigations may not take place. Risk to the patient of being lost to follow up.	Raised with Heads of Service asking them to remind the doctors to complete their discharge letters. Ward clerks let the doctors know that there are outstanding discharge letters. Ward clerks will let the Sister/Nurse in Charge know. However the situation has not improved.	Feb20 - email sent to HoS asking them to remind doctors of the importance of completing accurate follow up in the Follow Up section of the discharge summary. Information was also provided for the new doctors and locums induction on completion of discharges.	MOD	DIV
4038	11/06/2019	Provide safe, high quality care	Trustwide	Results not signed off on the wards	Hard copy patient result forms are not being signed off by the doctors on the wards. This means that the ward clerk cannot file the results and they are left on the wards where they could be misplaced or something could be missed regarding the patient's condition. If the results are not signed off there is the possibility the something could be missed regarding the patient's condition. The ward clerk cannot file the results until they are signed so the results are left on the ward and there is the potential for them to be misplaced.	Ward clerks remind the staff that they need to sign the results. Electronic sign off is being implemented. DHHS ward clerks have been told to forward unsigned results to the consultant for them to sign.	Feb 20 - Dr O'Kane has written to consultants stating that results will be destroyed and is waiting for their response. Once clarification is received from the Medical Director's office that results can be destroyed this will be acted on.	MOD	DIV
4067	24/09/2019	Provide safe, high quality care		Non Destruction of Patient Records due to Infected Blood Inquiry	Risk to staff hurting themselves as they are managing records in libraries that are full. Filing and retrieval of charts is difficult as they are very closely packed in the pigeon holes. The filing bays are heavy when moving them. Trust will not have enough space to store all the patient records so some will have to be sent to commercial off site storage which incurs a cost. Staff could hurt themselves trying to assess charts. Charts will be more difficult to retrieve which could lead to a delay in their being available.	All staff must complete their Mandatory Training. Inspection of libraries has taken place by Health Records Managers and areas of concern highlighted. A plan has been set out to transfer some of the less active charts to the commercial off site storage which will leave space for the more recent charts.	Feb 20 - request has been sent to Alphy Magennis stating the cost of retaining records as part of the IBI and requesting funding for same.	MOD	DIV
4074	20/11/2019	Provide safe, high quality care Make the best use of resources		Incomplete Consultant of the Week Rota or Consultants not recorded on PAS	The consultant of the week rota is not always up to date or has not been recorded on PAS. This means that the ward clerks do not know which consultant to admit the patient under. This could lead to the patient not being assessed by any medical staff. If the consultant is not recorded on PAS it means that the patient cannot be admitted under the correct consultant, which could lead to the patient not being seen in the appropriate timeframe or issues relating to follow up of treatment	Reminders have been sent to the Heads of Service asking for clarification as to which consultant is on call. Assistant Director wrote to the Assistant Directors requesting this information is given asap and also that any new consultants are recorded on PAS asap.	Feb 20 - things have improved and consultants are being added on to PAS in a more timely fashion. Nov19 risk added to Divisional Register	MOD	DIV
4077	09/12/2019			Consultants Recruited without communication to relevant Admin Management Staff	Potential for patients not to be followed up on time, patients lost in system because proper admin support was not in place. Admin Management advised too late of appointments of consultants. There is a lead in time for secretarial recruitment of at least 3 months and then a training period. No communication with admin leads re what the consultants role will be, job plans etc. Potential for patients not to be followed up on time, and phone calls from patients unanswered, patients lost in system because proper admin support was not in place. Due to consultants being recruited without knowledge of Admin Management	Overtime is allocated to try and sort some of this.	Dec19 Have met with some HOS/Ad's to try and sort some of this and gain some insight to job roles, base area etc.	MOD	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
4085	18/02/2020	Provide safe, high quality care/take the best use of resources		Fire Risk in Laundry Department CAH	Risk of fire in the laundry due to a build up of lint in the building and in the laundry equipment. This could result in possible injury to staff. Inability to provide clean linen to wards in SHSCT, BCH and MPH. Infection risk to patients if no clean linen is available at ward level.	Monthly high level cleaning. Removal of lint is included on the maintenance assistant's cleaning schedule Lint removing machine is identified on the Trust Capital Priority List	16/02/2021- daily record kept of lint removal from dryers and emptying dryers at the end of shift. Weekly fire walk around in place and record kept. Monthly high level dusting undertaken by outside contractor. 18/02/2020 the purchase of a lint remover is required when funding becomes available.	MOD	DIV
4101	03/06/2020	Provide safe, high quality care/be a great place to work		Unavailability of MAPA Level 4 Core and Refresher Training for Security Porter	Breach of the health and safety at work act by not providing staff with the necessary training to carry out their duties At CAH there are currently 4 staff that require core training and 14 staff who require refresher training and there are a further 16 staff due refresher training later in the year - 8 in Sept and 8 in November 2020. At DHH there are currently 0 staff that require core training and 8 staff who require and there are a further 15 staff due refresher training later in the year. In addition new recruits and vocational staff will require core training. There is risk of injury to patients, staff and the public from unsafe practices if the security porters are undertaking security duties without core or refresher training, or there are insufficiently trained staff to undertake security duties. Without the training the security porters will have limited mitigation in their defence should criminal or civil action be taken against them if physical restraint is applied and is not deemed reasonable which would	MAPA core training has already been provided to staff awaiting refresher training.		MOD	DIV
3355	16/05/2012	Safe, High Quality and Effective Care		Actichlor plus	Risks highlighted: Ingestion of product, Skin damage due to contact, Eye damage due to contact, Unauthorised access to product, Unsafe systems of work by staff, Inhalation	All staff are trained in the safe use of this chemical i.e. induction, BICS, COSHH, food safety and on the job training and in compliance with regional guidance on colour coding. Staff are advised to wear correct PPE when using this product and during the disposal of large quantities and in the event of a large spillage. PPE includes eye protection, apron, & gloves. Safe storage of the product - product stored upright in a closed labeled container - in a cool, dry, well ventilated area. Store away from incompatible materials and sources of direct heat. Store in locked cupboard in Domestic Services store - locked if available. Staff are trained not to mix chemicals. COSHH risk assessments and safety data sheets are located in the managers/supervisors office and in sister's office in A&E. Colour coding for area. Ongoing monitoring & reviewing of COSHH risk assessments. Trust policies & procedures e.g. Health & safety at work, COSHH, Manual handling etc. Cleaning work schedules. Kitchen hygiene audits - monthly audits and spot checks. Uniform audits e.g. low and closed in shoes. Staff referral to occupational health where necessary	12.12.16 As good control measures are in place the risk rating is being reduced from Moderate to Low.	LOW	DIV
3453	26/06/2013	Safe, High Quality and Effective Care	Switchboard	Internal Bleep System Failure	Risk to patients, staff, service users in the form of: Potentially unable to activate Emergency Teams e.g. Cardiac, Stroke, Paeds, Obstetrics, ILS, etc. Unable to reach individuals in an emergency e.g. Cardiac Nurse, Stroke, Security, etc.	Daily tests carried out on all teams. Maintenance contracts in place with Multitone (bleep providers) and Estates responsible, protocols in place for activating bleeps.	16/02/2021- spare mobile phones kept at CAH & DHH switchboard as backup to give out to key responders if failure occurs. 9/3/2020, 15.5.19, 19.12.18 No further update. 5.4.18 New Multitone iMessage paging system in operation. System is now running of multiple transmitters to ensure that if there are any outages that another server provides resilience. 16.8.17 New iMessage system delivered March 2017. Problem with the servers discovered during implementation. Estates has advised that "go live" will be September 2017.	LOW	DIV
3777	08/03/2016			Waste Management South Tyrone Hospital	Risk of Infection from waste contaminated with blood/bodily fluids. Injury due to sharps being disposed of incorrectly into waste bags, laundry etc and coming into contact with member of staff. Risk of musculoskeletal injury from handling waste which involves carrying on the same level and also between stairwell levels, bags being overfilled. There is excessive handling of waste bags due to lack of storage facilities in wards and departments to allow waste to be placed in the bins by the users. Waste is a as result handled 3 to 4 time by staff thus increasing the risk of injury/ exposure. Risk of injury from slips, trips, falls due to the lack of storage. Lack space to provide suitable waste management arrangements leading to excessive handling result in injury to staff, leaks from contaminated clinical waste if not stored correctly. Portering staff have to go out in all-weather to move waste, from the vehicle and as all the bin storage is open to the elements.	Sharps boxes are provided for disposal of sharps. Segregation of waste. Safe Management of Healthcare Waste- 2013 (information available on the intranet). Waste management training. PPE provided for staff handling waste. Staff trained in use of PPE. Corporate Risk Assessment on Blood Borne Viruses (available on intranet). Staff aware to report incidents, which are subsequently reported on Datix. Manual handling training. Waste management training (advised not to overfill bags). Manual Handling policy. Manual handling risk assessment. Safe systems of work. Staff aware to report incidents, which are subsequently reported on Datix. Cleaning of spillages immediately. Housekeeping arrangements are in place to ensure waste is stored correctly. Staff aware to report incidents, which are subsequently reported on Datix. Cages are provided to store waste. Spills are cleaned immediately. Staff aware to report incidents, which are subsequently reported on Datix. PPE raincoats s are provided.	13/6/19 traffic and people parking at the back of the kitchen / the pad store and beside the waste area are blocking the bin lorry from getting access. There is now a chain on the area around Loane House and this has helped. The old portacabins are being dismantled mid June 2019 so this should then provide a new bin collection area for the rest of the site and may ease the problem. 12.12.16 As all the recommendations made following the HSENI Clinical Waste Inspection visit on the 1 December 2015 have now been actioned the risk rating is being reduced from Moderate to Low. 8/3/16 Domestic Services staff to be advised not to overfill bags and waste receptacles. Communication to be forwarded to ward/department managers advising their staff not to overfill bags. Manual handling risk assessment shared with staff.	LOW	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3977	25/09/2018	Provide safe, high quality care		CCTV System CAH Issues	<p>The current CCTV system uses outdated technology (analogue) and surveillance coverage does not extend to all of the areas required. This can result in no CCTV footage available or poor quality images.</p> <p>1. Compromised safety of all personnel on site</p> <p>2. Compromised security of both Trust and personal property</p> <p>3. Inability to detect crime and footage unable to be used in prosecutions</p> <p>4. Inability to investigate incidents</p> <p>5. The Trust is not fully compliance with the Data Protection Act 2018 - GDPR Compliance Assessment attached.</p> <p>6. Compromised ability to locate missing patients from the Wards or Departments.</p>	<p>Health and Safety Risk completed and is attached.</p> <p>Regular checks are carried out on the CCTV system and faults are reported to Estates.</p> <p>Maintenance Contract with Radio Contact.</p> <p>Some faults in the system are unable to be repaired as the technology is outdated and require a longer-term solution - a list of outstanding faults is attached.</p> <p>A list of areas requiring CCTV cameras have been identified on a risk assessed basis and is attached.</p>	<p>£50k has been allocated to address local issues with CCTV</p> <p>Develop Business Case to upgrade and extend the system on a risk basis.</p> <p>7/8/20 At CAH the CCTV system has been upgraded to an IP platform which has significantly improved imagery and capability and 360o degree omnidirectional cameras have been installed in some critical areas, eg ED waiting area. Number plate recognition on the CCTV camera on the main drive at CAH should be operational by 31 August 2020 and this will integrate with the CCTV IP system.</p> <p>Encrypted storage devices have been ordered which will increase data security and download/ transfer ability.</p> <p>CCTV status report is being completed by Support Services which will identify short-term and long-term requirements in order that priority rating can be agreed.</p> <p>All Portering Supervisors and the Portering Manager are trained to download CCTV imagery and arrangements are in place for them to download routinely to maintain their skills and a system is being put in place to record this. Arrangements are in place with Radio Contacts to come onsite and download imagery if urgently required out-of-hours if no Supervisor is on duty.</p> <p>Security reviews were completed in AMU and ED CAH to improve lockdown and access control and costings obtained from Estates and shared with Anne McVey, Mary Burke and Paul Smyth by Anita Carroll on 28 Feb 2020 to progress the recommendations. The recommendations for ED will need to be reviewed in light of additional access control doors installed in ED CAH due to Covid-19.</p> <p>CCTV Policy has been drafted.</p>	LOW	DIV
4035	11/06/2019	Provide safe, high quality care	Trustwide	Incomplete ED flimsy records	<p>The ED flimsy is a record of the assessment and treatment of a patient in ED, and also any follow up required. All relevant information relating to the accurate disposal of the patient and any further follow up for the patient is to be recorded on the back page in the appropriate text boxes. The admin staff read the back page of the ED flimsy which should provide them with the information they need to discharge the patient accurately from ED and also the information they need to arrange any further referral for the patient to another clinic/service, or if the patient has had an x-ray and needs to be placed in the x-ray audit. The information is not always recorded on the back page and this means that patients are not referred on to another clinic/service and so places the patient at risk as their further treatment/follow up will not be arranged for them.</p> <p>There is a risk to the patient in that if the back page is not correctly filled in with any instructions as to referring the patient to another clinic/service that the patient will be lost to follow up. This has happened and has only come to light when the patient has phoned asking about their follow up.</p>	<p>Agreed with medical staff that all appropriate information relating to the accurate disposal and follow up of the patient must be recorded on the back page.</p>	<p>09/03/2021- adhoc audit to be completed to provide assurance of compliance</p> <p>18/02/2020 ED Trackers started in Dec19 and they are flagging up incomplete flimsies to the doctors to try and get them to improve. ED Admin Manager attended the ED doctors induction to emphasise the need to complete the flimsy correctly.</p>	LOW	DIV
4037	11/06/2019	Provide safe, high quality care	Trustwide	Breakdown of mobile bays in Health Records	<p>The mobile bays in Health Records in CAH and DHH are old and are breaking. This means that the staff cannot use the mechanism to move the bays but have to manually push the actual bay. Risk of member of staff hurting themselves while trying to move the mobile bays.</p>	<p>All staff must be trained in Manual Handling. Notices put on bays letting staff know which ones are broken. Estates notified and ask to repair as a matter of urgency.</p>	<p>Feb 20 - when possible charts are moved to Villa to avoid having them on the top of the shelves which puts additional pressure on the bays.</p>	LOW	DIV
4062	20/08/2019	Provide safe, high quality care Make the best use of resources		No electronic interface between SSD instrument tracking systems and TMS	<p>There would be a delay in identifying patients and instrument sets used in the event of a look back exercise due to the lack of an electronic interface. Patient identification is currently only achievable by manually going through the patients notes to look for barcode stickers relating to the instrument sets.</p> <p>Possible infection risk to patients due to the length of time required to identify patients manually where there is a possibility of cross contamination. Impact on staff time and resources.</p>	<p>Checks are carried out manually if required</p>	<p>16/02/2021- an electronic interface will be developed as part of the regional Encompass project.</p>	LOW	DIV
4063	20/08/2019	Provide safe, high quality care Make the best use of resources		Lack of Long Term Contingency for Laundry Dept	<p>SE Trust and a private laundry in Belfast can provide contingency in the event of a short term breakdown but cannot sustain this for longer than a couple of days in the event of a major laundry equipment breakdown or loss of production e.g. loss of essential utilities or fire.</p> <p>Possible risk of infection to patients due to lack of clean linen</p>	<p>SE Trust and a private laundry in Belfast can provide short term cover in the event of breakdown but cannot sustain this for longer period.</p>	<p>16/02/2021 - no further update</p>	LOW	DIV
4064	20/08/2019	Provide safe, high quality care Make the best use of resources		Aging Decontamination Equipment	<p>Possible risk of breakdown of aging decontamination equipment. Three sterilises and three endoscope washer disinfectors are past the end of their anticipated life cycle and whilst they are still in working order there is an increasing risk of faults or breakdowns.</p> <p>Possible unavailability of sterile instruments / clean endoscopes leading to possible delays or cancellations of procedures</p>	<p>Estates maintain and service the equipment as per manufacturer's recommendations. Replacement parts are currently available.</p>	<p>16/02/2021- all ageing equipment is included on the capital priority list. Draft paper re funding requirements has been shared with the Director of Acute Services.</p> <p>12.11.19 The Lancer Endoscope Washer Disinfectant manufacturer has confirmed that they will support the FC2 /4 model until 2022 for the electronics and until 2025 for mechanical parts</p>	LOW	DIV
4097	08/06/2020	Provide safe, high quality care Make a great place to work	Trustwide	Unavailability of MAPA Level 4 Core and Refresher Training for Security Porters	<p>Breach of the Health and Safety at Work Act by not providing staff with the necessary training to carry out their duties.</p> <p>At CAH there are currently 4 staff that require core training and 14 staff who require refresher training and there are a further 16 staff due refresher training later in the year - 8 in September and 8 in November 2020.</p> <p>At DHH there are currently 0 staff that require core training and 8 staff who require refresher training and there are a further 15 staff due refresher training later in the year. In addition, new recruits and vacational relief staff will require core training.</p> <p>Risk of injury to patients, staff or the public from unsafe practices if the Security Porters are undertaking security duties without core or refresher training, or there are insufficiently trained staff available to undertake security duties.</p> <p>Without the training the Security Porters will have limited mitigation in their defence should criminal or civil action be taken against them if physical restraint is applied and is not deemed to be reasonable. Damaged reputation for the staff and Trust.</p>	<p>MAPA core training has already been provided to staff awaiting refresher.</p>	<p>09/12/2020- Security Porters are able to access training as required. Downgraded to divisional risk register</p> <p>07/10/20 core training is currently taking place as a combination of face-to-face and virtual but no refresher courses are planned.</p> <p>Risk Added to register June 2020 for monitoring</p>	LOW	DIV
4128	26/11/2020	Safe, High Quality and Effective Care	Sterile Services	Non compliance with Regional Decontamination Strategy	<p>possible infection risk to patients as the SSD trolleys are not decontaminated in an automated trolley washer.</p> <p>The regional denomination strategy states that SSD's should use an automated trolley washer to decontaminate the trolleys that are used to transport dirty and clean surgical instruments between SSD and wards/dept. The SSD's at CAH and DHH do not have an automated trolley washer as there is no space to install one.</p>	<p>Dirty instruments are enclosed inside plastic bags during transport in the SSD trolleys. SSD staff manually clean the SSD trolleys after the dirty instruments are removed from them and a cleaning record is kept.</p>	<p>16/02/2021 inclusion of an automated trolley washer in the plans for any upgrade of the SSD's</p>	VLOW	DIV

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3281	26/11/2012	Provide safe, high quality care, maximise independence and choice for patients and clients. Support people and communities to live healthy lives and improve their health and wellbeing. Make the best use of resources	Kitchen/Dining Room	Risk of vulnerable patients contracting E coli O157 from very low levels of contamination of ready to eat foods	E. coli O157 is a particularly dangerous type of bacteria because it can cause serious, untreatable, illness and even death from very low-levels of contamination of ready-to-eat food. Because E. coli O157 survives at freezer, chill and ambient temperatures, measures to control cross-contamination apply to all of these environments. Although E. coli O157 is the key focus of this guidance, the measures outlined will also help in the control of other food poisoning bacteria, such as campylobacter and salmonella. The risk of E. coli O157 cross-contamination should be considered wherever raw foods such as raw meat and unwashed vegetables are handled and where ready-to-eat foods are also handled. Without strict controls, E. coli O157 can be spread throughout any food processing environment. It is therefore essential that ready-to-eat foods are at all times handled and stored in clean areas where controls ensure the environment is free from E. coli O157 contamination.	1. External inspection by Environmental Health Officers and CDC. 2. All food handlers are trained in food safety and HACCP. 3. There is a HACCP in each facility. HACCP plans are reviewed by the Catering Manager and the Locality Support Services Manager as required. 4. Hand washing and Food Safety Audits are completed. 5. There is complete physical separation of raw and ready to eat food during delivery, handling and storage in fridges. 6. The Trust has a dress code policy which covers uniforms, the wearing of jewellery etc. and audits are conducted to measure this compliance. 7. All staff are trained on cleaning disinfection and hand washing.	12/6/19 This risk could be de-escalated to the Catering Service Risk Register due to the controls in place. 12.1.12.16 No further update 26.02.16 Controls have been improved in all food production . At CAH this has been completed by the building of a partition and in DHH a separate area is used , in other units measure are in place to keep these function to separate area/times and handling to a minimum. Additional training on all aspect of e-coli has been delivered Food handling and staff practices continue to be monitored, and audit arrangements have been updated. Additional checks are in place at meal times. Supervision has been reviewed at CAH and there is now a lead cook on shifts. Contingency plans have been reviewed and the learning from Incident in June 2015 has been taken on board. a new contract is in place for microbiological testing and locally ATP machines are purchased to allow more frequent sampling of surfaces and handwashing.	LOW	HOS
3454	26/06/2013	Safe, High Quality and Effective Care	Switchboard	Risk of Telecoms Failure Across CAH, SLH, STH, and LH	Potential for telephone lines to go down: a)Internally b)Cross-site c)Internally/cross-site/externally d)External lines only Risk 1: If lines go down internally - risk to patients and staff Risk 2: If lines go down externally - risk to members of the public	- Contracts are in place with Telecoms providers. - Protocols are in place with Estates services in relation to re-establishing telecoms links. - Mobile telephones are also available for use within A&D, and C&B localities.	December 2020: Disaster Recovery successfully tested in November 2020. Infrastructure upgrades scheduled for early 2021 which will ensure continued resilience. March 2020 Full Disaster Recovery protocol in place. Tested and system coping with switching from one server to another with minimal interruption. May 2019: New Trust wide Equinox telephony system now in place which means the majority of phones run off the IP system. Fail back servers are in place to ensure resilience. Craigavon Hospital Switchboard can now provide full cover for Daisy Hill Switchboard or vice versa if required 19.12.18 New telephony system "Equinox" to be installed by Estates Telecoms at both CAH and DHH switchboards in January 2019. 5.4.18 New telephony system "Equinox" to be installed from April 2108. Significant increase in amount of VOIP handsets within the Trust. 16.8.17 Partial roll out of VOIP handsets - Estates awaiting approval of revenue funding to enable full roll out of VOIP handsets. 22.02.16 Capital funding approved to enable Estates to purchase additional hardware. Estates awaiting approval of revenue business case for roll out of VOIP handsets.	LOW	HOS
4153	22/04/2021			Subject Access Request Delays	Lack of staff for photocopy charts in IMWH for Subject Access Requests. One of these can take up to half a day. There is no staffing allocated to this. The risk is not meeting the standard response time.	Overtime offered to Band 2 and any other member of band 2 staff who may have time throughout their areas. Corporate Sec office with Acute has been asked to help.	Been raised by Stephen Haughey and Catherine Weaver in Information Governance at SMT as these requests are increasing.	LOW	HOS

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4059	14/08/2019	Provide safe, high quality care/take the best use of resources		Midwifery Staffing Levels throughout SHSCT sites	Unable to recruit and retain Midwifery staff due to a regional and national shortage of Qualified Midwifery StaffThere is a continual potential for wards to be understaffed. This may result in poor outcomes for patients and babies.	The Division continues to use bank and agency staff, overtime, innovative practice such as recruitment fairs, making best use of staff in post, and ongoing staff development.	16.03.2021- ongoing rolling recruitment of midwives- 22 appointed to commence between June and September 2021. June 2020 Ongoing roles for recruitment, liaising with workforce planning re recruitment strategy. Dec19 Recruitment day undertaken and ongoing recruitment in progress	HIGH	DIV
4033	11/06/2019	Provide safe, high quality care/take the best use of resources	Trustwide	Unacceptable waiting time for Urodynamics Appointments	Delay in providing optimum care for patients waiting for Urodynamics Sessions in the Trust. Potential for harm to patients waiting an unacceptable length of time for Urodynamics Sessions.	Best use made of appointment time slots and continual monitoring of the situation.	16/03/2021- extended waiting times continued due to impact of COVID, phased return of services and recommencement of outpatients clinic- March 2021. Jun Due to impact of covid waiting times further extended. Dec19 Risk remains unchanged Aug Training of staff continues Jun Training of staff is ongoing	MOD	DIV
4092	30/03/2020	Provide safe, high quality care	Maternity Outpatients	Inability to store ultrasound images for future review	There is currently no storage system in maternity department to hold ultrasound images for future review. Possible risk to patients of missed diagnosis as scans cannot be stored and rescans may not be scheduled in a timely manner which could cause disease to be missed.	None currently in place	16/03/2021- No further update- investment required to progress. June 2020, March 2020 - New storage equipment required in the maternity department to hold ultrasound images	MOD	DIV
4076	04/12/2019	Provide safe, high quality care/take the best use of resources	Colposcopy Clinic	Waiting times for Colposcopy appointments	Delay in providing optimum care for patients waiting for Colposcopy appointments in the Trust. Potential for harm to patients waiting an unacceptable length of time.	Best use made of appointment time slots and continual monitoring of the situation.	16/03/2021- impact of covid has seen waiting times increased. Phased return of services should see waiting times reduced. Will continue to monitor. June 2020 New Cons appointed to increase capacity, and continue to monitor waiting times. Dec19 Risk added to Divisional Register	MOD	DIV
3942	27/02/2018	Provide safe, high quality care	Delivery Suite	Possible breakdown of aging resuscitaires	Spare parts increasingly difficult to source for old models of Resuscitaire equipment currently in use in both CAH and DHH. This could lead to possible risk to newborns when high number of births on either site.	Manage number of planned deliveries coming into each hospital.	16/03/2021- Replacement of 3 Resuscitaire remainder of still on capital funding list. 10/08/20 - A number of Resuscitaire have been purchased. Move to divisional risk register. Jun20 Resuscitaire's procured for CAH and DHH, remainder required remain on capital listing. August 19. Remains on Capital funding list increasing of number of aging Resuscitaire requiring replacement parts which are becoming increasingly difficult to source.	MOD	DIV
3996	20/11/2018	Provide safe, high quality care	Maternity/Labour Ward	Unable in DHH to implement recommendation Re "Saving babies lives"	Recommendations from Saving Babies Lives - requires At Risk fetuses to have 3 weekly fetal surveillance scans. This is being carried out on the CAH but not the DHH site. to meet the PHA / Standards Missed opportunity to intervene in high risk fetus resulting in still birth and fetal abnormalities	Currently unable to meet the requirements Only able to provide growth scans to identified high risk pregnancies on DHH site only. Recruitment of a Band 7 Scanning Midwife to train midwives and doctors to perform 3rd trimester scans and also to develop a Day Obstetric Unit on the DHH site, this e req is being held up by finance.	16/03/2021- Baseline assessment of saving babies lives being undertaken across the trust regional work to progress saving babies lives version 2. Jun20 Midwife now recruited and in post but not yet implemented due to covid. Dec19 Unchanged Jun19 Job Description and E-requisition for scanning midwife has been forwarded to finance for consideration for appointment of this post.	MOD	DIV
4034	11/06/2019	Maximise independence and choice for patients and clients	Fertility Clinic	Reduced capacity of Fertility Clinic	Lack of fully trained staff to provide full running capacity for Fertility Clinic. Unacceptable delays in providing this service to patients, difficulties arising from poor continuity of care.	Best use made of appointment time slots and continual monitoring of the situation. Plan to ensure that the potential for further disruption to the service is minimised. Regular meetings between service managers and clinicians to facilitate strategic planning.	16/03/2021 phased return of services in line with rebuild plan. June 2020 Due to covid Fertility Out Patient stood down, plan to restart services in July 2020. Dec19 Staffing compliment now increased again and demand being managed and monitored. Jun19 Continual monitoring of the staffing situation for the clinics. Training of staff is ongoing. Regular meetings between service managers and clinicians to facilitate strategic planning.	LOW	DIV
3162	13/06/2012	Provide safe, high quality care	Delivery Suite	Trium archiving system CAH & DHH	Trium archiving system is intermittently working due to:- CAH & DHH - poor quality of cabling and existing points. DHH site- Trium boxes have be damaged and require replacement.	Keep a record of patient's hospital numbers to ensure CTG scanned to facilitate archiving Inform labour ward coordinator and IT is trium not working. Complete IR1	16/03/2021- identified increase risk for information governance due to unassigned CTG's escalated to information governance, guidance devised for trium team. Jun20 and Dec19 risk remains unchanged Jun19 Continues to experience IT performance problems which continue to be monitored. 22.1.18 Still ongoing risk	LOW	DIV
4032	11/06/2019	Provide safe, high quality care/take the best use of resources	Trustwide	Trophon system not in use in all relevant areas	Trophon (decontamination of transvaginal probes) system is not being used in all appropriate areas.	Tristel Wipes was being used as an alternative method of cleaning pending implementation of standard operating procedure.	16.03.2021- risk remains unchanged. June 2020, Dec19 & Aug19 Risk remains unchanged. Jun19 Implementation of SOP throughout all appropriate areas. Staff training ongoing.	LOW	DIV
4068	15/10/2019	Provide safe, high quality care/take the best use of resources		Accomodation for Antenatal/Postnatal Clinics at Ballygawley Health Centre	The accomodation previously used by the Community Midwives in Ballygawley General Practitioner surgery has been reallocated to the Children and Young People's Health Visitors. There is currently no suitable accomodation to continue running antenatal and postnatal clinics. This will impact on the safe and efficient running of antenatal and postnatal clinics until a suitable area has been established.	Situation is currently being monitored	16/03/2021- remains unchanged due to estates capacity to complete any additional work in excess of COVID. June 2020 remains unchanged, delayed due to covid. Dec19 Awaiting Finance costing's for work to proceed with works	LOW	DIV
4051	07/08/2019	Provide safe, high quality care	Delivery Suite DHH	Lack of fetal monitoring capability during transfer to main theatre from delivery suite.	Unknown fetal status during transfer. Potential risk to client and potential litigation	Intermittent auscultation may be possible only when the bed is stationary i.e when in the lift. Transfer time may take at least 10 minutes. Controls considered but discounted - Intermittent auscultation does not provide continuous contact with the fetus which is required in situations of fetal distress or during the induction process as per NICE guidelines. The only monitor that would allow continous fetal monitoring during the transfer is the Phillips Avalon FM30 which is has a battery supply to allow for CEFM during transfer.	16/03/2021- remains unchanged. June 2020 CTG machines on capital funding for 2020, awaiting confirmation of same. Dec19 & Aug19 Situation continues to be managed and monitored.	LOW	DIV

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4091	09/03/2020	Provide safe, high quality care Be a great place to work Make the best use of resources		Staff Risk due to lift required in Brownlow Health Centre	A lift is required in Brownlow Health Centre, to easy carriage of equipment and files up flights of stairs, through fobbed doorways to clinical areas. Possible risk of injury to staff responsible for carriage of equipment and files up flights of stairs and possible damage to equipment as staff manoeuvre up flights of stairs and through fobbed doorways.	Limit individual loads being carried up stairs to reduce risk to staff or equipment	16/03/2021- Remains unchanged June 2020 continue to monitor risk.	LOW	DIV
4061	14/08/2019	Provide safe, high quality care Support people and communities to live healthy lives and improve their health and wellbeing		Home Births Risk if Emergency and required Urgent Ambulance Transfer	There is a possible risk to birthing mothers who experience difficulty during home birth and require urgent transfer to hospital due to current increased strain on ambulance services. This may lead to possible harm to mother and baby.	Birthing mothers are continually monitored prior to and during home delivery to ensure early alert if a problem may arise.	16/03/2021- Monthly review of home birth requests in conjunction with available NIAS and midwifery staffing levels in context of pandemic. June 2020 & Dec19 Ongoing risk identified and discussed with all women at risk when home birth risk assessment undertaken.	LOW	DIV
4069	05/11/2019	Provide safe, high quality care Make the best use of resources	Admission and Assessment Unit	Limited Security in Admission & Assessment Unit and Maternity Outpatient Department CAH	Potential for breach of Data Protection due to patient information not secure when clinics are not being held	Possible breach of patient confidentiality	16/03/2021- remains unchanged. Jun 2020 check if minor works has been submitted Dec19 Minor works form to be completed to review with estates.	LOW	DIV
4043	26/06/2019	Provide safe, high quality care Make the best use of resources Support people and communities to live healthy lives and improve their health and wellbeing		Possibility of Breach of Patient Confidentiality as records are hand held	patient hand held records are in use for maternity patients which increases the potential for breach of patient confidentiality and misfiling of notes/results. sharing of personal information and breach of data protection and information governance.	continual staff awareness of need to ensure correct information filed in the correct chart.	16/03/2021- continual monitoring of the data breaches further SOP developed and actions plans based on increased number of information governance breaches. June 2020 Increased awareness training of staff involved in filing into MHHR. Dec19 & Jun19 Continual monitoring of accurate filing	LOW	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
2382	19/10/2009	Provide safe, high quality care make the best use of resources	Cath Lab CAH	No contingency plan in place in event of cardiac catheterisation lab failing.	Risk to health and safety of patients is compromised if cardiac catheterisation lab equipment fails 1. Whilst the patient is on the table mid procedure 2. Loss of capacity due to failure causing impact on waiting time standards	1. Should failure occur whilst the patient is on the table mid procedure - a n arrange ment with radiology permits the short term loan of the portable image intensifier to complete the case and maintain the patients safety. 2. No controls in place	24/02/2021- discussions with SMT regarding potential of 2nd Cath Lab- At the moment the cath lab is coping with the additional of extended days and weekend working in the interim. Part of Regional Network discussions. 5/11/20 Access times remain poor 80 weeks having to prioritise high risk, in patients although only achieving 35% in KPI in getting to cath lab within 72 hours 20/5/2020 No change as there is no second laboratory 24.06.19 Discussed with Medical team still high risk as radiology room only available at times, would impact on elective and inpatient activity if C Arm was broken. High Risk as only one cath lab theatre. 11.03.19- No update. 13.08.18 discussed with cardiology and radiology team dependent on when equipment fails the clinician will liaise with radiology and room 1 and 2 in radiology will be used. 26.02.18 Awaiting update, risk remains unchanged. 1.09.16 IPT developed, Working Group Established. Awaiting confirmation of funding and equipment on NHS supply chain. 01.06.16 - business case for replacement and upgrade of equipment. Use of radiology equipment in the interim when required.	HIGH	DIV
3990	19/11/2018	Provide safe, high quality care	Dermatology Unit	Delays in seeing Dermatology Red Flag Referrals at Outpatients	Unable to see new Red Flag patients within the access target time. Delays in diagnosis for patients who have potential for skin Cancer. Delays in patients staring 31 and 62 day pathway. Delays in Patients being seen at Clinic and therefore increases risk of skin cancers developing or spreading.	We provide medical and nurse led clinics across all trust sites. Review clinic templates and increase Red flag slots. Review Clinic templates. Avail of additional funding for clinics. Review performance monthly. Escalate to Performance team. We have medical and nursing clinics across all sites We work closely with Cancer trackers re access times and investigations Escalate accordingly Three patients breached monthly report.	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting lists. 02/06/2020 High demands for service and access times unchanged. COVID has increased access times to service, validation, Virtual clinical activity operational 7.8.19 Review access monthly and SABA levels no change 11.03.19- No update. Review access times monthly.	MOD	DIV
3991	19/11/2018	Provide safe, high quality care	Dermatology Unit	Dermatology delays in patients having day case procedures	Unable to carry out day case procedures on patients within the access target time. Delays in diagnosis for patients who have potential for skin Cancer. Delays in patients starting 31 and 62 day pathway. Delays in Patients being seen at Clinic and therefore increases risk of skin cancers developing or spreading.	We provide medical and nurse led clinics across all trust sites. Review Clinic templates avail of additional funding for clinics. Review performance monthly. Escalate to Performance team.	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting list&6/20 Day case activity remains unchanged High demand and issue with reducing staffing and difficulty in recruiting. COVID impact on service due to theatre capacity and dermatology unit not available 7.8.19 Review access monthly and SABA levels no change 7.8.19 Review access monthly and SABA levels no change 11.03.19-no update Review access times monthly.	MOD	DIV
3759	26/01/2016	Safe, High Quality and Effective Care	Diabetic Clinic, Surgical Outpatients	Diabetic Antenatal Clinic Risk	Increase in patients attending, significantly since change in threshold for Gestational Diabetes (IAD and PSG 2010). Difficulties arising due to the increase in numbers of patients who need to be seen at these clinics.. Poor pregnancy and neonatal outcomes.	The old early pregnancy room is vacated request submitted to create an additional clinic room. The clinic is commissioned for 1 Doctor; however, effort to ensure that 2 additional doctors attend. (Currently unfunded and can impact of other duties)A GP with specialist interest covers ad hoc. A Locum Physician with specialist interest covers to provide a second doctor. The Consultant from DHH has provided cover however this requires backfill in DHH. The number of CTG's at clinic has been reduced. Patients requiring steroids - Dr Sidhu assesses patients on a Thursday afternoon and if they require and admission the Diabetes Consultants try to ensure that this admission occurs on a Monday as there is no cover available over the weekend to advise on insulin doses. However it is problematic when the situation arises where it is essential for the patient to be admitted on the Thursday night (eg because of a problem on the scan). If this is the case - they are inpatient over the weekend and the midwives usually ring Dr McConnell over the weekend to sort insulin doses as they struggle to get medical reg's to answer bleeps. Unfortunately the medical reg's aren't trained in managing antenatal patients and how to increase insulin doses in relation to steroids in pregnancy. Postnatal GTT are managed virtually and are not called back to clinic. Patients requiring insulin starts and education have been given appointments with the DSN on Friday mornings rather than being started at the Thursday afternoon clinic as they are more time consuming.The number of New patients per clinic has been reduced to 8 to facilitate reviews.Increased the number of virtual contact by DSN to help.	24/02/2021 still at risk as the transformation funding is non recurring. 12.08.19 Still need more clinical rooms. Now have DSN - No Diabetics. Not funded to diabetics nor is there clinical space available. 11.3.19- An Additional Diabetic Antenatal Clinic was set up on a Thursday morning where 24 new patients are seen per week. No funding was received for this clinic however due to the high risk it was agreed to try to reconfigure Consultant job plans to enable the clinic to be set up. Funding will have to be secured. With Transformation funding a Diabetic Antenatal Specialty Doctor (Locum) has been appointed who undertakes virtual clinics. Group education Sessions are done on a Monday with A Diabetic Specialist Nurse + Diabetic specialist Dietician to see the new patients in advance of their consultant appointment to reduce the length of wait at clinic.	MOD	DIV
3686	08/06/2015	Provide safe, high quality care		Lack of junior medical cover	High demand for admissions. Due to cover for night duty, annual leave, reduced number of staff available at ward level. Delays in Treatments, Discharges.	Continues to be managed	24.02.2021- escalated to AMD. Physician Associates recruited for DHH and Medical workforce bid done. Ongoing on both sites 12.08.19 Still gaps, locum requests review 11.03.19- No update. 26.02.18 Still gaps in junior medical staff provision from NIMDTA and trust are sourcing this via agency contracts.	MOD	DIV

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3986	19/11/2018	Provide safe, high quality care	Respiratory Dept	Unable to see new and Review Respiratory patients at out patient clinics in a timely manner	Delay in patientsd being assessed, Diagnosed and commenced treatment Delay in commencing appropriate pathway Delays in diagnosis for patients who presented with Respiratory Conditions.	Our Respiratory team provide clinic across a number of sites within the Trust Urgent Patient reviewed Clinic Templates set up to address new to review ratio Revalidation of clinic Review clinical activity Available of WLI clinics as required.	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting lists. 5/11/20 unchanged access times long as out patient clinics impacted with covid and ability of respiratory consultants to be released from ward activity Outpatient accomodation has been reduced across all trust sites to undertake clinics. HSCB have asked for bids for funding for covid impact working with planning and finance. 20/5/20. High Volumes and long access times 93 weeks Consultants carrying out Virtual clinics. Impact of COVID 19 on access times as consultants can not undertake Face to face clinics due to limited accomodation and also Patients fearful to attend hospital setting 24.06.19 No change, Access 97 weeks for non urgent. Monitored monthly via performance team. Escalated to Dir and HSCB 11.03.19- No update. Development of IPT as part of respiratory services framework. Review compliance with KPIs	MOD	DIV
3987	19/11/2018	Provide safe, high quality care	Cardiology Clinic	Unable to see Cardiology new and review patients in a timely manner	Delay in patients being assessed, Diagnosed and commenced treatment Delay in commencing appropriate pathway Delays in diagnosis for patients who have potential for cardiac conditions	Our Cardiology team provide clinic across a number of sites within the Trust Urgent patient reviewed Clinic Templates set up to address new to review ratio Revalidation of clinic waiting lists Review clinical activity Available of WLI clinics as . required and when funding is available	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting lists. 5/11/20 medical staff continue to provide face to face and virtual clinics, activity and access times monitored monthly. waiting times long. accomodation provided in cath lab 20/5/20 covid 19 has impacted on access times. Consultants continue to validate and carry out virtual clinics. Face to face clinics limited due to accomodation restrictions. Patient fearful to attend face to face. 24.06.19 WLI - carried out when funding available. New outpatients 45 weeks currently monitored monthly and escalated to Dir and HSCB. 11.03.19- No update. Identify any risks to HSCB re performance and access Times. Review NICE guidelines and highlight areas of non-compliance to Assistant Director and Director.	MOD	DIV
3988	19/11/2018	Provide safe, high quality care	Dermatology Clinic	Unable to see new and review Dermatology patients within the access target time of 9 weeks	Unable to see new and review patients within the access target time of 9 weeks. Delays in diagnosis for patients who have potential for skin Cancer Delays in patients starting appropriate Drug Regimes Delays in Patients being reviewed at out patients and skin cancers developing or spreading	we provide mediocl and nurse led clinics across all trust sites. Validate waiting times Review clinic templates New and review to assist with increased red Flag referrals from May To October Review Clinic templates new to review avail of additional funding for clinics Avail of additional medical support locum consultant to assist with review backlog Review performance monthly Escalate to Performance team	24/02/2021- ongoing downturn in activity due to COVID which as further impacted on and already saturated department. new location in Ramone 1 being discussed 02/06/2020 Covid 19 has impacted on accomodation availability to carry out Face To face clinics.. Consultants and Nurse specialists carrying out virtual clinics and limited face to face. Patients anxious re-attending clinics 24.06.19 - 4 Consultants in post, access reviewed but demand high as SHSCT have highest incidence of skin cancer. So high demand for new and review appts. 11.03.19- No update Development of IPT to secure finding to support 4th consultant. Review access times monthly and escalate to Assistant Director and Director.	MOD	DIV
3989	19/11/2018	Provide safe, high quality care		Unable to carry out Cardiac Catherisation procedures in a timely manner	Delay in patients having their Cardiac Cauterisation procedure carried out Delay in diagnosis and patients commencing appropriate treatment plan Delays in diagnosis for patients who have potential for cardiac conditions Potential for high risk patients who may require Cardiac surgery/ Valve replacement waiting over 13 weeks Potential of death for patients waiting on cauterisation procedure or stenting.	Our Cardiology team provide 10 theatre sessions in main cath lab Secured Funding for modular cath lab until March 2018. Maximise cardiac cath lab sessions Revalidation of waiting lists Review clinical activity Avail of WLI in Modular cath lab sessions	24/02/2021 escalated to Director. Part of the Regional Cardiology Network Plan to secure 2nd Cath Lab. Demand and Capacity is taking place regionally. 12.08.19 modular on site until October 2019, Involved HSCB to secure 2nd lab. 11.03.19- No update. 1. Identify any risks to HSCB re performance and access Times 2. Review NICE guidelines and highlight areas of Non-compliance to AD and Director and Director of performance. 3. Validate Waiting lists 4. Pre-assessment of patients by Cath lab nurses	MOD	DIV
3863	21/12/2016	Provide safe, high quality care Maximise independence and choice for patients and clientSupport people and communities to live healthy lives and improve their health and wellbeing	Renal Unit Daisy Hill Hospital	Lack of consultation rooms in Renal OPD	Nephrology, Haemodialysis Outpatients are at risk. There is risk to patients from lack of education regarding drugs and diet. Consultation space, office space, day procedure/treatment required.	Education is frequently carried out in a totally unsuitable environment which is not conducive to patients health and well being (Fire escape corridor). In addition other staff are displaced from offices to accommodate patient consultation/education including Consultant Nephrologist who is displaced from his office during clinics.	24/02/2021 covid has impacted the opportunity to see face to face patients in OPD. Escalated to the Director and Estates week of 15.02.2021 20/5/20. This work is one the capital estates work but high cost and investment and other estates work takes priority over this at times 24.06.19 Team agreed met with estates. Plan for extension being developed. On capital list as priority No 4 currently. Reviewing accomodation alternatives as interim until extension undertaken. 11.03.19-No update 13.08.18 Renal team and HOS worked with Estates staff regarding proposed new plan for renal services, This requires costing and to be brought forward to SMT. 26.02.18 Priority No 7 on capital list.	MOD	DIV
4047	05/08/2019	Provide safe, high quality care Make the best use of resources		Lack of Capacity in CAH and DHH	Inability to undertake all treatments that are required due to lack of capacity. Delays in treatment for patients leading to poor management of their condition plus possible poor outcomes. There will also be an impact on patient flow as patients may require inpatient admission if their condition worsens.	Continually monitor the situation and maximise capacity by staggering patients risk assessing to prioritise the higher risk patients and create a waiting list for lower risk.	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting lists.	MOD	DIV

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4048	05/08/2019	Provide safe, high quality care/take the best use of resources		Nursing posts not fully funded in DCC/Discharge Lounge	Nursing posts are funded at risk. This could impact on all treatments that are required . This could lead to delays in treatment for patients leading to poor management of their condition plus possible poor outcomes. There will also be an impact on patient flow as patients may require inpatient admission if their condition worsens. If funding withdrawn will have to reduce staffing levels to within funded level which will reduce nurse to patient ratio which will impact patients and will impact staff who will be under increased pressure	Continually monitor the situation and maximise capacity by staggering patients risk assessing to prioritise the higher risk patients and create a waiting list for lower risk.	24/02/2021 CAH still no funding. DHH has the funding but currently out of the original DCC due to pandemic and movement required to facilitate other hospital services.	MOD	DIV																		
4052	07/08/2019	Provide safe, high quality care/take the best use of resources		Delays in seeing Red Flag Referrals for Gastroenterology	Delays in seeing Red Flag Referrals for Gastroenterology. Unable to see new Red Flag patients within the access target time.	Review clinic templates and increase Red flag slots. Avail of additional funding for clinics. Review performance monthly. Escalate to Performance team. We work closely with Cancer trackers re access times and investigations Escalate accordingly	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting lists. 7.8.19 Review access monthly and saba levels no change	MOD	DIV																		
4053	07/08/2019	Provide safe, high quality care/take the best use of resources		Gastroentorology,Rheumatology and Endocrine delays in patients having day case procedures	Unable to carry out day case procedures on patients within the access target time. Delays in diagnosis for patients who have potentially life changing serious illness. Delays in patients being seen at Clinic and therefore increases risk to patient.	We provide medical and nurse led clinics across all trust sites. Review Clinic templates avail of additional funding for clinics. Review performance monthly. Escalate to Performance team.	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting lists. 7.8.19 Review access monthly and SABA levels no change	MOD	DIV																		
4058	12/08/2019			Unable to see New and Review Gastroentorlogy, Rheumatology, Neurology, Diabetic & Endocrine patients at Outpatient Clinics in a	Delay in patientsd being assessed, Diagnosed and commenced treatment Delay in commencing appropriate pathway. Access Times <table><tr><td></td><td>Urgent(weeks)</td><td>Routine(weeks)</td></tr><tr><td>Gastroenterology</td><td>69</td><td>83</td></tr><tr><td>Rheumatology</td><td>71</td><td>139</td></tr><tr><td>Neurology</td><td>48</td><td>144</td></tr><tr><td>Diabetes</td><td>13</td><td>15</td></tr><tr><td>Endocrine</td><td>11</td><td>16</td></tr></table> Delays in diagnosis for Gastroentorlogy, Rheumatology, Neurology, Diabetic & Endocrine patients at Outpatient Clinics in a timely manner.		Urgent(weeks)	Routine(weeks)	Gastroenterology	69	83	Rheumatology	71	139	Neurology	48	144	Diabetes	13	15	Endocrine	11	16	Provide Clinics across a number of sites within the Trust. Urgent Patient reviewed. Clinic Templates set up to address new to review ratio. Validation of clinic Review clinical activity. Available of WLI clinics as required.	24/02/2021 pandemic has increased access times despite virtual, minimal face to face appts and validation of waiting lists. Aug 19 Access 97 weeks for non-urgent. Monitored monthly via performance team. Escalated to Director and HSCB.	MOD	DIV
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3857	29/11/2016	Safe, High Quality and Effective Care		Increased patient confusion when moved continually around wards	There is a risk that elderly patients could have an increase of confusion or develop a delirium if they are moved from one ward environment to another. This would increase with the more moves that occur.	Increased confusion which could lead to patient distress, falls, increased requirement of medication to reduce agitation. Family's distress at relative being more confused than usual , or experiencing confusional state for the first time. In the event the hospital is under bed capacity pressures and outlying is required all Ward staff must ensure that they identify patients that are medically stable, do not have a known confusion or at risk of delirium, or have a learning disability.	24.02.2021still ongoing 12.08.19 This continues to be a risk throughout wards. DHH Review of zoning system 11.03.19-No update (Consider equipment, staffing, environment, policy/procedure, training, documentation, information - this list is not exhaustive). It is within the outlying guidelines that patients that are confused should not be moved between wards unless for a clinical reason. This can be a challenge due to the ongoing bed capacity pressures experienced within the acute setting.	MOD	DIV																		
3914	19/09/2017	Provide safe, high quality care		Gastroenterology/IBD Nurse Cover	As a lone worker there is no cover for her annual/sick leave which leaves a gap in the service. Unable to fill as no-one trained to undertake. The Nurse Specialist does not have sufficient capacity to see ward patients due to clinic, biologic, patient telephone helpline commitments. Telephone calls not being returned to patients within 48 hours when they contact the help line. If the IBD Nurse Specialist is not available to take the patient telephone call on the helpline then they will not receive advice on how to manage the 'flare up' of their condition. This will result them potentially having to present to the Emergency Department and being admitted to hospital if their condition worsens and requires inpatient treatment.	As this is a single handed service with no cover there is no measure which can be put in place. There is a requirement for additional Gastroenterology/IBD Specialist Nurse. the only alternative to the Specialist Nurse not being available is for patients to attend the Emergency Department.	24.02.2021- still no funding available therefore still at risk 12.08.19 There are currently 3WTE Gastro Nurse specialist in post however 1.5 WTE is at risk as unfunded risk if further funding is not available. 13/3/19 In order to reduce risk for this service a 1 wte IBD Nurse Specialist was appointed at risk in August 2018. a further 0.5wte IBD nurse is being recruited using saving from switching biologics. Due to Start 1/6/19	MOD	DIV																		
3924	13/11/2017	Safe, High Quality and Effective Care	2 North Haematology	Haemtology/Oncology Helpline provision in the out of hours period	The service has been provided for Oncology/ Haematology patients within the Southern Trust without any additional Funding. Non compliance with the oncology/ Haematology Triage. 1.1 unable to ensure that patients receive timely and appropriate responses to their calls. 1.2 patients right to be treated with a professional standard of care. 3.3 no clearly identified triage practitioner for each span of duty the process should allow for allocation of responsibility to a nominated triage practitioner for a period of duty. on completion of this period the responsibility for advice line management and follow up of patients is clearly passed to the next member of suitably qualified staff. this should provide a consistent , high quality service. 3.4.1 no dedicated time in suitable area for consultation will enable the clinician to pay appropriate attention to the caller, without being interrupted. The risk to patients if call not returned and patient assessed in timely manner. Risk of Neutropenic sepsis	Hourly checks in place in the haematology ward regarding phone messages patients advised to ring back if not contacted within 15 mins to ring back to ward or if emergency to ring 999 or go to ED. Group set up to review other options that could be resourced. Band 5 out of hours period 7 days per week and at weekend and bank holiday being costed by finance.	24.02.2021- Minimal funding received which is still not sufficient to run the service 24/7. 24.06.19 Audit carried out. Meeting arranged July re Haematology Service. Currently helpline facilities Haem/Oncology. New clinic lead for haem requested Haem Helpline only. So process being worked through re impact. 1.03.19- No update. 26.02.18 Raised regionally by HOS Oncology. Pilot re Band 3 taking phone calls in place Monday-Friday 9am-5pm, awaiting results of this.	MOD	DIV																		
3624	05/12/2014	Safe, High Quality and Effective Care		Lack of a Biologic Suite CAH & DHH	Treatment of patients in facilities which are not designed for this purpose.	Use of isolation ward.	24.02.2021- There is still no designated area. At the moment if has been centralised to STH throughout the pandemic. A long term plan needs discussion and more permanent solution as part of review. Longer term sustainable medical cover is also required. 12.08.19 Increasing pressure for more treatments on both sites. 11/3/19 Day Clinical Centre - Where Biologics are administered continues to be located in the 6 Bedded Isolation ward as alternative accommodation has not been secured. The DCC is extremely small however treatments are carried out to ensure they meet appropriate standards and reduce risks. 29.02.16 - Plans in place to upgrade Ramone Ward to improve the accommodation when administering biologics.	MOD	DIV																		
3625	05/12/2014	Safe, High Quality and Effective Care		Clinical mangement of Medical Outliers.	Potential for patients not to be identified correctly and therefore missed by the clinical teams.	Correct use of IMMIX and updating as per protocols by all staff.	24.02.2021 COW model is in place but risk when additional beds open. Do not have clinical workforce to deal with this. 12.08.19 Zoning introduced, needs evaluated. 11.03.19-No update 01.06.16 - Still ongoing. Review of processes being taken forward. 29.02.16 - Requires directorate focus.	MOD	DIV																		

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3627	05/12/2014	Provide safe, high quality care		Increasing patient dependency impacting upon ward staffing.	Dependency levels and health and safety of patients and staff due to sustained high level of dependency, a rapid throughput and reduced length of stay.		24/02/2021- Workforce still needs reviewed 12.08.19 Review nurse workforce. 11.03.19- No update 01.06.16 - International recruitment ongoing. 26.11.14 - Normative staffing level submitted and allocation of £1.5 million made to SHSCT. ADs and HOS to raise with Director to prioritise allocation of this funding to wards under most pressure.	MOD	DIV
3769	25/02/2016	Safe, High Quality and Effective Care		1:1 special staffing not available when required	Patients that are confused, agitated, aggressive or have a lack of awareness of their ability to mobilise are at a greater risk to themselves or others if 1:1 care is not available. Patients at risk of harm to self or others. Loss of dignity of patient. Ward disruption and distress to other vulnerable patients.	1:1 care is not always available to care for patients that are confused, agitated, aggressive or unaware of their inability to mobilise. This results in a greater risk to their safety, the safety of others increasing disruption on the ward and upsetting other vulnerable patients in the vicinity.	24.02.2021- there is no change in the report since 2019. Still ongoing 12.08.19 Guidelines Re 1:1 provision still ongoing. gaps in shifts being put out to agency. Going forward agency availability reduced as all non-contracted agencies will no longer be used. 11.03.19- No update. 26.02.18 Guidelines developed by Lead Nurses, to be signed off at Acute Nursing and Midwifery meeting 05.03.18	MOD	DIV
3688	08/06/2015	Provide safe, high quality care		Medical equipment in Cardiac investigations are old and some parts unable to be replaced	Due To the high demand for cardiac investigations across the trust if these equipment break or become obsolete this is risk to cardiology service	No replacement programme in place yet but replacement programme should be in place soon.	24.02.2021 one ECHO machine which is 10 years old and on capital priority list. All other equipment is new. 12.08.19 Equipment request, capital list priority 11.03.19- no update 13.08.18 Rolling programme developed and equipment priority placed on the capital list. 01.06.16 - New equipment ordered. Will be delivered June 2016.	LOW	DIV
3688	08/06/2015	Provide safe, high quality care		Decontamination of TOE probe	The current process for decontamination does not meet Regional Decontamination Strategy Guidelines	Sourcing the use of a further probe from ICU as a temporary measure. Requisitioning additional probe. TOE probes are manually washed and manually disinfected between each patient use.	24.02.2021 TOE now available on CAH site just await the TOE processor with CSSD and it is on capital list 17.2.2020 TOE Probe Reprocessor is on trial in SSD CAH for 2-3 weeks. TOE Probe Reprocessor is included on the Trust Capital Replacement List awaiting approval of funding. 12.08.19 TOE Probe ordered 11.03.19- No update. 13.08.18 further ECHO machine funding confirmed for DHH. ICU also giving probe to cardiac investigation team in CAH. When new ECHO delivered there will be 4 on CAH site and 1 DHH site. 26.02.18 Another ECHO and TOE probe purchased delivery date expected by 31.01.18.	LOW	DIV
3923	13/11/2017	Safe, High Quality and Effective Care		Cardiac CT angio, high demand	Currently have high demand of Cardiac CT angio. Waiting Time is 55 weeks Non compliant with NICE guidelines re Chest pain diagnosis -- first referral is CT angio. Patients are waiting 55 weeks for this diagnosis which can delay diagnosis and mangement plan.	Only Two sessions per week. Have requested additional funding for a further 3 sessions of CT angio. to address waiting times.	24/02/2021 Radiologist appointed. Additional CT sessions in place and access time is now sitting at 4-6 weeks. 12.08.19 Task and finish group regional first meeting 11.03.19- No update. 13.08.18 Two additional sessions have ceased due to availability of room in CT scanner and funding, regional meeting to review CT provision across NI. 26.02.18 Two additional sessions per week provided by review of jobs plans. The access to cardiac MRI and CT angio has been raised regionally and HSCB setting up meeting to discuss	LOW	DIV
3050	29/11/2011	Make the best use of resources	Corridor/Landing	File Management Issues- Hospital Social Work Department, CAH.	Accomodation issue. Not enough room to store patient records in line with the Trust Retention Policy.	Records reviewed annually. Use of closed storage. Accomodation request previously submitted. AD and Corporate Records aware of issue. Review 9.12.14 discussed with Line Manager and HOS for Corporate Records. Continue to use closed records. Trial using electronic solutions in the community to be audited and then for further consideration by hospital social work.	24.02.2021 Personal Information to provide update 29.07.19 - Moved to RAMONE BUILDING Nov 18 Paris full implementation for Adult HSW records from Dec 2018, no manual records held at present other than Adult SAFEGUARDING with Adult SW records. Paris : Part implementation for Children's records at present with aim to move to full implementation within the next few months All records now stored safely in locked filing cabinets , currently identifying records to be sent for retention. 26.02.16 - Health and Safety Risk Assessment completed. 26.11.14 - HOS to re look at all storage options including off site, scanning and microfilming.	LOW	DIV
4023	18/04/2019	Provide safe, high quality care	Day Clinical Centre	Discharge letters not completed for patients who attended the Day Clinical Centre for treatment.	As discharge letters have not been completed for patients who attended the Day Clinical Centre for treatment it means that this has not been communicated to the patient's GP. GP's will be unaware of treatment which their patient has received which may affect their decision making with regard to further treatment plans for their patient.	This has been highlighted to the medical team who advise that "asking the F1's to attend to outstanding/historical tasks is 1. ineffective, 2 unrealistic given their current pressures. There remains no current resolution for dealing with this issue however we will endeavour to seek a solution.	24.02.2021- DCC in DHH discharge letters are completed by the Nurse in timely manner. CAH needs confirmed? 7.8.19 - Discharge letter in DAU, following meeting with Personal Information and Personal Information 6.8.19. The discharge letter was reviewed and amended following discussion. This work has been prioritised by the Trust's EEMs group who are due to meet again in September. They will keep us updated regarding the timescale to complete the works. 18.04.19 - await appointment of clinical director in Daisy Hill Hospital who will address this issue with medical staff.	LOW	DIV

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3956	30/04/2018	Safe, High Quality and Effective Care		Non-compliance with NCEPOD inspiration for the future	There are 21 recommendations for this NCEPOD Currently only fully compliant with 1 KPI. Patients who require Non Invasive ventilation have the potential to receive inadequate care as we are non compliant with 21 KPI	Established MuLti Disciplinary working group for the Trust. Established Sub groups to take forward key Indicators. Establish baseline and review in 6 months.	24.02.2021 compliant with 16 out of the 21 KPIs but there is a gap in the 24/7 respiratory cover and is part of the respiratory framework. Escalated regionally and a bid put forward for staffing. 7.8.2020 can be removed to the divisional risk register as issues of non compliance are work force related. 13/5/20 On going review of compliance issues identified are that we cannot provide 24/7 Respiratory cover on both Acute Sites. Compliant with 15 of KPIs 24.06.19 Group established. Action plan developed. Non-compliance areas due to lack of staffing. Compliant with 12 of 21 KPI	LOW	DIV
3892	24/05/2017	Make the best use of resources Provide safe, high quality care		Unable to achieve Training Objectives	Training room being down sized resulting in reduced capacity and cancellation of ALS/ILS/BLS Impacts on training for staff throughout the trust, potential impact on patient safety. Potential for patients to be placed at risk secondary to lack of training provision.	No alternative control measure available.	24.02.2021- training now provided in MEC DHH. The Resus officer on DHH site has the boardroom for training. CAH still ongoing issue for accommodation. 12.08.19 Still difficulties to release staff and attend training. High trainer staff. 11.03.19- No update. 13.08.18 Review training requirements and develop IPT re funding for additional staff and accomodation.	LOW	DIV
4073	20/11/2019	Provide safe, high quality care		Fraud Awareness Possible non-compliance	Possible non-compliance on a number of aspects regarding Fraud throughout the Medical Division in relation to submission and approval of agency staff rotas. Possible litigation for member of staff. No harm to patient/service user	Agreed process for validation of overtime. Agreed process for sick leave, annual leave and study leave. Agreed process for housekeeping. Ward Sisters attended awareness with Finance Staff. Heads of Service scheduled to attend updated Fraud Training.	24.02.2021- areas of fraud policy cannot be stood over i.e. the tracking of invoices. Highlighted to AD at governance meeting w/c 15.02.2021 27/11/19 Key Staff scheduled to attend updated Fraud Awareness training sessions.	LOW	DIV
4024	30/04/2019	Provide safe, high quality care Make the best use of resources	2 South Medical	RPC Guideline for TIA Management not achievable	RPC guideline indicates that all TIA / ?TIA patients must be reviewed within 24 hours. The service provision in SHSCT is inadequate to meet this requirement. There is a risk that patients will have further TIA / Stroke before they can be reviewed and commenced on appropriate care pathway. This could have a catastrophic outcome for the patient.	There are TIA clinics held Tuesday - Friday for urgent cases and a Neurovascular clinic on Mondays for less urgent cases. The patients attending the Tues - Fri clinics can be waiting 4 days.	24.02.2021- Patricia to come back to Governance Aug19 Risk remains unchanged. Difficult to recruit staff 30/04/19 Risk added to Register	VLOW	DIV
2250	08/09/2009	Provide safe, high quality care Safe, High Quality and Effective Care Improving Health and Wellbeing Effective organisational governance		Risk to health and safety of patients presenting to the trust with chest pain. CAH & DHH	Risk of missed diagnosis in wrongly interpreting a patients ECG by junior medical staff. Patients may not receive timely and effective treatment appropriate to their diagnosis.	Where possible a senior member of medical staff will review ECG and give an opinion. Thrombolytic team should be paged immediately if patient presents with ischemic cardiac pain.	24.02.2021- NCG 95 guidelines in place. Chest pain nurse in ED and referral to RACCP and meing 2 week target. 12.08.19 Clinical educator and clinical physiologist programme in place for training all staff both sites. 11.03.19- No update. 01.06.16 - NICE guidelines currently being reviewed. 01.02.13 Chest pain pathway to be reviewed by clinicians. 25.10.12 - Position remains unchanged from previous report - no adverse incidents reported since. 23.01.12 - Cardiology liaison service commenced 9am - 5pm Monday - Friday. 07.09.09 - a training package has been developed but no dedicated funded personnel to deliver training package to junior medical staff on an ongoing basis has been identified.	LOW	HOS
1027	07/08/2008	Safe, High Quality and Effective Care		Risk of spread of infection due to inadequate facilities	Risk of spread of infection due to inadequate facilities, e.g. lack of sidewards, bed space near sinks and sharing of equipment; all wards, CAH.	Endeavor to adhere to current infection control policy; new visiting policy guidance; use of alcohol gel Trust wide; infection control link nurses in each ward; daily monitoring by Infection Control Team; equipment controlling.	24.02.2021 pandemic has highlighted lack of faciltities in the SHSCT. HOS identify areas and raising through capital work schemes. 12.08.19 Daily risk assessment carried out. Refurb ongoing. No additional facilities available. 11.03.19- No update. 01.06.16 - Some work carried out during the last refurbishment. Negative Pressure Room in Ward 2 North Respiratory. 25.09.13 - further development of en suite side rooms planned for CAH 2 South along with work highlighted below in 1 South due to commence October 2013 negative pressure isolation rooms being installed in main block for ill patients who cannot transfer to ramone ward. 27.11.12 - Ramone Ward now operational. Work to commence on Ward 1 South in March 2013. Clear guidance and risk assessments in place. Daily review of all patients in side rooms with input from infection prevention and control team. 01.10.11 Risk reviewed by MB,KC, SB on 27.09.11. Isolation ward opened in June 2011 plans to undertake further work in 1 South to create a new isolation unit in the main Upgrading of 2 North Haem/Resp completed in August 2011. Plan to upgrade all wards in MUSC to create additional ensuite facilities and piped oxygen and airblock due being taken forward by HOS.	LOW	HOS

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
1044	08/08/2008	Safe, High Quality and Effective Care	Wards	Safety and wellbeing of patients and staff due to lack of storage space	Space; health, safety and wellbeing of patients and staff due to lack of storage space, lack of bed space, not meeting department guidelines, sanitary facilities, counselling facilities, toilets and showers; lack of space for equipment; all wards, CAH and DHH.	Utilise all available space effectively.	24.02.2021 pandemic has highlighted lack of facilities in the SHSCT. HOS identifying areas and raising through capital work scheme. Moving of non-clinical staff out of ward areas to free up space and storage facilities at ward level. 20/5/20 ongoing issues identified and logged via estates capital list 24.06.19 Ongoing walk arounds and meetings with Infection control, estates, ward sisters and management to develop action plan to address. 11.03.19- No update. 01.06.16 - Storage space still not adequate. Refurbishment has helped but still falls short of appropriate standard. 26.11.14 - AD to write to locality team to raise issue of non-clinical use of clinical space on wards. 25.09.13 - refurbishment on-going. 27.12.12 - Each ward working towards refurbishment programme. 01.10.11 Reviewed 27.09.11 no change in risk. Minor works being identified at ward level to be undertaken to create more storage space.	LOW	HOS

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1135	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	IV drugs reconstituted at ward level; risk of infection; risk of wrong dose, especially if many manipulations	IV drugs reconstituted at ward level; risk of infection; risk of wrong dose, especially if many manipulations.	IV drug manual rolled out through regional MI; FY1 induction training on preparation of intravenous medicines. regional preparation templates being developed for recognised red risk IV medicines - due Jan 2014.	Results of high risks identified fed back to the regional NPSA safety alert implementation group. The Trust is complying with their recommendations as they are being issued to the service. Regional SOP's are being prepared. A regional group of medicines information pharmacists has been set up to action this initiatives.	MOD	DIV
1150	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Discharge medication supplied directly from ward by nursing staff	Discharge medication supplied directly from ward by nursing staff; risk of dispensing error due to untrained and inappropriate staff; labelling - not in line with legislation; incorrect prescription now dispensed; 28 day supply; no clinical check.	Where possible all discharge prescription should be supplied by the pharmacy team; where this is not possible, supply directly from a ward must be carried out in accordance with an agreed procedure. Weekend and weekday opening hours extended to reduce frequency.	17.10.17 Ongoing risk as pharmacy is not open 24/7 so some ward dispensing will still happen. Ongoing monitoring in place and ward staff encouraged to plan discharge in advance so this doesn't happen.	LOW	DIV
1121	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Manual handling risk associated with ward orders/fluids	Manual handling risk associated with ward orders/fluids.	Trained staff in Pharmacy; new ward stock trolleys purchased and being rolled out; rate-limiting step is availability of portering staff; boxes half filled only; risk by transport driver - assessed by Back Care Co-Ordinator; second porter now working in pharmacy; risk assessments done by S Kilpatrick; heavy work shared by technical staff; following injuries some staff on light duties - increased load on other staff; roll cages ordered for ward direct delivery to reduce lifting and handling loads.	16.10.17 Ongoing risk in pharmacy due to the manual nature of some of the work in the stores areas. Ongoing monitoring and staff training in place.	LOW	DIV
1134	13/08/2008		Pharmacy	Security of drugs during transit to other hospitals	Security of drugs during transit to other hospitals; are vans locked when left unattended?; no signatures for receipt of drugs when sent with transport other than pharmacy driver.	Tamper evident seals on all boxed (but not for supplementary orders). Transport manifest now introduced - including signatures for delivery driver and for staff receiving goods on delivery.	17.10.17 Ongoing risk being monitored by the Pharmacy dispensary and store teams	LOW	DIV
1158	14/08/2008	Safe, High Quality and Effective Care	Pharmacy	No formal assessment of competency for clinical checking	No formal assessment of competency for clinical checking.	Trained staff, e.g. pharmacist/registered; department standards issued to all staff; experienced staff; clinical checking guidelines in place. Now part of VT training for band 6's and peer review being considered	Clinical checking procedures need to be developed for pharmacists.	LOW	DIV
3502	14/10/2013			Clinical pharmacy cover for Trust wards	Only 50% of Trust wards have a full clinical service and there is no clinical cover on wards at the weekends. This is resulting in poor drug history taking, no clinical checks of Kardex and/or discharge prescriptions - thus increasing the risk to patient safety as medication incident may go undetected and result in patient harm.	All new IPTs for expanding services have clinical pharmacy support included. Pharmacy skill mix has been reviewed to ensure the maximum service is provided with current staffing. Current maternity leave and recruitment issues have again increased the risk.	16.10.17 Risk remains unchanged	MOD	HOS
1119	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Flammable load in pharmacy too high; risk of fire	Flammable load in pharmacy too high; risk of fire.	Discussed with Fire Safety Officer; store as much as possible in flammable cupboards; looked for alternative storage - old store re-proofed and most flammables have been moved out there; flammable cupboards in pharmacy moved to more suitable location.	17.10.17 Old CAH store has been replaced with a modern banded flammable store remote from the hospital building. Pharmacy staff continue to monitor fire load within both the pharmacies.	LOW	TEAM

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3969	31/07/2018	Provide safe, high quality care a great place to work Make the best use of resources	Medical Admissions Unit	Risk to Staff of Assault on Medical Wards/Areas	Staff at high risk of being harmed. Staff have sustained personal injury and have alleged they have been sexually assaulted in this ward. Areas of particular concern ED, MAU, 2S Med, 1S, Male Med and Female Med	Ongoing support for staff. Identifying patients at high risk and request one to one. Requesting security 1 /1 for violent/aggressive patients. Review of GMAS - AD pharmacy for approval. Refurbishment of nurses station - further risk assessment being carried out on same. Ongoing monitoring of same. Ongoing MAPA training for staff	12.08.19 Draft paper to Medical Director Re Violence and Aggression. Nurse station completed. H&S safe/ Union Risk Assessment completed. Draft proposal for dedicated security to AD for approval. Debrief in place for each incident and Action plan agreed	MOD	DIV
3685	08/06/2015	Provide safe, high quality care	Trustwide	Lack of pharmacy cover - ED DHH	Patients being admitted may wait 3-4 days for Medicine Reconciliation and this can lead to Medication prescribing errors.	Managed on a day to day basis.	07.08.2020 - Interim AD to link in with Director of Pharmacy regarding Workforce Paper 12.08.19 Still ongoing - Head of Pharmacy has put forward a business case for consideration. 11.03.19- No update 01.06.16 - Business case prepared for additional resources.	MOD	DIV
4144	17/08/2020	Provide safe, high quality care a great place to work Safe, High Quality and Effective Care	Accident & Emergency	Safe Medical Staffing Levels	Patients and staff at risk. Lack of experience ED doctors to provided timely and emergency care.	posts advertised. Using Locum's	Ongoing recruitment to secure locum's and block booking locum brought in NIMDTA are not allocating additional trainees at this level. Non funded posts at risk	MOD	DIV
1025	07/08/2008	Safe, High Quality and Effective Care		Insufficient beds in the system and high bed occupancy-AMU	Dependency levels and high bed occupancy; health and safety of patients and staff due to a sustained high level of dependency and high bed occupancy, rapid throughput and reduced length of stay; all wards, CAH and DHH.	Adequate use of equipment; redeployment of staff between wards; staff rotation; risk assessment; consultation with consultant medical staff and bed management/CSM; review staffing levels; monitor dependency levels vs skill mix and staffing levels; monitor accidents and incidents; monitor sickness absence; monitor clinical incidents; monitor complaints; annual manpower planning; monitor complaints; monitor patient's stay in hospital 3 times daily - PT flow meetings.	09/03/2021- bed modelling exercise currently being reviewed. Dec19 Arrange meeting with MB Early 2020 to update info of the current situation Aug19 Risk Assets Form to M Burke to provide update on the current situation 11.03.19- No update. 01.06.16 - No update. Work ongoing 26.11.14 - New Medical model now in place in CAH. Discussions commenced with regard to medical model in DHH. Opening of additional winter beds in both CAH and DHH. Work commencing on creating a business case for additional medical beds on the CAH site.	LOW	DIV
2383	22/10/2009	Provide safe, high quality care Make the best use of resources	Accident & Emergency	Transfer of patients with unstable neck injuries to the Regional Centre in Belfast	Delays in transfer of patients with unstable neck injuries to the Regional Centre in Belfast resulting in: 1. Potential for poor outcome for the patient when they remain in SHSCT ED. 2 Loss of confidence in the organisation. 3. Potential for complaints, litigation for the Trust	Escalation plan within ED for patients in the department 4 hours or greater. Plan includes escalation up to ED consultant on call which facilitates dialogue with Consultant in Regional facility.	09/03/2021- MB to raise at acute governance in March Meeting 12.08.19 Draft pathway agreed ED and T&O awaiting T&O sign off 11.03.19- No update. 22.10.13 - No data reports of any such incidents within the past year. Discussed with AMD who would like to keep risk on register for a further period of monitoring. 01.02.13 - Reviewed by Heads of Service on both sites. Trauma group established to address further issues, December 2012. 23.01.12 - No delays reported since last review. 01.10.11 Reviewed by P Smyth & M Burke on 27.09.11 on going monitoring of this risk by Nurse Manager & HOS	MOD	HOS

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3827	19/08/2016	Safe, High Quality and Effective Care		Due to the move down from level 6 to outpatient department to the current OPD accommodation is not suitable to sustain numbers.	Risk of late diagnosis and treatment. Health and Safety and fire risk to patients and staff.	Reduction in the number of fracture patients that can attend each clinic to be reduced.	15/02/2021- remains a risk. Due to the Covid 19 pandemic DHH fracture clinics remain in CAH however still risk due to no social distancing. One DHH clinic has moved to an evening clinic from November 2020. Requested fracture accommodation in STH, unfortunately no capacity to date. 11/12/2020 - remains a risk. DHH fracture clinics remain in CAH however still risk to no social distancing. One DHH clinic moving to evening clinic from Nov 2020. Requested fracture accommodation in STH, unfortunately no capacity to date. 20/10/2020 - remains a risk. DHH fracture clinics remain in CAH however still risk to no social distancing. One DHH clinic moving to evening clinic from Nov 2020. Requested fracture accommodation in STH 10/8/2020 - Remain on risk register. DHH fracture clinic transferred to CAH due to covid pandemic. Need new accommodation in DHH to transfer service back large number of patients going through CAH on a Mon and Tuesday, CAH is not suitable for 2 consultant led clinics. 18.09.19 Remain on Register until capital allocation 24.06.19 - DHH T&O accomodation is priority 1 on the Trust's capital allocation list. To remain on the RR until new accomodation is complete. This will move the fracture clinic from level 2 SAU. 28/3/19 - fracture clinic in DHH continues to be located on level 3 DHH (SAU room), therefore numbers remain reduced. Remains on the capital allocation list 6/2/19 - as below no change to risk	HIGH	DIV
4018	15/10/2016	Provide safe, high quality care		Inpatient / Daycase Planned Backlog	Delay in review of patients planned for screening/repeat procedures presenting adverse clinical risk.	INDC planned backlog in the following surgical specialties: urology, general surgery, ortho and chronic pain.	15/02/2021- Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 due to Covid. Currently one 1 urgent bookable list per day Mond to Friday. clinically urgent and priority 2 patients being scheduled. The Trust is currently facing the 3rd surge. No urgent bookable in DHH. 11/12/2020 - Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 due to COVID pandemic. Currently only clinically urgent and priority 2/3 patients being scheduled. The Trust is currently facing the 2nd COVID surge. 1 urgent bookable each day in CAH and 3 days in DHH 20/10/2020- Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 due to COVID pandemic. Currently only clinically urgent and the red flag priority 2 patients being scheduled. The Trust is currently facing the 2nd COVID surge unsure if elective surgery will continue 10/8/2020 - Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for surgery. Backlog continues to grow at present. 18/6/19 - planned IPDC backlog continues to be a clinical risk due to no capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionally. OSL/HOS continues to monitor the backlog. 28/3/19 - continue to monitor IPDC planned backlog by HOS and OSL. Validation of strugglers to ensure they are true waiters or appoint. No routine planned capacity currently on the CAH site 6/2/19 - Continue monitoring and discussed at HOS meetings	HIGH	DIV

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4019	15/10/2016	Provide safe, high quality care		Inpatient / Daycase Planned Backlog for Endoscopy	Delay in review of patients for planned screening/repeat procedures presenting adverse clinical risk.	Endoscopy planned backlog. Papers written and submitted to Director re risk. Requested HSCB funding for planned backlog clearance.	15/02/2021- Planned IPDC endoscopy backlog continues as a clinical risk. All elective surgery cancelled in March due to the COVID pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for endoscopy. Backlog continues to grow at present. as no planned endoscopy patients are being scheduled. Validation of planned endoscopy patients has commenced. 20/10/2020- Planned IPDC endoscopy backlog continues as a clinical risk. All elective surgery cancelled in March due to the COVID pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for endoscopy. Backlog continues to grow at present. Colon patients being sent Qfit test then prioritised for their colon. Still working on IS contract 10/8/2020 - Planned IPDC endoscopy backlog continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for endoscopy. Backlog continues to grow at present. In process of securing contract to bring IS into the Trust for weekend endoscopy additional sessions 18/6/19 - planned endoscopy backlog continues to be a clinical risk due to lack of capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionally. Short risk paper has been drafted for AD and Endoscopy user group. OSL/HOS continues to monitor the backlog. 28/3/19 - IS contract with medinet ends 29/3/19, they were able to complete approx 600 pts out of the contracted 822 planned. Continued risk for colonography routine planned backlog. 6/2/19 - Ongoing validation. IS contract with medinet for 822 routine planned scope patients, however, only 350 colons. Routine planned continues high risk. 20/11/18 - Endoscopy planned validation continues by the NE. Funding secured to transfer routine planned patients to SET mobile for Q4 of 2018/19. 15/10/18 - Risk assessment paper written and	HIGH	DIV
4021	12/04/2019	Provide safe, high quality care		Access Times (Outpatients) - General (not inclusive of visiting specialties)	Increase in access times associated with capacity gaps and emergent demand - Capacity gap in RF, urgent and routine.	ATICs/SEC specialties with New Outpatients >52 weeks; urology, general surgery, Orthopaedics, Chronic Pain	15/02/2021New Outpatients backlog waiting times continues as a clinical risk. All outpatient cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for surgery. Backlog continues to grow at present. The trust is facing a 3rd surge at present. All outpatients cancelled again and outpatient staff redeployed. 0/10/2020 - New Outpatients backlog waiting times continues as a clinical risk. All outpatient cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for surgery. Backlog continues to grow at present. The trust is facing a 2nd surge at present 10/8/2020 - New Outpatients backlog waiting times continues as a clinical risk. All outpatient cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for surgery. Backlog continues to grow at present. 18/6/19 - waiting times for Outpatients continues to be a clinical risk due to lack of capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionally. Short risk paper has been drafted for AD and Director to highlight issue. OSL/HOS continues to monitor the backlog. 28/3/19 - continued capacity gap in all surgical specialties. regional discussions in ongoing re urology. Q1 2019/20 in house additionally received for breast symptomatic, chronic pain and general surgery additionally for both in house and IS 6/2/19 - Waiting times are monitored by OSL and HOS, and discussed at HOS weekly meetings. Risks highlighted at monthly performance meetings	HIGH	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
4022	12/04/2019	Provide safe, high quality care		Access Times (In-patient/Day Case) - General	Increase in access times associated with capacity gaps and emergent demand.	ATICs/SEC specialties with New Outpatients >52 weeks; urology, general surgery, Orthopaedics, Chronic Pain	15/02/2021- New outpatient long waiting times continues as a clinical risk. Reduced outpatient capacity due to covid. Still only RF and urgent patients being scheduled. Surge 3 all outpatients have been cancelled and staff redeployed to support the Wards 11/12/2020 - New outpatients long waiting times continues as a clinical risk. Reduced outpatient capacity due to covid. Only RF and urgent patients being scheduled. Outpatient accommodation increased slightly from 14/12/2020 but not to full capacity. To continue with reduced numbers due to social distancing 20/10/2020 - New outpatients long waiting times continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag new and review patients being booked at present. Reduced capacity due to outpatient rooms being utilised for new covid processes, reduced patients per clinics for social distancing. New referrals have been reduced from March to June 2020 due to covid pandemic. 10/8/2020 - New outpatients long waiting times continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag new and review patients being booked at present. Reduced capacity due to outpatient rooms being utilised for new covid processes, reduced patients per clinics for social distancing. New referrals have been reduced from March to June 2020 due to covid pandemic. 18/6/19 - waiting times for IPDC continues to be a clinical risk due to lack of capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionally. Short risk paper has been drafted for AD and Director to highlight issue. OSL/HOS continues to monitor the backlog 28/3/19 - 30% reduced theatre capacity to continue into April 2019. Access times continue to grow for routine and urgent waits. HOS and OSL continues to monitor and validate long waiters 6/2/19 - IPDC waiting times continue to grow. Winter	HIGH	DIV
3802	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Nurse Recruitment for Adult and Paed theatres	Risk of being unable to cover all required theatre sessions with appropriately skilled theatre staff, therefore, there is a risk of sessions not being scheduled or being cancelled if insufficient skilled Theatre staff are not available.	We continue to use the Nursing Team in ATICs across all theatre departments. This includes cross site working, to ensure that we make the best use of our resources to cover the core confirmed sessions.	15/02/2021- regional peri operative recruitment drive closing date 05/02/2021, awaiting confirmation of applicants and interviews to be processed. ATICS remain with larger number of vacant adult and paediatric theatre nursing posts. 11/12/2020 - request through E&G for a commissioned paediatric nursing course for 21/22. Regional recruitment plans ongoing. HOS ATICS remains on group 20/10/2020 - regional recruitment plans ongoing. HOS ATICS sits on the group. 10/8/2020 - Since the covid-19 pandemic Paediatric theatre presently being used for outpatient ENT AGPs. No paediatric surgery currently on the DHH site. Only 2 paediatric nurses Band 6 at present, out for recruitment with BSO. Continues as risk. Continuing with recruitment drives for adult theatre nursing staff. Vacancies still remain. For retention Band 5 uplift to Band 6 successfully completed. 3/9/19 - only 3 paed nurses at present (1 is 16 hours only). Further nursing gap highlighted to AD and Director - paper attached 18/6/19 - Unfortunately continued high level of vacancies in ATICS. Theatre nursing paper has been submitted to the Acute Director. Continue to run main theatres in CAH and DHH at 30% reduction. Risk remains high. 28/3/19 - Continued high level of vacancies in theatres and risk to staffing main theatre sessions. Continue to run at 30% less theatre sessions for April 2019. theatre sisters continue to redeploy skill across hospital sites. Risk remains high. 6/2/19 - Unsuccessful recruitment in Dec 18, continue to work with BSO to fill vacant posts. Weekly nursing rota meeting ongoing to redeploy skill across hospital sites. 30% reduction on CAH and DHH main theatre sites. Draft ATICS theatre nursing staffing risk briefing paper with AD.	MOD	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3804	27/05/2016	Safe, High Quality and Effective Care	Outpatients Dept	Pre Op Assessment	Pre-op assessment is currently under resourced to provide the number of assessments required and deal with the increase in demand to the service	Staffing has been structured within pre-op to cover the key areas ensuring the best use of the limited resources. We are currently proactively working to change the existing pre-op processes to ensure that patients are pre-assessed and passed fit before ever being scheduled for surgery. This impacts on the need for additional staffing as we are working to change the processes while having to continue with existing processes.	15/02/2021- remains unchanged. 11/12/2020 - remains unchanged. Internal audit completed and addressing recommendations 2010/2020 - remains unchanged 10/8/2020 - Pre-op assessment demand continues outweigh capacity. Out for recruitment BSO band 6. Requested planners to complete a business case to enhance pre-op service. 10/8/2020 - Pre-op assessment demand continues outweigh capacity. Out for recruitment BSO band 6. Requested planners to complete a business case to enhance pre-op service. 18/9/19 - Lead nurse is interviewing this week for new pre-op nursing staff. Pre-op is one of the projects submitted under demography monies. 18/6/19 - Ongoing works pressures continue in pre-op due to demand. Group met to progress pre-op paper however planners will be not support without confirmed funding stream. To remain on RR. 28/3/19 - Risks continue as below and additionality continues. Agency band 2 part time to start end of April 19 to support the B5/6 nursing staff. 6/2/19 - High sickness rate in pre-assessment at present. Additional hours offered to keep up with demand. Discuss additional admin B2 to be recruited as risk to support the B5/6	MOD	DIV
3800	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Anaesthetic cover for maternity services	We currently fail to meet the standards regard to anaesthetic cover for maternity theatres. There is a risk to the Maternity patients from having inadequate cover. The staff is approximately 2.0wte. The nursing levels do not meet the national guidelines. Risk of failing anaesthetic accreditation, currently do not meet the standards.	A paper is being completed with regard to sorting the deficit in both anaesthetic and nursing cover.	15/02/2021- risk remains the same 11/12/2020 - risk remains unchanged, however, in DHH elective c-sections are performed in the main theatres. 20/10/2020 - risk remains unchanged, however, in DHH elective c-sections are performed in the main theatres. 10/8/2020 - no further update. Risk continues. 18.09.19 - HOS & LN's have met and are meeting again in the next month to go through figures for the nursing requirement 18/6/19 - meeting was held between gynae and ATICS, business case to be progressed. To be kept on RR 28/3/19 - Next ATICS business meeting arranged for 19/4/19, await update from Dr Scullion. 6/2/19 - discussed at ATICS business meeting. Dr Scullion investigating the transfer of IMWH maternity theatres	MOD	DIV
3727	01/09/2015	Make the best use of resources	Anaesthetics, Theatres & Intensive Care Services	No equipment store available in Day Surgery Unit CAH	Currently there is a 2 bedded side room unable to be used for patients as it stores the equipment for this unit. This can impact on the availability of beds for the daycase list, particularly when lists are occurring simultaneously. Potential for harm; Potential delay of access to day surgery beds. Limited availability of segregation for patients for IPC reasons and also male/female.	Try to maximise the use of the existing 12 bed spaces. Continues to use the 2-bedded side room for equipment as this reduces the risk to patients and staff of equipment being stored in corridors, this would also be a fire hazard.	15/02/2021- remains unchanged still no capital funding 11/12/2020 - remains unchanged 20/10/2020 - remains unchanged, no capital funding identified. 10/8/2020 - Still no capital funding, risk remains the same. 18.09.19 Still no capital funding risk remains the same 18/6/19 - still no capital funding identified, risk remains the same. 28/3/19 - as below, risk remains as no capital funding identified. 6/2/19 - no capital funding, therefore risk remains the same.	MOD	DIV
750	28/07/2008	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	STH Theatres and Day Procedure Unit requires UPS/IPS syste,	Theatres and Day Procedure Unit at STH currently does not have any form of backup electrical supply other than the emergency generator; in the event of a power failure all power supplies to socket outlets will drop out for approx. 15 seconds until the generator comes on line.	Battery backup exists on the anaesthetic machine only.	15/02/2021- covid remains a priority for estates no change to risk 11/12/2020 - still with estates, priority to covid 20/10/2020 - no change and remains with estates. Priority being given to covid 10/8/2020 - no change, remains a risk. Helena to e-mail Estates re plan to address IPS/UPS. 18.09.19 No change	HIGH	HOS
3993	19/11/2018	Provide safe, high quality care	High Dependency Unit DHH	Agency nursing staff not trained to SHSCT protocols	Agency staff from block booking with appropriate qualifications in level 2 may not complete procedures as per SHSCT processes's. Potential for risk to patient safety and potential for staff who may not follow procedures as per SHSCT process which could influence results potential for low performance reports. Agency staff fulling gaps in roster without skills for level and may not complete procedures as per SHSCT processsw with appropriate qualifications in level 2 may not complete procedures as per SHSCT processes Potential for risk to patient safety and potential for staff who may not follow procedures as per SHSCT process which could influence results potential for low performance reports.	Discussed with HOS/AD agency staff can be issued with codes for e-learning gap until completed and time to roster to complete need to have suitable trained staff with level 2 care priority to manage deteriorating patients. Roster reviewed to have suitable trained staff with level 2 care on roster /priority to manage deteriorating patients.	15/02/2021- gaps remain filled by agency nursing staff. Induction/training is provided on site 11/12/2020 - Ongoing reliance in block booking and agency staff to fill nursing gaps throughout ATICS/SEC. Require period of induction and training 20/10/2020 - below comment not relevant Ongoing reliance in block booking and agency staff to fill nursing gaps throughout ATICS/SEC 07/09/2020- The old scanner was replaced and modular now in place. Funding sorted until March 22021 but a plan needs to be implemented from April 2021 onwards 18/6/19 - on going reliance in block booking and agency staff to fill nursing gaps. Continues to be a risk throughout ATICS/SEC 28/3/19 - BB agency to complete e-learning and practice audit, ongoing review required. 6/2/19 as below, no further update	HIGH	HOS

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3801	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	JAG Accreditation	Due to the waiting times for patients having endoscopy procedures, we cannot achieve timeliness of appointments, and therefore, cannot achieve JAG accreditation. This is a regional issue and JAG are aware of same.	JAG is working with HSCB and the Trusts with regard to the revised JAG standards and the potential for 2 levels of accreditation.	15/02/2021- priority given to covid pandemic. Significantly reduced capacity available on all day surgery sites. 11/12/2020 - remains the same, priority being given to covid pandemic 20/10/2020 - Due to covid pandemic remains unchanged, currently going into 2nd surge 10/8/2020 - Dr P Murphy is the Interim Endoscopy lead. Endoscopy waiting times continue to be an issue in achieving JAG accreditation. 18.09.19 Require a led for JAG 28/3/19 - next ATICS Business meeting Fri 19/4/19, to discuss taking JAG off the RR. 6/2/19 - Consider taking off Directorate RR to be discussed at next ATICS Business meeting.	MOD	HOS
3803	27/05/2016	Safe, High Quality and Effective Care	Recovery Ward	Post op Surgical Pts in the Recovery Ward	Regularly there are patients kept over night in the recovery ward due to ongoing bed pressures within the Trust. However, this increases the risk within the recovery area due to having post op surgical pts, HDU patients (med or surg), adults male, female and children are all mixed within the area. There are post op pts being fed while pts are still being brought out from theatre intubated and pts that come round from anaesthetic can also be nauseated. Unable to get patients out in a timely manner to the wards the following day which impacts on patients being able to get out of theatres to recovery, which in turn impacts on the operating time available if patients have to be recovered in the Theatre.	ATICs try to ensure as far as possible that a limited number of patients are kept post op in the recovery ward. This is not always adhered to.	15/02/2021- currently in 3rd surge. recovery continues to work over 3 areas managing covid and non-covid ICU/HDU patients, as well as 1 urgent bookable list Mon-Fri and emergency/ trauma lists. 11/12/2020 - remains unchanged. Recovery are working over 3 areas to accommodate covid pandemic, which is challenging on recovery manpower. 20/10/2020 - remains challenging 2nd surge expected, recovery staffing ICU2, Hub (Urgent bookable elective) and main recovery. Staffing identified daily at communication Hub meetings between ICU, recovery and theatres 10/8/2020 - challenges in recovery due covid-19 pandemic and requirement to segregate patients. Top end of recover for 'red' AGP patients, anaesthetic hub for urgent bookable patients, main recovery for 2 x HDU, emergency and trauma however all at reduced bed capacity due to social distancing. Issue still continues with over night patients and managed locally. 18.09.19 No change it has become the mai stream of covering Mon-Thurs extra 4th nurse, with more often requiring 4th nurse on a Friday. 28/3/19 - due to continued bed pressures, recovery cstsaff with 3rd nurse Tues, Wed and Thursday nights, increasing to 4th nurse when required. Some patients continue to be kept in recovery post op which limits their enhanced recovery on the wards. 6/2/19 - continue to staff with 3rd nurse on Tues, Wed, and Thursday on night duty to cope with capacity. increased to 4th nurse dependent on bed pressures.	MOD	HOS
3880	07/03/2017	Provide safe, high quality care	Trustwide	Patients requiring review at Breast Family History Clinic	Patients requiring review at Breast Family History Clinic not being seen in a timely manner due to review backlog therefore risk that patients may have delay in diagnosis. Patients may not be seen within appropriate review.	Staff have been offered the opportunity to undertake additional sessions to ensure that the waiting time for patients to be seen is reduced and patients are seen in a timely manner . Plan to recruit and additional admin person to book yearly mammograms as a rolling programme.	11/12/2020 - Downgrade to departmental Risk register please 20/10/2020 - remains unchanged 10/8/2020 - downgrade as per below, all review patients have been risk stratified. 18.09.19 downgraded to departmental 28/3/19 - no update. 6/2/19 - downgrade to departmental risk	MOD	TEAM

Southern Health & Social Care Trust

Summary of Corporate Mandatory Training by Directorate including % of Staff trained as at 30th Sept 2020

Prepared by/HR Contact: Bronagh Donnelly

Date : 30/10/2020

Key: % Trained				
0% - 59%				
60% - 79%				
80% - 100%				
Equality				
Directorate	Not Trained	Trained	Head Count	% Trained
Acute Services	2683	1807	4490	40%
Chief Executive's Office	8	7	15	47%
Children & Young People's Services	811	812	1623	50%
Executive Directorate of Nursing & Midwifery and AHP's	12	27	39	69%
Finance & Procurement	80	202	282	72%
HR & Organisational Development	43	143	186	77%
Medical	74	35	109	32%
Mental Health & Disability Services	669	990	1659	60%
Older People & Primary Care	1711	1253	2964	42%
Performance & Reform	34	136	170	80%
Grand Total	6125	5412	11537	47%
Information Governance				
Directorate	Not Trained	Trained	Head Count	% Trained
Acute Services	1248	3242	4490	72%
Chief Executive's Office	4	11	15	73%
Children & Young People's Services	367	1256	1623	77%
Executive Directorate of Nursing & Midwifery and AHP's	12	27	39	69%
Finance & Procurement	70	212	282	75%
HR & Organisational Development	68	118	186	63%
Medical	58	51	109	47%
Mental Health & Disability Services	333	1326	1659	80%
Older People & Primary Care	434	2530	2964	85%
Performance & Reform	34	136	170	80%
Grand Total	2628	8909	11537	77%
Safeguarding				
Directorate	Not Trained	Trained	Head Count	% Trained
Acute Services	1197	3293	4490	73%
Chief Executive's Office	1	14	15	93%
Children & Young People's Services	484	1139	1623	70%
Executive Directorate of Nursing & Midwifery and AHP's	10	29	39	74%
Finance & Procurement	4	278	282	98%
HR & Organisational Development	51	135	186	73%
Medical	54	55	109	50%
Mental Health & Disability Services	466	1193	1659	72%
Older People & Primary Care	1005	1959	2964	66%
Performance & Reform	1	169	170	99%
Grand Total	3273	8258	11537	72%
Fire Safety				
Directorate	Not Trained	Trained	Head Count	% Trained

Acute Services	2058	2432	4490	54%
Chief Executive's Office	5	10	15	67%
Children & Young People's Services	690	933	1623	57%
Executive Directorate of Nursing & Midwifery and AHP's	12	27	39	69%
Finance & Procurement	110	172	282	61%
HR & Organisational Development	69	117	186	63%
Medical	68	41	109	38%
Mental Health & Disability Services	639	1020	1659	61%
Older People & Primary Care	1604	1360	2964	46%
Performance & Reform	70	100	170	59%
Grand Total	5325	6212	11537	54%
Manual Handling				
Directorate	Not Trained	Trained	Head Count	% Trained
Acute Services	1774	2716	4490	60%
Chief Executive's Office	4	11	15	73%
Children & Young People's Services	471	1152	1623	71%
Executive Directorate of Nursing & Midwifery and AHP's	5	34	39	87%
Finance & Procurement	75	207	282	73%
HR & Organisational Development	58	128	186	69%
Medical	59	50	109	46%
Mental Health & Disability Services	539	1120	1659	68%
Older People & Primary Care	1284	1680	2964	57%
Performance & Reform	37	133	170	78%
Grand Total	4306	7231	11537	63%
Infection Prevention & Control				
Directorate	Not Trained	Trained	Head Count	% Trained
Acute Services	1248	3242	4490	72%
Chief Executive's Office	6	9	15	60%
Children & Young People's Services	353	1270	1623	78%
Executive Directorate of Nursing & Midwifery and AHP's	6	33	39	85%
Finance & Procurement	127	155	282	55%
HR & Organisational Development	69	117	186	63%
Medical	59	50	109	46%
Mental Health & Disability Services	415	1244	1659	75%
Older People & Primary Care	1213	1751	2964	59%
Performance & Reform	60	110	170	65%
Grand Total	3556	7981	11537	69%
Corporate Induction				
Directorate	Not Trained	Trained	Head Count	% Trained
Acute Services	261	46	307	15%
Children & Young People's Services	71	18	89	20%
Finance & Procurement	18	5	23	22%
HR & Organisational Development	10	3	13	23%
Medical	56		56	0%
Mental Health & Disability Services	88	21	109	19%
Older People & Primary Care	163	27	190	14%
Performance & Reform	7	1	8	13%
Grand Total	674	121	795	15%
Departmental Induction				
Directorate	Not Trained	Trained	Head Count	% Trained

Acute Services	293	14	307	5%
Children & Young People's Services	87	2	89	2%
Finance & Procurement	18	5	23	22%
HR & Organisational Development	13		13	0%
Medical	55	1	56	2%
Mental Health & Disability Services	100	9	109	8%
Older People & Primary Care	121	69	190	36%
Performance & Reform	7	1	8	13%
Grand Total	694	101	795	13%




This report has been compiled and is intended for use only by the official recipient.

If you believe the information in this report does not accurately reflect the current position, please contact the Education, Learning and Development Department.

Please remember your responsibilities under data protection legislation, for example ensure personal information is kept secure (for example not left in view of unauthorised staff or visitors), is only used for the purpose intended, and is not shared with anyone who should not have access to it. Also, once personal information has been used for its intended purpose it should be appropriately destroyed, or kept in a secure location if it is required for future use.




Admin Review Processes.


Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
1. Triage	<p><u>Pre 2014</u> Due to delayed triage of referrals, the decision was taken to add the referral to the OP waiting list as the clinical priority that the GP had assigned.</p> <p>.</p>	<p><u>2014-2017</u> For routine and Urgent GP referrals, non-adherence and non-enforcement of the IEAP, resulted in referrals not being returned within the appropriate timeframe, which then resulted in a lost opportunity to either upgrade or downgrade urgent/routine referrals</p>	<p><u>2017-current</u> The introduction of e-Triage on 27/3/17 enabled referrals to be monitored with respect to the triage process.</p> <p>The revised triage process (draft) detailed in the word document below is based on the current IEAP also addresses these issues of timely and appropriate triaging</p> <p> TRIAGE PROCESS April 21.docx</p>	<p><u>Current</u> Consultant-to-Consultant referrals (including outside of Trust) are not currently managed through e-Triage so there is still a risk that these could be delayed.</p> <p>Remaining specialties that still do not use e-Triage are being addressed</p> <p> Services not using eTriage.docx</p>	<p>Consultant to Consultant referrals to be added to e-Triage and the PDF SOP to be updated</p> <p> Consultant to Consultant Referrals.</p> <p>Remaining specialties to be added to e-Triage</p> <p>The triage process continues to be monitored weekly and needs to be complied to and enforced where necessary</p>	<p><u>After 7 days</u> Non- triage of urgent and routine referrals is escalated by the Referral & Booking Centre to the Operational Support Lead for the Clinical Area</p> <p><u>After 21 days</u> OSL to escalate to Lead Clinician and HOS and copy Assistant Director of Functional & Support Services</p> <p><u>After 28 days</u> HOS escalates to AD & AMD to address.</p> <p><u>After 35 days</u></p>

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
						AD & AMD escalates to Director of Acute
2. Undictated Clinics	Some patients not having a letter dictated following an outpatient consultation resulting in no outcome recorded on PAS.	There is no system or process that provides assurance that each outpatient consultation generates an outpatient outcome letter	All Medical staff must understand that a letter is required for every outpatient attendance.	A limitation with the G2 system is that it simply records speech and generates a letter. However G2 is unable to correlate the letter dictated against the outpatient attendance.	<p>The Trust has been working on the G2/PAS interface. This major piece of work required integration with the help of BSO. It is now in 'live' mode and is being piloted by one consultant with positive feedback. This will provide the Trust with more assurance around the dictation of outpatient clinics.</p> <p>A policy and guidance document needs to be developed and circulated to all Medical Staff to reiterate that a letter must be done for all outpatient attendance including for patients who do not attend.</p> <p>Update typing SOP to highlight that when a</p>	<p>When the secretary is typing the clinics she must escalate to the Consultant if there are any letters missing on Digital Dictation.</p> <p><u>After 7 days</u> This is escalated to the Service Administrator.</p> <p><u>After 14 days</u> Service Administrator to escalate to Lead Clinician and HOS</p> <p><u>After 21 days</u> HOS escalates to AD & AMD to address.</p> <p><u>After 28 days</u></p>

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
2. Undictated Clinics					<p>letters is not dictated for a patient that the secretary raises with the consultant and line manager in the first instance. Secretaries to stipulate on their backlog reports if they know of any undictated clinics/letters</p> <p>Monthly typing reports require to be produced and shared throughout all divisions</p> <p>At Junior doctor changeover inductions, the importance of timely and accurate dictating of all outpatients they have reviewed must be highlighted to them.</p>	AD & AMD escalates to Director of Acute

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
3. Hospital Notes	Patient's hospital records electronically casenote tracked to a consultant and a location.	When patients hospital records were required same not in the tracked location	<p>Current tracking system is a function on Patient Administrative System (PAS)</p> <p>Missing Charts are investigated and an IR1 form is completed if not found</p>	There is currently no system which identifies that a chart is not where it is tracked to other than manual searches.	<p>Any missing notes need to have an IR1 raised to highlight the problem. These should be reported to the respective areas.</p> <p>All staff managing patient notes should be reminded of the need for accuracy on PAS when tracking notes and patient records should be returned to file as soon as possible. All consultants need to be reminded regularly that all charts are tracked in their name and that it is their responsibility to ensure the notes are kept in the location that the notes are tracked to. Business Case for IFit which is an electronic tracking system using barcode technology (as</p>	<p>Service Administrators to do spot-checks of offices and highlight any issues of charts being stored beyond a reasonable time period</p> <p>IR1's to be monitored by AD FSS Division for repeat 'Borrower' missing notes and any concerns over a particular consultant should be escalated to Clinical Director/AMD and AD</p>

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
					used in other Trusts in NI) to be considered for funding until the NI Electronic Patient Record replaces paper records under the Encompass Project This had been previously submitted and approved but no funding identified.	
4. Private Patients	Patients who had been initially reviewed privately were added to the waiting list in a non-chronological manner	No monitoring of patients seen privately where they are entered onto the waiting list	This is governed by the Private Patient policy	It relies on the integrity of the consultant to comply with the private patient policy.	<p>Revise the policy for paying patients in the Trust and share with all clinical teams.</p>  <p>Guide-to-Paying-Patients-Southern-Trust-</p> <p>Data Quality Release notice for recording of private patient activity</p>	<p>When secretaries are adding patients who were previously a private patient, to the waiting list they should ensure that Consultant has completed the appropriate forms and</p> <p><u>After 7 days</u> If forms haven't been received by Private Patient Office this is</p>

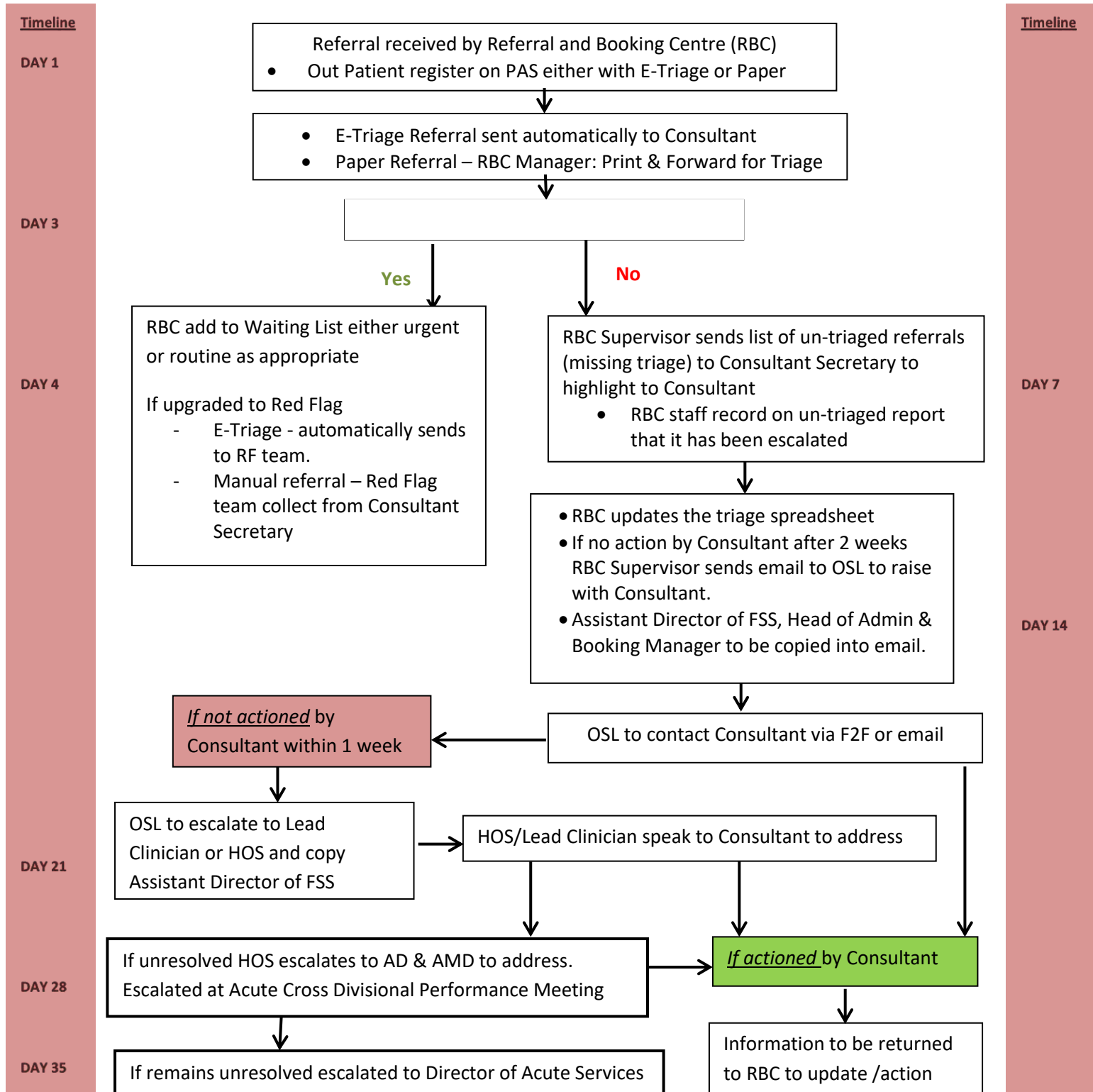
Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
					<p>on PAS to be shared amongst clinical teams.</p>  <p>0023-18 PAS OP REFERRRRAL PRIVATE</p>	<p>escalated to the HOS/CD.</p> <p><u>After 14 days</u> HOS escalates to AD & AMD to address.</p> <p><u>After 21 days</u> AD & AMD escalates to Medical Director</p>

This process is developed by the Region under the IEAP (Integrated Elective Access Protocol) Referrals should be returned within 72 hrs but the Southern Trust have agreed 1 week to assist Clinicians as a more reasonable approach.

- Red Flag referrals should be returned from Triage within 24hrs
- Urgent referrals should be returned from Triage within 72hrs
- Routine referrals should be returned from Triage within week.

PURPOSE OF TRIAGE

- Consultant triage is to confirm that the speciality is appropriate and the clinical urgency is appropriate.
- It directs the referral to an appropriate service within the speciality (e.g. to vascular surgeons etc.)
- It allows the Consultant to request any investigations which the patient will require prior to outpatient attendance
- The Consultant can return referrals with advice and no outpatient attendance where appropriate.



Note: This process will incur a minimum of 5 weeks in total if referral is un-triaged within the target times which means that if the referral is upgraded to Red Flag it is in excess of 14 day Red Flag turnaround. It is the responsibility of the Consultant to ensure Triage is done within the appropriate timescales detailed above.

Services not using e-triage	
ORTHOPAEDIC GERIATRICS	Planned e-triage commencement Jan/Feb 2021
HAEMATOLOGY	Planned implementation postpone due to service pressures
NEPHROLOGY	Currently taking a break from e-triage, will relook at recommencing early 2021
GENERAL MEDICINE	Minimal referrals to this service but working with service looking towards implementation early 2021
BREAST SURGERY	Consultants not currently keen on e-triage – reengaged with service
GERIATRIC MEDICINE	Currently engaging with service



Quality Care - for you, with you

ADMINISTRATIVE & CLERICAL Standard Operating Procedure

Title	Consultant to Consultant Referrals	
S.O.P. Section	Referral and Booking Centre	
Version Number	v1.0	Supersedes: v0.1
Author	Katherine Robinson	
Page Count	3	
Date of Implementation	January 2011	
Date of Review	January 2012	To be Reviewed by: Admin and Clerical Manager's Group
Approved by	Admin and Clerical Manager's Group	

Standard Operating Procedure (S.O.P) Referral and Booking Centre Procedures

Introduction

This SOP outlines the procedures followed by the Referral and Booking Centre to recognise a referral is in place from one consultant to another.

Implementation

This procedure is already effective and in operation in the Referral and Booking Centre.

Consultant to Consultant Referrals

The secretary for the consultant referring the patient should OP REG the patient on PAS with the OP REG date being the date the decision to refer was made (eg the clinic date)

This is done by using the Function:
DWA – ORE.

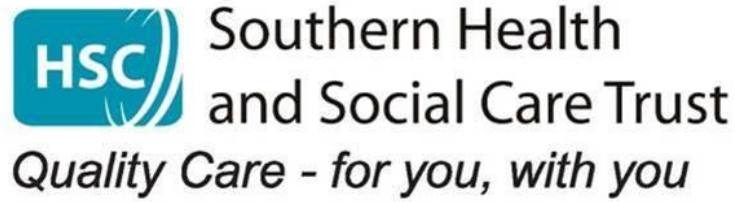
The name of the *referring consultant* should be entered into the comment field NOT the name of the consultant being referred to. Referrals should then be directed to the Referral and Booking Centre not to the secretary.

This will ensure that the patient now appears on a PTL and that the booking clerks will know who referred the patient and when.

When doing this the **Referral Source should be OC** (Other Consultant) **and NOT CON.**

Patients registered with a referral source as 'Con' do not appear on a PTL and can be missed.

Although all referrals are date stamped when they are received into the Referral and Booking centre – the original referral date will remain and will not be amended.



A GUIDE TO PAYING PATIENTS

V.2 [11th February 2016]

DOCUMENT – VERSION CONTROL SHEET	
Title	Title: Guide to Paying Patients Version: 2
Supersedes	Supersedes: Guidelines for Management of Private Patients
Originator	Name of Author: Anne Brennan Title: Senior Manager Medical Directorate
Approval	Referred for approval by: Anne Brennan Date of Referral: 27 th March 2014 to: <ul style="list-style-type: none">• Trust Senior Management Team• Trust LNC
Circulation	Issue Date: 16 th October 2014 Circulated By: Medical Directorate Issued To: As per circulation List: All Medical Staff
Review	Review Date: February 2017 Responsibility of (Name): Norma Thompson Title: Senior Manager Medical Directorate

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1. INTRODUCTION

- 1.1 The Trust came into existence on 1 April 2007 and is responsible for providing acute care across three sites namely:-
- Craigavon Area Hospital, Portadown
 - Daisy Hill Hospital, Newry
 - South Tyrone Hospital, Dungannon
- 1.2 The Trust welcomes additional income that can be generated from the following sources:-
- Private Patients
 - Fee Paying Services
 - Overseas Visitors
- 1.3 All income generated from these sources is deemed to make a valued contribution to the running costs of the Trust and will be reinvested to improve our facilities to benefit NHS and private patients alike.
- 1.4 All policies and procedures in relation to these areas will be carried out in accordance with Trust guidelines.
- 1.5 For further information please do not hesitate to contact the Paying Patient Office.
[email: Personal Information redacted by the USI or
<http://www.southerndocs.hscni.net/paying-patients/>]

2. OBJECTIVES

- 2.1 The purpose of this guideline is to:
- Standardise the manner in which all paying patient practice is conducted in the organisation.
 - Raise awareness of the duties and responsibilities within the health service of medical staff engaging in private practice and fee paying services within the Trust.
 - Raise awareness of the duties and responsibilities of all Trust staff, clinical and non-clinical in relation to the treatment of paying patients and fee paying services within the Trust.
 - Ensure fairness to both NHS patients and fee paying patients at all times.
 - Clarify for relevant staff the arrangements pertaining to paying patients and to give guidance relating to
 - record keeping
 - charging

- procedures and
- responsibilities for paying patient attendances, admissions and fee paying services.
- Clarify charging arrangements when consultants undertake fee paying services within the Trust.

3. CATEGORIES OF WORK COVERED BY THIS GUIDE

3.1 Fee Paying Services

- 3.1.1 Any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions (Appendix 1).

3.2 Private Professional Services *(also referred to as 'private practice')*

- 3.2.1 The diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions.
- 3.2.2 Work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited 'list', e.g. members of the hospital staff).

3.3 Overseas Visitors

- 3.3.1 The National Health Service provides healthcare free of charge to people who are a permanent resident in the UK/NI. A person does not become an ordinarily resident simply by having British Nationality; holding a British Passport; being registered with a GP, or having an NHS number. People who do not permanently live in NI/UK are not automatically entitled to use the NHS free of charge.
- 3.3.2 **RESIDENCY** is therefore the main qualifying criterion.

4. POLICY STATEMENT

- 4.1 Medical consultant staff have the right to undertake Private Practice and Fee paying services within the Terms and Conditions of the new Consultant Contract as agreed within their annual job plan review and with the approval of the Medical Director.
- 4.2 This Trust provides the same care to all patients, regardless of whether the cost of their treatment is paid for by HSC Organisations, Private Medical Insurance companies or by the patient.
- 4.3 Private Practice and Fee Paying services at the Trust will be carried out in accordance with:
- The Code of Conduct for private practice, the recommended standard of practice for NHS consultants as agreed between the BMA and the DHSSPS (Appendix 2).
 - Schedule 9 of the Terms and Conditions of the Consultant contract which sets out the provisions governing the relationship between HPSS work and private practice (Appendix 8).
 - The receipt of additional fees for Fee Paying services as defined in Schedule 10 of the Terms and Conditions of the Consultant Contract (Appendix 1).
 - The principles set out in Schedule 11 of the above contract (Appendix 5).
- 4.4 All patients treated within the Trust, whether private or NHS should, where possible:
- be allocated a unique hospital identifier
 - be recorded on the Patient Administration System and
 - have a Southern Health & Social Care Trust chart.
- 4.5 The Trust shall determine the prices to be charged in respect of all income to which it is entitled as a result of private practice or other fee paying services which take place within the Trust.

5. CONSULTANT MEDICAL STAFF RESPONSIBILITIES

5.1 Private Practice

- 5.1.1 While Medical consultant staff have the right to undertake Private Practice within the Terms and Conditions of the new Consultant Contract as agreed within their annual job plan review, it is the responsibility of consultants, prior to the provision of any diagnostic tests or treatment to:
- ensure that their private patients (whether In, Day or Out) are identified and notified to the Paying Patients Officer.

- ensure full compliance with the Code of Conduct for Private Practice (see Appendix 2) in relation to referral to NHS Waiting Lists.
- ensure that patients are aware of and understand the range of costs associated with private treatment including hospital costs and the range of professional fees which the patient is likely to incur, to include Surgeon/Physician, Anaesthetist, Radiologist, Pathologist, hospital charges. Leaflets can be obtained from the Paying Patients Officer or the Paying Patients section of Southern Docs website – click [here](#).
- obtain prior to admission and at each outpatient attendance a signed, witnessed Undertaking to Pay form (Appendix 3) which must then be sent to the Paying Patient Officer for the relevant hospital at least three weeks before the admission date. This document must contain details of all diagnostic tests and treatments prescribed.
- Establish the method of payment at the consultation stage and obtain details of insured patients' private medical insurance policy information. The Trust requires this information to be forwarded to the Paying Patient Officer **prior to admission** so that patients' entitlement to insurance cover can be established. This should be recorded on the Undertaking to Pay form [Appendix 3].
- Ensure that all patients, where appropriate, are referred by the appropriate channels, i.e. GP/other consultant.
- Ensure that private patient services that involve the use of NHS staff or facilities are not undertaken except in emergencies, unless an undertaking to pay for treatment has been obtained from (or on behalf of) the patient, in accordance with the Trust's procedures.
- Ensure that information pertaining to their private patient work is included in their annual whole practice appraisal.

5.2 Fee Paying Services - see Appendix 1 for examples

- 5.2.1 The Consultant job plan review will cover the provision of fee paying services within the Trust. Consultants are required to declare their intention to undertake Fee Paying Services work by forwarding the Paying Patient Declaration form to the Medical Director's office.
- 5.2.2 A price list for fee paying services is available from the Paying Patients Office or the Paying Patients section of Southern Docs website – click [here](#). It is the responsibility of the Consultant to ensure that the Trust is reimbursed for all costs incurred while facilitating fee paying services work undertaken. These costs could include:
- use of Trust accommodation;
 - tests or other diagnostic procedures performed;
 - radiological scans.
- 5.2.3 Consultants who engage in fee paying activities within the Trust are required to remit to the Trust on a quarterly basis the income due.

- 1.2.4 Consultants should retain details of all patients seen for medical legal purposes. These should be submitted by the consultant on a quarterly basis along with the corresponding payment. See Section 11 for further details.

5.3 Additional Programmed Activities

- 5.3.1 Consultants should agree to accept an extra paid programmed activity in the Trust, if offered, before doing private work. The following points should be borne in mind:
- If Consultants are already working 11 Programmed Activities (PAs) (or equivalent) there is no requirement to undertake any more work.
 - A Consultant could decline an offer of an extra PA and still work privately, but with risk to their pay progression for the year in question.
 - Any additional PAs offered must be offered equitably between all Consultants in that specialty; if a colleague takes up those sessions there would be no detriment to pay progression for the other Consultants.
- 5.3.2 Consultant Medical Staff are governed by The Code of Conduct for Private Practice 2003 (at Appendix 2).

6. RESTRICTIONS ON PRIVATE PRACTICE FOR CONSULTANT MEDICAL STAFF

6.1 New Consultants

- 6.1.1 Newly appointed consultants (including those who have held consultant posts elsewhere in the NHS, or equivalent posts outside the NHS) may not undertake private practice within the Trust or use the Trusts facilities or equipment for private work, until the arrangements for this have been agreed in writing with the Trust Medical Director. A job plan must also have been agreed. An application to undertake private practice should be made in writing to the Medical Director through completion of the Paying Patient Declaration. New consultants permitted to undertake private work must make themselves known to the Paying Patients Officer.

6.2 Locum Consultants

- 6.2.1 Locum consultants may not engage in Private Practice within the first three months of appointment and then not until the detailed Job Plan has been agreed with the relevant Clinical Manager and approval has been granted by the Medical Director. This is subject to the agreement of the patient/insurer.

6.3 Non Consultant Grade Medical Staff

- 6.3.1 Non-consultant medical staff practitioners such as Associate Specialists may undertake Category 2 or private outpatient work, with the approval of the

Medical Director following confirmation that the practitioner undertakes such work outside his/her programmed activities as per their agreed job plan.

- 6.3.2 Other than in the circumstances described above, staff are required to assist the consultant to whom they are responsible with the treatment of their private patients in the same way as their NHS patients. The charge paid by private patients to the hospital covers the whole cost of the hospital treatment including that of all associated staff.

7. CHANGE OF STATUS BETWEEN PRIVATE AND NHS

7.1 Treatment Episode

- 7.1.1 A patient who sees a consultant privately shall continue to have private status throughout the entire treatment episode.

7.2 Single Status

- 7.2.1 An outpatient cannot be both a Private and an NHS patient for the treatment of the one condition during a single visit to an NHS hospital.

7.3 Outpatient Transfer

- 7.3.1 However a private outpatient at an NHS hospital is legally entitled to change his/her status for any a subsequent visit and seek treatment under the NHS, subject to the terms of any undertaking he/she has made to pay charges.

7.4 Waiting List

- 7.4.1 A patient seen privately in consulting rooms who then becomes an NHS patient joins the waiting list at the same point as if his/her consultation had taken place as an NHS patient.

7.5 Inpatient Transfer

- 7.5.1 A private inpatient has a similar legal entitlement to change his/her status. This entitlement can only be exercised when a significant and unforeseen change in circumstances arises e.g. when they enter hospital for a minor operation and they are found to be suffering from a different more serious complaint. He/she remains liable to charges for the period during which he/she was a private patient.

7.6 During Procedure

- 7.6.1 A patient may request a change of status during a procedure where there has been an unpredictable or unforeseen complexity to the procedure. This can be tested by the range of consent required for the procedure.

7.7 Clinical Priority

- 7.7.1 A change of status from Private to NHS must be accompanied by an assessment of the patient's clinical priority for treatment as an NHS patient.

7.8 Change of Status Form

- 7.8.1 Where a change of status is required a 'Change of Status' Form (Appendix 4) must be completed and sent to the Paying Patients Officer. This includes the reason for the change of status which will be subject to audit and must be signed by both the consultant and Paying Patients Officer. The Paying Patients Officer will ensure that the Medical Director approves the 'Change of Status' request.
- 7.8.2 It is important to note that until the Change of Status form has been approved by the Medical Director the patient's status will remain private and they may well be liable for charges.

8. TRUST STAFF RESPONSIBILITIES RELATING TO PRIVATE PATIENTS AND FEE PAYING SERVICES

- 8.1 A private patient is one who formally undertakes to pay charges for healthcare services regardless of whether they self-pay or are covered by insurance and all private patients must sign a form to that effect (Undertaking to Pay form at Appendix 3) prior to the provision of any diagnostic tests or treatments. Trust staff are required to have an awareness of this obligation.
- 8.2 The charge which private patients pay to the Trust covers the total cost of the hospital treatment excluding consultant fees. Trust staff are required to perform their duties in relation to all patients to the same standard. No payment should be made to or accepted by any non-consultant member of Trust staff for carrying out normal duties in relation to any patients of the Trust.

9. OPERATIONAL ARRANGEMENTS

- 9.1 Each hospital within the Trust has a named officer [Paying Patients Officer] who should be notified in advance of all private patient admissions and day cases. The Paying Patient Officer is responsible for ensuring that the Trust recovers all income due to the Trust arising from the treatment of private patients.
- 9.2 The Paying Patients Officer, having received the signed and witnessed Undertaking to Pay **Form at least three weeks** before the planned procedure will identify the costs associated with the private patient stay, will confirm entitlement to insurance cover where relevant and will raise invoices on a timely basis. [See Flow Chart 1]
- 9.3 The Medical Director will advise the Paying Patients Officer when a consultant has been granted approval to undertake private practice. The Paying Patients Officer will advise the consultant of the procedures involved in undertaking private practice in the Trust.

- 9.4 Clinical governance is defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
- 9.5 This framework applies to all patients seen within this Trust. It is therefore a fundamental requirement of Clinical Governance that all patients treated within the Trust must be examined or treated in an appropriate clinical setting.
- 9.6 Any fee or emolument etc. which may be received by an employee in the course of his or her clinical duties shall, unless the Trust otherwise directs, be surrendered to the Trust. For further information please see Southern Trust Gifts and Hospitality Standards of Conduct policy.

9.7 Record Keeping Systems and Private Patients

- 9.7.1 All patients regardless of their status should, where possible, be recorded on Hospital Systems and their status classified appropriately. These systems include for example:
- Patient Administration System (PAS)
 - Northern Ireland Maternity System (NIMATS)
 - Laboratory System
 - Radiology System(e.g. Sectra, PACS, NIRADS, RIS etc)

9.8 Health Records of Private Patients

- 9.8.1 All hospital health records shall remain the property of the Trust and should only be taken outside the Trust to assist treatment elsewhere:
- when this is essential for the safe treatment of the patient
 - when an electronic record of the destination of the notes is made using the case note tracking system
 - when arrangements can be guaranteed that such notes will be kept securely
 - provided that nothing is removed from the notes
- 9.8.2 Consultants who may have access to notes for private treatment of patients must agree to return the notes without delay. Either originals or copies of the patient's private notes should be held with their NHS notes. Patients' notes should not be removed from Trust premises. Requests for notes for medico-legal purposes should be requested by plaintiff's solicitor through the normal channels.
- 9.8.3 Since the Trust does not have a right of access to patient notes held in non NHS facilities, when patients are seen privately outside the Trust their first appointment within the Trust, unless with the same consultant, will be treated as a 'new appointment' rather than a 'review appointment'.

- 9.8.4 In the event of a 'Serious Adverse Incident' or legal proceedings the Trust may require access to private patient medical records which should be held in accordance with GMC Good Record Keeping Guidance.

9.9 Booking Arrangements for Admissions and Appointments

- 9.9.1 A record of attendance should be maintained, where possible, for all patients seen in the Trust. All private in, day and out patients should as far as possible be pre-booked on to the hospital information systems. Directorates are responsible for ensuring that all relevant information is captured and 'booking in' procedures are followed. Each department should ensure that all such patients are recorded on PAS etc. within an agreed timescale which should not extend beyond month end.

9.10 Walk Ins

- 9.10.1 A private patient who appears at a clinic and has no record on PAS should be treated for record keeping purposes in exactly the same manner as an NHS patient (walk in) i.e. relevant details should be taken, registry contacted for a number and processed in the usual fashion. A record should be kept of this patient and the Paying Patient Officer informed.

9.11 Radiology

- 9.11.1 All patients seen in Radiology should be given a Southern Health and Social Care hospital number.

9.12 Private Patient Records

- 9.12.1 All records associated with the treatment of private patients should be maintained in the same way as for NHS patients. This includes all files, charts, and correspondence with General Practitioners.
- 9.12.2 Accurate record keeping assists in the collection of income from paying patients.
- 9.12.3 It should be noted that
- any work associated with private patients who are not treated within this Trust or consultants private diary work and correspondence associated with patients seen elsewhere should not be carried out within staff time which is paid for by the Trust.

9.13 Tests Investigations or Prescriptions for Private Patients

- 9.13.1 The consultant must ensure that the requests for all laboratory work, ie. radiology, prescriptions, dietetics, physiotherapy etc. are clearly marked as Private.
- 9.13.2 Consultants should not arrange services, tests investigations or prescriptions until the person has signed an Undertaking to Pay form which will cover the episode of care [Appendix 3]. This must be submitted three weeks before any planned procedure.

9.14 Medical Reports

- 9.14.1 In certain circumstances Insurance Companies will request a medical report from the consultant. It is the consultant's responsibility to ensure that this report is completed in the timeframe required by the insurance company otherwise the Trust's invoice may remain unpaid in whole or in part until the report has been received and assessed.

10. FINANCIAL ARRANGEMENTS - PRIVATE PATIENTS

10.1 Charges to Patients

- 10.1.1 Where patients, who are private to a consultant, are admitted to the hospital, or are seen as outpatients, charges for investigations/diagnostics will be levied by the hospital. A full list of charges is available from the Paying Patient Office on request. Patients should be provided with an estimate of the total fee that they will incur **before** the start of their treatment.
- 10.1.2 Prices are reviewed regularly to ensure that all costs are covered. A calendar of pricing updates will be agreed.

10.2 Charges for Use of Trust Facilities for Outpatients

- 10.2.1 It is the responsibility of the Doctor to recover the cost from the patient and reimburse the Trust, on a quarterly basis, for any outpatients which have been seen in Trust facilities. [See Flow Chart 2]
- 10.2.2 A per patient cost for the use of Trust facilities for outpatients is available. This will be reviewed annually.
- 10.2.3 It is responsibility of the doctor to maintain accurate records of outpatient attendances. It is an audit requirement that the Trust verifies that all income associated with use of Trust facilities for outpatients has been identified and collected. Accordingly, Doctors are required to submit a quarterly return to the Paying Patient office with the names of the patients seen together with details of any treatment or tests undertaken. This information should accompany the payment for the relevant fees as outlined above.
- 10.2.4 A Undertaking to Pay form will only be required if investigations/diagnostics are required.

10.3 Basis of Pricing

- 10.3.1 Charges are based on an accommodation charge, cost of procedure, including any prosthesis, and on a cost per item basis for all diagnostic tests and treatments e.g. physiotherapy, laboratory and radiology tests, ECGs etc. They do not include consultants' professional fees. Some package prices may be agreed.

10.4 Uninsured Patients – Payment Upfront

10.4.1 Full payment prior to admission is required from uninsured patients. Consultants should advise patients that this is the case. The patient should be advised to contact the Paying Patients Officer regarding estimated cost of treatment. [See Flow Chart 4]

10.5 Insured Patients

10.5.1 The Undertaking to Pay Form also requires details of the patient's insurance policy. The Paying Patients Officer will raise invoices direct to the insurance company where relevant, in accordance with the agreements with individual insurance companies.

10.5.2 Consultants, as the first port of contact and the person in control of the treatment provided, should advise the patient to obtain their insurance company's permission for the specified treatment to take place within the specified timescale. [See Flow Chart 4]

10.6 Billing and Payment

10.6.1 The Paying Patients Officer co-ordinates the collation of financial information relating to patients' treatment, ensures that uninsured patients pay deposits and that invoices are raised accordingly. The financial accounts department will ensure all invoices raised are paid and will advise the Private Patient Officer in the event of a bad debt.

10.7 Audit

10.7.1 The Trust's financial accounts are subject to annual audit and an annual report is issued to the Trust Board, which highlights any area of weakness in control. Adherence to the Paying Patient Policy will form part of the Trust's Audit Plan. Consultants are reminded that they are responsible for the identification and recording of paying patient information. Failure to follow the procedures will result in investigation by Audit and if necessary, disciplinary action under Trust and General Medical Council regulations.

11. FINANCIAL ARRANGEMENTS FOR FEE PAYING SERVICES

11.1 Consultants may see patients privately or for fee paying services within the Trust only with the explicit agreement of the Medical Director, in accordance with their Job Plan. Management will decide to what extent, if any, Trust facilities, staff and equipment may be used for private patient or fee paying services and will ensure that any such services do not interfere with the organisation's obligations to NHS patients. This applies whether private services are undertaken in the consultant's own time, in annual or unpaid leave. [See Flow Chart 3]

- 11.2 In line with the Code of Conduct standards, private patient services should take place at times that do not impact on normal services for NHS patients. Private patients should normally be seen separately from scheduled NHS patients.

11.3 Fee Paying Services Policy (Category 2)

- 11.3.1 Fee Paying Services (Category 2) work is distinct from private practice, however it is still non NHS work as outlined in the 'Terms and Conditions for Hospital Medical and Dental Staff'. Refer to schedules 10 and 11 (Appendices 1 & 5 respectively) for further details.
- 11.3.2 There are a number of occasions when a Category 2 report will be requested, and they will usually be commissioned by, employers, courts, solicitors, Department of Work and Pensions etc. the report may include radiological opinion, blood tests or other diagnostic procedures
- 11.3.3 It is the responsibility of the Doctor to ensure that the Trust is reimbursed for all costs incurred in undertaking Category 2 work, this not only includes the use of the room but also the cost of any tests undertaken.
- 11.3.4 In order to comply with the Trusts financial governance controls it is essential that all Fee Paying services are identified and the costs recovered. It is not the responsibility of the Trust to invoice third parties for Category 2 work.
- 11.3.5 It is the responsibility of the Doctor to recover the cost from the third party and reimburse the Trust, on a quarterly basis, for any Category 2 services they have undertaken, including the cost of any treatments/tests provided.
- 11.3.6 The Category 2 (room only) charge per session will be reviewed annually.
- 11.3.7 A per patient rate may be available subject to agreement with the Paying Patient Manager
- 11.3.8 It is responsibility of the doctor to maintain accurate records of Category 2 attendances. It is an audit requirement that the Trust verifies that all income associated with Category 2 has been identified and collected.
- 11.3.9 Doctors are required to submit a quarterly return to the Paying Patient office with the names of the patients seen together with details of any treatment or tests undertaken. This information should accompany the payment for the relevant fees of Category 2 work as outlined above and should be submitted no later than ten days after the quarter end.
- 11.3.10 In order to comply with Data Protection requirements, Doctors must therefore inform their Category 2 clients that this information is required by the Trust and obtain their consent. Consultants should make a note of this consent.
- 11.3.11 Compliance to this policy will be monitored by the Paying Patient Manager and the Medical Director's Office.
- 11.3.12 The Consultant is responsible to HM Revenue and Customs to declare for tax purposes all Category 2 income earned. The Trust has no obligation in this respect.

- 11.3.13 Any Category 2 work undertaken for consultants by medical secretaries must be completed outside of their normal NHS hours. Consultants should be aware of their duty to inform their secretaries that receipt of such income is subject to taxation and must be declared to HM Revenue and Customs. It is recommended that Consultants keep accurate records of income and payment.

12. RENUNCIATION OF PRIVATE FEES

- 12.1 In some departments, consultants may choose to forego their private fees for private practice or for fee paying services in favour of a Charitable Fund managed by the Trust that could be drawn upon at a later stage for, by way of example, Continuous Professional Development / Study Leave.
- 12.2 For income tax purposes all income earned must be treated as taxable earnings. The only way in which this income can be treated as non taxable earnings of the consultant concerned is if the consultant signs a 'Voluntary Advance Renunciation of Earnings form' (Appendix 7) and declares that the earnings from a particular activity will belong to a named charitable fund and that the earnings will not be received by the consultant. In addition a consultant should never accept a cheque made out to him or her personally. To do so attracts taxation on that income and it cannot be subsequently renounced. Therefore all such income renounced in advance should be paid directly into the relevant fund. Income can only be renounced if it has not been paid to the individual and a Register of these will be maintained by the Charitable Funds Officer.
- 12.3 The Trust will be required to demonstrate that income renounced in favour of a Charitable Fund is not retained for the use of the individual who renounces it. Thus, in the event of any such consultant subsequently drawing on that fund, any such expenditure approval must be countersigned by another signatory on the fund.

13. OVERSEAS VISITORS - NON UK PATIENTS

(Republic of Ireland, EEA, Foreign Nationals)

PLEASE NOTE THIS IS ONLY A BRIEF GUIDE FOR FURTHER INFORMATION PLEASE CONTACT THE PAYING PATIENT OFFICE

- 13.1 The NHS provides healthcare free of charge to people who are 'ordinarily resident' in the UK. People who do not permanently live in the UK lawfully are not automatically entitled to use the NHS free of charge.
- 13.2 **RESIDENCY** is therefore the main qualifying criterion, applicable regardless of nationality, being registered with a GP or having been issued a HC/NHS number, or whether the person holds a British Passport, or lived and paid taxes or national insurance contributions in the UK in the past.

- 13.3 Any patient attending the Trust who cannot establish that they are an ordinary resident and have lawfully lived in the UK permanently for the last 12 months preceding treatment are not entitled to free non ED hospital treatment whether they are registered with a GP or not. A GP referral letter cannot be accepted solely as proof of a patient's permanent residency and therefore entitlement to treatment.
- 13.4 For all new patients attending the Trust, residency must be established. All patients will be asked to complete a declaration to confirm residency, (regardless of race/ethnic origin). If not the Trust could be accused of discrimination.
- 13.5 Where there is an element of doubt as to whether the patient is an 'ordinary resident' eg no GP/ H&C number or non UK contact details, the Paying Patients Officer must be alerted immediately.

13.6 Emergency Department

- 13.6.1 Treatment given in an Emergency Department, Walk in Clinic or Minor Injuries Unit is free of charge if it is deemed to be immediate and necessary.
- 13.6.2 The Trust should always provide immediate and necessary treatment whether or not the patient has been informed of or agreed to pay charges. There is no exemption from charges for 'emergency' treatment other than that given in the accident and emergency department. Once an overseas patient is transferred out of Emergency Department their treatment becomes chargeable.
- 13.6.3 All patients admitted from Emergency Department must be asked to complete declaration of residency status.
- 13.6.4 This question is essential in trying to establish whether the patient is an overseas patient or not and hence liable to pay for any subsequent care provided.
- 13.6.5 If the patient is not an ordinary resident or there is an element of doubt eg no GP/ no H&C Number, the patient should be referred to Paying Patients Office to determine their eligibility.
- 13.6.6 If the person has indicated that they are a visitor to Northern Ireland, the overseas address must be entered as the permanent address on the correct Patient Administrative System and the Paying Patients Office should be notified immediately.

13.7 Outpatient Appointments

- 13.7.1 In all cases where the patient has not lived in Northern Ireland for 12 months or relevant patient data is missing such as H&C number, GP Details etc the patient must be referred to the Paying Patients Office to establish the patient's entitlement to free NHS treatment. This must be established before an appointment is given.

13.8 Review Appointments

- 13.8.1 Where possible follow up treatment should be carried out at the patient's local hospital, however if they are reviewed at the Trust they must be informed that they will be liable for charges.
- 13.8.2 If a consultant considers it appropriate to review a patient then they must sign a statement to this effect waiving the charges that would have been due to the Trust.

13.9 Elective Admission

- 13.9.1 A patient should not be placed onto a waiting list until their entitlement to free NHS Treatment has been established. Where the Patient is chargeable, the Trust should not initiate a treatment process until a deposit equivalent to the estimated full cost of treatment has been obtained.

13.10 Referral from other NHS Trusts

- 13.10.1 When a Consultant accepts a referral from another Trust the patients' status should, where possible, be established prior to admission. However, absence of this information should not delay urgent treatment.
- 13.10.2 The Trust will operate a policy of 'Stabilise and Transfer'.

14. AMENITY BED PATIENTS

- 14.1 Within the Trust's Maternity Service, a number of beds are assigned Amenity Beds. It is permissible for NHS patients who require surgical delivery and an overnight stay to pay for any bed assigned as an Amenity Bed. This payment has no effect on the NHS status of the patient. All patients identified as amenity will be recorded on PAS as APG and an Undertaking to Pay for an Amenity Bed form (Appendix 6) should be completed ideally before obtaining the amenity facilities.

15. GLOSSARY

Undertaking to Pay Form

Private Patients may fund their treatment, or they may have private medical insurance. In all cases Private Patients must sign an 'Undertaking to Pay' form (Appendix 3). This is a legally binding document which, when signed prior to treatment, confirms the patient as personally liable for costs incurred while at hospital and confirms the Patient's Private status. ALL private patients, whether insured or not are obliged to complete and sign an 'Undertaking to Pay' form, prior to commencement of treatment. Consultants therefore, as the first point of contact should ensure that the Paying Patients Officer is advised to ensure completion of the 'Undertaking to Pay' form.

Fee Paying Services

Any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions (Appendix 1).

Private Professional Services *(Also referred to as 'private practice')*

- the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions (Appendix 1).
- work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited 'list', e.g. members of the hospital staff).

Non UK patients

A person who does not meet the 'ordinarily resident' test.

Job Plan

A work programme which shows the time and place of the consultant's weekly fixed commitments.

16. APPENDIX 1: SPECIFIC EXAMPLES OF FEE PAYING SERVICES - SCHEDULE 10

1. Fee Paying Services are services that are not part of Contractual or Consequential Services and not reasonably incidental to them. Fee Paying Services include:
 - a. work on a person referred by a Medical Adviser of the Department of Social Development, or by an Adjudicating Medical Authority or a Medical Appeal Tribunal, in connection with any benefits administered by an Agency of the Department of Social Development;
 - b. work for the Criminal Injuries Compensation Board, when a special examination is required or an appreciable amount of work is involved in making extracts from case notes;
 - c. work required by a patient or interested third party to serve the interests of the person, his or her employer or other third party, in such nonclinical contexts as insurance, pension arrangements, foreign travel, emigration, or sport and recreation. (This includes the issue of certificates confirming that inoculations necessary for foreign travel have been carried out, but excludes the inoculations themselves. It also excludes examinations in respect of the diagnosis and treatment of injuries or accidents);
 - d. work required for life insurance purposes;
 - e. work on prospective emigrants including X-ray examinations and blood tests;
 - f. work on persons in connection with legal actions other than reports which are incidental to the consultant's Contractual and Consequential Duties, or where the consultant is giving evidence on the consultant's own behalf or on the employing organisation's behalf in connection with a case in which the consultant is professionally concerned;
 - g. work for coroners, as well as attendance at coroners' courts as medical witnesses;
 - h. work requested by the courts on the medical condition of an offender or defendant and attendance at court hearings as medical witnesses, otherwise than in the circumstances referred to above;
 - i. work on a person referred by a medical examiner of HM Armed Forces Recruiting Organisation;
 - j. work in connection with the routine screening of workers to protect them or the public from specific health risks, whether such screening is a statutory obligation laid on the employing organisation by specific regulation or a voluntary undertaking by the employing organisation in pursuance of its general liability to protect the health of its workforce;
 - k. occupational health services provided under contract to other HPSS, independent or public sector employers;
 - l. work on a person referred by a medical referee appointed under the Workmen's Compensation (Supplementation) Act (Northern Ireland) 1966; work on prospective students of universities or other institutions of further education, provided that they are not covered by Contractual and Consequential Services. Such examinations may include chest radiographs;

- m. Appropriate examinations and recommendations under Parts II and IV of the Mental Health (Northern Ireland) Order 1986 and fees payable to medical members of Mental Health Review Tribunals;
- n. services performed by members of hospital medical staffs for government departments as members of medical boards;
- o. work undertaken on behalf of the Employment Medical Advisory Service in connection with research/survey work, i.e. the medical examination of employees intended primarily to increase the understanding of the cause, other than to protect the health of people immediately at risk (except where such work falls within Contractual and Consequential Services);
- p. completion of Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates;
- q. examinations and reports including visits to prison required by the Prison Service which do not fall within the consultant's Contractual and Consequential Services and which are not covered by separate contractual arrangements with the Prison Service;
- r. examination of blind or partially-sighted persons for the completion of form A655, except where the information is required for social security purposes, or by an Agency of the Department of Social Development, or the Employment Service, or the patient's employer, unless a special examination is required, or the information is not readily available from knowledge of the case, or an appreciable amount of work is required to extract medically correct information from case notes;
- s. work as a medical referee (or deputy) to a cremation authority and signing confirmatory cremation certificates;
- t. medical examination in relation to staff health schemes of local authorities and fire and police authorities;
- u. delivering lectures;
- v. medical advice in a specialised field of communicable disease control;
- w. attendance as a witness in court;
- x. medical examinations and reports for commercial purposes, e.g. certificates of hygiene on goods to be exported or reports for insurance companies;
- y. advice to organisations on matters on which the consultant is acknowledged to be an expert.

17. APPENDIX 2 - A CODE OF CONDUCT FOR PRIVATE PRACTICE

November 2003

Recommended Standards of Practice for NHS Consultants

An agreement between the BMA's Northern Ireland Consultants and Specialists Committee and the Department of Health, Social Services and Public Safety for consultants in Northern Ireland.

A CODE OF CONDUCT FOR PRIVATE PRACTICE: RECOMMENDED STANDARDS FOR NHS CONSULTANTS, 2003

Contents**Page 40 Part I – Introduction**

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- Key Principles

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- Disclosure of Information about Private Practice
- Scheduling of Work and On-Call Duties
- Provision of Private Services alongside NHS Duties
- Information for NHS Patients about Private Treatment
- Referral of Private Patients to NHS Lists
- Promoting Improved Patient Access to NHS Care and increasing NHS Capacity

Page 6 Part III - Managing Private Patients in NHS Facilities

- Use of NHS Facilities
- Use of NHS Staff

Part I: Introduction**Scope of Code**

- 1.1 This document sets out recommended standards of best practice for NHS consultants in England about their conduct in relation to private practice . The standards are designed to apply equally to honorary contract holders in respect of their work for the NHS. The Code covers all private work, whether undertaken in non-NHS or NHS facilities.
- 1.2 Adherence to the standards in the Code will form part of the eligibility criteria for clinical excellence awards.
- 1.3 This Code should be used at the annual job plan review as the basis for reviewing the relationship between NHS duties and any private practice.

Key Principles

1.4 The Code is based on the following key principles:

- NHS consultants and NHS employing organisations should work on a partnership basis to prevent any conflict of interest between private practice and NHS work. It is also important that NHS consultants and NHS organisations minimise the risk of any perceived conflicts of interest; although no consultant should suffer any penalty (under the code) simply because of a perception;
- The provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS services;
- With the exception of the need to provide emergency care, agreed NHS commitments should take precedence over private work; and
- NHS facilities, staff and services may only be used for private practice with the prior agreement of the NHS employer.

Part II: Standards of Best Practice

Disclosure of Information about Private Practice

- 1.2 Consultants should declare any private practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties. As part of the annual job planning process, consultants should disclose details of regular private practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of NHS work and out of hours cover.
- 2.2 Under the appraisal guidelines agreed in 2001, NHS consultants should be appraised on all aspects of their medical practice, including private practice. In line with the requirements of revalidation, consultants should submit evidence of private practice to their appraiser.

Scheduling of Work and On-Call Duties

- 2.3 In circumstances where there is or could be a conflict of interest, programmed NHS commitments should take precedence over private work. Consultants should ensure that, except in emergencies, private commitments do not conflict with NHS activities included in their NHS job plan.
- 2.4 Consultants should ensure in particular that:
- private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the NHS (subject to paragraph 2.8 below);
 - there are clear arrangements to prevent any significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled;

- private commitments are rearranged where there is regular disruption of this kind to NHS work; and private commitments do not prevent them from being able to attend a NHS emergency while they are on call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, private commitments that prevent an immediate response should not be undertaken at these times.
- 2.5 Effective job planning should minimise the potential for conflicts of interests between different commitments. Regular private commitments should be noted in a consultant's job plan, to ensure that planning is as effective as possible.
- 2.6 There will be circumstances in which consultants may reasonably provide emergency treatment for private patients during time when they are scheduled to be working or are on call for the NHS. Consultants should make alternative arrangements to provide cover where emergency work of this kind regularly impacts on NHS commitments.
- 2.7 Where there is a proposed change to the scheduling of NHS work, the employer should allow a reasonable period for consultants to rearrange any private sessions, taking into account any binding commitments entered into (e.g. leases).

Provision of Private Services alongside NHS Duties

- 2.8 In some circumstances NHS employers may at their discretion allow some private practice to be undertaken alongside a consultant's scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the consultants should ensure that any private services are provided with the explicit knowledge and agreement of the employer and that there is no detriment to the quality or timeliness of services for NHS patients.

Information for NHS Patients about Private Treatment

- 2.9 In the course of their NHS duties and responsibilities consultants should not initiate discussions about providing private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf.
- 2.10 Where a NHS patient seeks information about the availability of, or waiting times for, NHS and/or private services, consultants should ensure that any information provided by them, is accurate and up-to-date and conforms with any local guidelines.
- 2.11 Except where immediate care is justified on clinical grounds, consultants should not, in the course of their NHS duties and responsibilities, make arrangements to provide private services, nor should they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient of the NHS facility concerned.

Referral of Private Patients to NHS Lists

- 2.12 Patients who choose to be treated privately are entitled to NHS services on exactly the same basis of clinical need as any other patient.
- 2.13 Where a patient wishes to change from private to NHS status, consultants should help ensure that the following principles apply:

- a patient cannot be both a private and a NHS patient for the treatment of one condition during a single visit to a NHS organisation;
- any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient;
- any patient changing their status after having been provided with private services should not be treated on a different basis to other NHS patients as a result of having previously held private status;
- patients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients; and
- should a patient be admitted to an NHS hospital as a private inpatient, but subsequently decide to change to NHS status before having received treatment, there should be an assessment to determine the patient's priority for NHS care.

Promoting Improved Patient Access to NHS Care and Increasing NHS Capacity

- 2.14 Subject to clinical considerations, consultants should be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for NHS patients. This should include co-operating to make sure that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.
- 2.15 Consultants should make all reasonable efforts to support initiatives to increase NHS capacity, including appointment of additional medical staff.

Part III – Managing Private Patients in NHS Facilities

- 3.1 Consultants may only see patients privately within NHS facilities with the explicit agreement of the responsible NHS organisation. It is for NHS organisations to decide to what extent, if any, their facilities, staff and equipment may be used for private patient services and to ensure that any such services do not interfere with the organisation's obligations to NHS patients.
- 3.2 Consultants who practise privately within NHS facilities must comply with the responsible NHS organisation's policies and procedures for private practice. The NHS organisation should consult with all consultants or their representatives, when adopting or reviewing such policies.

Use of NHS Facilities

- 3.3 NHS consultants may not use NHS facilities for the provision of private services without the agreement of their NHS employer. This applies whether private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 2.8 - alongside NHS duties.
- 3.4 Where the employer has agreed that a consultant may use NHS facilities for the provision of private services:

- the employer will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;
 - any charge will be collected by the employer, either from the patient or a relevant third party; and
 - a charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.
- 3.5 Except in emergencies, consultants should not initiate private patient services that involve the use of NHS staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the patient, in accordance with the NHS body's procedures.
- 3.6 In line with the standards in Part II, private patient services should take place at times that do not impact on normal services for NHS patients. Private patients should normally be seen separately from scheduled NHS patients. Only in unforeseen and clinically justified circumstances should an NHS patient's treatment be cancelled as a consequence of, or to enable, the treatment of a private patient.

Use of NHS Staff

- 3.7 NHS consultants may not use NHS staff for the provision of private services without the agreement of their NHS employer.
- 3.8 The consultant responsible for admitting a private patient to NHS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient's private status.

18. APPENDIX 3 - PRIVATE / NOT ORDINARILY RESIDENT IN UK NOTIFICATION AND UNDERTAKING TO PAY FORM

HSC Southern Health
and Social Care Trust
Quality Care - for you, with you

PRIVATE / NOT ORDINARILY RESIDENT IN UK NOTIFICATION AND UNDERTAKING TO PAY FORM

Private Patient: Yes ☐ No ☐ Non-Ordinarily Resident in UK: Yes ☐ No ☐

Name of Patient:			
Address:			
Postcode:	Telephone No:		
Date of Birth:			
H&C Number:			
Name of Insurer:		Self Funding	<input type="checkbox"/>
Insurer Policy No:			

I have been seeing this person as a private patient. They are to be admitted / referred to
Hospital on _____ as an _____

Inpatient Referral	<input type="checkbox"/>	Obstetrics <input type="checkbox"/>	Medical <input type="checkbox"/>	Surgical <input type="checkbox"/>	T & O <input type="checkbox"/>
		Estimated Duration of Stay	Estimated Duration of Stay	Estimated Duration of Stay	Estimated Duration of Stay
Day Case Referral	<input type="checkbox"/>				
Diagnostics (Inpatient or Outpatient)	<input type="checkbox"/>	Laboratory <input type="checkbox"/>	Radiology [please detail] <input type="checkbox"/>	Other [e.g. Pharmacy] <input type="checkbox"/>	
		[please detail]	[please detail]		

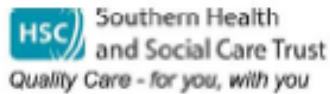
Undertaking to Pay Confirmation To be completed by Consultant			
I have advised the patient named above of the estimated hospital charges and of my fees			
Signed Consultant		Date	
Undertaking to Pay To be completed by the person who will pay the account			
I understand and agreed to pay Southern Health and Social Care Trust all charges ¹ associated with this episode of care ² . Where the Consultant may deem further procedures/investigations necessary which will incur additional charges, I understand that this may result in a different cost from that quoted to me and I undertake to pay the full costs incurred.			
Signed Patient		Date	

RETURN TO PAYING PATIENTS OFFICE CRAIGAVON AREA HOSPITAL/DAISY HILL
HOSPITAL [email: _____]

¹ A list of Tariffs is available from the Private Patients office

² Episode of Care – The total treatment of either an inpatient or day case patient from diagnosis through to discharge

19. APPENDIX 4 APPLICATION FOR THE TRANSFER OF PRIVATE PATIENT TO NHS STATUS



APPLICATION FOR THE TRANSFER OF PRIVATE PATIENT TO NHS STATUS

Name of Patient:	
Address:	
Postcode:	
Date of Birth:	
H&C Number:	
Name of Consultant	
Date of Last Private Consultation	

I have been seeing this person as a private patient. He/she has now been referred to Hospital as an NHS patient.

		Clinical Priority
Inpatient Referral	<input type="checkbox"/>	
Outpatient Referral	<input type="checkbox"/>	
Day Case Referral	<input type="checkbox"/>	

Signed Consultant	
Effective Date	

Consultants are reminded that in good practice a patient who changes from private to NHS status should receive all subsequent treatment during that episode of care under the NHS as outlined in A Code of Conduct for Private Practice.

PLEASE FORWARD TO PAYING PATIENTS OFFICE Irrelevant information redacted by the USI

20. APPENDIX 5 PRINCIPLES GOVERNING RECEIPT OF ADDITIONAL FEES – SCHEDULE 11

Principles Governing Receipt of Additional Fees - Schedule 11

1. In the case of the following services, the consultant will not be paid an additional fee, or - if paid a fee - the consultant must remit the fee to the employing organisation:
 - any work in relation to the consultant's Contractual and Consequential Services;
 - duties which are included in the consultant's Job Plan, including any additional Programmed Activities which have been agreed with the employing organisation;
 - fee paying work for other organisations carried out during the consultant's Programmed Activities, unless the work involves minimal disruption and the employing organisation agrees that the work can be done in HPSS time without the employer collecting the fee;
 - domiciliary consultations carried out during the consultant's Programmed Activities;
 - lectures and teaching delivered during the course of the consultant's clinical duties;
 - delivering lectures and teaching that are not part of the consultant's clinical duties, but are undertaken during the consultant's Programmed Activities.
 - Consultants may wish to take annual leave [having given the required 6 week notice period] to undertake fee paying work [e.g. court attendance] in this instance the consultant would not be required to remit fees to the Trust.

This list is not exhaustive and as a general principle, work undertaken during Programmed Activities will not attract additional fees.

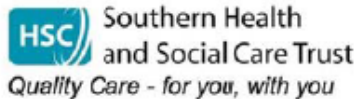
2. Services for which the consultant can retain any fee that is paid:
 - Fee Paying Services carried out in the consultant's own time, or during annual or unpaid leave;
 - Fee Paying Services carried out during the consultant's Programmed Activities that involve minimal disruption to HPSS work and which the employing organisation agrees can be done in HPSS time without the employer collecting the fee;
 - Domiciliary consultations undertaken in the consultant's own time, though it is expected that such consultations will normally be scheduled as part of Programmed Activities¹;
 - Private Professional Services undertaken in the employing organisation's facilities and with the employing organisation's agreement during the consultant's own time or during annual or unpaid leave;
 - Private Professional Services undertaken in other facilities during the consultant's own time, or during annual or unpaid leave;
 - Lectures and teaching that are not part of the consultant's clinical duties and are undertaken in the consultant's own time or during annual or unpaid leave;

- Preparation of lectures or teaching undertaken during the consultant's own time irrespective of when the lecture or teaching is delivered.

This list is not exhaustive but as a general principle the consultant is entitled to the fees for work done in his or her own time, or during annual or unpaid leave.

And only for a visit to the patient's home at the request of a general practitioner and normally in his or her company to advise on the diagnosis or treatment of a patient who on medical grounds cannot attend hospital.

21. APPENDIX 6 - UNDERTAKING TO PAY CHARGES FOR AN AMENITY BED



UNDERTAKING TO PAY CHARGES FOR AN AMENITY BED

Name of Patient:	
Address:	
Postcode:	
Date of Birth:	
Hospital Number:	

Site: Craigavon ☐ Daisy Hill ☐

I was allocated an amenity bed on (date): _____ (time)

Ward: _____ Consultant: _____

I undertake to pay the Southern Health Social Care Trust £39 per night for an amenity bed, which has been provided for me at my request.

Number of days Amenity Bed required: _____

I understand that if I am required to stay in hospital more days than anticipated, the midwifery staff will ask me if I wish to continue and pay for the amenity bed, or if I wish to be transferred to the open ward.

Patient's Signature: _____ Date: _____

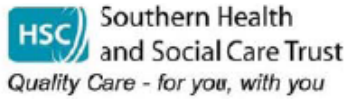
Midwife's Signature: _____ Date: _____

To be completed by WARD CLERK OR MIDWIFE when patient is being transferred /discharged from an amenity bed.

Date transferred / discharged from amenity bed _____

Signed by midwife / ward clerk when transferred / discharged _____

22. APPENDIX 7 – AGREEMENT FOR THE VOLUNTARY ADVANCE RENUNCIATION OF EARNINGS FROM FEE PAYING ACTIVITIES



AGREEMENT FOR THE VOLUNTARY ADVANCE RENUNCIATION OF EARNINGS FROM FEE PAYING ACTIVITIES

I (name) _____

Request that any monies due to me from patients in relation to fees from
(description of activity)

Shall be transferred to (Charity title and reference) _____

For its sole use in the advancement of its aims in accordance with the Trust Deed until directed otherwise by me in writing.

This request is to take effect from (date): _____

Signed, sealed and delivered

by:

(Full name in BLOCK CAPITALS) _____

Date: _____

In the presence of: _____

Date: _____

Address:: _____

_____ **Postcode:** _____

23. APPENDIX 8 - PROVISIONS GOVERNING THE RELATIONSHIP BETWEEN HPSS WORK AND PRIVATE PRACTICE - SCHEDULE 9

1. This Schedule should be read in conjunction with the 'Code of Conduct for Private Practice', which sets out standards of best practice governing the relationship between HPSS work and private practice.
2. The consultant is responsible for ensuring that their provision of Private Professional Services for other organisations does not:
 - result in detriment to HPSS patients;
 - diminish the public resources that are available for the HPSS.

Disclosure of information about Private Commitments

3. The consultant will inform his or her clinical manager of any regular commitments in respect of Private Professional Services or Fee Paying Services. This information will include the planned location, timing and broad type of work involved.
4. The consultant will disclose this information at least annually as part of the Job Plan Review. The consultant will provide information in advance about any significant changes to this information.

Scheduling of Work and Job Planning

5. Where a conflict of interest arises or is liable to arise, HPSS commitments must take precedence over private work. Subject to paragraphs 10 and 11 below, the consultant is responsible for ensuring that private commitments do not conflict with Programmed Activities.
6. Regular private commitments must be noted in the Job Plan.
7. Circumstances may also arise in which a consultant needs to provide emergency treatment for private patients during time when he or she is scheduled to be undertaking Programmed Activities. The consultant will make alternative arrangements to provide cover if emergency work of this kind regularly impacts on the delivery of Programmed Activities.
8. The consultant should ensure that there are arrangements in place, such that there can be no significant risk of private commitments disrupting HPSS commitments, e.g. by causing HPSS activities to begin late or to be cancelled. In particular where a consultant is providing private services that are likely to result in the occurrence of emergency work, he or she should ensure that there is sufficient time before the scheduled start of Programmed Activities for such emergency work to be carried out.
9. Where the employing authority has proposed a change to the scheduling of a consultant's HPSS work, it will allow the consultant a reasonable period in line with Schedule 6, paragraph 2 to rearrange any private commitments. The employing organisation will take into account any binding commitments that the consultant may have entered into (e.g. leases). Should a consultant wish to reschedule private commitments to a time that would conflict with Programmed Activities, he or she should raise the matter with the clinical manager at the earliest opportunity.

Scheduling Private Commitments Whilst On-Call

10. The consultant will comply with the provisions in Schedule 8, paragraph 5 of these Terms and Conditions. In addition, where a consultant is asked to provide emergency cover for a colleague at short notice and the consultant has previously arranged private commitments at the same time, the consultant should only agree to provide such emergency cover if those private commitments would not prevent him or her returning to the relevant HPSS site at short notice to attend an emergency. If the consultant is unable to provide cover at short notice it will be the employing organisation's responsibility to make alternative arrangements and the consultant will suffer no detriment in terms of pay progression as a result.

Use of HPSS Facilities and Staff

11. Where a consultant wishes to provide Private Professional Services at an HPSS facility he or she must obtain the employing organisation's prior agreement, before using either HPSS facilities or staff.
12. The employing organisation has discretion to allow the use of its facilities and will make it clear which facilities a consultant is permitted to use for private purposes and to what extent.
13. Should a consultant, with the employing organisation's permission, undertake Private Professional Services in any of the employing organisation's facilities, the consultant should observe the relevant provisions in the 'Code of Conduct for Private Practice'.
14. Where a patient pays privately for a procedure that takes place in the employing organisation's facilities, such procedures should occur only where the patient has given a signed undertaking to pay any charges (or an undertaking has been given on the patient's behalf) in accordance with the employing organisation's procedures.
15. Private patients should normally be seen separately from scheduled HPSS patients. Only in unforeseen and clinically justified circumstances should a consultant cancel or delay an HPSS patient's treatment to make way for his or her private patient.
16. Where the employing organisation agrees that HPSS staff may assist a consultant in providing Private Professional Services, or provide private services on the consultant's behalf, it is the consultant's responsibility to ensure that these staff are aware that the patient has private status.
17. The consultant has an obligation to ensure, in accordance with the employing organisation's procedures, that any patient whom the consultant admits to the employing organisation's facilities is identified as private and that the responsible manager is aware of that patient's status.
18. The consultant will comply with the employing organisation's policies and procedures for private practice

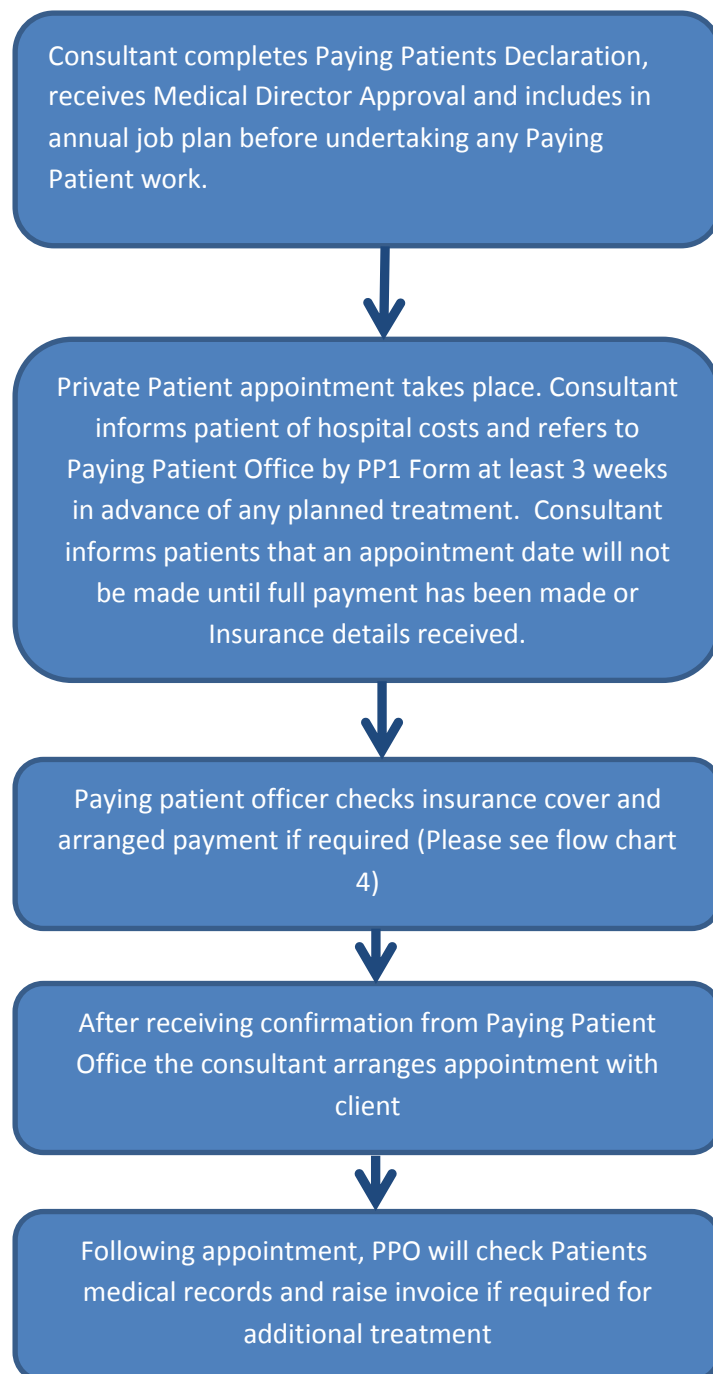
Patient Enquiries about Private Treatment

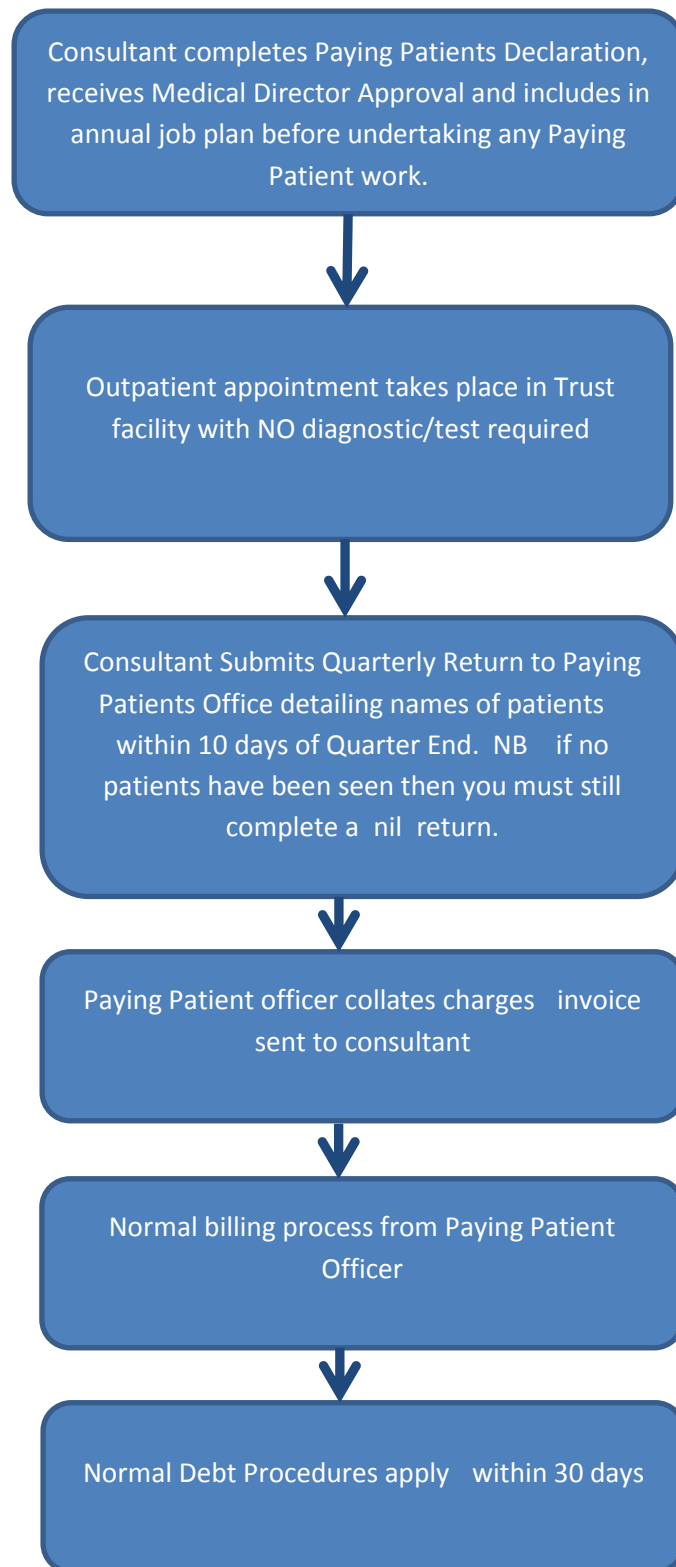
19. Where, in the course of his or her duties, a consultant is approached by a patient and asked about the provision of Private Professional Services, the consultant may provide only such standard advice as has been agreed between the employing organisation and appropriate local consultant representatives for such circumstances.

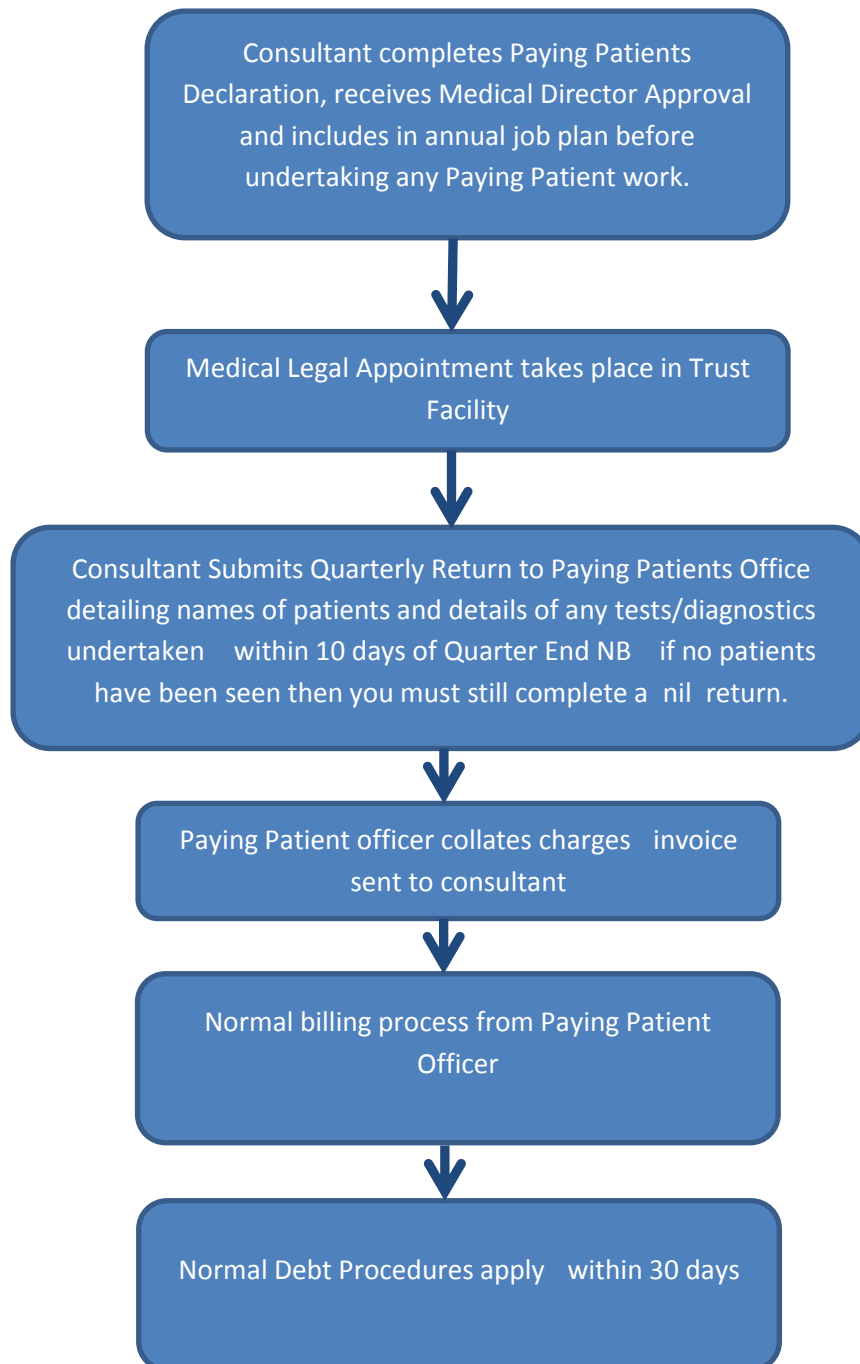
20. The consultant will not during the course of his or her Programmed Activities make arrangements to provide Private Professional Services, nor ask any other member of staff to make such arrangements on his or her behalf, unless the patient is to be treated as a private patient of the employing organisation.
21. In the course of his/her Programmed Activities, a consultant should not initiate discussions about providing Private Professional Services for HPSS patients, nor should the consultant ask other staff to initiate such discussions on his or her behalf.
22. Where an HPSS patient seeks information about the availability of, or waiting times for, HPSS services and/or Private Professional Services, the consultant is responsible for ensuring that any information he or she provides, or arranges for other staff to provide on his or her behalf, is accurate and up-to-date.

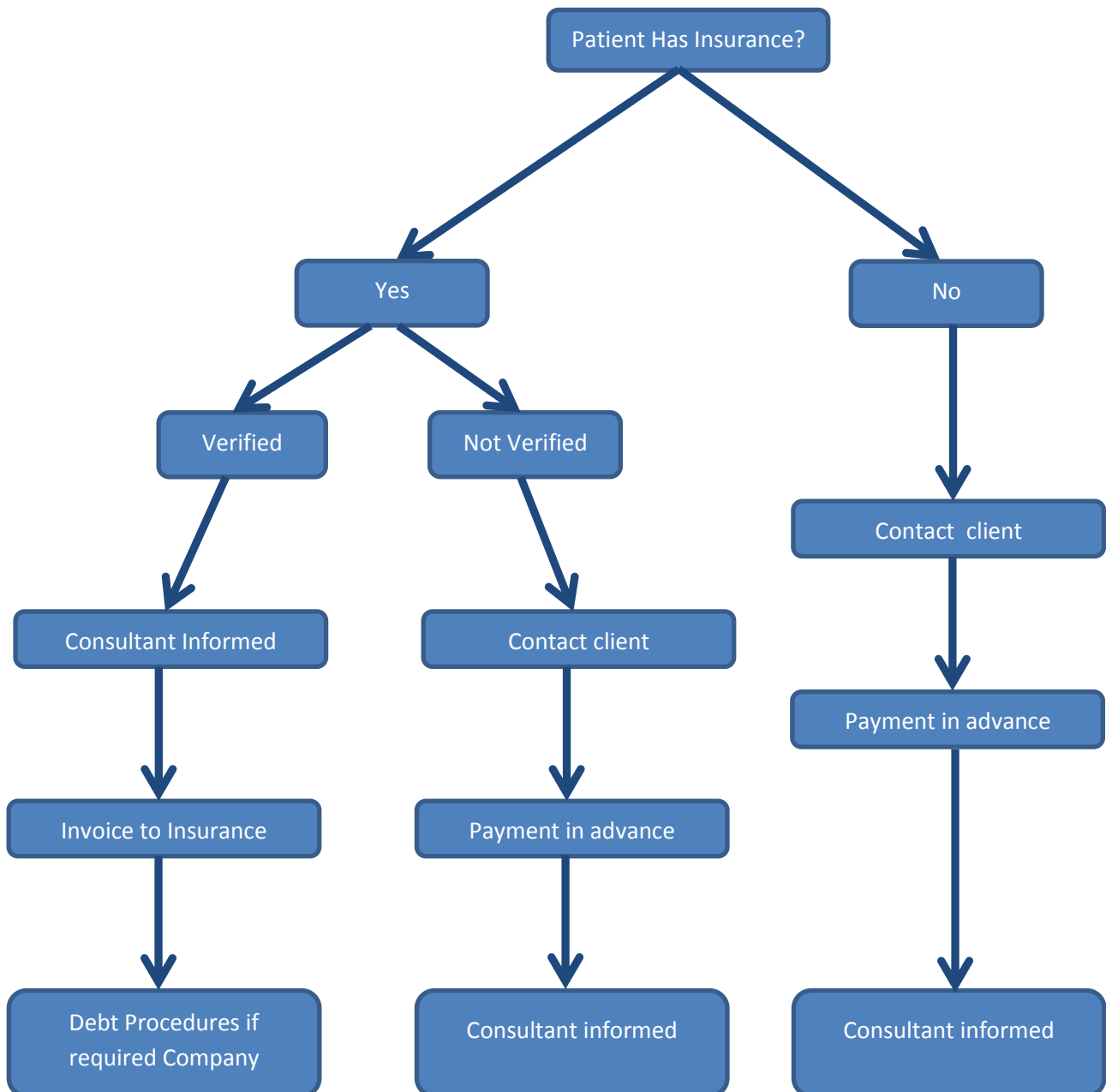
Promoting Improved Patient Access to HPSS Care

23. Subject to clinical considerations, the consultant is expected to contribute as fully as possible to reducing waiting times and improving access and choice for HPSS patients. This should include ensuring that, as far as is practicable, patients are given the opportunity to be treated by other HPSS colleagues or by other providers where this will reduce their waiting time and facilitate the transfer of such patients.
24. The consultant will make all reasonable efforts to support initiatives to increase HPSS capacity, including appointment of additional medical staff and changes to ways of working.

24. FLOW CHART 1 - PAYING PATIENTS [Inpatients]

25. FLOW CHART 2 - PAYING PATIENTS [Outpatients]

26. FLOW CHART 3 - PAYING PATIENTS [Fee Paying Services]

27. FLOW CHART 4 – PATIENT INSURANCE

Query Request Form

Requires Immediate Response: Yes

Reason for Immediate Response: Required as an action following Internal Audit review of management of private patients

☐

Data Definition

☒

Recording Issue

☒

Technical Guidance

☐

Other

Name: Roberta Gibney

Date: 8th August 2018

Organisation: BHSCT

Contact Number:

Personal Information redacted by the USI

Subject Heading: PAS OP Referral Source Code – Private to NHS

a) Issue: *Please provide as much detail as possible in order for the query to be considered and resolved as quickly as possible. This query form will be published on SharePoint when resolved.*

Belfast Trust requests a Referral Source Code on PAS for outpatients who change status from Private to NHS. Currently there is no guidance for identifying such patients.

Patient who attends Trust as a private patient has category recorded as PPG. When treatment completed OP registration should be closed with Discharge Reason – Treatment Completed, however if during their treatment the patient decides to change status to NHS the OP registration should be closed with Discharge Reason – Transfer to NHS and a new OP registration opened:

PAS with referral source PTN (Private to NHS) (suggested code), mapped to Internal Value (2) and CMDS Value (11) on Referral Source Masterfile and category as NHS.

This will ensure that the original category of PPG is not overwritten to NHS and the information recorded as per the Draft Technical Guidance on Private and Overseas Patients is not lost.

Belfast Trust request that the above is adopted as regional PAS Technical Guidance.

b) Response:

When a patient transfers from Private to NHS during their treatment period the OP registration should be closed using:

Discharge Reason code: TNHS – Transfer from Private to NHS

A new OP registration should be opened using:

Referral Source code: PTN – Private to NHS

Approved by: Acute Hospital Information Group

Date: 11/09/2018

Response Published: Yes / No

Email: Personal Information redacted by the USI
HSC Data Standards Helpdesk: Personal Information redacted by the USI

These forms are available on the Information Standards & Data Quality SharePoint Site at <http://hscb.sharepoint.hscni.net/sites/pmsi/jdq/SitePages/Helpdesk.aspx>

1.0 LESSONS LEARNED

The review identified Cancer Care given by Dr 1 that did not follow agreed MDM recommendations nor follow regional or national best practice guidance. It was care given without other input from Cancer Specialist Nurses, Oncology and palliative care. It was inappropriate, did not meet patient need and was the antithesis of quality multidisciplinary cancer care.

Ensure all patients receive appropriately supported high quality cancer care irrespective of the professional delivering care.

Ensure all cancer care is multidisciplinary and centred on patients physical and emotional need.

Have processes in place to provide assurances to patients and public that care meets these requirements.

That the role of the Multidisciplinary Meeting Chair is defined by a Job Description with specific reference to Governance, Safe Care and Quality Care. It should be resourced to provide this needed oversight.

2.0 RECOMMENDATIONS AND ACTION PLANNING

The recommendations represent an enhanced level of assurance. They are in response to findings from nine patients where Dr 1 did not adhere to agreed recommendations, varied from best practice guidance and did not involve other specialist appropriately in care. They are to address what was asked of the Review by families - "that this does not happen again".

Recommendation 1.

The Southern Health and Social Care Trust must provide high quality urological cancer care for all patients.

This will be achieved by - Urology Cancer Care delivered through a co-operative multi-disciplinary team, which collectively and inter-dependently ensures the support of all patients and their families through, diagnosis, treatment planning and completion and survivorship.

Timescale – Immediate and ongoing

Assurance - Comprehensive Pathway audit of all patients care and experience. This should be externally benchmarked within a year by Cancer Peer Review / External Service Review by Royal College.

Recommendation 2.

All patients receiving care from the SHSCT Urology Cancer Services should be appropriately supported and informed about their cancer care. This should meet the standards set out in Regional and National Guidance and meet the expectation of Cancer Peer Review.

2.0 RECOMMENDATIONS AND ACTION PLANNING

This will be achieved by - Ensuring all patients receive multidisciplinary, easily accessible information about the diagnosis and treatment pathway. This should be verbally and supported by documentation. Patients should understand all treatment options recommended by the MDM and be in a position to give fully informed consent.

Timescale - Immediate and ongoing

Assurance - Comprehensive Cancer Pathway audit and Patient experience.

Recommendation 3.

The SHSCT must promote and encourage a culture that allows all staff to raise concerns openly and safely.

This will be achieved by - Ensuring a culture primarily focused on patient safety and respect for the opinions of all members in a collaborative and equal culture. The SHSCT must take action if it thinks that patient safety, dignity or comfort is or may be compromised. Issues raised must be included in the Clinical Cancer Services oversight monthly agenda. There must be action on issues escalated.

Timescale – Immediate and ongoing

Assurance - Numbers of issues raised through Cancer Services, Datix Incidents identified, numbers of issues resolved, numbers of issues outstanding.

Recommendation 4.

The Trust must ensure that patients are discussed appropriately at MDM and by the appropriate professionals.

This will be achieved by - All MDMs being quorate with professionals having appropriate time in job plans. This is not solely related to first diagnosis and treatment targets. Re-discussion of patients, as disease progresses is essential to facilitate best multidisciplinary decisions and onward referral (e.g. Oncology, Palliative care, Community Services).

Timescale - 3 months and ongoing

Assurance - Quorate meetings, sufficient radiology input to facilitate pre MDM QA of images - Cancer Patient pathway Audit - Audit of Recurrent MDM discussion - Onward referral audit of patients to Oncology / Palliative Care etc.

Recommendation 5.

The Southern Health and Social Care Trust must ensure that MDM meetings are resourced to provide appropriate tracking of patients and to confirm agreed recommendations / actions are completed.

This will be achieved by - Appropriate resourcing of the MDM tracking team to encompass a new role comprising whole pathway tracking, pathway audit and pathway assurance. This should be supported by a safety mechanisms from

2.0 RECOMMENDATIONS AND ACTION PLANNING

laboratory services and Clinical Nurse Specialists as Key Workers. A report should be generated weekly and made available to the MDT. The role should reflect the enhanced need for ongoing audit / assurance. It is essential that current limited clinical resource is focused on patient care.

Timescale - 3 months

Assurance - Comprehensive Cancer care Pathway audit - Exception Reporting and escalation

Recommendation 6.

The Southern Health and Social Care Trust must ensure that there is an appropriate Governance Structure supporting cancer care based on patient need, patient experience and patient outcomes.

This will be achieved by - Developing a proactive governance structure based on comprehensive ongoing Quality Assurance Audits of care pathways and patient experience for all. It should be proactive and supported by adequate resources. This should have an exception reporting process with discussion and potential escalation of deficits. It must be multidisciplinary to reflect the nature of cancer and work with other directorates.

Timescale - 3 months

Assurance - Cancer Pathway Audit outcomes with exception discussion and escalation. Data should be declared externally to Cancer Peer Review

Recommendation 7.

The role of the Chair of the MDT should be described in a Job Description, funded appropriately and have an enhanced role in Multidisciplinary Care Governance.

Timescale - 3 months

Recommendation 8.

All patients should receive cancer care based on accepted best care Guidelines (NICAN Regional Guidance, NICE Guidance, Improving Outcome Guidance).

This will be achieved by - Ensuring the multi-disciplinary team meeting is the primary forum in which the relative merits of all appropriate treatment options for the management of their disease can be discussed. As such, a clinician should either defer to the opinion of his / her peers or justify any variation through the patient's documented informed consent.

Timescale – Immediate and ongoing

Assurance - Variance from accepted Care Guidelines and MDM recommendations

2.0 RECOMMENDATIONS AND ACTION PLANNING

should form part of Cancer Pathway audit. Exception reporting and escalation would only apply to cases without appropriate peer discussion.

Recommendation 9.

The roles of the Clinical Lead Cancer Services and Associate Medical Director Cancer Services should be reviewed. The SHSCT must consider how these roles can redress Governance and Quality Assurance deficits identified within the report.

Timescale - 3 months

Recommendation 10.

The families working as "Experts by Experience" have agreed to support implementation of the recommendations by receiving updates on assurances at 3, 6 and 12 monthly intervals.

Recommendation 11

The Southern Health and Social Care Trust should consider if assurance mechanisms detailed above, should be applied to patients or a subset of patients retrospectively.

References:

1. Hoffmann, R., et al. Innovations in health care and mortality trends from five cancers in seven European countries between 1970 and 2005. *Int J Public Health*, 2014. 59: 341.
2. Oliver, R.T., et al. Radiotherapy versus single-dose carboplatin in adjuvant treatment of stage I seminoma: a randomised trial. *Lancet*, 2005. 366: 293.
3. Laguna M.P., et al EAU Guidelines: testicular cancer.
https://uroweb.org/guideline/testicular-cancer/note_127-129 (accessed 26/02/2021)
4. Peer review Self-Assessment report for NICaN 2017
5. Northern Ireland Cancer Network (NICAN) Urology Cancer Guidelines (2016)
6. EAU guidelines for penile cancer: section 6.2.1 (2019)
7. NICE improving outcomes in urological cancer (2002)
8. NICAN Urology Cancer Clinical Guidelines (March 2016), Penile Cancer treatment Section 9.3 (3).

2.0 RECOMMENDATIONS AND ACTION PLANNING



DIRECTORATE OF ACUTE SERVICES

Director: Mrs Melanie McClement

Tel: Personal Information redacted by the USI

ACUTE CLINICAL GOVERNANCE

Date: Friday 9 April 2021

8am Melanie's meeting space. Personal Information redacted by the USI

1.0	<p>Apologies: Clare McGahlie, Barry Conway</p> <p>Attendance Melanie McClements, Patricia Kingsnorth, Damian Scullion, Shahid Tariq, Patricia McCaffery, Ronan Carroll, Philip Murphy, Damian Gormley, Maria OKane, Tracey Boyce, Mary Burke, Anne McVey, Seamus Murphy Erskine Holmes, Gareth Hampton, Aoife Currie, Ted McNaboe, Neville Rutherford Jones, Una Bradley</p>	
2.0	<p>Notes from last meeting</p> <p>Notes from last meeting approved for factual accuracy</p>	
3.0	<p>Chairs business</p> <p>Melanie advised there were two matters arising, one was electronic sign off and one was in relation to the urology SAI.</p> <p>She handed over to Damian Gormley to address electronic sign off</p> <p>Dr OKane – to share the learning from urology SAI</p> <p>Maria to set the scene regarding the learning from the SAI. Important that early learning is out as quickly as can, in particular medical staff working in multidisciplinary teams in a meaningful way. In particular to the management of cancers and the role of the specialist nurse practitioners. Taking it back to ensure there is practical working. To provide safety to the patient and also to provide safety to the practitioner, that staff are aware of the sickest patient. Where there are concerns where clinical staff who don't seem to work within the system that we look at how they can be challenged.</p> <p>There may be some staff who are seen as too important to be challenged. There is a tradition to keep a target of 31 / 62 day targets rather than the quality of care for patients.</p> <p>There is a look back exercise to look at the patients with the DOH/ HSCB to improve patients safety. There are 20 staff trained in SMR and any learning in those cases will be disseminated as soon as possible.</p> <p>If there any concerns about isolation or stress- we need to be sign posting for support.</p>	Dr OKane

Plan will use urology as a test bed for improvement. How can we encourage nursing and medical to do this. Have been in contact with the staff in Belfast regarding the neurology enquiring to get learning. She apologised that she can't provide the details.

Dr TS said this was a good opportunity to look at our processes. This is the opportunity to get the resources and we are looking forward to improving our services. This is a great opportunity and we will take it. Pat - this was review was very surprising about this colleague and how can we assure ourselves that this is not happening in our system. We would need a system of assurance particularly in outpatients to avoid it happening again.

Maria acknowledged this as it is difficult to know, one of the approached from Belfast - they are peer reviewing each other work. A system developed in Social work- monthly take a sample of cases load and discuss it, if there were concerns then they instigate a case review which may not be particularly useful. Randomly take 20 charts and review it. she said she is open to any suggestions to improve this.

Maria advised that she has been in contact with Birmingham about the Patterson's enquiry. Separating out 3 different strands - governance/ revalidation and peer review.

Ted- the key around the MDT- but we need to look at the validity of the MDT as some struggle to get the proper representation on the team - radiology/ oncology and pathology. The regional groups have the proper representation. Local groups have difficulty to look at the proper range of specialities are available for all occasions.

Anne said there is a fine line between clinicians and using evidence based practice. She recalled a meeting from a staff member is working with staff and did we have a proper process on how we can listen to staff were raised concerns and were listened it. she cautioned that we need to manage those concerns and we need to support that challenge when things go wrong.

The audit used in NICAN was not strong enough and we need to develop our own tool to ensure it is robust. To ensure follow advice given to keep the patient safe. The process to quality assure the work.

Ronan made a point- medical working in teams - in NI patients put under the care of one doctor, he offered a suggestion that we would need team job plans to ensure the work is checked by a second consultant to provide checks and balances.

Maria - Recognised there is a importance of continuity of care and how that is shared within the team. she wanted to know how do medical staff get to the point of being comfortable to work within a team.

Seamus liked the point about measuring time standards but less good to measure quality cancer. He referred to rectal cancers and how the services have changed. We are not good at measuring the outcome from those.

	<p>Melanie acknowledged that and said that as we have been on mission that this is not acceptable and will take this opportunity to improve quality care and improve patient safety.</p> <p>Melanie thanked Maria.</p>	
4.0	<p>Electronic Sign off</p> <p>Dr Damian Gormley and Dr Andrew Murdock to discuss electronic sign off.</p> <p>Damian provided update on electronic sign off. We are best in NI regarding electronic sign off. However, we know there were lots of issues discussed last month, Kate's role is missing due to leave and this post will be replaced.</p> <p>Damian- acknowledged a lot of the good work. There is no denominator in the report to look at the percentages. Quite a large number of areas that have a low number of sign off. He acknowledged this doesn't reflect that results are not being looked at. But we don't have assurances that all results are being signed off. He is aware that the NIECR have issues.</p> <p>Abnormal results when patients are discharged are particular risk.</p> <p>Melanie opened the floor for discussion.</p> <p>Gareth said a specialist post would be required to sign off for ED.</p> <p>Pat- said it works reasonably well for inpatients but very difficult for outpatients. The system is very clunky.</p> <p>Damian agreed it is difficult to sign of multiple results, but individually it is easier. Gareth said it is difficult to sign of radiology reports- can be sorted out quickly on paper but electronically results are back later.</p> <p>Philip- process are not robust enough to remove the paper results.</p> <p>Damian advised if there is a robust system then keep going. However there are abnormal results are still not being followed up.</p> <p>He cautioned that were there are electronic sign off these are not being completed despite paperless.</p> <p>Seamus said the system needs improved to be quicker.</p> <p>In preparation for encampass but it is few years away.</p> <p>Damian advised electronic system is the only way to provide assurance.</p> <p>Melanie asked how do we assure ourselves that as some wards are paperless and the electronic results are not signed off - how can be assured the results are actioned.</p> <p>Erskine said that there are still multiple cases of x rays not being followed up. X ray carried out in ED and patient going to the ward. The admitting physician not following up. These need to be followed up. This has been raised before but despite electronic and paper we don't have a good process of dealing with the results.</p>	Dr Gormley

	<p>Damian advised there is a process from radiology but the images are not audited. Particularly from outsources. It is the images that flag up a repeat x ray required. These are the issues.</p> <p>The GP colleagues will not follow up on reasonable requests to deal with these x ray follow up. GP will decline the results. This needs to be agreed. Primary care and secondary care need a better process.</p> <p>Anne said it is also an issue with physician of the week to follow up. Gareth Erskine/ radiologist and Rose/ Frances to address the issues.</p> <p>There is an issue for the patient who move from ED and Inpatient doctors. Melanie asked the operational teams to set up please. Shahid and Barry to follow up also.</p>	
5.0	<p>SAI s</p> <p>IMWH Aoife - OK</p> <p>Aoife presented the case of a patient admitted with prolonged preterm rupture of membranes. Antenatal issues with the clinic management. Midwives escalated concerns which were not followed up by medical team. she becomes septic and suffers an intrauterine death. She is very unwell. The report addresses the concerns in the report. Cultural issues, woman raised concerns which were not listened to. Midwives raised concerns but not listened to.</p> <p>She advised there are long term concerns for the baby when preterm rupture, but you must involve the woman in the discussion and make her totally aware of the issues. This didn't happen in this case.</p> <p>The CTG issue is a long term issue and we have worked very hard to address this. Moving to a computerised system called dawes Redmond.</p> <p>Cultural issues - more concern. Escalation did not result in action.</p> <p>The risks and benefits were not discussed with her.</p> <p>Don't know if the outcome could have been different.</p> <p>The recommendations are good. Human factors quality of ultrasound setting up a preterm labour clinic to tighten up on it.</p> <p>Where woman are admitted of preterm labour should be auditing it in the report.</p> <p>Melanie asked what site it is and have some of the recommendations have been actioned.it occurred on the DHH site.</p> <p>Comments- approved.</p> <p>ED</p> <p>cyp incident will be presented by Ellie McCormick and Phil Quinn</p> <p>Ellie attended to present the report. Summary of the report but reminded it was well presented last month.</p> <p>Baby short history of illness reattended ED three days later. There was a long delay for paed assessment and the baby required a rocky course in ICU.</p>	AMDs/ CD

There report didn't address there were two paediatricians who told the parents that they didn't get antibiotics following a discussion about the provision of antibiotics. This has been added into the report but given may not have done. The doctors could prescribe and give antibiotics and nurses could check. There was some discussion about who can prescribe antibiotics and administration of antibiotics. Phil advised there are safety concerns regarding prescribing and administering antibiotics. Some paedes will do in practice. But not necessarily best practice to prescribe and administer antibiotics. There was also an opinion as to whether nurses should be prepared to give antibiotics. There is a skill mix and if a doctor can run a resuscitation that nurses should given antibiotics. There are good guidelines to support staff to give antibiotics. There is no recommendations to say antibiotics should be given as soon as possible. Mary advised there is an issue with paediatric trained nurses. All nursing staff will give iv antibiotic in the emergency situation. They may not be the best person to give antibiotics. There is specific training that staff were to attend but the CEC had stopped training. She plans to send all the nurses both to have training and be signed off as competencies. This is more difficult.

The issues have been raised more on the DHH ED. It is very much team work. Erskine advised that it can be very difficult if the nurses are not trained. That someone can give antibiotics.

Gareth - was concerned that the wording in the report - the child was under care of ED this was not accurate - the child was in ED under the care of paediatrician.

The report shows the sepsis was missed and ED

Ellie will change that child was in ED as opposed to under the care of ED.

Advice leaflet is a patient safety issue and should give parents good advice.

Maria summed up some issues - patient is the main concerns. She feels the report is a very defensive report and she doesn't know how the child is doing. From a medical point of view is there is no reason why the doctor could not have given the antibiotics. We should put the patient first. The family won't care who give the antibiotics. The clinical decision was made to admit to the ward and there was antibiotics. the Phil cautioned - The patient factors - normal vital signs. He advised that there was no recognition that the child was ill during the day until the night team took over. The decision was only made by the night team when the child was admitted. The antibiotics were given as soon as the child deteriorated. There was a failure to detect the child had sepsis. Gareth said the plan was to give antibiotics at 20:45. The recommendation should be about recognition.

Plan to relook at the report and amend to not approve.

Anne highlighted there is a lack of paediatric trained nurses - perhaps needs to go on the risk register.

Phil doesn't agree that there are any inaccuracies in the recommendations. read out the recommendations.

Not approved until final version brought back.
Thanked Ellie and Phil.

- Gareth

Gareth presented a case of a patient who was admitted with mental health issues and was taken to DHH as opposed to UHD. He was known to the PSNI for carrying weapons. The patient absconded and was escalated to the PSNI call handler who refused to take the call. The phoned back to the PSNI, the patient was found following a self-inflicted wound to the abdomen. Recommendation. There is no guidance re: phoning the police.

The recommendation regarding concealed weapons, who is the recommendation for. This should be a recommendation to interagency to consider not necessarily the health team.

Ted if patients are going to a holding cell in a PSNI station if a patient is going to an ED the PSNI should be doing this as a routine.

The report will be shared with PSNI, change recommendation 1+2 to interagency approach.

- Erskine on behalf of MHD

Erskine present the case of a Personal Information redacted by the USI old patient who develop covid at the beginning of covid outbreak when were only learning about the covid infection.

He discussed the report. The discussed the number of attendances to ED and the rationale to keep him in hospital in view of his x ray results. A DNAR was communicated with the patient's mother and brother regarding the decision not to resuscitate a Personal Information redacted by the USI old man. The DNAR was removed following the mother's providing a solicitors request. Despite efforts this man deteriorated and died.

The recommendations are already changed. 9.1 the patient should have a carer there who knows the patient to facilitate and support the patient. It probably needs reworded. There is an electronic health passport for learning difficulty patients to support their care.

Recommendations are fair enough but they need to be the patient's advocate or family (NOK).

Findings section 6 - is this right from a family perspective, relating to the mother's solicitor letter - how does this look from a family perspective.- this may need to be reworded. We need to look at that the care was amended from a threat from a solicitor.

Damian scullion advised that this case was discussed at len in this was brought up at the regional ethics forum. Anne advised there is a lot of work being done for caring for learning disability.

Report - approve pending removal of section 6 at the

Philip/ Pat

Mark/Ted

6.0 Effectiveness and Evaluation

Patient Safety Report

ADs and
AMDs

7.0 Monthly Acute Governance report

7.1

Complaints Position – (communication and staff attitudes main complaints)

- Current Complaints
- Weekly reopened complaints
-

Open 36 (13 overdue)

Reopened- 23

Ombudsman- 11

8.0	<p>Medicine Incidents</p> <p>Incident Management Position</p> <p>Major Catastrophic</p>	WIT-25468
9.0	Risk Registers – additions, amendments and closures to the governance team.	ADs & AMDs
10.0	Mandatory training	
11.0	Any Other Business	
12.0	<p>Date of Next Meeting:</p> <p>8.00 am Friday 14 May 2021</p> <p>Via zoom link</p>	

Quaile, Hannah

From: Elliott, Noleen <[Personal Information redacted by the USI]>
Sent: 08 June 2020 12:53
To: Campbell, Dolores; Connolly, Maureen; Dabbous, Marie; Dignam, Paulette; Elliott, Noleen; Glackin, Anthony; Graham, Vicki; Gribben, Trudy; Hanvey, Leanne; Hasnain, Sabahat; Haynes, Mark; Holloway, Janice; Hughes, Paul 2; joe o'sullivan; Johnston, Charlene; Kelly, Wendy; Larkin, Bronagh; Loughran, Teresa; Margaret Fleming; McCartney, Rachel; McClean, Gareth; McConville, Richard; McCourt, Leanne; McCreesh, Kate; McCrum, Gillian; McMahan, Jenny; McVeigh, Shauna; Moore, SarahM; ODonoghue, JohnP; O'Neill, Kate; Reid, Stephanie; Robinson, NicolaJ; Shannon, Hilda; Shum, Lin; Troughton, Elizabeth; Turkington, Ann E; Tyson, Matthew; Uprichard, Adam; Ward, Ann; White, Deborah; Williams, Marc; Young, Michael; McKee, Joanne; Burke, Catherine; Carleton, Joy; Cooke, Elaine; Cowan, Anne; Daly, Laura; Hall, Pamela; Kennedy, June; McConville, Carrie; Nugent, Carol; Wortley, Heather; Fowler, Pauline; Henry, Ellen; Hewitt, Janice; Hopps, Caroline; Magee, Lisa; MASSEY, JOANNE; McCann, Nicola G; McDowell, Andrea; OHagan, SineadM; Renney, Cathy; Richardson, Shirley; Smyth, Jenna; Sullivan, Claire; Blair, Lisa; Carson, Lynn; Carville, Gail; Cordner, Jill; Doran, Moya; Elliott, Hazel; Harbinson, Laura; Kearney, Rosie; Lennon, Pauline; Scott, Joanne; Browne, Leanne; Neilly, Claire; Kirkland, Phyliss; Maxwell, Sharon; Smyth, Kate; Tate, Amy; Arava, Shiva; Bennett, Tim; Best, Pauline T; Brown, Jeffrey; Boyd, Kathryn; Browne, Gail; Bunn, Jonathon; Bunting, Helen; Burke, Catherine; Carroll, Ronan; Corrigan, Martina; Carson, Anne; Clarke, Rosemary; Conlan, Enda; Cooke, Elaine; Crockett, James; Cullen, Aidan; Doran, Moya; Jennings, Leon; Doyle, Timothy; Elliott, Hazel; Elliott, Noleen; Epanomeritakis, Manos; Farnon, Cathy; Farnan, Turlough; Fawzy, Mohamed; Gibson, Niall; Gracey, David; Gupta, Nidhi; Haffey, Raymond; Hall, Pamela; Hamill, Marion; Hall, Pamela; Hanvey, Leanne; Harbinson, Laura; Harte, Terri; Heslip, Jennifer; Hewitt, Gareth; Hopps, Caroline; Hughes, Paul 2; Johnston, Dr Linda; Korda, Marian; Kumar, Devendra; Kumar, Susim; Lennon, Pauline; Lewis, Alastair; Lichnovsky, Erik; Lowry, Darrell; Mackle, Eamon; Magee, Lisa; Marmion, Catherine; Martin, Laure; Mathers, Helen; Mathers, Rachel; Maxwell, Sharon; McArdle, Gerarde; McCann, Nicola G; McCaul, David; McClean, Gareth; McConville, Richard; McConville, Yvonne; McCrory, Colin; McCrum, Gillian; McDonald, Neil; McGalie, Clare; McKay, Damian; McKee, Raymond; McKeown, Ronan; McKillop, Derek; McLoughlin, Sandra E; McMurray, David; McNaboe, Ted; McStay, Sarah; Megahey, Lauren; Merjavy, Peter; Milligan, Aaron; Morrow, Michael; Murnaghan, Mark; Murugan, Shanmugam; Neill, Adrian; Nelson, Amie; OBrien, Joanne; O'Connor, Kieran; OHagan, SineadM; Parks, Lorraine; Patton, Sean; Porter, Simon; Rafferty, Lauri; Rainey, Gary; Reddy, Ekambar; Reid, Trudy; Renney, Cathy; Rice, Paul; Richardson, Shirley; Rutherford-Jones, Neville; Scally, Nora; Scullion, Damian; Shah, Rajeev; Shevlin, Claire; Sobocinski, Dr Jacek; Sullivan, Claire; Tariq, S; Watson, Bruce; Weir, Colin; Williams, Marc; Wilson, Lynn; Winter, Colin; Yousaf, Muhammad; Yousuf, Imran; Wortley, Heather; kathy.travers[Personal Information redacted by the USI]; Finlayson Laura <Laura.Finlayson[Personal Information redacted by the USI]> [Personal Information redacted by the USI]; McAlinden, Jacinta; Allen, Elaine; Cummins, Natasha; Donnelly, Claire; Donnelly, Rachel; Donnelly, Siobhan M; Durham, Andrew; England, Susan; Fitzpatrick, Pamela; Garvey, Megan; Gildernew, Ursula; Grossman, Irene; Henderson, Naomi; Johnston, Pamela; Kelly, Mary; Lewis, Fearghal; Little, Margaret; Martin, Niamh; McArdle, SiobhanM; McCarthy, Maura; Megarity, Helena; Murphy, Dympna; Sherry, Ann; Stothers, Wendy; Tennyson, Emma; Wallace, Rebecca; Watson, Jacinta; Wylie, Grace; Beg, Ashfaq; Beshir, Ashraf; Bhat, Shivaram; Bily, Milan; Black, Claire A; Blanton, Geraldine; Boulous, Angel; Boyd, Kathryn; Bradford, Christina; Bradley, Una; Bridgham, Mark; Browne, Leanne; Burke, Mary; Campbell, Jamie; Carroll, Kay; Clinch, David; Collins, Rebecca; Connolly, Mick; Convery, Rory; Cousins, Sarah; Cross, Angela; Culbert, Gillian; Davidson, Fiona; Devlin, Louise; Eltom, Mohamed; Flannery,

To: Daniel; Forbes, Raeburn; Foy, Allister; Gormley, Damian; Graham, Michelle; Gray, Alastair; Haffey, Raymond; Haq, Rizwan; Hedderwick, Sara; Hussain, Mumtaz; Irvine, Claire-Hannah; John, Alexander; Kaneri, Shekhar; Keenan, DeclanX; Kelliher Tsang, Tanya; Kerr, Karen; Khan, Ajmal; Khan, Muhammad; Khilji, Saeed; Khwaja, Salman; Kingsnorth, Patricia; Kumar, Ashish; Lal, Pankaj; Liggett, Nathaniel; Magee, Christine; Magee, Leanne; Maiden, Nicola; McAleenan, Jennifer; McArdle, Jackie; McArdle, Susan; McCaffrey, Patricia; McCauley, Chris; McClelland, Anthony; McConnell, Mae; McConnell, Sharon; McCormick, Michael; McCreedy, Clare; McEneaney, David; McFarland, Marie; McGoldrick, Kathleen; McGrath, Conor; McGucken, Paul; McIntyre, Gemma; McKeating, Cara; McKillop, Derek; McKnight, Karen; McLoughlin, Caroline; McMullan, Eta; McNally, ClaireA; McNicholl, Diarmuid; Menown, Ian; Meredith, Lorraine; Mlodzianowski, Artur; Mohamed, Ismail; Mohamed, Salah; Mohan, Maura; Moore, Michael; Morris, Osmond; Murdock, Andrew; Murphy, Philip; Nicholson, Gail; Polley, Liam; Rahim, Yasir; Reid, Trudy; Robinson, Debbie; Rodzlan Akib, Mohd Radzi; Rowe, Joanne; Savage, Eimear; Sharpe, Peter; Slaine, Delma; Stewart, Roger; Summerville, Alwyn; Tallon, Grainne; Todd, Anna; Vahidassr, Djamil; Walker, Stephanie; Weir, Elaine; Weir, Lauren; Withers, Arlene; Cardwell, David; Brown, Martin; Brown, Robin; Clarke, Chris; Campbell, John; McConaghy, Paul; Douglas, Emma; Jackson, Valerie; Johnston, Elaine; Nelson, Amie; White, Sarah; Nelson, Elaine; Hamilton, Beverley; Green, Andrea; Gibson, Andrew; Craig, David; Rea, Margaret; Donnelly, Brian; Yarr, Dr Julie; White, Laura; Ahmed, Suliman; Salman, Reem; Gilpin, David; Gudyma, Jaroslaw; Thompson, Richard; Leyden, Peter; Magill, Paul; Mclean, Gavin; Rajkumar, Shan; Roberts, Veronica

Subject: Retirement of Mr Aidan O'Brien , Consultant Urologist

Dear Colleague,

I write to inform you that Mr Aidan O'Brien is due to retire at the end of this month after 28 years' service. Aidan was appointed as the first Consultant Urologist in Craigavon Area Hospital on the 2nd of July 1992. He has overseen the growth of the Urology services in this Health Board from its inception.

It is usual to celebrate such an event, but we are currently in trialling and uncertain times. Social distancing advice and event restrictions continue. Unfortunately these features hamper a formal presentation at this time. However we still wish to mark the occasion in some form.

If you wish to send a personal message or card, then this can be forwarded to the Thorndale Unit by the 30th June 2020. We will then amalgamate these for one presentation.

If you would wish to contribute towards a gift, which we intend to present at a later less restrictive time, this donation can be sent to Noleen Elliott, Mr O'Brien's Secretary, Thorndale Unit Craigavon Area Hospital **by the 30th of June 2020**.

Please feel free to pass this on to anyone who has not been included on this mailing list.

Michael Young
Consultant Urologist

And

Noleen Elliott
Secretary to Mr O'Brien
e-mail address: (Personal Information redacted by the USI)
THORNDALE UNIT
CRAIGAVON AREA HOSPITAL



INTERNAL: EXT Personal Information redacted by the USI **if dialling from Avaya phone. If dialling from old phone please dial** Personal Information redacted by the USI
EXTERNAL : Personal Information redacted by the USI

Quaile, Hannah

From: Conway, Barry <[REDACTED]>
Sent: 14 October 2021 13:59
To: Carroll, Ronan; Carroll, Anita; Burke, Mary; Boyce, Tracey; McVey, Anne
Cc: McClements, Melanie
Subject: FW: Evidence gathering - Urology Inquiry
Attachments: Evidence gathering 08 oct 2021 v1 (2) Barry update.xlsx

AD Colleagues,

We met in my Division this morning to take stock on the ask for this week from CCS (all now complete). We have also reviewed what is required by next Wednesday and are working on that. The attached shows what we are working on for next week and what we believe others Divisions need to be looking at.

Any queries let me know.

Thanks, Barry.

From: Glenny, Sharon
Sent: 14 October 2021 12:48
To: Conway, Barry; Quin, Clair; Newell, Denise E; Haughey, Mary; Kennedy, Geoff
Subject: Evidence gathering 08 oct 2021 v1 (2) Barry update.xlsx

This is our update following on from meeting this morning.

Sharon

Quaile, Hannah

From: Carroll, Ronan <[REDACTED]>
Sent: 14 October 2021 14:10
To: Carroll, Anita; McVey, Anne; Conway, Barry; Walker, Helen; Burke, Mary; Boyce, Tracey
Cc: McClements, Melanie
Subject: FW: Evidence gathering - Urology Inquiry
Attachments: Evidence gathering 08 oct 2021 v1 (2) Barry update.xlsx
Importance: High

Our update ... thks to Sharon for her help to us in SEC yesterday

From: Clayton, Wendy
Sent: 14 October 2021 14:06
To: Carroll, Ronan; Scott, Jane M; Ward, Sarah; Glenn, Sharon; Conway, Barry
Subject: FW: Evidence gathering - Urology Inquiry

Thanks for sending on.

Sarah and I are uploading last piece of evidence now. It would be good to meet tomorrow via zoom to agree action plan for next piece of work due.

I will organise a zoom tomorrow at 9:15am after patient flow.

Sharon - I know you are on leave tomorrow so I'll try and catch you today before you go today ☺

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients

Ext: [REDACTED]
Mob: [REDACTED]

From: Carroll, Ronan
Sent: 14 October 2021 14:00
To: Clayton, Wendy; Scott, Jane M; Ward, Sarah
Subject: FW: Evidence gathering - Urology Inquiry

thoughts

From: Conway, Barry
Sent: 14 October 2021 13:59
To: Carroll, Ronan; Carroll, Anita; Burke, Mary; Boyce, Tracey; McVey, Anne
Cc: McClements, Melanie
Subject: FW: Evidence gathering - Urology Inquiry

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Any queries let me know.

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From: Glenny, Sharon

Sent: 14 October 2021 12:48

To: Conway, Barry; Quin, Clair; Newell, Denise E; Haughey, Mary; Kennedy, Geoff

Subject: Evidence gathering 08 oct 2021 v1 (2) Barry update.xlsx

This is our update following on from meeting this morning.

Sharon

Friday 15th October

Wednesday 20th October

Wednesday 27th October

	Document number and Details of Evidence requested	Responsible Directorate	Date Received by Trust Inquiry Team	If NOT available Reasons why	Date sent to Inquiry Team	
	2.d) Staffing structure of Urology services with numbers of each grade of staff and job plans of consultant medical staff and all staff involved in the delivery of urology cancer services and including also secretarial and administrative and specialist nursing staff whether employed in urology or in cancer services – staffing structure of cancer services and job plans where relevant.	Acute				Need one pager which gives staffing structure for cancer services. A4 sheet with organisational structure. Clair has one, but would need updated - managerial and medical structure. Clair to update. Oncologists provided by Belfast, so wont have job plans. Clair - following up on job plans
	2.I) Minutes of Directorate and division governance meetings in the last 5 years;	Acute				Those meetings that are Governance focused.
	2.m) Governance reports in a selection of specialities in the section of the Trust that includes Urology Services;	Acute				Chris, Wendy & Ronan
	2.o) Governance reports from the Cancer Services Department and from any associated and relevant Trust wide services;	Acute				Any Governance meetings that Clair would attend from Regional perspective. Sharing Acute Directorate Governance, Divisional Meetings and Divisional Governance Meetings. Cancer checkpoint, cancer performance meetings, Cancer Ops Meetings, Cancer AD Forum Business oversight only from CCS, clinical reponsibility rests with the service 14.10.21 Cancer performance meeting action notes, checkpoint notes
	2.y) Trust audits on the effectiveness and accuracy of reporting for Cancer standards;	Acute/P&R				Peer Review Process/Reports and Action plans for each
	2.dd) Trust cancer patient satisfaction scores across specialities; and	Acute				Mary & Clair - CPES Audit. Last one in 2018, 2015
	3. A description of the urology service and its links with the other hospitals in the Trust and with more specialist services at Belfast City Hospital.	Acute				Bulk of request sits with Urology. Ronan and Wendy to lead on this one and then Barry & Clair to add to update as required.
	4. A description of the other services required to deliver urology cancer services and their location and links to the Craigavon hospital and the cancer MDTs- specifically oncology, radiology, pathology, radiotherapy and palliative care.	Acute				Peer Review - Description of operational service. Annual Reports.
	6. Details of and all documents relating to: (i) the mechanism by which patient appointments are made; (ii) the mechanism by which follow up appointments are made; (iii) the mechanism for post biopsy discussions; (iv) the operational performance in urology, to include time to first appointment for urgent and non-urgent patients, numbers of follow up patients waiting and average delay to planned follow up; time to operation for urgent cancers, waiting times for diagnostic investigations in urology and radiology; (v) all undated “routine” follow up appointments there are outstanding; and (vi) any and all documents, protocols, etc., setting out the process to be undertaken at, and frequency of, Joint Oncology clinics and the staffing at such meetings, to include attendance and decision making processes.	Acute/P&R				Regional NICAN document for urology services Regional guidelines Delivery of Cancer Services docuement Operational - IEAP SACT Peer Review

	9. The Attendance register of all Urology Services MDMs and all references to MDMs being quorate (or not).	Acute				Trackers
	10. Details of all MDM staffing, in particular including details about scheduling and videoconferencing and frequency of use of same. This should include any documents setting out the process, procedure or protocols as to how such meetings operate. Information provided should include detail on whether presence at MDMs is mandatory or desirable, how the meetings are scheduled in terms of frequency, and whether or not videoconferencing is always available and operable.	Acute				Operational Policy should state how run and quoracy. Mary Haughey
	11. The procedure/documentation governing the mechanism for post MDMs discussions and follow up and any check/balance system in place to ensure such follow ups take place.	Acute				DARO Policy - Anita Tracking Protocol - Sharon Escalation policy
	12. Details, documents or protocols relating to the mechanism of discussion of suitable cases with regional centres, for example, by video-conferencing, and how this is done.	Acute				Sharon - Belfast Trust documents . To link with Ciara Toal
	13. Urology speciality reports, to include but not limited to: <i>(assume 5 yrs until told differently)</i> a) finance; b) operational performance and quality metrics; c) any reports involving clinical effectiveness; and d) safety and patient satisfaction.	Acute				Ronan/Wendy
	14. Detailed description of the responsibility taken respectively by the Urology Services and Cancer Services, to include descriptions and clarifications of the links and reporting between the two and the Trust/Trust Board.	Acute/P&R				Cancer side - Performance reports produce and share. Cancer monthly performance meetings examples. Escalation policy. ?JDs for AMD, CD, MDT chairs
	16. Any and all Protocols or procedures for reporting all radiology results including how all results are communicated.	Acute				Denise - Urgent & incidental findings policy
	17. Any and all Protocols or procedures for reporting all histopathology results including how they are communicated.	Acute				Geoff - same as abpve
	18. Any and all documents relating to the Cancer Services Tracking mechanism.	Acute				Sharon - Tracking & Escalation Policy
	19. Details of and any and all documents relating to the latest Cancer Peer review report overall for the Trust and specifically for Urology Services.	Acute				Last peer review for SACT service in 2019, as well as Urology Peer review
	20. Please provide the following documents: (i) Trust MDT assurance reports in last 3 years; (ii) MDT operational procedures with roles and responsibilities; (iii) Urology MDT minutes for last 3 years – attendance records to be included; (iv) Urology incidents reported through Datix over last 5 years by theme; (v) Reports or records of all issues related to workload pressure in Urology; (vi) Audits against Urology Cancer regional guidelines produced in NI; (vii) Audits against any other local , regional or national guidelines produced in relation to the speciality; (viii) Audits of data completeness for urology cancer database submissions and any other urology databases; and A (ix) Audit of MDT effectiveness in Urology and description of failsafe mechanisms in place to ensure follow up of all actions.	Acute/MDO/CSCG				MDT assurance report does not exist Operational Policy MDT Minutes - cancer tracker Tony - any audits initiated with MDT Wendy - look at any other databases Mary - recent MDT effectiveness Audit
	21. Outline of all staff and staffing resources and communication systems between Urology Services Staff, including medical, nursing, clerical and managerial staff, (setting out the detail in particular of any dedicated secretarial time for both urologists and the Oncology Clinical Nurse Specialist) and the Urology Services nursing staff team.	Acute				Ronan & Wendy, not really Barry & Clair

	23. Protocols or policies applicable to, or a description of access by, clinicians to Trust secretaries by telephone or otherwise.	Acute				Anita	
	24. Reports on compliance with NICE guidance in urology and audits of the use of drugs – specifically antiandrogen drugs and androgen deprivation therapy and comparative data on this latter issue between consultants.	Acute				Chris	
	25. Any and all urology cancer satisfaction scores.	Acute				Wendy & Ronan CPES results - Mary	Mary
	26. Any and all documents and details of any audit of the percentage of urology patients allocated a key worker: (i) for all patients; and (ii) across all consultants.	Acute				Urology CNS have database	
	27. Any and all Reports on Quality improvement initiatives in Urology.	Acute					
	28. Any and all Reports on improvements made as a result of audits in Urology.	Acute					
	35. Minutes of all meetings where concerns relating to Urology Services at the Trust were discussed at any level – those where action was taken and those where it was not.	MDO/Acute/HR/CX/C hair's Office				Ronan & Acute Director, not Barry	
	36. Details of any concerns raised by the Trust externally to bodies with a duty of oversight concerning Urology Services at the Trust and correspondence with these.	MDO/PIT/Acute				Ronan & Acute Director, not Barry	
	37. Description of oversight of cancer services in Northern Ireland and in Trust areas (if applicable).	Acute				Need to describe our role as cancer services in first instance and links to Regional Groups Barry, Clair, Sharon Oncology Stabilisation Plan - may have been something there Peer Review - NICAn developed handbook for cancer service provision in NI. - Mary to check with NICAN.	Clair - following up with Naomi Paper from Barry/Mary on oversight of cancer services
	44. Minutes of any meetings between the Trust and the Cancer Regional or tumour specific site groups, including the <i>Urology Tumour Specialist Group</i> and the <i>NI Cancer Network</i> ("NICAN"), or any other external body with a duty of oversight, where concerns in relation to urology were discussed, and any correspondence relating to this.	Acute				Clair to ask Naomi. Regionally was group set up after last peer review - PIG, Martina attended and should have meetings set up.	
	51. Any and all documents relevant to the communication and escalation of the reporting of issues related to potential concerns about patient care and safety within Urology Services and/or any clinicians, or any correspondence relevant to the USI's Terms of Reference by the Trust: a) internally within the Trust; b) with and between the Department of Health; c) with and between the Health and Social Care Board; d) with and between the Public Health Agency; e) with and between the RQIA; f) with and between the Patient and Client Council; g) with and between any Health Departmental officials/staff; h) with and between the Minister of Health; i) with and between any other Departmental Officials, staff and/or Ministers; j) with and between any political representatives or their staff; k) with and between Mr Aidan O'Brien or his representatives; and l) with or between any patient or family member of a patient or their representatives, to include all documents that directly bear on patient care and safety.	MDO/Acute/CSCG/CX/ Chair's office/PIT					
	54. Any and all documents relevant to the Serious Adverse Incident ("SAI") review process conducted by the Trust in relation to patients treated within Urology Services, to include the establishment of these reviews or any follow up documentation arising out of the review process.	Acute					
	56. Documentary evidence supporting the decision making regarding all steps taken by the Trust in the lead up to, during and subsequent to the SAIs. This should include, but is not limited to: a) All foundational documents, which first identified the need for SAI(s); b) All subsequent documentation which informed the SAI(s); and c) All documentation, including correspondence, etc, generated after and as a result of the SAIs.	Acute				Ronan & Martina	

65. If not already referenced in any documents or information requested previously in this Notice, please provide any and all information and documentation held by the Trust with reference to Urology Services and its clinicians in regards to any: <i>(i) SAls (including historic complaints pre-dating the terms of reference of the USI);</i> <i>(ii) Early Alerts;</i> <i>(iii) Comparative (or any) data held regarding urology clinicians;</i> <i>(iv) Policies regarding the raising of concerns, reporting, incidents log;</i> <i>(v) Local policies within Urology regarding governance;</i> <i>(vi) “Grand Round” meetings or equivalent;</i> <i>(vii) Audits regarding Urology;</i> <i>(viii) Notes, minutes or emails concerning ‘Doctors and Dentists in Difficulty Case Review Minutes’ or equivalent processes referring to any clinician in Urology Services, including Mr Aidan O’Brien;</i> <i>(ix) Letters to patients and various drafts informing the lookback exercises/review;</i> <i>(x) Constituency inquiries / FOI Requests; and Jane/FOI dept</i> <i>(xi) Any and all Departmental/Trust minutes and confidential minutes relating to issues around Urology Services in the Trust, and its clinicians, including Mr Aidan O’Brien</i>					
	Acute/MDO/Comms/H R/ CSCG/PIT				

Quaile, Hannah

From: Carroll, Anita <[REDACTED]>
Sent: 14 October 2021 14:08
To: Conway, Barry; Carroll, Ronan; Burke, Mary; Boyce, Tracey; McVey, Anne
Cc: McClements, Melanie; Adams, Valerie; Robinson, Katherine
Subject: RE: Evidence gathering - Urology Inquiry

Thanks Barry the only one which we are unclear on is no 23

23. Protocols or policies applicable to, or a description of access by, clinicians to Trust secretaries by telephone or otherwise.

We have put on the list of secretaries and which consultant they were aligned to , and advised they would have access within working day and included secretary JD however not sure what is being asked for .

Anita

From: Conway, Barry
Sent: 14 October 2021 13:59
To: Carroll, Ronan; Carroll, Anita; Burke, Mary; Boyce, Tracey; McVey, Anne
Cc: McClements, Melanie
Subject: FW: Evidence gathering - Urology Inquiry

AD Colleagues,

We met in my Division this morning to take stock on the ask for this week from CCS (all now complete). We have also reviewed what is required by next Wednesday and are working on that. The attached shows what we are working on for next week and what we believe others Divisions need to be looking at.

Any queries let me know.

Thanks, Barry.

From: Glenny, Sharon
Sent: 14 October 2021 12:48
To: Conway, Barry; Quin, Clair; Newell, Denise E; Haughey, Mary; Kennedy, Geoff
Subject: Evidence gathering 08 oct 2021 v1 (2) Barry update.xlsx

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Sharon

Quaile, Hannah

From: Conway, Barry <[REDACTED]>
Sent: 14 October 2021 16:22
To: Carroll, Anita; Carroll, Ronan; Burke, Mary; Boyce, Tracey; McVey, Anne
Cc: McClements, Melanie; Adams, Valerie; Robinson, Katherine
Subject: RE: Evidence gathering - Urology Inquiry

Thanks Anita.

Barry.

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Quaile, Hannah

From: Burke, Mary <[REDACTED]>
Sent: 31 August 2021 15:02
To: Campbell, Elaine; Donnelly, Eileen; Holmes, Sharon; McAuliffe, Laura; Smyth, Paul
Subject: FW: NEDS - Inquiry into urology consultant to begin next week

fyi

Mrs Mary Burke
Interim Assistant Director
Acute Medicine & Unscheduled Care

From: Toal, Peter
Sent: 31 August 2021 15:00
To: Mullan, Eileen; Devlin, Shane; OKane, Maria; McClements, Melanie; Magwood, Aldrina; Toal, Vivienne; Morgan, Paul; Donaghy, Geraldine; Leeson, Pauline; McDonald, Martin; McCartan, Hilary; Wilkinson, John; Beattie, Brian; Trouton, Heather; Reid, Trudy; McKimm, Jane; Rogers, Ruth; McDowell, Louise; McVey, Anne; McKeown, Paula M; Wallace, Stephen; Carroll, Ronan; Stinson, Emma M; Burke, Mary; Carroll, Anita; Woolsey, Lynn; Diamond, Aisling; Toner, Roisin; Reid, Cathrine; Conway, Barry; Williamson, Maxine; Ferguson, Dawn; Boyce, Tracey
Cc: McDowell, Louise; McKimm, Jane; Rogers, Ruth; McKeown, Paula M; Graham, Liz
Subject: NEDS - Inquiry into urology consultant to begin next week

Hi,
See attached BBC report re the Inquiry into urology consultant starting next week.
Many Thanks
Peter Toal
Communications Manager
Southern Health and Social Care Trust

Aidan O'Brien: Inquiry into urology consultant to begin next week

The inquiry into the clinical practice of a urology consultant at the Southern Trust will officially start next week.

More than a thousand patients' records were recalled, as a result of concerns about the work of Aidan O'Brien.

Two more expert members have been appointed to the panel and the terms of reference have been published.

A patient recall began in October 2020, after clinical concerns were raised and the health minister announced plans for a public inquiry in November 2020.

The inquiry team will officially begin work on Monday 6 September.

Public inquiries are set up to uncover the truth following scandals or perceived injustices.

They have the power to compel people to give testimony, and gather other forms of evidence.

Christine Smith QC was appointed chair in March 2021.

The Department of Health has announced Dr Sonia Swart, a consultant haematologist, as an expert member of the panel.

Mr Damian Hanbury, a consultant urologist, has been named as an assessor for the inquiry.

In a written statement to the assembly, Health Minister Robin Swann said the patients and families affected remained in his thoughts.

"I would like to again acknowledge the upset, distress and anxiety these matters have caused," he said.

"Patients and families affected and who have concerns are encouraged to avail of the support which the Southern Trust has made available, including the Family Liaison Service and related support services."

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Sent: 31 August 2021 15:00
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Cc: McDowell, Louise; McKimm, Jane; Rogers, Ruth; McKeown, Paula M; Graham, Liz
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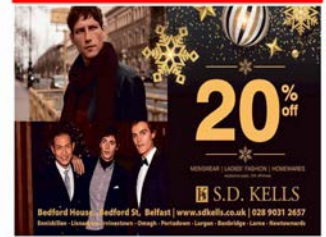
"Patients and families affected and who have concerns are encouraged to avail of the support which the Southern Trust has made available, including the Family Liaison Service and related support services."

Quaile, Hannah

From: Toal, Peter <[REDACTED]>
Sent: 02 December 2021 08:25
To: Mullan, Eileen; Devlin, Shane; OKane, Maria; McClements, Melanie; Magwood, Aldrina; Toal, Vivienne; Donaghy, Geraldine; Leeson, Pauline; McDonald, Martin; McCartan, Hilary; Wilkinson, John; Beattie, Brian; Trouton, Heather; Reid, Trudy; McKimm, Jane; Rogers, Ruth; McDowell, Louise; McVey, Anne; McKeown, Paula M; Wallace, Stephen; Carroll, Ronan; Stinson, Emma M; Burke, Mary; Carroll, Anita; Woolsey, Lynn; Diamond, Aisling; Toner, Roisin; Reid, Cathrine; Conway, Barry; Williamson, Maxine; Ferguson, Dawn; Boyce, Tracey; Gormley, Damian; McCafferty, Colm; Teggart, Catherine
Cc: McDowell, Louise; McKimm, Jane; Rogers, Ruth; McKeown, Paula M; Graham, Liz; McAlister, Monica; Hamilton, Grace; McEntee, John; Murphy, Philip; Hampton, Gareth; Corrigan, Martina
Subject: NEDS update - Irish news - Urology inquiry
Attachments: irish news pub inquiry 2.02.21.pdf

Hi
See attached Irish News article re Mr O'Brien has consented to be actively involved in the Urology inquiry as confirmed yesterday by the Inquiry Chair Christine Smyth QC.
Many Thanks
Peter Toal
Communications Manager
Southern Health and Social Care Trust

Media Source Press Page 13
 Circulation 32,313
 Topic Southern Health and Social Care Trust



Consultant at centre of inquiry will assist probe

SEANIN GRAHAM
 HEALTH CORRESPONDENT
s.graham@irishnews.com

THE consultant at the centre of a public inquiry probing "serious concerns" about the care of urology patients is to assist its work, it has emerged.

More than 1,000 former patients of Mr Aidan O'Brien were recalled last year following an internal investigation by the Southern trust.

Inquiry chair Christine Smith QC yesterday confirmed the retired surgeon has consented to be "actively involved in proceedings", with his legal team appointed to engage with her colleagues.

Ms Smith added that the Department of Health and Southern health trust will be the other "core participants", with legal representatives also in place.

The consultant urologist was based in Craigavon Area Hospital for most of his career and retired in June 2020. He also had an extensive private list.

Health Minister Robin Swann ordered the inquiry last November. It is one of three inquiries into major health service failings, with the

'Serious concerns' saw urology patients recalled

Muckamore Abbey Hospital abuse scandal and Dr Michael Watt probes also continuing.

The inquiry team will probe oversight and governance arrangements in the Southern trust, as well as the escalation of complaints to other bodies including the Department of Health.

In June, *The Irish News* obtained a confidential report which revealed concerns about Mr O'Brien's work went back "possibly decades" - with some patients at risk of "dangerously late" cancer diagnoses.

The Southern trust probe was ordered after it came to light the consultant wasn't 'triaging' or assessing GP referral letters, which he said was "too time consuming". Leaked by an NHS whistleblower, the document revealed he had "over 700" missing GP letters in his filing cabinet in 2016 - which were discovered to contain 30 'red flag' patients. Four of these patients were subsequently diagnosed with prostate cancer.

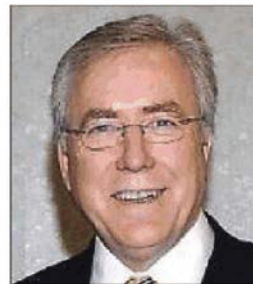
Ms Smith yesterday made a fresh appeal for those affected to get in touch.

She has written to families and is calling on anyone who "considers that they have been impacted" to complete a questionnaire or to contact the inquiry directly.

It is expected that the public hearings will begin next spring - when the Muckamore hearings are also due to commence.

Ms Smith said: "While most of our work relates to issues about governance, I have been acutely aware that at the heart of the matters we need to examine, are those patients and families who have been affected by what occurred in the urology department of the Southern Health and Social Care Trust.

"So, having obtained the details of those families whose cases resulted in the setting up of this inquiry, I wrote to each personally to explain how we were going about our work and inviting them to engage with



INQUIRY: Consultant Aidan O'Brien and Christine Smith QC

the inquiry. At the end of our work, the report to the minister will have to make recommendations about things that we hope will make a difference to improving patient safety.

"To achieve this objective, and in order to make meaningful recommendations, it will be important that the inquiry hears from as many patients and/or families affected as possible.

"It is with this in mind that I would urge anyone who considers that

they have been affected to access the inquiry's website, read my letter and complete the questionnaire to tell the inquiry about their experiences or to contact us directly," she added.

The inquiry chair said she recognised that engagement might be distressing for some individuals.

"I want to reassure those that feel able to help us with our work, that we will treat them and their family sensitively throughout the process."

Quaile, Hannah

From: Global circular <[REDACTED]>
Sent: 09 December 2021 17:15
To: DL_Global_Circular
Subject: Public Inquiry Urology Services



As you may know, a Public Inquiry into Urology Services in the Southern Trust started in September. The Inquiry was announced by the Health Minister in November 2020 and has been set up to examine concerns around the Urology Service provided by the Trust.

Our Lead Director of the Urology Inquiry, Heather Trouton has provided you with this important update.

[READ MORE](#)

Quaile, Hannah

From: Burke, Mary <[REDACTED]>
Sent: 07 January 2022 16:58
To: Greer, Rachel; Campbell, Elaine; Donnelly, Eileen; Holmes, Sharon; McAuliffe, Laura; Smyth, Paul
Subject: FW: REMINDER: EOI Opportunity - Programme Director for Public Inquiry and Trust Liaison – Urology Services Inquiry

Just in case any of you are interested

From: Global circular <[REDACTED]>
Sent: 07 January 2022 16:29
To: DL_Global_Circular <[REDACTED]>
Subject: REMINDER: EOI Opportunity - Programme Director for Public Inquiry and Trust Liaison – Urology Services Inquiry

Dear Colleagues

Closing Date of Programme Director for Public Inquiry and Trust Liaison is Monday 10th January at 4pm

POST: Programme Director for Public Inquiry and Trust Liaison (Urology Services Inquiry) Band 8d

DURATION: 1 year initially

HOURS: Full-time

INITIAL LOCATION: Trust Headquarters, Craigavon Area Hospital

The Job Description and Personnel Specification along with an Expression of Interest form for this post can be found by [clicking here!](#) **(PLEASE NOTE – AMENDED PERSONNEL SPEC)**

In terms of the process to be adopted, in all instances appointment will be on the basis of merit following interview. Consideration of any necessary pre-appointment checks will be complete in conjunction with the Resourcing Team.

How to Express an Interest

Staff wishing to express an interest must complete the 'Expression of Interest' pro-forma and submit it by e-mail to [REDACTED]

NO LATER THAN MONDAY 10TH JANUARY 2022 AT 4PM (EXTENDED CLOSING DATE).

Please note that interviews for this post are scheduled to take place during week ending 14th January 2022.



Job Description

JOB TITLE	Assistant Director of Acute Services - Medicine and Unscheduled Care Division
BAND	8C
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Director of Acute Services
ACCOUNTABLE TO	Chief Executive

JOB SUMMARY

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Medicine and Unscheduled Care Division. He/She will be responsible for the operational management of all specialties in the division. This will incorporate older people's medicine, endocrinology, rheumatology, neurology, gastroenterology, dermatology, cardiology, A&E department, renal services, rehabilitation, discharge team, hospital social services and bed management in Craigavon Area Hospital, Daisy Hill Hospital and other settings as appropriate. He/She will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Delivery Plan and ensure effective multidisciplinary working. He/She will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and service reform initiatives.

As an Assistant Director, the jobholder will be a member of the directorate's senior management team and will therefore contribute to policy development in the directorate and the achievement of its overall objectives.

KEY RESULT AREAS

Service Delivery

1. Lead multidisciplinary teams and oversee the co-ordination of all processes to ensure the delivery of high quality and equitable care to patients in the Trust's medicine and unscheduled care division.
2. Ensure the successful implementation of all DHSSPS, HSSA and commissioning priorities and targets in the division with a particular emphasis on those relating to waiting times and the establishment of agreed treatment schedules.
3. Work closely with senior clinicians and other senior managers in the Trust to secure an appropriate balance between hospital and community based services



Southern Health and Social Care Trust

Human Resource Management Responsibilities

37. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
38. Maintain staff relationships and morale amongst the staff reporting to him/her.
39. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
40. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
41. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
42. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

43. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
44. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
45. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
46. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.



Southern Health and Social Care Trust

Personnel Specification

JOB TITLE Assistant Director of Acute Services
Medicine and Unscheduled Care Division

Ref No: 73211009

February 2011

Notes to applicants:

1. We will not accept CVs, letters, additional pages or any other supplementary material in place of, or in addition to completed application forms
2. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so will result in you not being shortlisted. Please note that whilst the Essential criteria sets out the minimum requirements it may become necessary to make this more stringent by the introduction of other job related criteria as set out in the Desirable Criteria. Applicants are therefore strongly advised to clearly demonstrate how they meet each element of both the Essential AND the Desirable criteria on their application form.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer will be withdrawn.

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form how they meet these criteria. Failure to do so will result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the Interview stage;

ELIGIBILITY

1. Applicants must provide evidence by the closing date for application that they are employed within a Health & Social Care organisation as defined¹

QUALIFICATIONS / EXPERIENCE

2. Hold a university degree or recognised professional qualification or equivalent qualification in a relevant subject² AND have a minimum of 2 years experience in a senior management³ role in a major complex organisation⁴

OR

Have a minimum of 5 years experience in a Senior Management³ role in a major complex organisation⁴

¹ This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

² 'relevant subject' will be interpreted to mean any business, administrative, corporate function or health related qualification

³ 'senior management' is defined as experience gained at Head of Service level or equivalent or above in a major complex organisation

⁴ 'major complex organisation' is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders



Southern Health and Social Care Trust

DESIRABLE CRITERIA – whilst the Essential criteria sets out the minimum requirements it may become necessary to make this more stringent by the introduction of other job related criteria as set out in the Desirable criteria. Applicants should therefore make it clear on their application form how they meet these criteria. Failure to do so may result in you not being shortlisted.

1. Experience in the management of care services within a health and / or social care setting.
2. Experience of Financial Flows in a major complex organisation⁷

PLEASE NOTE:

It is intended that shortlisted applicants will be assessed against the criteria stated in this specification, linked to the qualities set out in the NHS Leadership Qualities Framework. Whilst candidates should be prepared to provide examples of their competence against any of the leadership qualities, particular attention will be given to the following elements;

- Self Management
- Seizing the future
- Drive for results
- Leading change through people
- Holding to account
- Drive for improvement
- Effective and strategic influencing

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out a Protection of Children and Vulnerable Adults check (POCVA) before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trusts Smoke Free Policy

⁷ 'Major Complex Organisation' will be interpreted as per essential criteria 2.



Southern Health and Social Care Trust

behalf of the patient/client and enhancing experiential learning by interfacing with the Acute Service Governance system.

Service Planning and Development

15. Promote innovation and change to underpin the modernisation of the division's services and oversee the implementation of initiatives such as HQS or similar.
16. Assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities.
17. Work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
18. Liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
19. Act as a member of the directorate's senior management team and contribute to its policy development processes.
20. Represent the division and/or directorate in Trust and/or regional planning teams as appropriate.

Financial and Resource Management

21. Responsible for the management of the division's budget and the meeting of all financial targets by each specialty.
22. Ensure the effective implementation of all Trust financial policies and procedures in the division which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.
23. Participate in contract and service level negotiations with commissioners.
24. Ensure the effective management, use and maintenance of all physical assets in the division.

People Management

25. Provide clear leadership to staff within the division and ensure all specialties have a highly skilled, flexible and motivated workforce.

Assistant Director of Acute Services – Unscheduled
Care Band 8C



Quality Care - for you, with you

JOB DESCRIPTION

JOB TITLE	Assistant Director of Acute Services – Unscheduled Care
BAND	8c
DIRECTORATE	Acute
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Director of Acute Services
ACCOUNTABLE TO	Chief Executive

JOB SUMMARY

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Medicine Division. He/she will be responsible for the operational management of all specialities in the division. This will incorporate Emergency Department CAH/DHH, MIU STH, Acute Medicine, Ambulatory Services, Hospital at Night and Patient Flow. He/she will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Corporate Plan and ensure effective multidisciplinary working in the spirit of collective leadership. He/she will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and transformation/service reform initiatives.

As an Assistant Director, the jobholder will be a member of the Directorate's Senior Management team and will therefore contribute to policy development in the directorate and the achievement of its overall objectives.

KEY DUTIES / RESPONSIBILITIES

Service Delivery

1. Lead multidisciplinary teams and oversee the co-ordination of all processes to ensure the delivery of high quality and equitable care of patients in the Trust's medicine division.



2. Ensure the successful implementation of all DOH and Strategic Partnership Planning Group (SPPG - previously HSCB) commissioning priorities and targets in the division with a particular emphasis on those relating to waiting times and the establishment of agreed treatment schedules.
3. Work closely with senior clinicians and other senior managers in the Trust to secure an appropriate balance between hospital and community based services and achieved an integrated approach in reducing inappropriate hospital admissions and lengths of stay.
4. Contribute to the development of robust clinical and professional networks within the division and across the Trust.

Quality and Governance

5. Ensure that the needs of patients and their carers are at the core of how all specialties in the division deliver their services and are in accordance with DOH Quality Standards for Health and Social Care and other relevant requirements.
6. Ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of safe and quality patient care and experience. .
7. Ensure the division complies with all professional, regulatory and requisite standards.
8. Ensure the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
9. Ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
10. Ensure the management of complaints within the division comply with DOH and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.
11. Lead on the implementation of quality improvement methodologies, ensuring that the quality of the patient journey and experience is enhanced and improved.
12. Ensure the Public and Personal Involvement and Health and Wellbeing Strategies are implemented, to continually improve the quality of patient/client experience by involving users in shaping services and improving the health of the Trust's clients/patients.



13. Provide an early intervention service in the management of potential patient/client complaints and dissatisfaction by advocating independently on behalf of the patient/client and enhancing experiential learning by interfacing with the Acute Service Governance system.

Service Planning and Development

14. Promote innovation and change to underpin the modernisation of the division's services.
15. Assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities
16. Work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
17. Liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the DOH and the Trust's corporate and delivery plans.
18. Act as a member of the directorate's senior management team and contributes to its policy development processes.
19. Represent the division and/or directorate in Trust and /or regional planning teams as appropriate.

Financial and Resource Management

20. Responsible for the management of the division's budget and the meeting of all financial targets by each speciality.
21. Ensure the effective implementation of all trust financial policies and procedures in the division, which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.
22. Participate in contract and service level negotiations with commissioners.
23. Ensure the effective management, use and maintenance of all physical assets in the division.

People management



24. Provide clear leadership to staff within the division and ensure all specialities have a highly skilled, flexible and motivated workforce.
25. Work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
26. Ensure that management structures and practices in the division support a culture of effective team working, continuous improvement and innovation.
27. Ensure the effective implementation of all Trust people management policies in the division and the achievement of all relevant targets such as relating to the management of sickness and absenteeism, turnover etc.
28. Ensure the effective management of staff health and safety and support in the division.

Information Management

29. Ensure the effective implementation of all Trust information management policies and procedures in the division.
30. Ensure the division's systems and procedures for the management and storage of information meet internal and external reporting requirements.

Corporate Responsibility

31. Develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.
32. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.
33. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.
34. Adhere to the Trust's Corporate Planning, Policy and decision-making processes as a member of the directorate's senior management team and ensure the Trust's objectives and decisions are effectively communicated.
35. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Managers and professional codes of conduct

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

The Trust supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

1. Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.
2. Ensure access to skills and personal development through appropriate training and support.
3. Promote a culture of openness and honesty to enable shared learning.
4. Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.
5. Adhere to and promote Trust policy and procedure in all staffing matters, participating as appropriate in a way which underpins Trust values.

GENERAL MANAGEMENT RESPONSIBILITIES

- Lead on the development, testing and review of relevant emergency response and business continuity plans to ensure a state of emergency preparedness for the provision of a proportionate, effective response to emergency situations and business continuity issues.
- Lead on and be responsible for the planning, implementation, reporting and all other aspects relevant to the Trust's PPI Strategy within the Directorate. This will include ensuring robust arrangements are in place for active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.
- Lead on and be responsible for the planning, implementation, reporting and all other aspects relevant to the Trust's PPI Strategy within the Division or other sphere of responsibility. This will include ensuring robust arrangements are in place for active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

GENERAL REQUIREMENTS

The post holder will be required to:



1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines



within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

<Insert Date of Development>





Southern Health
and Social Care Trust

Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE AND BAND

Assistant Director of Acute Services
Unscheduled Care Band 8C

DEPARTMENT / DIRECTORATE

Acute Services – Unscheduled Care

HOURS

Ref No:

May 2022

Notes to applicants:

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Qualifications/Registration Experience	1. Hold a University degree or recognised professional qualification or equivalent qualification in a relative subject ² AND have a minimum of 2 years' experience in a senior management ³ role in a major complex organisation ⁴ OR	Shortlisting by Application Form



	<p>Have a minimum of 5 years' experience in a senior management³ role in a major complex organisation⁴</p> <p>2. Have a minimum of 2 years' experience in delivering against challenging performance management programmes meeting a full range of key targets and making significant⁵ improvements.</p> <p>3. Having a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change⁵ initiative</p> <p>4. Have a minimum of 2 years' experience in high level people management</p> <p>5. Have a minimum of 2 years' experience in governance related activity</p>	
Other	<p>6. Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. <i>This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i></p>	Shortlisting by Application Form
<p>7. SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:</p>		
Skills / Abilities	<p>8. Have an ability to provide effective leadership to enable transformation of services.</p>	Interview / Test



	<p>9. Demonstrate evidence of highly effective planning and organisational skills</p> <p>10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.</p> <p>11. Demonstrate effective communication skills to meet the needs of the post in full.</p> <p>12. Have an ability to effectively manage a budget to maximise utilisation of available resources.</p>	

¹This will be defined as one of the following organisations in Northern Ireland – the Regional HSC Board; the Regional Agency for Public Health & Social Well-being ; the Regional Business Services organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

² 'relevant subject' will be interpreted to mean any business, administrative, corporate function or health related qualification

³ 'senior management' is defined as experience gained at Head of Service level or equivalent or above in a major complex organisation

⁴ 'major complex organisation' is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders.

⁵ 'significant' is defined as contributing directly to key Directorate level objectives of the organisation concerned.

⁶ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.

⁷ 'Major Complex Organisation' will be interpreted as per essential criteria 2.

DESIRABLE CRITERIA

SECTION 3: these will **ONLY** be used where it is necessary to introduce additional job related criteria to ensure files are manageable. You should therefore make it clear on your application form how you meet these criteria. Failure to do so may result in you not being shortlisted

Factor	Criteria	Method of Assessment
Experience	<p>1. Experience in the management of care services within a health and / or social care setting.</p> <p>2. Experience of Financial Flows in a major complex organisation⁷</p>	Shortlisting by Application Form



Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at

<http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>.

Particular attention will be given to the following dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.





If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application.

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER



Value	What does this mean?	What does this look like in practice? - Behaviours
Working Together	 <p>We work together for the best outcome for people we support. We work across Health and Social Care with other external organisations and recognising that leadership is the responsibility of all.</p>	<ul style="list-style-type: none"> • I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
Compassion	 <p>We are positive, caring, respectful and understanding of those we care for and support and our families. We listen carefully to others to better understand and take action to help them and ourselves.</p>	<ul style="list-style-type: none"> • I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
Excellence	 <p>We strive to being the best we can be in our work, to improve and develop services to achieve the best outcomes for our patients. We deliver safe, high-quality, person-centred care and support.</p>	<ul style="list-style-type: none"> • I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
Integrity & Honesty	 <p>We are open and honest with each other and act with integrity and courage.</p>	<ul style="list-style-type: none"> • I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times



**JOB DESCRIPTION**

JOB TITLE: Head of Service – Medicine and Unscheduled Care

BAND: 8B

DIRECTORATE: Acute Services

LOCATION: Craigavon Area Hospital

REPORTS TO: Assistant Director of Acute Services – Medicine & Unscheduled Care

JOB SUMMARY

- The Head of Service is accountable to the Assistant Director of Acute Services – Medicine & Unscheduled Care (M&UC) for the leadership and direction of staff within the relevant specialities.
- The post holder has overall responsibility for the operational management of the services (CAH site), to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.
- Areas of responsibilities will include:
 - General medicine and medical specialties (CAH – Unscheduled and Elective Services)
 - Medical wards – CAH
 - Day Clinical Centre - CAH
 - Emergency Department – CAH
 - Minor Injuries Unit – STH
 - Emergency Dental Clinic – CAH
- The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The postholder will also be responsible for identifying and implementing BCBV initiatives within their area of responsibility.
- The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.
- The post holder will provide Managerial Leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.
- The post holder will work in collaboration with the Lead Clinician(s) and Lead Nurse(s) and develop a team approach to the clinical services for which they are accountable.
- The post holder will work in collaboration with the Head of Service – Medicine and Unscheduled Care, Daisy Hill Hospital Site, to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

KEY RESULT AREAS**Service Delivery**

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s).
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.
12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints
14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency applying the principles of lean. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through.

Quality

1. Ensure that the needs of the patients and their carers are at the core of the way M&UC deliver their services.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Lead Clinician(s) to ensure that M&UC services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation within M&UC.
5. Establish and maintain clear systems and processes for accountability and performance management within M&UC.
6. Monitor and support the use of clinical guidelines and protocols for staff within the M&UC.
7. Ensure public involvement of users and carers in the planning of services within the M&UC.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Lead Clinician(s).
9. Participate in quality initiatives such as eg: Investors in People and any relevant Charter standards.
10. Work in partnership with the Lead Clinician (s) to ensure robust clinical governance and risk management systems are in place within M&UC ensuring corrective action plans are developed and implemented.
11. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

Strategic Planning and Development

1. Support to Assistant Director Medicine & Unscheduled Care with the development of the strategic plan for the delivery of Medicine & Unscheduled Care services in line with regional, Ministerial and HSCA priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

Financial and Resource Management

1. Manage the M&UC budget and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. Lead the achievement of cash releasing schemes within M&UC for relevant specialties.

4. With the support of the Lead Clinician(s) to review demand and capacity within M&UC utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
5. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
6. Ensure the effective use of equipment and facilities within M&UC to optimise patient care and service delivery.
7. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

People Management

1. Provide clear leadership to M&UC staff and ensure that highly skilled and motivated staff support M&UC where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within M&UC, as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within M&UC.

Corporate Management

1. Assist with Trust's corporate planning by supporting the Assistant Director, Acute Services – M&UC.
2. Develop and maintain working relationships with other General Manager colleagues and to ensure achievement of M&UC objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure M&UC effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

Leadership

1. Lead the operational management within M&UC ensuring priorities meet objectives
2. Provide leadership to staff within M&UC to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all M&UC policies are operationalised appropriately and proportionately.

4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across M&UC.
6. Ensure the development of robust mechanisms for consistent communication with M&UC staff to enable them to influence the health agenda.
7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

Monitoring and Reviewing Performance

1. Responsible for developing robust performance indicators within M&UC, translating regional indicators/targets into speciality targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for M&UC, ensuring financial balance is achieved.
3. Manage M&UC inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the M&UC strategy or objectives
5. Ensure the M&UC plans are in place to monitor achievement against corporate objectives, eg: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across M&UC to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within M&UC.

General Management Responsibilities

1. Participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiative, where appropriate, further training
2. Ensure that the review of performance identified above is performed for all levels of staff within the postholder's remit of responsibility in accordance with the Trust Board's policy
3. Maintain good staff relationships and morale amongst the staff reporting to him/her

4. Review the organisational plan within the postholder's remit of responsibility and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate
5. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for the outputs of the relevant services within the postholder's remit of responsibility.
6. Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust
7. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust
8. Promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility
9. Ensure that the principle of public participation is adhered to through commitment to involving service users, their carers and the wider public in all decision making that affects them as individuals or as a community through a range of consultation processes
10. All staff have a responsibility to ensure that a high standard of cleanliness is maintained throughout Trust facilities as this is essential for the delivery of Health and Social Care Services.

GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:-

- At all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them

October 2010



PERSONNEL SPECIFICATION

JOB TITLE: Head of Service – Medicine and Unscheduled Care

BAND: 8B

DIRECTORATE: Acute Services

Knowledge, skills and experience required:

- Hold a University degree or relevant professional qualification and have worked for at least 2 years in a senior management role¹

OR

Have worked for at least 5 years in a senior management role*

AND

- Delivered against challenging performance management programmes meeting a range of key targets and making significant² improvements.
- Possess excellent communication and interpersonal skills with a proven track record of having worked with a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes for a minimum of 2 years within the last 6 years.
- A proven track record of people management, governance and organisational skills for a minimum of 2 years within the last 6 years.
- Hold a full current driving license valid for use in the UK and have, on appointment, access to a car³

¹*"senior role" is defined as experience gained as Head of Service, Team Manager or Team Leader or equivalent.

²"significant" is defined as contributing directly to key corporate objectives of the organisation.

³ this criterion will be waived in the case of applicants who are prevented from driving due to a disability, providing the applicant can organise suitable alternative arrangements in order to meet the requirements of the post in full.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the Expression of Interest form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at nhsleadershipqualities.nhs.uk.

Particular attention will be given to the following:

- Self Belief
- Self Management
- Seizing the future
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

Informal and confidential enquiries about the post may be made to Mr Barry Conway, Assistant Director of Medicine & Unscheduled Care (Acting) on Personal Information redacted by the USI

The Trust is an Equal Opportunities Employer



Southern Health
and Social Care Trust

JOB DESCRIPTION

JOB TITLE	Lead Nurse
BAND	8A
DIRECTORATE	Acute Services
INITIAL LOCATION	Daisy Hill Hospital
REPORTS TO	Head of Service Medicine
ACCOUNTABLE TO	Assistant Director

JOB SUMMARY

The Lead Nurse will be responsible to the Head of Service for the operational and professional nursing management and leadership within the Division. The Post holder is expected to function at a senior level providing visible, professional nursing leadership, support and direction to ensure safe patient centered care and will proactively manage, lead and provide solutions to resolve complex operational issues working with Ward Sisters/Charge Nurses, Patient Flow team & Heads of Service including the lead for nursing workforce, education, training and development and governance.

He / She will be responsible for ensuring the standards of nursing practice throughout all relevant specialities are at the required professional standard ensuring that safe, high quality clinical services are delivered and will lead on programmes of improvement related to implementing and sustaining Regional Nursing Quality Indicators (NQIs).

As the Lead Nurse you will work with the entire Multi- disciplinary team (MDT) to optimize patient experience and outcomes of care through service and workforce efficiency, productivity and effectiveness. The Post holder will be expected to contribute to strategic direction and policy setting for the nursing within their Division.

KEY DUTIES/RESPONSIBILITIES**Service Delivery**

1. Assure the highest standards of clinical care by the provision of management & leadership for nursing staff, patients, relatives, carers and visitors.
2. Lead and develop excellent patient care through continuous review of evidence based clinical standards, policies & standard operating procedures.
3. Create a strong patient focused team, embedding the regional patient/client experience standards (Respect, Attitude, Behaviour Communication, Privacy and Dignity), that challenges organisational and professional barriers and boundaries.
4. Develop a culture that is flexible and positive to change, where staff feel valued and where opportunities are actively created for individuals to maximise their potential and excel.
5. Promote a learning environment for staff, ensuring that the education, training and developmental needs of staff are reflected in the annual Education Commissioning, appraisal and PDP processes.
6. Promote a culture, which is underpinned by honest, open communication and team working across disciplines
7. Participate in clinical and professional networks across acute hospital sites within the Trust.
8. Contribute to the development and implementation of the nursing strategy as agreed by the Executive Director of Nursing.
9. Lead the effective implementation and ongoing monitoring of regional quality and operational initiatives
10. Provide advice, guidance, support and professional leadership to Ward/Department Sisters/Charge Nurses, Nurses, Specialist Nurses, the Patient Flow Team and Support Workers, demonstrating a responsible attitude in order to promote confidence in the service.
11. Ensure close collaborative working with the patient flow team to deliver on the regional performance standards for unscheduled and elective care

12. Responsible for the monitoring of clinical standards including observations of care provision e.g. all NQI's thus providing an assurance to senior management.
13. Support the effective implementation of environmental cleanliness standards. Ensure staff have a clear understanding of the care and environmental standards they are expected to be maintained, taking prompt action to rectify any non-compliance.
14. Support the process for monitoring patient experience and assist to implement actions in the light of patient feedback, thus achieving a high level of patient satisfaction.
15. Act as mentor/coach to enhance the performance and capability of staff through formal and informal interactions, provide constructive feedback to staff, supporting them to develop enhanced skills and ability.
16. Ensure that all decontamination requirements are met and adhered to in all Trust services under your span of control.
17. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services

Quality/Governance

1. Take personal responsibility for individual professional growth, development & revalidation. Maintaining clinical competence and credibility within nursing practice
2. Support the Head of Service in the effective and efficient management of clinical services.
3. Work to foster and develop an environment where nurses are valued and in adherence with the NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics. Ensure effective record keeping and documentation in line with NMC Guidelines.
4. Ensure systems are in place that ensures that staff keep up to date with current developments regarding patient care.
5. Ensure staff maintain confidentiality at all times, including the storage of

- records and the transfer of verbal and written information.
6. Ensure effective communication systems are in place to support programmes of care and, or care pathways.
 7. Assist the Head of Service in the effective implementation of ;
 - (I) robust induction and development review/ appraisal programmes
 - (II) clinical supervision framework
 - (III) preceptorship programmes for newly appointed nursing staff.
 8. Establish and maintain clear systems and processes for accountability for staff.
 9. Monitor and support the use of appropriate clinical governance policies, guidelines, and protocols for staff, reviewing and monitoring compliance, specifically to support the Trust's policy and procedures for dealing with complaints, clinical incidents and serious adverse incidents
 10. Assist the Head of Service with co-ordinating the response to complaints prior to submission through line management structures.
 11. Review nursing issues arising from complaints about services provided ensuring that appropriate action is taken; lessons are learnt and reflected in practice.
 12. Work with the infection control team and clinical colleagues, monitor infection control rates and take forward those actions and changes necessary to prevent and minimise hospital acquired infections
 13. Ensure systems are in place for the procurement, safe use. Storage, maintenance, decontamination and disposal of medical devices and other equipment.
 14. Support the Head of Service to ensure that the service complies with the requisite controls assurance standards with particular reference to decontamination, medicines management, environmental cleanliness, infection control and management of medical devices.
 15. Ensure control robust systems are in place to assure the Executive Director of Nursing that all nurses have current registration with NMC
 16. Ensure that all recommendations arising from RQIA inspections are acted upon and implemented in a timely manner.

Leadership & Setting Direction

Provide highly accessible, approachable and visible professional nursing leadership and operational management support to Ward Sisters/Charge Nurses, ensuring clinical services develop in line with evidence based practice.

1. Act as a role model inspiring and empowering nurses to implement new ways of working
2. Ensure efficient and appropriate professional development and succession planning are in place for nursing staff.
3. Support the Head of Service in the development of the directorate policies and to contribute to the development of Trust policies where appropriate.
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.
6. Assist the Head of Service with service development proposals and business cases as related to nursing.
7. Deputise for the Head of Service

Development and Innovation

1. Promote and facilitate the implementation of the Trusts Personal Performance and Development Review.
2. Support the management structures and practices to ensure a culture of effective team working, continuous improvement and innovation
3. Lead the annual training needs analysis for nurses in all relevant Specialities.
4. Participate in the recruitment and appointment of staff in accordance with Trust policy.
5. Actively promote new ways of working and models of service delivery to

improve services for patients.

In conjunction with the Head of Service, promote innovation and change to underpin the modernisation of services with a view to re-profiling across the Trust where necessary

Strategic Planning and Development

1. Support the Service with the development of the strategic plan for the delivery of facilities within the Acute Services Directorate on behalf of Director of Acute Services, in line with regional strategies, Ministerial and HSCA priorities.
2. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
3. Work with members of relevant teams on the innovative development of new and existing services.
4. Challenge the status quo in the planning and delivery of all relevant clinical services.

Financial and Resource Management

1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise
2. In conjunction with the Head of Service critically assess workforce, skill mix and explore options to create new roles within financial constraints.
3. In conjunction with the Head of Service monitor the use of bank and agency staff and ensure that the Trust policies for bank and agency use are implemented
4. Assist the Head of Service to ensure systems are in place for procurement, maintenance and replacement of all medical devices
5. Assist in the management of services and budget and ensure financial targets are met.
6. Assist with identification of cash releasing schemes and meet financial savings as outlined by Director of Acute Services.

People Management

1. Provide clear and strategic leadership to staff and ensure a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Support the Head of Service in the development and implementation of workforce modernisation initiatives within clinical services.
3. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required.
4. Encourage a culture that allows staff to maximise their potential, ensuring that they are able to contribute to the Trust Corporate strategy.
5. Ensure full engagement of all professional staff working in areas of responsibility.
6. Ensure staff are led and managed within agreed Policies and procedures.
7. Manage staff performance and action accordingly.
8. Ensure the Trust's sickness absence policy is implemented within the services and establish an effective mechanism for regularly monitoring levels of sickness and absence, taking corrective action where necessary.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organizational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.

5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

Corporate Management

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Acute Services Directorate objectives and decisions are effectively communicated.
2. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Directorate effectively discharges its functions.
3. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients,

corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

**PERSONNEL SPECIFICATION**

JOB TITLE Lead Nurse Medicine and Scheduled Care

DIRECTORATE Acute

BAND 8a

HOURS 37.5 per week

Ref No:

Notes to applicants:

1. *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the Interview stage;

1. Applicants must provide evidence by the closing date for application that they are employed in a Health & Social Care Organisation, Northern Ireland.
2. Currently a Registered Nurse Level 1, (Adult) on the Live NMC Register.
3. Hold a university degree or equivalent and worked for at least 2 years in a Senior role¹

OR

Have worked for at least 5 years in a senior role¹

AND

4. Have a minimum of 2 years' experience in staff management
5. Have a minimum of 1 years' experience in a lead role delivering objectives Which have led to a significant² Improvement in Service.
6. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change in initiative.
7. Hold a full current license valid for use in the UK and have access to a car On appointment³.

The following are essential criteria which will be measured during the interview stage.

8. Have an ability to effectively manage a delegated budget to maximize utilisation of available resources.
9. Have an ability to provide effective leadership.
10. Demonstrate evidence of highly effective planning and organisational skills
11. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.
12. Demonstrate a commitment to the provision of high quality and safe Services with an ability to drive a culture of continuous improvement.

¹ "senior role" is defined as experience gained at Band 7 or above

² Significant' is defined as contributing directly to key Directorate objectives

³ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at nhsleadershipqualities.nhs.uk.

Particular attention will be given to the following:

- Self Belief
- Self Management
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend a Health Assessment

All staff are required to comply with the Trust Smoke Free Policy



Quality Care - for you, with you

JOB DESCRIPTION

JOB TITLE	Lead Nurse / Specialty Manager, Nephrology
BAND	
DIRECTORATE	Acute Services
INITIAL LOCATION	Daisy Hill Hospital
REPORTS TO	Head of Service, Specialist Medicine
ACCOUNTABLE TO	Assistant Director of Acute Services – Medicine and Unscheduled Care

JOB SUMMARY

The Lead Nurse for Nephrology and Renal Services will be responsible for operational and professional management and Leadership within the Nephrology Service. The post holder will function at a senior level providing visible professional leadership, support and direction to ensure safe patient centred care for all patients using the Service. He/She will be responsible for ensuring that standards of clinical practice are at the required professional standard to ensure safe high quality care whilst constantly endeavoring to develop and improve programs of care.

He/She will promote and establish innovative clinical practice tailored to meet the changing needs of the patient/client population.

The post holder will empower clinical staff at all levels and promote an ethos of continuous development to deliver high quality renal Services for patients. The post holder will be a key member of the multidisciplinary team ensuring that the processes of quality assurance, change management and service improvement are embedded in the culture of the Department.

The Post holder will represent Nephrology and Renal Dialysis Services within the Acute Sector and work in partnership with the Head of Service and Lead Consultant, to deliver Renal Services within the Southern Trust.

The post holder will represent Nephrology and Renal Dialysis Services at a regional, National and International level. The post holder will contribute to strategic direction and policy setting for the Nephrology Service.



The post holder will demonstrate autonomous progressive thinking to optimize and develop service provision within the Nephrology Service and Acute directorate.

KEY DUTIES / RESPONSIBILITIES

Service Delivery

1. Lead and develop excellent patient care through continuous review of evidence based clinical standards, proven research and ensure these are within an agreed framework incorporating policies, protocols and procedures.
2. Be responsible for the professional Leadership and standards of clinical practice in the Haemodialysis Unit, Home Therapies Service and Renal Outpatient service.
3. Provide expert advice, guidance, support and professional leadership to the Home Therapies Department, the Haemodialysis Unit and Renal Outpatients' staff including Specialist Nurses, team leaders, staff nurses and HCAs demonstrating a responsible attitude in order to promote confidence in the service.
4. Work in collaboration with microbiology and the infection control team to develop and implement strategies and protocols to reduce the risk of HAI in a very complex immuno-compromised patient cohort. This area requires continuous development and innovation.
5. Monitor and review patient pathways to ensure that clinical outcomes are achieved by all levels of clinical staff, medical, nursing, dietetics, pharmacy and implement strategies/ measures to address any shortfalls.
6. Formulate and review Renal Service Contracts in collaboration with procurement services including construction of Renal Service Tenders and represent the Trust in Regional tender processes.
7. Establish collaborative relationships with external stakeholders in the public, private and voluntary sectors to ensure the service is recognised as a facility of excellence.
8. Be accountable for the recruitment development and management of nurse practitioners and specialist nurses who provide patient treatment plans, ensuring care is in line with agreed protocols / pathways and guidelines (drawn up by the post holder) specific to the needs of the patients using the Nephrology and Dialysis Services
9. Actively develop leadership and management skills in specialist renal nurses to encourage and promote succession management.
10. Organize and oversee regular periodic MDT review of service needs and issues through the clinical governance forum



11. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services.
12. Act on own initiative and discretion and ensure that all Nephrology and Dialysis clinical resources are effectively managed, ensuring its nursing workforce is fit for purpose and meets the need of the service and patients, identifying priorities as necessary and adjusting the skill mix as required
13. Lead the development and implementation of professional policies related to the Nephrology and Renal Dialysis specialty.

Quality/Governance

1. Work to foster and develop an environment where nurses are valued and working within the NMC (2014) Code of Professional Conduct including effective record keeping and documentation in line with NMC Guidelines.
2. Compile and maintain a Risk Register incorporating generic clinical and non-clinical risks in the ward / department as per HSC Trust policy.
3. Promote a culture of research and evidence-based practice within the ward / department to enhance person-centred care.
4. Act as a change agent, developing clinically effective practice through the effective utilisation and integration of evidence within the role of expert practitioner.
5. Lead and oversee the process of continuous performance review within nephrology nursing including clinical supervision, appraisal, probationary reporting and revalidation.
6. Lead and develop preceptorship and induction programmes for all new staff in a specialist area ensuring that nursing staff gain the required generic and specialist skills with full comprehensive training and competency assessment for all bands of staff
7. Organise and ensure mandatory training is achieved and monitor percentages of staff trained. Work with the head of service to identify and address any shortfalls in training provision and offer innovative solutions to achieve and maintain personal development opportunities.
8. Maintain clinical competence and be an expert role model, inspiring all clinical staff with vision and value and providing an expert level of advice and support to all clinicians.
9. Review national Renal Dialysis and Transplantation guidelines/ clinical practices ensuring up to date practice and compliance with clinical governance structures



10. Ensure high standards of governance are met for all areas of responsibility ensuring that systems are in place to identify and minimise the exposure to risk within the Nephrology and Renal Dialysis Service SHSCT wide.
11. Take a lead on benchmarking services regionally and nationally, ensuring that objective assessment is undertaken and action plans are developed which effectively improves patient care across the Nephrology and Renal Dialysis Service.
12. Investigate clinical incidents, SAs, near misses and complaints in order to ensure corrective action is taken and subsequent learning is disseminated throughout the service.
13. Monitor and review clinical outcomes and patient satisfaction to ensure care complies with the agreed patient management pathways / protocols and that the expected individual patient care outcomes have been achieved to British Renal Association guidelines and standards.

Strategic Planning and Development

1. Work with the HOS in the production and of the development of the strategic plan for the Specialty, in line with regional strategies, Ministerial and HSCA priorities
2. Assess dialysis and nephrology trends and identify appropriate resources to meet demand.
3. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
4. Collaborate with colleagues at a regional and national level to develop strategies and planning of future dialysis pathways, training and standardised working and protocol development using shared "Emed" IT system.
5. Collaborate at a national level to provide cross border dialysis services and associated care within the CAWT initiative.
6. Represent SHSCT on regional and national Nephrology working groups i.e Regional Renal Nurses Practice Development Group and VASBI.

Financial and Resource Management

1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise.



2. Monitor and manage nursing staff budgets ensuring service delivery within the various renal services, in unit haemodialysis, HDU haemodialysis, Home therapies and
3. Nephrology outpatient service, including the use of overtime and bank staff as required to meet the demands of the service.
4. In conjunction with the Head of Service, critically assess workforce and skill mix and explore options to create new roles within financial constraints.
5. Ensure that nurse rostering meets service demands, is safe and is cost effective and adheres to Trust guidelines
6. In conjunction with the Head of Service monitor the use of agency nurses and bank nurses and ensure that the Trust policies aimed at reducing expenditure are implemented within the specialty.
7. Discuss and review job plans with Lead Consultant to meet the needs of the service
8. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise the delivery of effective dialysis and nephrology services within budget i.e. R/v of HD schedules, optimization of virtual clinics, optimization of resources to provide effective "one stop" clinic visits. Effective use of pharmaceutical budget including ESA and TPA.
9. Be responsible for staff skills development with effective and efficient deployment of same across the Nephrology and Dialysis service.
10. Be Responsible for the physical resources within the specialty, managing a designated budget with responsibility to sign off expenses for equipment, stock and non-stock via electronic processes in use across the Trust.
11. Actively support the Head of Service with the achievement of access, governance and finance targets and other relevant management and service initiatives.

Development and Innovation

1. Assess dialysis and nephrology trends and identify appropriate resources to meet demand.
2. Work in collaboration with the directorate team to plan and develop/expand services for nephrology within the Southern Trust
3. Use forward thinking and planning to identify and address training/skills deficits for future direction of service.



4. Liaise closely with Head of service to develop training needs analysis and the annual post registration commissioning plan for the service.
5. Participate in clinical and professional networks across acute hospital sites both within and outside the Trust and influence future service developments regionally.
6. Think innovatively and challenge existing methods in the planning and provision of all renal services.
7. Work with the Planning department in assisting with writing of investment proposal templates for all investment requirements in Nephrology i.e. 1. Proposed extension to existent renal unit. 2 .Expansion of Renal Outpatients and Home Therapies Nursing services. 3. Dialysis provision in CAH

People Management

1. Provide clear and strategic leadership to staff and ensure the Nephrology and Dialysis Services has a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Develop a culture that is flexible and adaptive to change, where nurses feel valued and where opportunities are actively created for individuals to maximise their potential and excel in the provision of innovative clinical practice.
3. Ensure Nurse Practitioners, Specialist nurses and other staff members are supported in their decision-making and are responsible for leading and managing their areas of clinical responsibility.
4. Act as mentor/coach/expert practitioner to enhance the performance and capability of nurses through formal and informal interactions, provide constructive feedback to nurses and support and enable them to develop increased skills and ability
5. Promote the development and implementation of workforce modernisation initiatives within your clinical services supporting the HOS in gaining management/ commissioning support for these initiatives.
6. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required
7. Facilitate New Medical staff induction and training needs i.e. Establishment of Induction programme to incorporate roles and responsibilities and clinical skills competencies to ensure safe practice and aid professional development, in partnership with lead Consultant to manage and resolve any issues in staff performance
8. Facilitate all staff with the opportunity to gain expert advice in relation to the performance of clinical research within the specialty



Corporate Management

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Directorates objectives and decisions are effectively communicated within the specialty.
2. Provide lead role in development of Trust policy and strategies in respect of Renal Services
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the specialty is recognized as a facility of excellence.
4. Contribute to the Trust's overall corporate governance processes to ensure the specialty assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
5. Produce statistical information for Department for submission to Trust and DOH including PFA renal access and HD activity.

Leadership

1. Provide effective, accessible, approachable and visible professional leadership and operational support to Team Leaders within Nephrology ensuring clinical services develop in line with evidence based practice.
2. Ensure an effective and appropriate professional development programme for nursing staff with particular emphasis on succession planning
3. Act as a role model inspiring and empowering nurses to think creatively, challenge current practice and implement new ways of working i.e. continuing modification and redesign of the Therapy Monitor Interface and Emed records system software to meet the needs of patients and the Trust
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.



HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

The Trust supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

1. Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.
2. Ensure access to skills and personal development through appropriate training and support.
3. Promote a culture of openness and honesty to enable shared learning.
4. Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.
5. Adhere to and promote Trust policy and procedure in all staffing matters, participating as appropriate in a way which underpins Trust values.

RAISING CONCERNS - RESPONSIBILITIES

1. The post holder will promote and support effective team working, fostering a culture of openness and transparency.
2. The post holder will ensure that they take all concerns raised with them seriously and act in accordance with the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and their professional code of conduct, where applicable.
3. The post holder will, in the event of a concern being raised with them, ensure that it is managed correctly under the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and ensure feedback/learning is communicated at individual, team and organisational level.

PERSONAL AND PUBLIC INVOLVEMENT RESPONSIBILITIES (PPI)

- Promote and support the implementation of the Trust's PPI Strategy and ensure all staff are aware of their responsibilities as appropriate to their job role.



GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom



he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.





Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE AND BAND Lead Nurse / Specialty Manager, Nephrology

DEPARTMENT / DIRECTORATE Acute Services

SALARY

HOURS 37.5

Ref No: <to be inserted by HR>

<Month & Year>

Notes to applicants:

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA		
SECTION 1: The following are ESSENTIAL criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.		
Factor	Criteria	Method of Assessment
Experience	1. Have a proven track record of making significant improvements to service delivery	Shortlisting by Application Form
	2. A proven record of people management, governance and organizational skills.	
Qualifications/Registration	3. Be registered on NMC register Part 1 or 12	Shortlisting by Application Form



	<p>4. Have a university degree or equivalent and worked for at least 3 years in a senior role in a nephrology setting* OR Have worked for at least 5 years in a senior role in a nephrology setting*</p> <p>5. Hold a post registration qualification in Renal Nursing, i.e. Specialist Practice qualification, Full Renal Course or ENB 136</p>	
Other	<p>6. Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. <i>This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i></p>	Shortlisting by Application Form
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	<p>7. Have an ability to effectively manage a delegated budget to maximize utilisation of available resources</p> <p>8. Have an ability to provide effective leadership.</p> <p>9. Demonstrate evidence of highly effective planning and organisational skills</p> <p>10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.</p>	Interview

**senior role – is defined as experience gained at Band 7 or above*

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>. Particular attention will be given to the following dimensions:



- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER





Southern Health
and Social Care Trust

JOB DESCRIPTION

JOB TITLE	Head of Acute Social Work
BAND	8b
INITIAL LOCATION	Based in Cragavon Area Hospital with regular travel required to Daisy Hill Hospital
DIRECTORATE	Acute
REPORTS TO	Assistant Director of Medicine and Unscheduled Care
ACCOUNTABLE TO	Director of Acute Services

JOB SUMMARY

The post holder will be responsible to the Assistant Director of Medicine and Unscheduled Care for delivery of high quality social work services to the Acute Services Directorate. The post holder will fulfil a professional management role, providing operational and professional management for social work staff within the Division of Medicine and Unscheduled Care.

The post holder will also be the lead social work professional for the Protection of Vulnerable Adults within the Acute Service Directorate.

The post holder will ensure the objectives of the Trust's Delivery Plan for Medicine and Unscheduled Care are successfully implemented through effective multidisciplinary working and the provision of an effective, efficient and flexible social work services. He/she will provide clear professional leadership to all staff across the Trust area working in Acute Hospital Social Work within Acute Services Directorate. This will cover all acute hospital sites. The post holder will be responsible for effective financial management and the efficient use of all resources. The post holder will also support Assistant Director of Medicine and unscheduled Care with long term planning and service reform initiatives.

As part of the Trust's strategy for enhancing the quality of care to the Acute Services Directorate the post holder will make an active contribution to the development and implementation of a model of fully integrated and multidisciplinary care.

As a Head of Service, the post holder will be a member of the Division's senior management team and will therefore contribute to policy development in the Division and the achievement of its overall objectives.

KEY DUTIES / RESPONSIBILITIES

1. Service Delivery

- 1.1 To review the delivery of social work services for the Acute Services Directorate and make recommendations for the reform, modernisation and further development of this service. Manage the implementation of the reform and modernisation which will include leading on the introduction of changes in practice.
- 1.2 Lead uni-professional and multidisciplinary teams to oversee the co-ordination of all processes to ensure the delivery of high quality, effective, efficient and flexible acute hospital social work services.
- 1.3 Ensure the successful implementation of all DHSS, HSCB and commissioning priorities and targets for patients with a particular emphasis on those relating to the provision of social work services across all of the Trust's Acute Hospital Services and Sites. These services will have a clear enablement ethos and an aim to maximise protection of patients, clients and staff to maximise rehabilitation of patients.
- 1.4 To review the existing adult safeguarding processes in the Acute Services Directorate and in conjunction with acute services management, contribute to reform and development of this programme.
- 1.5 Ensure that high quality social work services are developed that can respond effectively and flexibly to patient and service users needs to secure an appropriate balance between hospital and community based services and achieve an integrated approach in reducing inappropriate hospital admissions and lengths of stay within a 24/7 context.
- 1.6 Ensure clear care pathways are developed and implemented for patients/clients referred to social work services from other Divisions in the Directorate and other programmes of care.
- 1.7 Ensure active engagement with service users, user groups and those who commission services in the design and delivery of services in order to inform service improvement
- 1.8 Ensure high quality Acute social work services are provided in a

consistent way across the Southern Trust by ensuring processes are put in place to monitor the quality of the service provided and change the service where needed.

- 1.9 Ensure that effective, efficient and consistent processes are put in place to roster the workforce appropriately. This includes providing information to permit invoicing for services provided, specialty costing exercises and it will ensure that accurate payroll information is gathered.
- 1.10 Ensure staff within Acute Hospital Social Work, contribute to the timely discharge of patients where this is required.
- 1.11 Participate in the Acute Head of Service on Call rota on a rotational basis.

2. Quality and Governance

- 2.1 Ensure that the needs of the patients/clients and their carers are at the core of how the Trust delivers Acute Hospital Social Work and are in accordance with DHSS Quality Standards and relevant professional standards and guidelines
- 2.2 Liaise closely with the Trust's Social Work Governance Lead to ensure robust arrangements are in place to meet controls assurance standards, the assessment and management of risk and the implementation of the DHSS's *Safety First* Framework.
- 2.3 Ensure all social work services across the Acute Services Directorate meet quality, service and best practice recommendations.
- 2.4 Support the Assistant Director with the implementation of effective performance management and governance arrangements.
- 2.5 Ensure the processing and management of complaints comply with HPSS and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.
- 2.6 Support the Assistant Director with the implementation of quality initiatives.

3. Service Planning and Development

- 3.1 Promote innovations and change to underpin the reform and modernisation of services to patients/clients and their carers.
- 3.2 Support the Assistant Director with service planning and development initiatives. This will include making an active contribution to the development and implementation of a model of fully integrated and multidisciplinary care for the Acute Services Directorate and liaising closely with senior planning/performance staff in order to implement the objectives of the Trust's Delivery Plan and local commissioning priorities.
- 3.3 Act as a member of the Division's senior management team and contribute to its policy development processes
- 3.4 Represent the Division and/or Directorate in Trust project teams as appropriate.

4. Financial and Resource Management

- 4.1 Be responsible for the management of the social work services budget and the meeting of all financial targets in respect of accurate payroll and invoicing.
- 4.2 Ensure the effective implementation of all Trust Financial policies and procedures within each team to include ensuring the safe custody of client's property and accounts and the use of endowment and gifts.
- 4.3 Ensure the effective management, use and maintenance of all physical assets within each team.

5. People Management

- 5.1 Provide clear leadership to staff and ensure all teams have a highly skilled, flexible and motivated workforce.
- 5.2 Work closely with senior Human Resources staff to take forward, the development and implementation of workforce planning and modernisation initiatives.
- 5.3 Ensure that management structures and practices support a culture of effective team working, continuous improvement and innovation.
- 5.4 Ensure the effective implementation of the Trust's people management policies and the achievement of all relevant targets such as those

relating to staff performance, the management of sickness and absenteeism, turnover etc.

5.5 Ensure the effective management of staff health and safety and support within each team.

5.6 Ensure that appropriate people management systems are developed across Acute Social Work including active supervision, Team Meetings, continuous staff development and performance reviews via the KSF framework.

5.7 Develop a training strategy to ensure that the social work services workforce is supported in carrying out continuing professional development and there is therefore fit for purpose and able to meet the requirements of external regulation.

6. Information Management

6.1 Ensure the effective implementation of all Trusts information management policies and procedures within each team.

6.2 Ensure systems and procedures for the management and storage of information within each team meet internal and external reporting requirements.

7. Divisional Responsibilities

7.1 Develop and maintain high quality working relationships with other senior colleagues to ensure the achievement of Divisional and corporate objectives.

7.2 Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.

7.3 Contribute to the Divisions overall governance processes to ensure the development of an integrated governance framework that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability. Ensure the Trust's and Directorates' objectives and decisions are effectively communicated. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

8. General Management Responsibilities

- 8.1 Participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.
- 8.2 Ensure that the review of performance identified above is performed for all levels of staff within Acute Social Work in accordance with the Trust's policy.
- 8.3 Maintain good staff relationships and morale amongst the staff reporting to him/her.
- 8.4 Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- 8.5 Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- 8.6 Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- 8.7 Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust
- 8.8 Promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

GENERAL REQUIREMENTS

The post holder will be required to:

- 1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
- 2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - Standards of attendance, appearance and behaviour
4. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
5. Comply fully with the Trust's policy and procedures regarding records management, as well as the Data Protection Act, accepting legal responsibility for all manual or electronic records held, created or used as part of his/her duties, and ensuring that confidentiality is maintained at all times.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trust's policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
9. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



PERSONNEL SPECIFICATION

JOB TITLE	Head of Acute Hospital Social Work Band 8b
DIRECTORATE	Acute
SALARY	
HOURS	37.5 per week

Ref No:

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.
3. 'equivalent level in a relevant degree programme' is defined as having successfully completed 6 modules of a health related course of study.

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the Interview stage;

1. Hold a professional social work qualification (Degree in Social Work, DipSW, CQSW or equivalent).
2. Hold full registration on the social work part of the register with the NISCC.
3. Have a minimum of two years' experience, in the last 6 years, of working in a senior role (Band 7 level or above) as a manager of social work services or manager of an Integrated Care Team.
4. Hold a current driving license (Valid in the UK) and have access to a car or access to a form of transport which will permit the full requirements of the post to be met.

The following are essential criteria which will be measured during the interview stage.

1. Delivered against challenging performance objectives, for 2 years out of the last 6 years, meeting key targets and making significant improvements.
2. Have achieved or give a commitment to achieve an award in social work within the Northern Ireland PQ Framework and linked to the service area and post.
3. Effective planning and organisational skills with an ability to prioritize own workload.
4. Effective communication skills to meet the needs of the post in full.
5. An ability to promote the rights of patients whilst ensuring that professional standards are maintained in the assessment and provision of services to individuals and/or their carers.
6. Ability to identify solutions to problems and implement them.
7. Ability to motivate and lead Teams, managing and directing others.
8. A commitment to the learning and development of the staff team and students.
9. Demonstrate an ability to work independently.
10. Demonstrate evidence of a proven track record of achieving challenging targets and standards.

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER
Successful applicants may be required to attend a Health Assessment
All staff are required to comply with the Trust Smoke Free Policy

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**Southern Health
and Social Care Trust***Quality Care - for you, with you***Ref No:73212057****JOB DESCRIPTION****THIS POST IS FOR THOSE EMPLOYED IN A HEALTH & SOCIAL CARE
ORGANISATION (NI)**

JOB TITLE: Head of Cardiology, Haematology, Dermatology, Rheumatology, Diabetology and Neurology

BAND: 8B

DIRECTORATE: Acute Services

LOCATION: Craigavon Area Hospital

REPORTS TO: Assistant Director of Acute Services –
Medicine & Unscheduled Care

ACCOUNTABLE TO: Director of Acute Services

JOB SUMMARY

- The Head of Service is accountable to the Assistant Director of Acute Services – Medicine & Unscheduled Care (M&UC) for the leadership and direction of staff within the relevant specialities.
- The post holder has overall responsibility for the operational management of the services, to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.
- Areas of responsibilities will include:
Cardiology, Haematology, Dermatology, Rheumatology, Diabetology and Neurology
- The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The post holder will also be responsible for identifying and implementing BCBV initiatives within their area of responsibility.
- The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.
- The post holder will provide Managerial Leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.

- The post holder will work in collaboration with the Lead Clinician(s) and Lead Nurse(s) and develop a team approach to the clinical services for which they are accountable.
- The post holder will work in collaboration with the Head of Service – Medicine and Unscheduled Care, Craigavon Area Hospital Site, to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

KEY RESULT AREAS

Service Delivery

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s).
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.
12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints

14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency applying the principles of lean. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through

Quality

1. Ensure that the needs of the patients and their carers are at the core of the way M&UC deliver their services.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Lead Clinician(s) to ensure that M&UC services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation within M&UC.
5. Establish and maintain clear systems and processes for accountability and performance management within M&UC.
6. Monitor and support the use of clinical guidelines and protocols for staff within the M&UC.
7. Ensure public involvement of users and carers in the planning of services within the M&UC.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Lead Clinician(s).
9. Participate in quality initiatives such as eg: Investors in People and any relevant Charter standards.
10. Work in partnership with the Lead Clinician (s) to ensure robust clinical governance and risk management systems are in place within M&UC ensuring corrective action plans are developed and implemented.
11. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

Strategic Planning and Development

1. Support to Assistant Director Medicine & Unscheduled Care with the development of the strategic plan for the delivery of Medicine & Unscheduled Care services in line with regional, Ministerial and HSCA priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

Financial and Resource Management

1. Manage the M&UC budget and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. Lead the achievement of cash releasing schemes within M&UC for relevant specialties.
4. With the support of the Lead Clinician(s) to review demand and capacity within M&UC utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
5. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
6. Ensure the effective use of equipment and facilities within M&UC to optimise patient care and service delivery.
7. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

People Management

1. Provide clear leadership to M&UC staff and ensure that highly skilled and motivated staff support M&UC where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within M&UC, as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within M&UC.

Corporate Management

1. Assist with Trust's corporate planning by supporting the Assistant Director, Acute Services – M&UC.
2. Develop and maintain working relationships with other General Manager colleagues and to ensure achievement of M&UC objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure M&UC effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

Leadership

1. Lead the operational management within M&UC ensuring priorities meet objectives
2. Provide leadership to staff within M&UC to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all M&UC policies are operationalised appropriately and proportionately.
4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across M&UC.
6. Ensure the development of robust mechanisms for consistent communication with M&UC staff to enable them to influence the health agenda.
7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

Monitoring and Reviewing Performance

1. Responsible for developing robust performance indicators within M&UC, translating regional indicators/targets into speciality targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for M&UC, ensuring financial balance is achieved.
3. Manage M&UC inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the M&UC strategy or objectives
5. Ensure the M&UC plans are in place to monitor achievement against corporate objectives, e.g.: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across M&UC to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within M&UC.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are

required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

October 2010



Southern Health
and Social Care Trust

Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE: Head of Service Band 8B –Cardiology, Haematology, Dermatology, Rheumatology, Diabetology and Neurology

DIRECTORATE: Acute Services

SALARY: £45,254 – £55,945 per annum

HOURS: 37.5 per week

Ref No: 73212057

November 2012

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

ELIGIBILITY

1. Applicants must provide evidence by the closing date for application that they are employed within a Health & Social Care organisation as defined¹ **OR** an agency worker engaged by the Southern H&SC Trust.

You must therefore clearly demonstrate your eligibility on your application form.
Please note that failure to do this will result in you not being shortlisted.

QUALIFICATIONS / EXPERIENCE / SKILLS

2. Hold a relevant², University Degree or recognised Professional Qualification or equivalent qualification **AND** 2 years' experience in a Senior Role³ **OR** have at least 5 years' experience in a Senior Role³.

¹ This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

² 'relevant qualification' will be defined as any business, administrative, corporate function or health related qualification

³ 'Senior Role' is defined as Band 7 or equivalent or above.

3. Have a minimum of 1 years' experience in a lead role delivering objectives which have led to a significant⁴ Improvement in Service.
4. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant⁴ change in initiative.
5. Have a minimum of 2 years' experience in staff management
6. Hold a full current license valid for use in the UK and have access to a car on appointment⁵.

KNOWLEDGE & SKILLS

7. Have an ability to effectively manage a delegated budget to maximize utilization of available resources.
8. Have an ability to provide effective leadership.
9. Demonstrate evidence of highly effective planning and organisational skills
10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.

PLEASE NOTE:

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. It is therefore intended that shortlisted applicants will be assessed against the domains in the NHS Leadership Framework.

As part of the Recruitment & Selection process it will be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trusts Smoke Free Policy

⁴ 'Significant' is defined as contributing directly to key Directorate objectives

⁵ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.



JOB DESCRIPTION

JOB TITLE	Team Lead Patient Flow / Control Room Expeditor
BAND	8A
DIRECTORATE	Acute Services
LOCATION	Craigavon Area and Daisy Hill Hospitals
REPORTS TO	Head of Service for Patient Flow
ACCOUNTABLE TO	Assistant Director

JOB SUMMARY

The post holder will be responsible to the Head of Service for the operational and professional nursing management of the Patient Flow and Hospital at Night Team (H@N). The Post holder is expected to function at a senior level providing visible and professional nursing leadership, support and direction to ensure safe patient centered care. They will proactively manage, lead and provide solutions to resolve complex operational issues ensuring the efficient and effective utilisation of all in-patient beds across the two acute sites, (Craigavon Area Hospital and Daisy Hill Hospital).

The post holder will have an intrinsic role in the Control Room which has the function of a central escalation point for delays and issues that arise within the organisation. They will circulate through the hospital having hands on senior presence at ward and department level to actively seek and resolve issues. They will assist in identifying delays and mitigate against same networking with services in and outside the Trust.

The post holder will work with the entire Multi- disciplinary team (MDT) Heads of Service, Lead Nurses, Ward Sisters/Charge Nurses to optimize patient experience and outcomes of care through service and workforce efficiency, productivity and effectiveness ensuring optimum usage of all inpatient beds appropriately.

The Post holder will be expected to contribute to strategic direction and policy setting for the nursing within their Division.

The post holder will carry out additional duties as appropriate in the absence of the Head of Service.

KEY DUTIES/RESPONSIBILITIES

Service Delivery

1. Assure the highest standards of clinical care by the provision of management & leadership for the patient flow and H@N nursing teams, patients, relatives, carers and visitors.
2. As part of the Control Room team work very closely with wards and departments within and outside of the Trust to expedite delays in the patient's journey, networking with all disciplines to ensure a timely and safe patient experience.
3. Attend and lead on the control room meetings when required, agreeing actions to be taken forward with staff, monitoring and recording progress with same.
4. Work with other Trusts to repatriate patients in a timely manner to the most appropriate setting.
5. Lead and develop excellent patient care through continuous review of evidence based clinical standards, policies & standard operating

procedures, taking a lead role in the implementation of the Trusts strategic plan regarding the utilisation of beds and the management of patient flow.

6. Create a strong patient focused team, embedding the regional patient/client experience standards (Respect, Attitude, Behaviour Communication, Privacy and Dignity), that challenges organisational and professional barriers and boundaries.
7. Maintain accurate and concise records providing reports for senior management as required.
8. Line manage the patient flow and H@N teams, ensuring all clinical and professional standards are met by the teams.
9. Participate in the major incident plan as per the Trusts Bedmanager Action Card.
10. Operationally oversee the implementation of the escalation policy in relation to the 4hr and 12hr Emergency Department standard.
11. Develop a culture that is flexible and positive to change, where staff feel valued and where opportunities are actively created for individuals to maximise their potential and excel.
12. Promote a learning environment for staff, ensuring that the education, training and developmental needs of staff are reflected in the annual Education Commissioning, appraisal and PDP processes.
13. Promote a culture, which is underpinned by honest, open communication and team working across disciplines
14. Participate in clinical and professional networks across acute hospital sites within the Trust.
15. Contribute to the development and implementation of the nursing strategy as agreed by the Executive Director of Nursing.
16. Lead the effective implementation and ongoing monitoring of regional quality and operational initiatives

17. Provide advice, guidance, support and professional leadership to the Patient Flow Team, H@N team, Support Workers, Ward/Department Sisters/Charge Nurses demonstrating a responsible attitude in order to promote confidence in the service.
18. Ensure close collaborative working with the ward based staff to deliver on the regional performance standards for unscheduled and elective care
19. Responsible for the monitoring of clinical standards, training needs within the H@N service and be involved in the development of the H@N service locally and regionally.
20. Support the process for monitoring patient experience and assist to implement actions in the light of patient feedback, thus achieving a high level of patient satisfaction.
21. Act as mentor/coach to enhance the performance and capability of staff through formal and informal interactions, provide constructive feedback to staff, supporting them to develop enhanced skills and ability.
22. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services
23. Undertake any other duties as the role develops in relation to patient flow and H@N

Quality/Governance

1. Take personal responsibility for individual professional growth, development & revalidation. Maintaining clinical competence and credibility within nursing practice
2. Support the Head of Service in the effective and efficient management of clinical services.
3. Work to foster and develop an environment where nurses are valued and in adherence with the NMC Code of Professional Conduct: Standards for

Conduct, Performance and Ethics. Ensure effective record keeping and documentation in line with NMC Guidelines.

- 4. Ensure systems are in place that ensures that staff keep up to date with current developments regarding patient care.**
- 5. Ensure staff maintain confidentiality at all times, including the storage of records and the transfer of verbal and written information.**
- 6. Ensure effective communication systems are in place to support programmes of care and, or care pathways.**
- 7. Assist the Head of Service in the effective implementation of ;**
 - (I) robust induction and development review/ appraisal programmes**
 - (II) clinical supervision framework**
 - (III) preceptorship programmes for newly appointed nursing staff.**
- 8. Establish and maintain clear systems and processes for accountability for staff.**
- 9. Monitor and support the use of appropriate clinical governance policies, guidelines, and protocols for staff, reviewing and monitoring compliance, specifically to support the Trust's policy and procedures for dealing with complaints, clinical incidents and serious adverse incidents**
- 10. Assist the Head of Service with co-ordinating the response to complaints prior to submission through line management structures.**
- 11. Review nursing issues arising from complaints about services provided ensuring that appropriate action is taken; lessons are learnt and reflected in practice.**
- 12. Work with the infection control team and clinical colleagues, monitor infection control rates and take forward those actions and changes necessary to prevent and minimise hospital acquired infections**
- 13. Ensure control robust systems are in place to assure the Executive Director of Nursing that all nurses have current registration with NMC**
- 14. Ensure that all recommendations arising from RQIA inspections are acted**

upon and implemented in a timely manner.

Leadership & Setting Direction

Provide highly accessible, approachable and visible professional nursing leadership and operational management support to Ward Sisters/Charge Nurses, ensuring clinical services develop in line with evidence based practice.

1. Act as a role model inspiring and empowering nurses to implement new ways of working
2. Ensure efficient and appropriate professional development and succession planning are in place for nursing staff.
3. Support the Head of Service in the development of the directorate policies and to contribute to the development of Trust policies where appropriate.
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.
6. Assist the Head of Service with service development proposals and business cases as related to nursing.
7. Deputise for the Head of Service

Development and Innovation

1. Promote and facilitate the implementation of the Trusts Personal Performance and Development Review.

2. Support the management structures and practices to ensure a culture of effective team working, continuous improvement and innovation
3. Lead the annual training needs analysis for nurses in all relevant Specialities.
4. Participate in the recruitment and appointment of staff in accordance with Trust policy.
5. Actively promote new ways of working and models of service delivery to improve services for patients.

In conjunction with the Head of Service, promote innovation and change to underpin the modernisation of services with a view to re-profiling across the Trust where necessary

Strategic Planning and Development

1. Support the Service with the development of the strategic plan for the delivery of facilities within the Acute Services Directorate on behalf of Director of Acute Services, in line with regional strategies, Ministerial and HSCA priorities.
2. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
3. Work with members of relevant teams on the innovative development of new and existing services.
4. Challenge the status quo in the planning and delivery of all relevant clinical services.

Financial and Resource Management

1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise
2. In conjunction with the Head of Service critically assess workforce, skill mix and explore options to create new roles within financial constraints.
3. In conjunction with the Head of Service monitor the use of bank and agency staff and ensure that the Trust policies for bank and agency use are implemented
4. Assist the Head of Service to ensure systems are in place for procurement, maintenance and replacement of all medical devices
5. Assist in the management of services and budget and ensure financial targets are met.
6. Assist with identification of cash releasing schemes and meet financial savings as outlined by Director of Acute Services.

People Management

1. Provide clear and strategic leadership to staff and ensure a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Support the Head of Service in the development and implementation of workforce modernisation initiatives within clinical services.
3. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required.
4. Encourage a culture that allows staff to maximise their potential, ensuring that they are able to contribute to the Trust Corporate strategy.
5. Ensure full engagement of all professional staff working in areas of responsibility.
6. Ensure staff are led and managed within agreed Policies and procedures.

7. Manage staff performance and action accordingly.
8. Ensure the Trust's sickness absence policy is implemented within the services and establish an effective mechanism for regularly monitoring levels of sickness and absence, taking corrective action where necessary.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organizational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

Corporate Management

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Acute Services Directorate objectives and decisions are effectively communicated.
2. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Directorate effectively discharges its functions.

3. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.

6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. *Other duties of a similar nature and appropriate to the grade may be assigned from time to time.*

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



PERSONNEL SPECIFICATION

JOB TITLE Team Lead Patient Flow / Control Room Expeditor

DIRECTORATE Acute

BAND 8a

HOURS 37.5 per week

Ref No:

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below:

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. Applicants must provide evidence by the closing date for application that they are employed in a Health & Social Care Organisation, Northern Ireland.
2. Currently a Registered Nurse Level 1, (Adult) on the Live NMC Register.
3. Hold a university degree or equivalent and worked for at least 2 years in a Senior role¹

OR

Have worked for at least 5 years in a senior role¹

AND

4. Have a minimum of 2 years' experience in staff management
5. Have a minimum of 1 years' experience in a lead role delivering objectives Which have led to a significant² Improvement in Service.
6. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change in initiative.
7. Hold a full current license valid for use in the UK and have access to a car On appointment³.

The following are essential criteria which will be measured during the interview stage.

8. Have an ability to effectively manage a delegated budget to maximize utilisation of available resources.
9. Have an ability to provide effective leadership.
10. Demonstrate evidence of highly effective planning and organisational skills
11. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.
12. Demonstrate a commitment to the provision of high quality and safe Services with an ability to drive a culture of continuous improvement.

¹ "senior role" is defined as experience gained at Band 7 or above

² Significant' is defined as contributing directly to key Directorate objectives

³ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at nhsleadershipqualities.nhs.uk.

Particular attention will be given to the following:

- Self Belief
- Self Management
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend a Health Assessment
All staff are required to comply with the Trust Smoke Free Policy



Quality Care - for you, with you

Lead Nurse 8a

Medical Directorate
Acute



Working together



Excellence



Openness & Honesty



Compassion



Quality Care - for you, with you

JOB DESCRIPTION

JOB TITLE	Lead Nurse Cardiology and Respiratory Services also Haematology ward and Dermatology Services these two areas are subject to change.
BAND	8A
DIRECTORATE	Medical Directorate
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Head of Service
ACCOUNTABLE TO	Assistant Director

JOB SUMMARY

The Lead Nurse will be responsible to the Head of Service for the operational and professional nursing management and leadership within the Division. The Post holder is expected to function at a senior level providing visible, professional nursing leadership, support and direction to ensure safe patient centered care and will proactively manage, lead and provide solutions to resolve complex operational issues working with Ward Sisters/Charge Nurses, Patient Flow team & Heads of Service including the lead for nursing workforce, education, training and development and governance.

He / She will be responsible for ensuring the standards of nursing practice throughout all relevant specialities are at the required professional standard ensuring that safe, high quality clinical services are delivered and will lead on programmes of improvement related to implementing and sustaining Regional Nursing Quality Indicators (NQIs).

As the Lead Nurse they will work with the entire Multi- disciplinary team (MDT) to optimize patient experience and outcomes of care through service and workforce efficiency, productivity and effectiveness. The Post holder will be expected to contribute to strategic direction and policy setting for the nursing within their Division.



KEY DUTIES / RESPONSIBILITIES

Service Delivery

1. Assure the highest standards of clinical care by the provision of management & leadership for nursing staff, patients, relatives, carers and visitors.
2. Lead and develop excellent patient care through continuous review of evidence based clinical standards, policies & standard operating procedures.
3. Create a strong patient focused team, embedding the regional patient/client experience standards (Respect, Attitude, Behaviour Communication, Privacy and Dignity), that challenges organisational and professional barriers and boundaries.
4. Develop a culture that is flexible and positive to change, where staff feel valued and where opportunities are actively created for individuals to maximise their potential and excel.
5. Promote a learning environment for staff, ensuring that the education, training and developmental needs of staff are reflected in the annual Education Commissioning, appraisal and PDP processes.
6. Promote a culture, which is underpinned by honest, open communication and team working across disciplines
7. Participate in clinical and professional networks across acute hospital sites within the Trust.
8. Contribute to the development and implementation of the nursing strategy as agreed by the Executive Director of Nursing.
9. Lead the effective implementation and ongoing monitoring of regional quality and operational initiatives
10. Provide advice, guidance, support and professional leadership to Ward/Department Sisters/Charge Nurses, Nurses, Specialist Nurses, the Patient Flow Team and Support Workers, demonstrating a responsible attitude in order to promote confidence in the service.
11. Ensure close collaborative working with the patient flow team to deliver on the regional performance standards for unscheduled and elective care
12. Responsible for the monitoring of clinical standards including observations of care provision e.g. all NQI's thus providing an assurance to senior management.



13. Support the effective implementation of environmental cleanliness standards. Ensure staffs have a clear understanding of the care and environmental standards they are expected to maintain taking prompt action to rectify any non-compliance.
14. Support the process for monitoring patient experience and assist to implement actions in the light of patient feedback, thus achieving a high level of patient satisfaction.
15. Act as mentor/coach to enhance the performance and capability of staff through formal and informal interactions, provide constructive feedback to staff, supporting them to develop enhanced skills and ability.
16. Ensure that all decontamination requirements are met and adhered to in all Trust services under your span of control.
17. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services

Quality/Governance

1. Take personal responsibility for individual professional growth, development & revalidation. Maintaining clinical competence and credibility within nursing practice
2. Support the Head of Service in the effective and efficient management of clinical services.
3. Work to foster and develop an environment where nurses are valued and in adherence with the NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics. Ensure effective record keeping and documentation in line with NMC Guidelines.
4. Ensure systems are in place that ensures that staff keeps up to date with current developments regarding patient care.
5. Ensure staff maintain confidentiality at all times, including the storage of records and the transfer of verbal and written information.
6. Ensure effective communication systems are in place to support programmes of care and, or care pathways.
7. Assist the Head of Service in the effective implementation of ;
 - (I) robust induction and development review/ appraisal programmes
 - (II) clinical supervision framework
 - (III) preceptorship programmes for newly appointed nursing staff.
8. Establish and maintain clear systems and processes for accountability for staff.
9. Monitor and support the use of appropriate clinical governance policies, guidelines, and protocols for staff, reviewing and monitoring compliance, specifically to support the Trust's policy and procedures for dealing with complaints, clinical incidents and serious adverse incidents



10. Assist the Head of Service with co-ordinating the response to complaints prior to submission through line management structures.
11. Review nursing issues arising from complaints about services provided ensuring that appropriate action is taken; lessons are learnt and reflected in practice.
12. Work with the infection control team and clinical colleagues, monitor infection control rates and take forward those actions and changes necessary to prevent and minimise hospital acquired infections
13. Ensure systems are in place for the procurement, safe use. Storage, maintenance, decontamination and disposal of medical devices and other equipment.
14. Support the Head of Service to ensure that the service complies with the requisite controls assurance standards with particular reference to decontamination, medicines management, environmental cleanliness, infection control and management of medical devices.
15. Ensure control robust systems are in place to assure the Executive Director of Nursing that all nurses have current registration with NMC
16. Ensure that all recommendations arising from RQIA inspections are acted upon and implemented in a timely manner.

Leadership & Setting Direction

1. Provide highly accessible, approachable and visible professional nursing leadership and operational management support to Ward Sisters/Charge Nurses, ensuring clinical services develop in line with evidence based practice.
2. Act as a role model inspiring and empowering nurses to implement new ways of working
3. Ensure efficient and appropriate professional development and succession planning are in place for nursing staff.
4. Support the Head of Service in the development of the directorate policies and to contribute to the development of Trust policies where appropriate.
5. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
6. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.



7. Assist the Head of Service with service development proposals and business cases as related to nursing.
8. Deputise for the Head of Service

Development and Innovation

1. Promote and facilitate the implementation of the Trusts Personal Performance and Development Review.
2. Support the management structures and practices to ensure a culture of effective team working, continuous improvement and innovation
3. Lead the annual training needs analysis for nurses in all relevant Specialities.
4. Participate in the recruitment and appointment of staff in accordance with Trust policy.
5. Actively promote new ways of working and models of service delivery to improve services for patients.

In conjunction with the Head of Service, promote innovation and change to underpin the modernisation of services with a view to re-profiling across the Trust where necessary

Strategic Planning and Development

1. Support the Service with the development of the strategic plan for the delivery of facilities within the Acute Services Directorate on behalf of Director of Acute Services, in line with regional strategies, Ministerial and HSCA priorities.
2. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
3. Work with members of relevant teams on the innovative development of new and existing services.
4. Challenge the status quo in the planning and delivery of all relevant clinical services.

Financial and Resource Management



1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise
2. In conjunction with the Head of Service critically assess workforce, skill mix and explore options to create new roles within financial constraints.
3. In conjunction with the Head of Service monitor the use of bank and agency staff and ensure that the Trust policies for bank and agency use are implemented
4. Assist the Head of Service to ensure systems are in place for procurement, maintenance and replacement of all medical devices
 - a. .
5. Assist in the management of services and budget and ensure financial targets are met.
6. .
7. Assist with identification of cash releasing schemes and meet financial savings as outlined by Director of Acute Services.

People Management

1. Provide clear and strategic leadership to staff and ensure a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Support the Head of Service in the development and implementation of workforce modernisation initiatives within clinical services.
3. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required.
4. Encourage a culture that allows staff to maximise their potential, ensuring that they are able to contribute to the Trust Corporate strategy.
5. Ensure full engagement of all professional staff working in areas of responsibility.
6. Ensure staff are led and managed within agreed Policies and procedures.
7. Manage staff performance and action accordingly.
8. Ensure the Trust's sickness absence policy is implemented within the services and establish an effective mechanism for regularly monitoring levels of sickness and absence, taking corrective action where necessary.



HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

Corporate Management

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Acute Services Directorate objectives and decisions are effectively communicated.
2. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Directorate effectively discharges its functions.
3. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.



GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.





Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE AND BAND Lead Nurse for Medicine & Unscheduled Care for & Renal Service DHH

DEPARTMENT / DIRECTORATE ACUTE

HOURS 37.5 per week

Ref No: <to be inserted by HR>

<Month & Year>

Notes to applicants:

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Experience	<ol style="list-style-type: none"> 1. Have a minimum of 2 years' experience in staff management 2. Have a minimum of 1 years' experience in a lead role delivering objectives that have led to a significant² Improvement 	Shortlisting by Application Form



	<p>in Service.</p> <p>3. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change in initiative.</p>	
Qualifications/Registration	<p>1. Currently a Registered Nurse Level 1, (Adult) on the Live NMC Register</p> <p>2. Hold a university degree or equivalent and worked for at least 2 years in a Senior role¹</p> <p>OR</p> <p>Have worked for at least 5 years in a senior role¹</p>	Shortlisting by Application Form
Other	<p>Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. <i>This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i></p>	Shortlisting by Application Form
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	<p>1. Have an ability to effectively manage a delegated budget to maximise utilisation of available resources.</p> <p>2. Have an ability to provide effective leadership</p> <p>3. Demonstrate evidence of highly effective planning and organisational skills</p> <p>4. Demonstrate a commitment to the provision of high quality and sage services with an ability to drive a culture of continuous improvement</p> <p>5. Demonstrate a commitment to the provision of high quality safe services with an ability to drive a culture of continuous improvement.</p>	Interview / Test



¹ "senior role" is defined as experience gained at Band 7 or above

² 'Significant' is defined as contributing directly to key Directorate objectives

³ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at nhsleadershipqualities.nhs.uk.

Particular attention will be given to the following:

- Self Belief
- Self Management
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER



**W****Working Together****What does this mean?**

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

What does this look like in practice? - Behaviours

- I work with others and value everyone's contribution
- I treat people with respect and dignity
- I work as part of a team looking for opportunities to support and help people in both my own and other teams
- I actively engage people on issues that affect them
- I look for feedback and examples of good practice, aiming to improve where possible

**Compassion**

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

- I am sensitive to the different needs and feelings of others and treat people with kindness
- I learn from others by listening carefully to them
- I look after my own health and well-being so that I can care for and support others

**Excellence**

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.

- I put the people I care for and support at the centre of all I do to make a difference
- I take responsibility for my decisions and actions
- I commit to best practice and sharing learning, while continually learning and developing
- I try to improve by asking 'could we do this better?'

**Openness & Honesty**

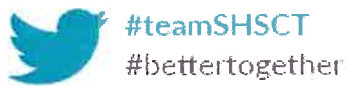
We are open and honest with each other and act with integrity and candour.

- I am open and honest in order to develop trusting relationships
- I ask someone for help when needed
- I speak up if I have concerns
- I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times



Quality Care - for you, with you



Follow us on:



**Head of Service
Band 8b
Diabetes & Endocrine,
Gastroenterology, Neurology &
Rheumatology
(1 South Ward & Day Clinical Centre)**





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JOB DESCRIPTION

JOB TITLE	Head Of Service Diabetes & Endocrine, Gastroenterology, Neurology, Rheumatology
BAND	8b
DIRECTORATE	Acute Services
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Assistant Director of Acute Services
ACCOUNTABLE TO	Director of Acute Services

JOB SUMMARY

The Head of Service is accountable to the Assistant Director for Acute Services in Medicine for the leadership and direction of staff within the relevant specialities.

Areas of responsibilities will include:

- Ward 1 South Craigavon Area Hospital
- Day Clinical Centre, South Tyrone Hospital

The post holder has overall responsibility for the operational management of the services, to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.

The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The post holder will also be responsible for identifying and implementing service improvement initiatives within their area of responsibility.

The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.



The post holder will provide managerial leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.

The post holder will work in collaboration with Clinical Directors/Lead Clinician(s) to develop a team approach to the clinical services for which they are accountable.

The post holder will work in collaboration with other Head of Services to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

KEY DUTIES / RESPONSIBILITIES

Service Delivery

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Clinical Directors/Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Clinical Directors/Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.



10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s)
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.
12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints
14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through

Quality

1. Ensure that the needs of the patients and their carers are at the core of the way services are delivered.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Clinical Directors/Lead Clinician(s). to ensure that services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Clinical Directors/Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation of services.
5. Establish and maintain clear systems and processes for accountability and performance management.
6. Monitor and support the use of clinical guidelines and protocols for staff within the Division.
7. Ensure public involvement of users and carers in the planning of services within the Division.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).



9. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
10. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.
11. Ensure public involvement of users and carers in the planning of services within the Division.
12. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).
13. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
14. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

Strategic Planning and Development

1. Support to Assistant Director, Medicine & Unscheduled Care with the development of the strategic plan for the delivery of services in the Medicine Division in line with regional, Ministerial and HSC priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

Financial and Resource Management

1. Manage the service budgets and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. With the support of the Lead Clinician(s) to review demand and capacity within Acute Medicine & Unscheduled Care utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.



4. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
5. Ensure the effective use of equipment and facilities within Acute Medicine & Unscheduled Care to optimise patient care and service delivery.
3. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

People Management

1. Provide clear leadership to Acute Medicine & Unscheduled Care staff and ensure that highly skilled and motivated staff support the Division where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within Acute Medicine & Unscheduled Care as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within Acute Medicine & Unscheduled Care.

Corporate Management

1. Assist with the Trust's corporate planning by supporting the Assistant Director, Medicine & Unscheduled Care.
2. Develop and maintain working relationships with other Manager colleagues and ensure achievement of objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Division effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

Leadership

1. Lead the operational management within Acute Medicine and Unscheduled Care, ensuring priorities meet objectives



2. Provide leadership to staff within Acute Medicine and Unscheduled Care to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all policies are operationalised appropriately and proportionately.
4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across the Division.
6. Ensure the development of robust mechanisms for consistent communication with Acute Medicine and Unscheduled Care staff to enable them to influence the health agenda
7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

Monitoring and Reviewing Performance

1. Responsible for developing robust performance indicators within Acute Medicine and Unscheduled Care translating regional indicators/targets into specialty targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for Acute Medicine and Unscheduled Care, ensuring financial balance is achieved.
3. Manage inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the Acute Medicine and Unscheduled Care strategy or objectives
5. Ensure the Acute Medicine and Unscheduled Care plans are in place to monitor achievement against corporate objectives, e.g.: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across Acute Medicine and Unscheduled Care to all Trust policies and procedures and contribute to their formulation as appropriate.



7. Ensure that robust performance arrangements are development and implemented within Acute Medicine and Unscheduled Care.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL MANAGEMENT RESPONSIBILITIES

1. The post holder will, in the event of a concern being raised with them, ensure that feedback/learning is communicated at individual, team and organisational level (as per HSC Trust policy) regarding concerns and how they were resolved.
2. To work proactively with the Trust's Emergency planner and other internal and external stakeholders to develop appropriate emergency response and business continuity plans to ensure the service can maintain a state of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption.

PERSONAL AND PUBLIC INVOLVEMENT RESPONSIBILITIES (PPI)

Lead on and be responsible for the co-ordination of the Trust's PPI Strategy within the Division or other sphere of responsibility. This will include supporting active engagement



with user groups and the voluntary and independent sectors in the design and delivery of services.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.



8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

June 2022





Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE AND BAND

Head of Service Diabetes, Endocrine,
Gastroenterology, Neurology & Rheumatology
Band 8b

DEPARTMENT / DIRECTORATE

Acute

HOURS

37.5

Ref No: <to be inserted by HR>

June 2022

Notes to applicants:

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Qualifications/ Registration/Experience	<p>1. Hold a relevant¹, University Degree or recognised Professional Qualification or equivalent qualification AND 2 years' experience in a Senior Role²</p> <p>OR</p> <p>Have at least 5 years' experience in a Senior Role³</p>	Shortlisting by Application Form



	<p>2. Have a minimum of 1 years' experience in a lead role delivering objectives which have led to a significant³ Improvement in Service.</p> <p>3 Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role that has contributed to the successful implementation of a significant⁴ change in initiative.</p> <p>4 Have a minimum of 2 years' experience in staff management</p>	
Other	<p>5 Hold a current full driving licence, which is valid for use in the UK, and have access to a car on appointment. <i>These criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i></p>	Shortlisting by Application Form
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	<p>6 Have an ability to effectively manage a delegated budget to maximize utilization of available resources</p> <p>6 Have an ability to provide effective leadership.</p> <p>7 Demonstrate evidence of highly effective planning and organizational skills</p> <p>8 Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement</p>	Interview / Test



'Significant' is defined as contributing directly to key Directorate objectives

⁴ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

¹ This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

⁵ 'relevant qualification' will be defined as any business, administrative, corporate function or health related qualification

⁶ 'Senior Role' is defined as Band 7 or equivalent or above

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at

<http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>.

Particular attention will be given to the following dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application.

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER





HSC Value	What does this mean?	What does this look like in practice? - Behaviours
W Working Together	<p>We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.</p>	<ul style="list-style-type: none"> • I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
Compassion	<p>We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.</p>	<ul style="list-style-type: none"> • I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
Excellence	<p>We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.</p>	<ul style="list-style-type: none"> • I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
Openness & Honesty	<p>We are open and honest with each other and act with integrity and candour.</p>	<ul style="list-style-type: none"> • I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times



Quality Care - for you, with you



#teamSHSCT
#bettertogether

Follow us on:



**Head of Service Stroke Service, Frail
Elderly Haematology, & Medical Ward**



Working together



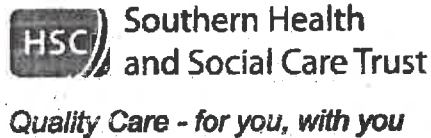
Excellence



Openness & Honesty



Compassion



As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER

JOB TITLE: Head of Service – Stroke Service, Frail Elderly Haematology, & Medical ward.
BAND: 8B
DIRECTORATE: Acute Services
LOCATION: Craigavon Hospital and Daisy Hill Hospital
REPORTS TO: Assistant Director of Acute Services – Acute Medicine & Unscheduled Care
ACCOUNTABLE TO: Director of Acute Services

JOB SUMMARY

The Head of Service is accountable to the Assistant Director for Acute Services in Medicine for the leadership and direction of staff within the relevant specialities.

Areas of responsibilities will include:

- Stroke Wards CAH & DHH
- Frailty Elderly ward & Medical ward CAH
- Haematology ward

The post holder has overall responsibility for the operational management of the services, to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.



The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The post holder will also be responsible for identifying and implementing service improvement initiatives within their area of responsibility.

The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.

The post holder will provide managerial leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.

The post holder will work in collaboration with Clinical Directors/Lead Clinician(s) to develop a team approach to the clinical services for which they are accountable.

The post holder will work in collaboration with other Head of Services to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

KEY RESULT AREAS

Service Delivery

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Clinical Directors/Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Clinical Directors/Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.



8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s).
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.
12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints
14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through

Quality

1. Ensure that the needs of the patients and their carers are at the core of the way services are delivered.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Clinical Directors/Lead Clinician(s). to ensure that services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Clinical Directors/Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation of services.
5. Establish and maintain clear systems and processes for accountability and performance management.
6. Monitor and support the use of clinical guidelines and protocols for staff within the Division.



7. Ensure public involvement of users and carers in the planning of services within the Division.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).
9. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
10. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

Strategic Planning and Development

1. Support to Assistant Director, Medicine & Unscheduled Care with the development of the strategic plan for the delivery of Medicine & Unscheduled Care services in line with regional, Ministerial and HSC priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

Financial and Resource Management

1. Manage the service budgets and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. With the support of the Lead Clinician(s) to review demand and capacity within Acute Medicine & Unscheduled Care utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
4. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
5. Ensure the effective use of equipment and facilities within Acute Medicine & Unscheduled Care to optimise patient care and service delivery.
6. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.



People Management

1. Provide clear leadership to Acute Medicine & Unscheduled Care staff and ensure that highly skilled and motivated staff support the Division where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within Acute Medicine & Unscheduled Care as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within Acute Medicine & Unscheduled Care.

Corporate Management

1. Assist with the Trust's corporate planning by supporting the Assistant Director, Medicine & Unscheduled Care.
2. Develop and maintain working relationships with other Manager colleagues and ensure achievement of objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Division effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

Leadership

1. Lead the operational management within Acute Medicine and Unscheduled Care, ensuring priorities meet objectives
2. Provide leadership to staff within Acute Medicine and Unscheduled Care to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all policies are operationalised appropriately and proportionately.
4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across the Division.



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6. Ensure the development of robust mechanisms for consistent communication with Acute Medicine and Unscheduled Care staff to enable them to influence the health agenda.
7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

Monitoring and Reviewing Performance

1. Responsible for developing robust performance indicators within Acute Medicine and Unscheduled Care translating regional indicators/targets into speciality targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for Acute Medicine and Unscheduled Care, ensuring financial balance is achieved.
3. Manage inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the Acute Medicine and Unscheduled Care strategy or objectives
5. Ensure the Acute Medicine and Unscheduled Care plans are in place to monitor achievement against corporate objectives, e.g.: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across Acute Medicine and Unscheduled Care to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within Acute Medicine and Unscheduled Care.

HUMAN RESOURCE MANAGEMENT RESPONSIBILTIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she



is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.

4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
5. Take responsibility for his/her own ongoing learning and development, including full



participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.





PERSONNEL SPECIFICATION

JOB TITLE AND BAND Head of Service – Stroke, Frail Elderly, Haematology and Dermatology 8B

DEPARTMENT / DIRECTORATE: Acute Services

SALARY

HOURS: 37.5 per week

Ref No:

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Experience	1. Hold a relevant ¹ , University Degree or recognised Professional Qualification or equivalent qualification AND 2 years' experience in a Senior Role ² OR have at least 5 years' experience in a Senior Role ³ .	Shortlisting by Application Form

¹ This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

¹ 'relevant qualification' will be defined as any business, administrative, corporate function or health related qualification

² 'Senior Role' is defined as Band 7 or equivalent or above.



	<ol style="list-style-type: none"> 2. Have a minimum of 1 years' experience in a lead role delivering objectives which have led to a significant³ Improvement in Service. 3. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant⁴ change in initiative. 4. Have a minimum of 2 years' experience in staff management 5. Hold a full current license valid for use in the UK and have access to a car on appointment⁴. 	
Qualifications/ Registration	<ol style="list-style-type: none"> 1. Hold a relevant⁵, University Degree or recognised Professional Qualification or equivalent qualification AND 2 years' experience in a Senior Role⁶ OR have at least 5 years' experience in a Senior Role³. 	Shortlisting by Application Form
Knowledge & Skills	<ol style="list-style-type: none"> 1. Have an ability to effectively manage a delegated budget to maximize utilization of available resources. 2. Have an ability to provide effective leadership. 	

³ 'Significant' is defined as contributing directly to key Directorate objectives

⁴ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

¹ This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

⁵ 'relevant qualification' will be defined as any business, administrative, corporate function or health related qualification

⁶ 'Senior Role' is defined as Band 7 or equivalent or above.



	<ol style="list-style-type: none">3. Demonstrate evidence of highly effective planning and organisational skills4. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.	
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WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trusts Smoke Free Policy





Southern Health
and Social Care Trust

Quality Care - for you, with you



Working Together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

- I work with others and value everyone's contribution
- I treat people with respect and dignity
- I work as part of a team looking for opportunities to support and help people in both my own and other teams
- I actively engage people on issues that affect them
- I look for feedback and examples of good practice, aiming to improve where possible



Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

- I am sensitive to the different needs and feelings of others and treat people with kindness
- I learn from others by listening carefully to them
- I look after my own health and well-being so that I can care for and support others



Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.

- I put the people I care for and support at the centre of all I do to make a difference
- I take responsibility for my decisions and actions
- I commit to best practice and sharing learning, while continually learning and developing
- I try to improve by asking 'could we do this better?'



Openness & Honesty

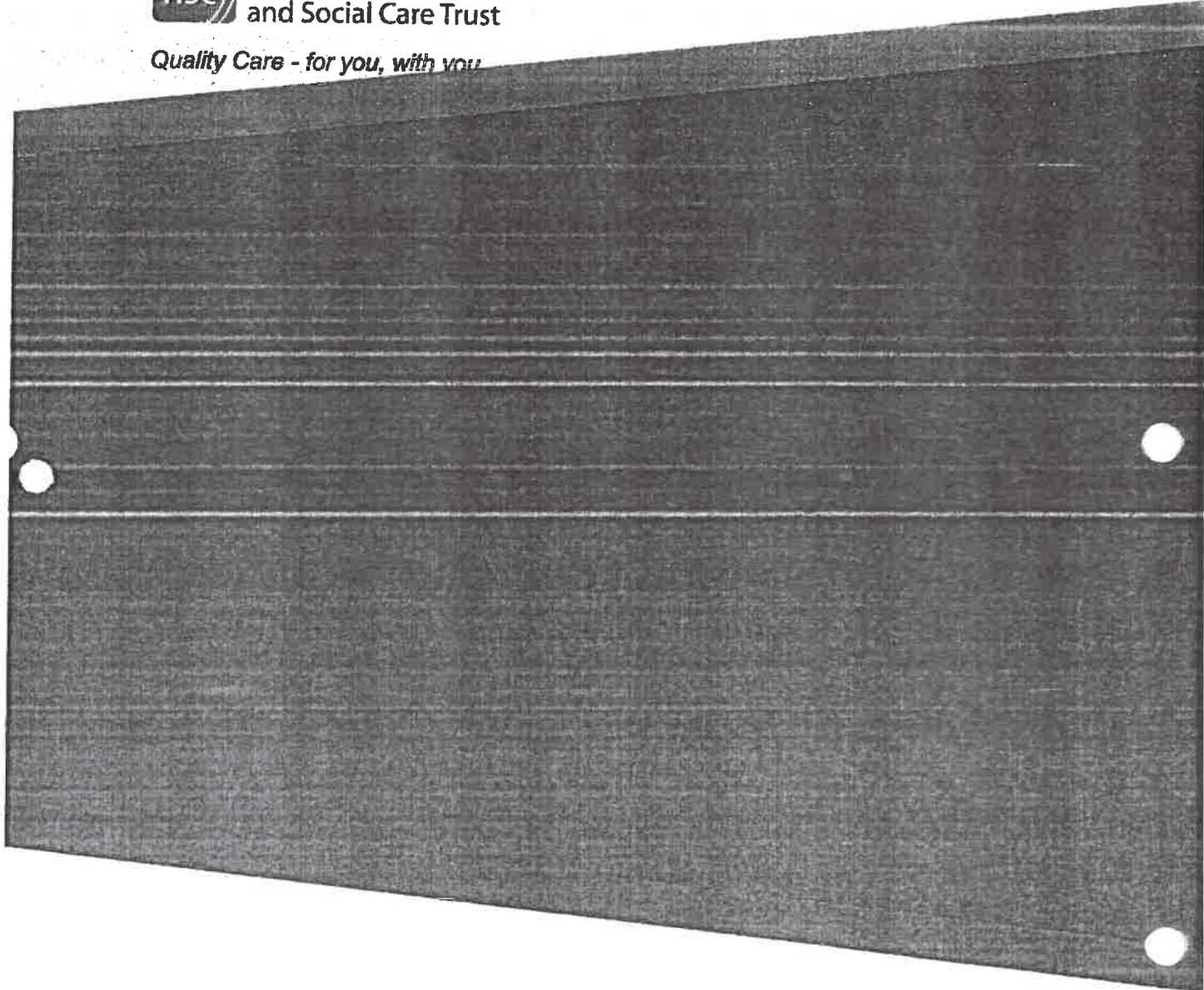
We are open and honest with each other and act with integrity and candour.

- I am open and honest in order to develop trusting relationships
- I ask someone for help when needed
- I speak up if I have concerns
- I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times

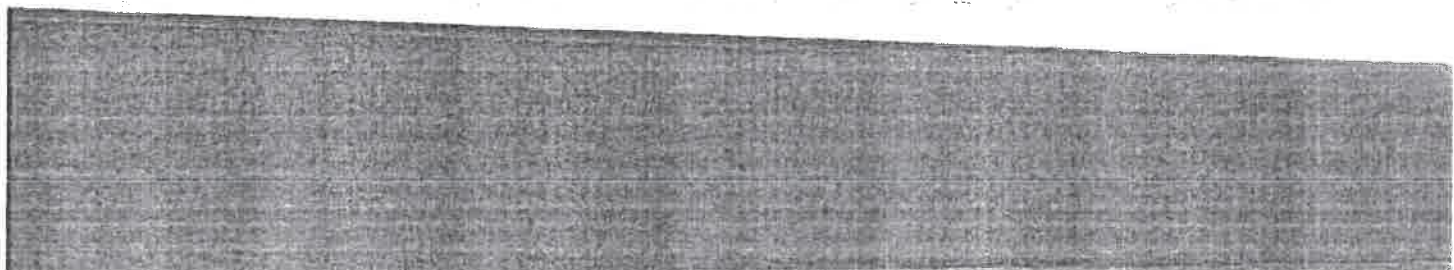


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#bettertogether

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**Head of Service
Band 8b
Cardiology, Respiratory, Renal
Medicine and Medical Wards Daisy Hill
Hospital**



Working together



Excellence



Openness & Honesty



Compassion



Quality Care - for you, with you

JOB DESCRIPTION

JOB TITLE	Head Of Service Cardiology, Respiratory, Renal Medicine and Medical Wards Daisy Hill Hospital
BAND	8b
DIRECTORATE	Acute Services
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Assistant Director of Acute Services
ACCOUNTABLE TO	Director of Acute Services

JOB SUMMARY

The Head of Service is accountable to the Assistant Director for Acute Services in Medicine for the leadership and direction of staff within the relevant specialities.

Areas of responsibilities will include:

- Ward 1 North, 2 North, Cath Lab, Craigavon Area Hospital
- Ward Female Medical, Male Medical, CCU Daisy Hill Hospital

The post holder has overall responsibility for the operational management of the services, to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.

The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The post holder will also be responsible for identifying and implementing service improvement initiatives within their area of responsibility.

The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.



The post holder will provide managerial leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.

The post holder will work in collaboration with Clinical Directors/Lead Clinician(s) to develop a team approach to the clinical services for which they are accountable.

The post holder will work in collaboration with other Head of Services to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

KEY DUTIES / RESPONSIBILITIES

Service Delivery

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Clinical Directors/Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Clinical Directors/Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s)
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.



12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints
14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through

Quality

1. Ensure that the needs of the patients and their carers are at the core of the way services are delivered.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Clinical Directors/Lead Clinician(s). to ensure that services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Clinical Directors/Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation of services.
5. Establish and maintain clear systems and processes for accountability and performance management.
6. Monitor and support the use of clinical guidelines and protocols for staff within the Division.
7. Ensure public involvement of users and carers in the planning of services within the Division.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).
9. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
10. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.
11. Ensure public involvement of users and carers in the planning of services within the Division.



12. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).
13. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
14. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

Strategic Planning and Development

1. Support to Assistant Director, Medicine & Unscheduled Care with the development of the strategic plan for the delivery of services in the Medicine Division in line with regional, Ministerial and HSC priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

Financial and Resource Management

1. Manage the service budgets and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. With the support of the Lead Clinician(s) to review demand and capacity within Acute Medicine & Unscheduled Care utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
4. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
5. Ensure the effective use of equipment and facilities within Acute Medicine & Unscheduled Care to optimise patient care and service delivery.
3. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

People Management



V4 – Released 16.08.2019

1. Provide clear leadership to Acute Medicine & Unscheduled Care staff and ensure that highly skilled and motivated staff support the Division where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within Acute Medicine & Unscheduled Care as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within Acute Medicine & Unscheduled Care.

Corporate Management

1. Assist with the Trust's corporate planning by supporting the Assistant Director, Medicine & Unscheduled Care.
2. Develop and maintain working relationships with other Manager colleagues and ensure achievement of objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Division effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

Leadership

1. Lead the operational management within Acute Medicine and Unscheduled Care, ensuring priorities meet objectives
2. Provide leadership to staff within Acute Medicine and Unscheduled Care to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all policies are operationalised appropriately and proportionately.
4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across the Division.
6. Ensure the development of robust mechanisms for consistent communication with Acute Medicine and Unscheduled Care staff to enable them to influence the health agenda



7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

Monitoring and Reviewing Performance

1. Responsible for developing robust performance indicators within Acute Medicine and Unscheduled Care translating regional indicators/targets into specialty targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for Acute Medicine and Unscheduled Care, ensuring financial balance is achieved.
3. Manage inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the Acute Medicine and Unscheduled Care strategy or objectives
5. Ensure the Acute Medicine and Unscheduled Care plans are in place to monitor achievement against corporate objectives, e.g.: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across Acute Medicine and Unscheduled Care to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within Acute Medicine and Unscheduled Care.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.



5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL MANAGEMENT RESPONSIBILITIES

1. The post holder will, in the event of a concern being raised with them, ensure that feedback/learning is communicated at individual, team and organisational level (as per HSC Trust policy) regarding concerns and how they were resolved.
2. To work proactively with the Trust's Emergency planner and other internal and external stakeholders to develop appropriate emergency response and business continuity plans to ensure the service can maintain a state of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption.

PERSONAL AND PUBLIC INVOLVEMENT RESPONSIBILITIES (PPI)

Lead on and be responsible for the co-ordination of the Trust's PPI Strategy within the Division or other sphere of responsibility. This will include supporting active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour



4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

June 2022



V4 – Released 15.08.2019

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PERSONNEL SPECIFICATION

JOB TITLE AND BAND	Head of Service Cardiology, Respiratory, Renal Medicine and Medical Wards Daisy Hill Hospital Band 8b
DEPARTMENT / DIRECTORATE	Acute
HOURS	37.5

Ref No: <to be inserted by HR>

June 2022

Notes to applicants:

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA		
SECTION 1: The following are ESSENTIAL criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.		
Factor	Criteria	Method of Assessment
Qualifications/ Registration/Experience	1. Hold a relevant ¹ , University Degree or recognised Professional Qualification or equivalent qualification AND 2 years' experience in a Senior Role ²	Shortlisting by Application Form
	OR Have at least 5 years' experience in a Senior Role ³	
	2. Have a minimum of 1 years'	



	<p>experience in a lead role delivering objectives which have led to a significant³ Improvement in Service.</p> <p>3 Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role that has contributed to the successful implementation of a significant⁴ change in initiative.</p> <p>4 Have a minimum of 2 years' experience in staff management</p>	
Other	<p>5 Hold a current full driving licence, which is valid for use in the UK, and have access to a car on appointment. <i>These criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i></p>	Shortlisting by Application Form
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/selection stage:		
Skills / Abilities	<p>6 Have an ability to effectively manage a delegated budget to maximize utilization of available resources</p> <p>6 Have an ability to provide effective leadership.</p> <p>7 Demonstrate evidence of highly effective planning and organizational skills</p> <p>8 Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement</p>	Interview / Test

'Significant' is defined as contributing directly to key Directorate objectives



⁴ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

¹ This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

⁵ "relevant qualification" will be defined as any business, administrative, corporate function or health related qualification

⁶ 'Senior Role' is defined as Band 7 or equivalent or above

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>. Particular attention will be given to the following dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

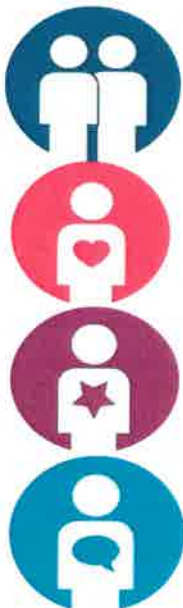
If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application.

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER





HSC Value	What does this mean?	What does this look like in practice? - Behaviours
W Working Together	<p>We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.</p>	<ul style="list-style-type: none"> • I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
Compassion	<p>We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.</p>	<ul style="list-style-type: none"> • I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
Excellence	<p>We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.</p>	<ul style="list-style-type: none"> • I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
Openness & Integrity	<p>We are open and honest with each other and act with integrity and candour.</p>	<ul style="list-style-type: none"> • I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times



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#bettertogether

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**JOB DESCRIPTION**

JOB TITLE	Lead Nurse Medicine
BAND	8A
DIRECTORATE	Acute Services
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Head of Service
ACCOUNTABLE TO	Assistant Director

JOB SUMMARY

The Lead Nurse will be responsible to the Head of Service for the operational and professional nursing management and leadership within the Division. The Post holder is expected to function at a senior level providing visible, professional nursing leadership, support and direction to ensure safe patient centered care and will proactively manage, lead and provide solutions to resolve complex operational issues working with Ward Sisters/Charge Nurses, Patient Flow team & Heads of Service including the lead for nursing workforce, education, training and development and governance.

He / She will be responsible for ensuring the standards of nursing practice throughout all relevant specialities are at the required professional standard ensuring that safe, high quality clinical services are delivered and will lead on programmes of improvement related to implementing and sustaining Regional Nursing Quality Indicators (NQIs).

As the Lead Nurse you will work with the entire Multi- disciplinary team (MDT) to optimize patient experience and outcomes of care through service and workforce efficiency, productivity and effectiveness. The Post holder will be expected to contribute to strategic direction and policy setting for the nursing within their Division.

KEY DUTIES/RESPONSIBILITIES**Service Delivery**

1. Assure the highest standards of clinical care by the provision of management & leadership for nursing staff, patients, relatives, carers and visitors.
2. Lead and develop excellent patient care through continuous review of evidence based clinical standards, policies & standard operating procedures.
3. Create a strong patient focused team, embedding the regional patient/client experience standards (Respect, Attitude, Behaviour Communication, Privacy and Dignity), that challenges organisational and professional barriers and boundaries.
4. Develop a culture that is flexible and positive to change, where staff feel valued and where opportunities are actively created for individuals to maximise their potential and excel.
5. Promote a learning environment for staff, ensuring that the education, training and developmental needs of staff are reflected in the annual Education Commissioning, appraisal and PDP processes.
6. Promote a culture, which is underpinned by honest, open communication and team working across disciplines
7. Participate in clinical and professional networks across acute hospital sites within the Trust.
8. Contribute to the development and implementation of the nursing strategy as agreed by the Executive Director of Nursing.
9. Lead the effective implementation and ongoing monitoring of regional quality and operational initiatives
10. Provide advice, guidance, support and professional leadership to Ward/Department Sisters/Charge Nurses, Nurses, Specialist Nurses, the Patient Flow Team and Support Workers, demonstrating a responsible attitude in order to promote confidence in the service.
11. Ensure close collaborative working with the patient flow team to deliver on the regional performance standards for unscheduled and elective care

12. Responsible for the monitoring of clinical standards including observations of care provision e.g. all NQI's thus providing an assurance to senior management.
13. Support the effective implementation of environmental cleanliness standards. Ensure staff have a clear understanding of the care and environmental standards they are expected to be maintained, taking prompt action to rectify any non-compliance.
14. Support the process for monitoring patient experience and assist to implement actions in the light of patient feedback, thus achieving a high level of patient satisfaction.
15. Act as mentor/coach to enhance the performance and capability of staff through formal and informal interactions, provide constructive feedback to staff, supporting them to develop enhanced skills and ability.
16. Ensure that all decontamination requirements are met and adhered to in all Trust services under your span of control.
17. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services

Quality/Governance

1. Take personal responsibility for individual professional growth, development & revalidation. Maintaining clinical competence and credibility within nursing practice
2. Support the Head of Service in the effective and efficient management of clinical services.
3. Work to foster and develop an environment where nurses are valued and in adherence with the NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics. Ensure effective record keeping and documentation in line with NMC Guidelines.
4. Ensure systems are in place that ensures that staff keep up to date with current developments regarding patient care.
5. Ensure staff maintain confidentiality at all times, including the storage of

records and the transfer of verbal and written information.

6. Ensure effective communication systems are in place to support programmes of care and, or care pathways.
7. Assist the Head of Service in the effective implementation of ;
 - (I) robust induction and development review/ appraisal programmes
 - (II) clinical supervision framework
 - (III) preceptorship programmes for newly appointed nursing staff.
8. Establish and maintain clear systems and processes for accountability for staff.
9. Monitor and support the use of appropriate clinical governance policies, guidelines, and protocols for staff, reviewing and monitoring compliance, specifically to support the Trust's policy and procedures for dealing with complaints, clinical incidents and serious adverse incidents
10. Assist the Head of Service with co-ordinating the response to complaints prior to submission through line management structures.
11. Review nursing issues arising from complaints about services provided ensuring that appropriate action is taken; lessons are learnt and reflected in practice.
12. Work with the infection control team and clinical colleagues, monitor infection control rates and take forward those actions and changes necessary to prevent and minimise hospital acquired infections
13. Ensure systems are in place for the procurement, safe use. Storage, maintenance, decontamination and disposal of medical devices and other equipment.
14. Support the Head of Service to ensure that the service complies with the requisite controls assurance standards with particular reference to decontamination, medicines management, environmental cleanliness, infection control and management of medical devices.
15. Ensure control robust systems are in place to assure the Executive Director of Nursing that all nurses have current registration with NMC
16. Ensure that all recommendations arising from RQIA inspections are acted upon and implemented in a timely manner.

Leadership & Setting Direction

Provide highly accessible, approachable and visible professional nursing leadership and operational management support to Ward Sisters/Charge Nurses, ensuring clinical services develop in line with evidence based practice.

1. Act as a role model inspiring and empowering nurses to implement new ways of working
2. Ensure efficient and appropriate professional development and succession planning are in place for nursing staff.
3. Support the Head of Service in the development of the directorate policies and to contribute to the development of Trust policies where appropriate.
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.
6. Assist the Head of Service with service development proposals and business cases as related to nursing.
7. Deputise for the Head of Service

Development and Innovation

1. Promote and facilitate the implementation of the Trusts Personal Performance and Development Review.
2. Support the management structures and practices to ensure a culture of effective team working, continuous improvement and innovation
3. Lead the annual training needs analysis for nurses in all relevant Specialities.
4. Participate in the recruitment and appointment of staff in accordance with Trust policy.
5. Actively promote new ways of working and models of service delivery to

improve services for patients.

In conjunction with the Head of Service, promote innovation and change to underpin the modernisation of services with a view to re-profiling across the Trust where necessary

Strategic Planning and Development

1. Support the Service with the development of the strategic plan for the delivery of facilities within the Acute Services Directorate on behalf of Director of Acute Services, in line with regional strategies, Ministerial and HSCA priorities.
2. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
3. Work with members of relevant teams on the innovative development of new and existing services.
4. Challenge the status quo in the planning and delivery of all relevant clinical services.

Financial and Resource Management

1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise
2. In conjunction with the Head of Service critically assess workforce, skill mix and explore options to create new roles within financial constraints.
3. In conjunction with the Head of Service monitor the use of bank and agency staff and ensure that the Trust policies for bank and agency use are implemented
4. Assist the Head of Service to ensure systems are in place for procurement, maintenance and replacement of all medical devices
5. Assist in the management of services and budget and ensure financial targets are met.
6. Assist with identification of cash releasing schemes and meet financial savings as outlined by Director of Acute Services.

People Management

1. Provide clear and strategic leadership to staff and ensure a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Support the Head of Service in the development and implementation of workforce modernisation initiatives within clinical services.
3. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required.
4. Encourage a culture that allows staff to maximise their potential, ensuring that they are able to contribute to the Trust Corporate strategy.
5. Ensure full engagement of all professional staff working in areas of responsibility.
6. Ensure staff are led and managed within agreed Policies and procedures.
7. Manage staff performance and action accordingly.
8. Ensure the Trust's sickness absence policy is implemented within the services and establish an effective mechanism for regularly monitoring levels of sickness and absence, taking corrective action where necessary.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organizational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.

6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

Corporate Management

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Acute Services Directorate objectives and decisions are effectively communicated.
2. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Directorate effectively discharges its functions.
3. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of

Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



Southern Health
and Social Care Trust

PERSONNEL SPECIFICATION

JOB TITLE Lead Nurse - Medicine

DIRECTORATE Acute

BAND 8a

HOURS 37.5per week

Ref No: 04/04/19

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria - failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. Applicants must provide evidence by the closing date for application that they are employed in a Health & Social Care Organisation, Northern Ireland.
2. Currently a Registered Nurse Level 1, (Adult) on the Live NMC Register.
3. Hold a university degree or equivalent and worked for at least 2 years in a Senior role¹

OR

Have worked for at least 5 years in a senior role¹ in ED and/or Acute Medicine

AND

4. Have a minimum of 2 years' experience in staff management
5. Have a minimum of 1 years' experience in a lead role delivering objectives Which have led to a significant² Improvement in Service.
6. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change in initiative.
7. Hold a full current license valid for use in the UK and have access to a car On appointment³.

The following are essential criteria which will be measured during the Interview stage.

8. Have an ability to effectively manage a delegated budget to maximize utilisation of available resources.
9. Have an ability to provide effective leadership.
10. Demonstrate evidence of highly effective planning and organisational skills
11. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.
12. Demonstrate a commitment to the provision of high quality and safe Services with an ability to drive a culture of continuous improvement.

¹ "senior role" is defined as experience gained at Band 7 or above

² Significant' is defined as contributing directly to key Directorate objectives

³ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all

applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at nhsleadershipqualities.nhs.uk.

Particular attention will be given to the following:

- Self Belief
- Self Management
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend a Health Assessment

All staff are required to comply with the Trust Smoke Free Policy



JOB DESCRIPTION

JOB TITLE:	Head of Service – Unscheduled Care
BAND:	8B
DIRECTORATE:	Acute Services
LOCATION:	Craigavon Hospital and Daisy Hill Hospital
REPORTS TO:	Assistant Director of Acute Services – Unscheduled Care
ACCOUNTABLE TO:	Director of Acute Services

JOB SUMMARY

The Head of Service is accountable to the Assistant Director, Medicine & Unscheduled Care for the leadership and direction of staff within the relevant specialities.

Areas of responsibilities will include:

- Emergency Departments (EDs), Craigavon Area Hospital and Daisy Hill Hospital
- Minor Injuries Unit (MIU), South Tyrone Hospital
- Emergency Dental Clinic (EDC), Craigavon Area Hospital

The post holder has overall responsibility for the operational management of the services, to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.

The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The post holder will also be responsible for identifying and implementing service improvement initiatives within their area of responsibility.

The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.

The post holder will provide managerial leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.

The post holder will work in collaboration with Clinical Directors/Lead Clinician(s) to develop a team approach to the clinical services for which they are accountable.

The post holder will work in collaboration with other Head of Services to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

KEY RESULT AREAS

Service Delivery

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Clinical Directors/Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Clinical Directors/Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s).
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.
12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints
14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency. Lead the implementation of necessary actions to develop, implement and maintain a flow system which “pulls” patients through

Quality

1. Ensure that the needs of the patients and their carers are at the core of the way services are delivered.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Clinical Directors/Lead Clinician(s). to ensure that services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Clinical Directors/Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation of services.
5. Establish and maintain clear systems and processes for accountability and performance management.
6. Monitor and support the use of clinical guidelines and protocols for staff within the Division.
7. Ensure public involvement of users and carers in the planning of services within the Division.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).
9. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
10. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

Strategic Planning and Development

1. Support to Assistant Director, Medicine & Unscheduled Care with the development of the strategic plan for the delivery of Medicine & Unscheduled Care services in line with regional, Ministerial and HSC priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

Financial and Resource Management

1. Manage the service budgets and ensure the meeting of all financial targets

2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
- 3.. With the support of the Lead Clinician(s) to review demand and capacity within Acute Medicine & Unscheduled Care utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
4. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
5. Ensure the effective use of equipment and facilities within Acute Medicine & Unscheduled Care to optimise patient care and service delivery.
6. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

People Management

1. Provide clear leadership to Acute Medicine & Unscheduled Care staff and ensure that highly skilled and motivated staff support the Division where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within Acute Medicine & Unscheduled Care as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within Acute Medicine & Unscheduled Care.

Corporate Management

1. Assist with the Trust's corporate planning by supporting the Assistant Director, Medicine & Unscheduled Care.
2. Develop and maintain working relationships with other Manager colleagues and ensure achievement of objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Division effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

Leadership

1. Lead the operational management within Acute Medicine and Unscheduled Care, ensuring priorities meet objectives
2. Provide leadership to staff within Acute Medicine and Unscheduled Care to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all policies are operationalised appropriately and proportionately.
4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across the Division.
6. Ensure the development of robust mechanisms for consistent communication with Acute Medicine and Unscheduled Care staff to enable them to influence the health agenda.
7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

Monitoring and Reviewing Performance

1. Responsible for developing robust performance indicators within Acute Medicine and Unscheduled Care translating regional indicators/targets into speciality targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for Acute Medicine and Unscheduled Care, ensuring financial balance is achieved.
3. Manage inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the Acute Medicine and Unscheduled Care strategy or objectives
5. Ensure the Acute Medicine and Unscheduled Care plans are in place to monitor achievement against corporate objectives, e.g.: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across Acute Medicine and Unscheduled Care to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within Acute Medicine and Unscheduled Care.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are

required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

March 2020



PERSONNEL SPECIFICATION

JOB TITLE: Head of Service – Unscheduled Care

DIRECTORATE: Acute Services

BAND: 8B

HOURS: 37.5 per week

Notes to applicants:

1. *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

QUALIFICATIONS / EXPERIENCE / SKILLS

1. Hold a relevant¹, University Degree or recognised Professional Qualification or equivalent qualification **AND** 2 years' experience in a Senior Role² **OR** have at least 5 years' experience in a Senior Role³.
2. Have a minimum of 1 years' experience in a lead role delivering objectives which have led to a significant³ Improvement in Service.
3. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant⁴ change in initiative.
4. Have a minimum of 2 years' experience in staff management
5. Hold a full current license valid for use in the UK and have access to a car on

¹ *This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council*

¹ *'relevant qualification' will be defined as any business, administrative, corporate function or health related qualification*

² *'Senior Role' is defined as Band 7 or equivalent or above.*

³ *'Significant' is defined as contributing directly to key Directorate objectives*

appointment⁴.

KNOWLEDGE & SKILLS

6. Have an ability to effectively manage a delegated budget to maximize utilization of available resources.
7. Have an ability to provide effective leadership.
8. Demonstrate evidence of highly effective planning and organisational skills
9. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trusts Smoke Free Policy

⁴ *This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.*



DIRECTORATE OF ACUTE SERVICES

Director: Mrs Melanie McClement

Tel: Personal Information redacted by the USI

ACUTE CLINICAL GOVERNANCE

Date: Friday 14 May 2021


Via Zoom link

Join Zoom Meeting

<https://southerntrust-hscni.zoom.us/j/82166212355?pwd=dEdHOWxOcG83QlFtQWVvMHZRaENHdz09>

Meeting ID: Personal Information redacted by the USI

Passcode: Personal Information redacted by the USI

1.0	<p>Apologies: Attendance Tracey Boyce, Patricia Kingsnorth, Melanie McClements, Mark Haynes, Barry Conway, Ronan Carrol, Mary Burke, Seamus Murphy, Ted McNaboe, Aoife Currie, Anne McVey, Pat McCaffery, Una Bradley, Damian Scullion, Clare McGalie,</p>	
2.0	<p>Notes from last meeting</p>  <p>Action notes April.docx</p> <p>Melanie discussed the action notes of the last meeting for factual accuracy and to follow up on outstanding actions.</p> <p>She asked for follow up on the actions regarding the electronic sign off process in ED. Mary Burke advised the she has liaised with Barry who is working on a paper to advance the procedure to follow up on unexpected findings on imaging.</p> <p>Barry advised about ensuring a safety net process and is in the process of drafting a paper which will be circulated next week to clinicians to review and approve if appropriate.</p> <p>Dr Hampton advised he has trialled to do some electronic sign off but is a work in progress due to restraints in the system, but advised the current system will require changes to make it physically possible. He advised he may need other systems to make it possible.</p> <p>Dr Murphy – advised issues from transfer to wards advises results go back to ED and there is a reasonable process to forward to the team.</p> <p>Melanie advised that there was progress after the actions from the signed off SAI.</p>	

Melanie advised about the SAI which involved several patients which was presented last year 2020 for approval. Out of this SAI there were some recommendations and learning from an administrative process following the concerns from a urology consultant.

Ronan Carroll provided a summary position following the 2016 SAI about the practice of AOB. 3 big issues stood out from an administrative perspective.

1. Untriaged referrals, column 4 proposed triaged process hoping to implement, monitored by booking centre and will have an escalation process. It is based on the regional guidance. The triaged should be triaged within 7 days and changes to work plans. Please look at the process and comment by one week.
2. Large amounts of undictated clinics.- monitored by Anita team. Clinics should be typed within a timely fashion. If not triaged within 7 days there will be an escalation.
3. Hospital notes - large amount of notes in AOB home and in his office. Notes have been lost. There will be spot checks to ensure notes are where they should be
4. Private patients - patients put on waiting list ahead of other patients. Responsibility of consultant to complete the proper forms- monitored by Anita Carroll's team.

He ask if people would look at it administrative process and advise if any issues and to feedback to him by close of play next Friday 21 May.



Admin Review
Process V13 10 May 2

Lessons learnt



LESSONS LEARNED
UROLOGY OVERARCH

Melanie advised on the lessons learnt recommendations. The reports have been submitted to the board. Melanie advised of the 9 families have seen site this report and of the recommendations for comments regarding factual accuracy. We are waiting feedback from one family whose loved one has very sadly passed away recently.

Melanie advised that the recommendations are about the improving the future of the service. Ensuring how can we pick up when there are discrepancies' in our system that we can bench mark our services against best practice and ensure proper follow up of our patients. She advised it is about making sure we meet all the standards, create a culture of escalating and raising concerns. Making sure the right people are at the

MDM and that the MDT is appropriately resourced with appropriate tracking. Also by ensuring there are appropriate governance structures in place to ensure patients receive appropriate care and enhanced outcomes.

A number of families have agreed to work with us to ensure the recommendations are implemented and actioned.

She advised it is looking at an 18 month picture and need to work through the recommendations.

Melanie asked for any thoughts from the team.

Dr Seamus Murphy asked if he can we share the recommendations with his team for learning. Patricia Kingsnorth agreed it could be shared provided the Medical Director approved this. Melanie advised it is in the public domain but we do have one family's comments but it would be reasonable to share with teams to ensure so that we can embed the learning. Melanie acknowledged the service would need to be resourced and she was working to achieve this with the commissioners.

Dr Currie wanted to know what resources are going to be made available for Gynae MDM?



Barry Conway advised the recommendations are far reaching, and that we need to look at the business oversight. He advised the proposed first stop is to ensure we have a best practice document to see what an effective MDT looks like to see what works well and what requires for improvement. He has sourced this from a Trust in England. He advised the recommendation needs to be completed by the end of May. The plan would be for Mary Haughey will be doing the quality improvements work to look at urology services in the first instance and scale out to other MDMs. Barry advised has some concerns about some of the recommendations regarding ensure all the MDM are fully attended by the appropriate people. He advised the oncology services are not within our gift to implement as we relying on Belfast to provide this service and this would need to be provided by them. He advised the time frames will be significantly longer than what is recommended.

Dr McCaffery wanted to know if we knew about this consultant's practise from 2016 and how did we not know about it until recently?

Melanie advised the report was only signed off in 2020. The learning attached is based on the new SAI report. The Spot light has been shown on our system. Melanie cautioned that when sharing please note that there are systemic failings identified in this review. She cautioned that staff be sensitive to the fact there are 9 families involved in this at the heart of this case but also there is an individual involved.

Melanie advised we need to be assured of there are no other people out there who are not working safely and we need to have safe systems in place to monitor that.

Dr McNaboe advised that in ENT there is two MDT - whilst he welcomes the recommendation for the SHSCT he advised they also have a

	<p>regional MDT which is out of our control and how can we ensure the recommendations are actioned?</p> <p>Melanie has advised the recommendations have also been shared with the board to consider their role in these recommendations and need to consider how to take this forward regionally. She advised we need to ensure we have a systemic approach in NI to help build in greater assurance for our services. Dr McNaboe advised we should have a standardisation of MDT for all MDTs in SHSCT. There are 36 sections that need to be worked through.</p> <p>Melanie advised she is working through getting resources to progress this. Martina Corrigan has been taken out of her role to assist with the public inquiry.</p> <p>Melanie sent her apologies as she had to leave for another meeting at 08:30.</p>	WIT-25655
4.0	<p>Electronic Sign off</p>  <p>SIGNOFF_2021_04_SHSCT.pdf</p>	
5.0	<p>SAI s</p>  <p>SAI CAH - Personal Information redacted by the USI</p> <p>IMWH Aoife Currie presented - 1 April 21 - Redacted /</p> <p>Aoife presented the case of at Personal Information redacted by the USI old prim, booked for MLC in CAH. She had a number of presentations with minor complaints was had mildly abnormal liver function test. She was HARTED over to CLC in view of this however; this was not clearly documented on the HART form for the receiving clinician to understand. Aoife advised that due to covid there was a lot of anxiety from staff to ensure patients stayed away from hospitals to keep them safe. Therefore the patient was not brought back appropriately for follow up review and felt she was dismissed regarding her concerns. Aoife advised there are a number of causes for abnormal liver function- which was not investigated appropriately, and the patient was not seen by the appropriate person. Patient was reviewed in 6 weeks instead of 3 weeks. When she returned her baby was stillborn . The cause of death was due to chorioamnionitis but she also had cholestasis. Other problems of covid was that staff had been redeployed and were not familiar with the follow up of results process in the antenatal clinics which contributed to this case.</p> <p>Aoife - has some concerns about some minor issues with the report which she will share with the chair. Some of the bigger issues with the report which need tightened up</p> <p>Barry advised the recommendation 2 - wording around protected time, should be more to do with the process as opposed to protected time. Ronan had issues regarding page 14 no 7- areas of good practice , there is only one area of good practice. On how it might read to a family. It advised under the title of good practice there is only one area identified</p>	AMDs/ CD

but the remaining 12 areas are criticism and this needs to be reflected in the report. **WIT-25656**

Barry advised there were issues around the pressures in the assessment unit. This is a recurrent theme which needs resourced and he asked if this could be in one of the recommendations for more staffing? He asked If the wording can reflect to look at the staffing of the A+A. The case can be approved provided the changes are made. Aoife to follow up with chair.

Seamus presented the case

A Personal Information redacted by the USI old found collapsed with rib fractures and aspiration of pneumonia and alcohol on board. He was noted to be difficult to manage but was in alcohol withdrawal, and in pain due to his fracture ribs. He deteriorated around 5 am with low saturations despite AIRVO. There were difficulties getting a full clinical assessment performed by the middle grade when the patient deteriorated. He was reviewed by the staff grade who activated ICU and anaesthetic input. He was transferred to the royal for input. Issues were identified regarding the communication between nursing and medical staff. The patient should have been reviewed at 5am by the middle grade. Recommendations - team working and leadership. Communication and documentation at handover. Seamus advised the need to tighten up on timescales- little bit vague. He also noted some discrepancies in the time line regarding patient being reviewed. indicates 23:59 seen by Dr 5, one minute later asked to see to be checked. Seamus advised there is another piece of work regarding the GMC. There needs to be a carefully wording in there to reflect to GMC and some discussion about the learning for Dr 5.

Report not approved. Needs changes to reflect issues with Dr 5 for



Personal Information redacted by the USI Report - draft for ACG.docx



Personal Information redacted by the USI Draft for ACG Approval.docx

family.

Personal Information redacted by the USI - Seamus presented in this case, frail man admitted with covid pneumonia patient sustained a fall.

Timeline of evidence, required AIRVO for significant pneumonia on top of multiple comorbidities. Had dialysis before the fall 2 days after his admission. Had an unwitnessed fall. He walked from bed to the bathroom. Noted bleeding around head and eyes, was conscious vital signs were stable. Was assessed properly. Floor was noted to be wet, but unable to establish why. CT brain, showed haemorrhage, reviewed to neuro advise given to reduce the bleeding. Referred to haematology. Showed further extension to bleed. Seen by palliative care, died a short time later.

Review team noted the risk of AIRVO, needed to keep up oxygen sats. Hypoxia may have been one of the factors of collapse. The report reads

well, but fracture not mentioned in the report- need to bring back WIT-25657
Beverley for changes then approve.

The report

Personal Information presented the case on the
Mark/Ted



1. Level 1 Report Personal Information for March ACG.docx



Level 1 SAI report for ACG.docx



Level 2 report Personal Information final darft for May AC

Ted presented Personal Information

Back ground of cauda equina noted needed a surgery for end colostomy to get the procedure. On 2nd post op day not production from the colostomy noted abdominal distention. He was assessed late in the evening and abdominal x ray proceeded for CT scan reported by external system it looked like the colostomy has performed from the distal end as opposed to the proximal end that was brought out. The blockage above this and the faecal loading. There was a doubt of the validity of the report. But this was correct. Reg waited until the next morning, but patient taken for laparotomy and new colostomy was fashioned. Required treatment in ICU. Patient has recovered.

Section 13 – patient factors, patient immobile high BMI, Cardio vascular disease, the case discussed in this situation, this is not a never event, it can happen with patients paralysis. In this situation the colon is very distended and elongated the risk can happen. The complication was discussed and how to recognise it.

Recommendations- untabled camera test could be performed – to ensure the correct end is identified to avoid this happening.

The complication should be discussed in the consent process.

If a doubt within the clinical team there should be a team to discuss with the reporting radiologist.

There was some discussion from the team regarding the untabled camera.

This is a good thing to do.

Approve report. – write full ISP recommendation.

There was some discussion about the independent sector with inaccuracies to the reports. Barry advised that Imran does identify any issues with the companies and any recurrent issues from individuals are removed. Barry suggested that there could be a selection of reports checked are for quality assurance.

Mark advised there may be independent **sector reports that we don't know** about , that a random sample taken to quality control them. Barry will take forward, add to recommendation.

Approve with the additional recommendation Ted to action.

Personal Information – this was represented following changes. Pyelonephritis was the differential diagnosis. 2 days of symptoms noted to be treated conservatively, patient was stable appeared to be making some improvement. 3 days reassessed due to abdominal distention. Following abdominal xray was reviewed – no clinically suggestive of appendicitis. Consultant surgeon became involved patient was noted to be

surgical required a CT scan – showed inflamed process in RIF – required with perforation of appendix. Patient went to theatre for laparotomy. Post operative – patient became haemodynamically unstable, CT scan showed splenic haematoma and returned to theatre for splenectomy – required admission to ICU.

Comments – are the recommendations realistic for every patient – should it be younger patient

Recommendation 1 not workable- in patients who have a suspected UTI who do not rapidly respond to antibiotic treatment, imaging and surgical opinion should be sought

Or – with a possible diagnosis ? appendicitis (first).

Every younger patient who presents with pain in RIF consider appendicitis.

Change the owner.

Approve with changes agreed with Seamus, Mark, Ted and Gareth if happy with recommendation - go to chair for change.



presented by Dr McNaboe

Patient was involved in an RTA, patient with fracture femur, thought to be stable was taken to CAH then required transfer to RVH. Difficulty With transfer process. Was thought to be stable - transferred in the ambulance without an anaesthetists. The Royal ED were unaware of the patient coming. RCA centres around the communication between Southern and Belfast Trust.

There is a system in place to initiate the call and send protocol. This should have been initiated.

Gareth advised the recommendation regarding- call and send should be initiated on admission to the ED- this is not correct- the trauma network have a different understanding, he advised we need Duncan Redmill to agree the recommendation of what the trauma network expect.

They usually require the trust to initiate the pan scan and assess patient. Work out what is wrong with the patient, he advised the send a call protocol is not clear enough.









Mark - the challenge is that the senior clinician makes the call there should be more flexibility on this case. There is a reluctance from the major trauma centre about accepting patient's straight away. The major trauma network need to understand the unwillingness of some members of their team to accept patients.












Recommendation - Call and send should have been used for communication.in CAH- ? when not necessarily straight away.

Gareth - cautioned about the dangers of getting a pan scan can cause other issues.

Call and send at the front door

PK to speak to Gareth re: wording before going back to trauma network.

	Not approved. WIT-25659	
6.0	<p>Effectiveness and Evaluation</p>  <p>5) Clinical audit summary for Acute CI</p> <p>Patient Safety Report</p>  <p>Acute Governance Report May21.doc</p>	ADs and AMDs
7.0	<p>Monthly Acute Governance report</p>  <p>March 2021 Acute SMT Governance Rep</p> <p>Complaints Position – (communication and staff attitudes main complaints)</p> <p>Formal Complaints – 49 (20 are new, 17 overdue but 6 for approval by AD Reopened 29 – 5 being drafted (4 with AD) 8 for meetings.</p> <p>Ombudsman – 0 new 2 require recommendations to be completed by end of May.</p> <p>Enquiries 5 outstanding</p> <ul style="list-style-type: none"> Current Complaints  <p>Current Complaints.xlsx</p> <ul style="list-style-type: none"> Weekly reopened complaints  <p>Reopened complaints at 21.4.2020.xlsx</p> <ul style="list-style-type: none"> Ombudsman  <p>Ombudsman 20.4.2021.xlsx</p>	
7.1		
8.0	<p>Medicine Incidents</p>  <p>March 2021 Acute.xlsx</p> <p>Incident Management Position</p>  <p>Incident review position as at 19.04.2</p> <p>Major Catastrophic</p>	

	 <p>Major & Catastrophic Incidents weekendng</p>	WIT-25660
9.0	<p>Risk Registers – additions, amendments and closures to the governance team.</p> <div>  Corporate Risk Register August 2020  Directorate RR March 2021.xlsx </div> <div>  CCS Div.HOS.TEAM RR March 2021.xlsx  FSS Div.HOS.Team RR March 2021.xlsx  IMWH Div.HOS.Team RR March 2021.xlsx  MUC Div.HOS.Team RR March 2021.xlsx  Pharmacy Div.HOS.Team RR Me </div> <div>  Unscheduled Care RR March 2021.xlsx  SEC.ATICS Div.HOS.Team RR Me </div>	ADs & AMDs
10.0	<p>Mandatory training</p>  <p>Copy of Trustwide CMT Compliance Sum</p>	
11.0	Any Other Business	
12.0	<p>Date of Next Meeting:</p> <p>8.00 am Friday 11 June 2021 Via Melanie's space</p>	

Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Assistant Director 8C

Staff Number: Personal Information redacted by the USI

Is Professional Registration up to date? Yes

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 checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Have Post Outline levels been achieved:</p> <p>YES <input checked="" 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:</p> <p>Personal Information redacted by the USI</p>
<p>Objectives for Next Year:</p> <p>Personal Information redacted by the USI</p>	

Reviewee Staff Name (Print) Mary Burke Signature

Reviewer Manager/Supervisor (Print) Melanie McClements Signature

Date 6th July 2021

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

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

Staff Number: _____

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction	April 2021	
	Departmental Induction/Orientation	N/A	
	Fire Safety	14/10/19	
	Information Governance Awareness	To update	
	Moving and Handling	11/11/19	
	Infection Prevention Control	06/10/20	
Corporate Mandatory Training ROLE SPECIFIC	Safeguarding People, Children & Vulnerable Adults	To Update	
	Waste Management	To Update	
	Right Patient, Right Blood (Theory/Competency)	N/A	
	Control of Substances Hazardous to Health (COSHH)	14/01/2020	
	Food Safety	To update	
	Basic ICT	14/10/2019	
	MAPA (level 3 or 4)	N/A	
	Professional Registration		Re-register October 2022
Essential for Post	Interview Recruitment and retention training	09/03/21	
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)			

Reviewee Staff Name (Print) Mary Burke

Signature

Reviewer Manager/Supervisor (Print) Melanie McClements Signature

Date 6th July 2021

PLEASE SEND COMPLETED PART B TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ

OR EMAIL TO: -

Personal Information redacted by the USI



Southern Health
and Social Care Trust

Quality Care - for you, with you

Date: 13/04/2021

Time:

Venue: Zoom

Team Meeting

A G E N D A

1.0	Welcome & Apologies
2.0	Acute Governance Agenda
3.0	MDT Working
4.0	Nursing Governance/ Workforce
5.0	New Post Advertised
6.0	Update from finance and HR meeting
6.0	Strategic plans
7.0	AOB

In Attendance:

Mary Burke

Paul Smyth

Eileen Donnelly

Elaine Campbell

Agenda Item	Discussion	Action
Welcome & apologies	Apologies Sharon Holmes	
Acute Governance Update	<p>Medical Director attended meeting to give an update on the Urology SAI. One of the key elements arising is the importance of MDT working to provide safety to patients and the practitioner.</p> <p>Where there are concerns about a practitioner there is a need to escalate if they are not working within their remit, teams must be encouraged that this cannot be managed on their own. No one is too important to be challenged.</p> <p>Update given on lookback exercise - good opportunity to look at our current systems and identify improvements.</p> <p>Mary asked that we review the current arrangements in place for practitioners so that there is assurance of same.</p> <p>Unscheduled For example clinical coordinators/ ENP/ AHP who is their clinical lead lead/supervision/ training etc Team also need to consider that practitioners are involved in MDT working and attend M and M's.</p>	Heads of Service/Lead Nurses
ED SAI reports at Acute governance	<p>SAI SMagee approved</p> <p>Further amendments to the Paediatric SAI</p> <p>Once SAI shared with family - and amendments to paediatric SAI made same to be circulated to take forward recommendations.</p>	AD
Electronic sign off	<p>This needs to be rolled out across all areas.</p> <p>CD for ED raised concerns in relation to how this would be implemented as it would be extremely time consuming. It was acknowledged sign off is not robust in ED encompass will be the solution however 4 years away.</p>	Gareth Hampton to take the lead for ED with HOS for ED
Nursing	Staff in wards and departments not	

Workforce	<p>from IPC. Melanie raised the need to see and feel quality and teams need to visible on the floor and be reporting back through their AD who will raise at huddle rather than emails coming from other teams to director.</p> <p>KPI framework now on share drive, Mary has sent link to all and there is an assurance framework to guide staff.</p> <p>KPI's are not all being achieved and there is not always obvious action it was agreed that this lies solely with the lead nurse and ward sister, and where there are failures action plan has to be sent through, to the HOS and AD.</p> <p>It was agreed that the DON will meet with each AD their lead nurse and ward team to go through the NQI's.</p> <p>Consideration will be given on how wards/departments will be rewarded when they do well.</p> <p>The workforce for each area will be considered also.</p>	
New Post Advertised	<p>Band 7 quality post week beginning 19/04/2021 externally.</p> <p>8B senior nursing quality/work force post released externally week beginning 26/04/2021</p> <p>Falls coordinator band 7/8A to be advertised May 2021 Banding TBC</p> <p>Corporate Governance HOS governance post to be advertised 19/04/2021(Patricia Kingsnorth retiring)</p> <p>HOS Acting for cancer services EOI going out</p>	
Update from finance and HR Meeting	<p>13.4 O/S in acute</p> <p>16.4 is associated with payroll</p> <p>10m is nursing & medicine in ED</p> <p>17M spend in agency to date</p> <p>Andrea Turbitt is completing a revenue</p>	

	<p>paper and will be meeting with AD/HOS for each area who will feed into this identifying unfunded post. This will go to the department so the trust position is fully communicated to them.</p> <p>Nursing assistant task and finish group Sharon Holmes to represent MUSC MA's Helen Walker will meet with Sharon and Eileen to establish the skills & tasks they undertake. As they have been awarded the band 4 they must work to this level and it must be different from the band 3.</p> <p>Back to work by the 12th April all staff who are still shielding will require a risk assessment to ensure they are fit to come back to work in their substantive post this must be actioned immediately.</p>	<p>HOS & LN to feedback at next team meeting.</p>
Ambulatory Care/UCC	<p>Acute Medical Ambulatory commenced Monday the 12th April 2021</p> <p>UCC ongoing work to develop this service so</p> <p>Mary advised that she has asked for meetings for UCC to be reinstated and HOS for ED to be invited to same</p>	
Strategic Plans	<p>Mary advised of next meetings on the 21st of April and advised the HOS and lead nurses are having conversations in relations to same so that they come with ideas.</p> <p>Cathy conversations with director every other Friday Mary will resend link to all, and advise as many of the team as possible should attend.</p> <p>Further update on Friday</p> <p>UCC - continue as phone first service and schedule minor injuries</p> <p>Ramone building to convert to ambulatory village for specialities</p> <p>Business case to be submitted for ED estates work - estates to link with mary re same.</p>	

AOB	Bed Pressures/Overcrowded department on both sites	

Acute Services Directorate - Cancer and Clinical Services Division
Divisional, HOS and Team Risk Register - June 2020

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
4008	28/02/2019	Provide safe, high quality care	MRI Craigavon Area Hospital	SyngoVia imaging software is not covered by service contract.	This software is essential in the reporting of Breast MRI as it is used to produce contrast uptake curves that cannot be produced on the PACS reporting stations. Server breakdown - costly repair as not under contract. Software versions not being updated - missing out on new benefits and uses for example in Prostate diffusion analysis. Data security risk - software out of date - updates not carried out. Info from IT - There is a security flaw with the SQL database server, which is out of support by Microsoft and I will need to approach Siemens. Scurity risk to patient data if not protected by software and security updates Risk of software becoming obsolete and no longer usable if versions no longer supported Risk then of being unable to provide breast MRI service.	Risks to be managed on the current NIPACS system and images are being accepted as of diagnostic quality. If not of highest possible quality level.	7.8.19 This continued to be monitored and flagged in the region. Solution - to be part of NIPACS replacement BC.	HIGH	DIV
3191	03/09/2012	Safe, High Quality and Effective Care		62 Day Cancer Performance	Trust fails to meet performance standard due to increase in red flag, capacity issues, inability to downgrade and Regional issues.	Daily monitoring of referrals of patients on the 62 day pathway. Escalations to HoS/AD when patients do not meet milestone on pathway. Continuous communication with Regional with regard to patients who require PET and ITT patients for Thoracic Surgery, 1st oncology appointment. Monthly performance meetings with AD/HoS and escalations of all late triaging	Dec19 Review of same risk remains unchanged. 06/08/2019 - Ongoing increase in red flag referrals across multiple tumour sites continues, leading to pressures throughout pathways with 1st appointment, investigation and diagnostics and surgery- in particular urology, UGI, LGI, gynae and haematology . 2019/20 cancer trajectory has been submitted to HSCB highlighting these concerns and projecting a decreasing performance against target. This is discussed at length HSCB at Trust Cancer Performance Meetings who are very aware of the Regional pressures on cancer services. NICAN groups continue to meet to review site specific pathways and make recommendations for any changes. June 2019 Difficulty in achieving 62 day cancer access pathway due to increase in referrals and demand and delay in first appointments. 14.11.17 Cancer work plan under development, Cancer trajectories in place, Weekly monitoring continues	MOD	DIV
3847	24/10/2016	Provide safe, high quality care	Trustwide	AHP Capacity Deficit for Acute Oncology Staff	Lack of timely response to Oncology referrals by specialist staff and limited rehabilitation input.	Patients rehabilitation may be compromised.	22.1.18 Still ongoing risk 14.11.17 -Capacity and demand paper being revised, This need remains largely unmet 6.6.17 Regional work still ongoing Dec 16 Working with region to establish any regional developments.	LOW	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
4079	16/12/2019	Provide safe, high quality care		Serious concerns highlighted following Peer Review visit of Systemic Anti -Cancer Treatment Service (SACT) November 2019.	no electronic prescribing system for Haematology chemotherapy drugs. Competency assessment for those prescribing first cycle of chemotherapy not in place SACT nursing competencies - some out of date storage of patients notes - confidentiality . SACT meetings did not include both Haematology and Oncology Increased risk of errors when prescribing drugs Inappropriate commencement of chemotherapy for a patient staff training out of date not in line with good practice Risk of breach of confidentiality lack of service development for the whole service	Corrective action plan developed to work through the concerns however regional support is required to implement electronic prescribing system for haematology chemotherapy. Medical competency framework needs to be progressed through NICaN. nursing staff to update competencies explore options for safe storage of patient notes Liaise with colleagues in Belfast trust to ensure job planning of oncologists to attend	Dec19 Regional Support is required.Liaise with Belfast Trust to enure job planning of oncologists to attend.	MOD	DIV
4050	07/08/2019	Be a great place to work	Radiology , Craigavon Area Hospital	Lone Worker in Radiography	Risk of harm to radiography staff who may be working on their own to provide a critical service on the Daisy Hill site. There is risk to staff form adverse incidents including potential for sudden illness, accident or intruder with no immediate help at hand.	Out of hours entrances and exits are locked. Staff have access to phones and two-way radios that give the radiography staff access to portering staff in case of an emergency. Single Pane windows upgraded. Personal Panic alarm system installed. Inner doors replaced / thumb turn removed.	Dec19 Risk continues to be monitored	LOW	DIV
3936	03/01/2018	Be a great place to work	Laboratory	Lone Worker in Laboratory	Risk of harm to laboratory staff who may be working on their own to provide a critical service on the Daisy Hill site. There is risk to staff form adverse incidents including potential for sudden illness, accident or intruder with no immediate help at hand.	Out of hours entrances and exits are locked. Staff have access to phones and two-way radios that give the laboratory staff access to portering staff in case of an emergency. Single Pane windows upgraded. Personal Panic alarm system installed. Inner doors replaced / thumb turn removed.	June 2020 Resource was given for additional staff to be on at night and reduce the "lone-worker" risk. Two staff have been agreed – a third member would be required to cover every night and remove the risk. Management will continue to advocate for the additional resource required. Nov 19 Risk reviewed and this remains unchanged Aug 19 Resource was given for additional staff to be on at night and reduce the "lone worker" risk. Two staff have been agreed a third member would be required to cover every night and remove the risk. Management will continue to advocate for the additional resource required. 7.3.18 Risk continues to be monitored	LOW	DIV

Acute Services Directorate - Surgery and Unscheduled Care & ATICS Division
Divisional, HOS and Team Risk Register - June 2020

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3826	19/08/2016	Safe, High Quality and Effective Care		Demand of fracture referrals outweighs fracture capacity.	Fracture patients at risk of late diagnosis and treatment.	The Trust has given permission for "at risk" fracture clinics, however, this still does not meet demand.	17/06/2019 Fracture MSK Hub commenced in CAH on 17/6/19. The principle of the hub is to redirect ED fracture referrals to the right pathway eg physio, OT, face to face, back to ED or discharge. (Keep on RR to see outcome of the Hub before downgrading to department) 28/3/19 - current fracture patient outweighs capacity. 11th T&O consultant part funded which include 1 fracture clinic per week. Q1 2019/20 additionality approved by SMT for fractures new and review 6/2/19 - as below, no change	HIGH	DIV
3827	19/08/2016	Safe, High Quality and Effective Care		Due to the move down from level 6 to outpatient department to the current OPD accommodation is not suitable to sustain numbers.	Risk of late diagnosis and treatment. Health and Safety and fire risk to patients and staff.	Reduction in the number of fracture patients that can attend each clinic to be reduced.	18.09.19 Remain on Register until capital allocation 24.06.19 - DHH T&O accomodation is priority 1 on the Trust's capital allocation list. To remain on the RR until new accomodation is complete. This will move the fracture clinic from level 2 SAU. 28/3/19 - fracture clinic in DHH continues to be located on level 3 DHH (SAU room), therefore numbers remain reduced. Remains on the capital allocation list 6/2/19 - as below no change to risk	HIGH	DIV
4018	15/10/2016	Provide safe, high quality care		Inpatient / Daycase Planned Backlog	Delay in review of patients planned for screening/repeat procedures presenting adverse clinical risk.	INDC planned backlog in the following surgical specialties: urology, general surgery, ortho and chronic pain.	18/6/19 - planned IPDC backlog continues to be a clinical risk due to no capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionality. OSL/HOS continues to monitor the backlog. 28/3/19 - continue to monitor IPDC planned backlog by HOS and OSL. Validation of strugglers to ensure they are true waiters or appoint. No routine planned capacity currently on the CAH site /2/19 - Continue monitoring and discussed at HOS meetings	HIGH	DIV
4019	15/10/2016	Provide safe, high quality care		Inpatient / Daycase Planned Backlog for Endoscopy	Delay in review of patients for planned screening/repeat procedures presenting adverse clinical risk.	Endoscopy planned backlog. Papers written and submitted to Director re risk. Requested HSCB funding for planned backlog clearance.	18/6/19 - planned endoscopy backlog continues to be a clinical risk due to lack of capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionality. Short risk paper has been drafted for AD and Endoscopy user group. OSL/HOS continues to monitor the backlog. 28/3/19 - IS contract with medinet ends 29/3/19, they were able to complete approx 600 pts out of the contracted 822 planned. Continued risk for colonography routine planned backlog. 6/2/19 - Ongoing validation. IS contract with medinet for 822 routine planned scope patients, however, only 350 colons. Routine planned continues high risk. 20/11/18 - Endoscopy planned validation continues by the NE. Funding secured to transfer routine planned patients to SET mobile for Q4 of 2018/19. 15/10/18 - Risk assessment paper written and submitted to Director for discussion at SMT. Validation to be undertaken of planned long waiters by Nurse Endoscopists	HIGH	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
4021	12/04/2019	Provide safe, high quality care		Access Times (Outpatients) - General (not inclusive of visiting specialties)	Increase in access times associated with capacity gaps and emergent demand - Capacity gap in RF, urgent and routine.	ATICs/SEC specialties with New Outpatients >52 weeks; urology, general surgery, Orthopaedics, Chronic Pain	18/6/19 - waiting times for Outpatients continues to be a clinical risk due to lack of capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionality. Short risk paper has been drafted for AD and Director to highlight issue. OSL/HOS continues to monitor the backlog. 28/3/19 - continued capacity gap in all surgical specialties. regional discussions in ongoing re urology. Q1 2019/20 in house additionality received for breast symptomatic, chronic pain and general surgery additionality for both in house and IS /2/19 - Waiting times are monitored by OSL and HOS, and discussed at HOS weekly meetings. Risks highlighted at monthly performance meetings	HIGH	DIV
4022	12/04/2019	Provide safe, high quality care		Access Times (In-patient/Day Case) - General	Increase in access times associated with capacity gaps and emergent demand.	ATICs/SEC specialties with New Outpatients >52 weeks; urology, general surgery, Orthopaedics, Chronic Pain	18/6/19 - waiting times for IPDC continues to be a clinical risk due to lack of capacity. risk has been impeded by medical 'pension issue' which has resulted in reduced in house additionality. Short risk paper has been drafted for AD and Director to highlight issue. OSL/HOS continues to monitor the backlog 28/3/19 - 30% reduced theatre capacity to continue into April 2019. Access times continue to grow for routine and urgent waits. HOS and OSL continues to monitor and validate long waiters /2/19 - IPDC waiting times continue to grow. Winter plan in place from Dec 18 to March 19 with 30% reduced theatre capacity. No routines to be scheduled on CAH site, capacity for RF and urgent only	HIGH	DIV
3802	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Nurse Recruitment for Adult and Paed theatres	Risk of being unable to cover all required theatre sessions with appropriately skilled theatre staff, therefore, there is a risk of sessions not being scheduled or being cancelled if insufficient skilled Theatre staff are not available.	We continue to use the Nursing Team in ATICS across all theatre departments. This includes cross site working, to ensure that we make the best use of our resources to cover the core confirmed sessions.	3/9/19 - only 3 paed nurses at present (1 is 16 hours only). Further nursing gap highlighted to AD and Director - paper attached 18/6/19 - Unfortunately continued high level of vacancies in ATICS. Theatre nursing paper has been submitted to the Acute Director. Continue to run main theatres in CAH and DHH at 30% reduction. Risk remains high. 28/3/19 - Continued high level of vacancies in theatres and risk to staffing main theatre sessions. Continue to run at 30% less theatre sessions for April 2019. theatre sisters continue to redeploy skill across hospital sites. Risk remains high. 6/2/19 - Unsuccessful recruitment in Dec 18, continue to work with BSO to fill vacant posts. Weekly nursing rota meeting ongoing to redeploy skill across hospital sites. 30% reduction on CAH and DHH main theatre sites. Draft ATICS theatre nursing staffing risk briefing paper with AD.	MOD	DIV
3804	27/05/2016	Safe, High Quality and Effective Care	Outpatients Dept	Pre Op Assessment	Pre-op assessment is currently under resourced to provide the number of assessments required and deal with the increase in demand to the service	Staffing has been structured within pre-op to cover the key areas ensuring the best use of the limited resources. We are currently proactively working to change the existing pre-op processes to ensure that patients are pre-assessed and passed fit before ever being scheduled for surgery. This impacts on the need for additional staffing as we are working to change the processes while having to continue with existing processes.	18/9/19 - Lead nurse is interviewing this week for new pre-op nursing staff. Pre-op is one of the projects submitted under demography monies. 18/6/19 - Ongoing works pressures continue in pre-op due to demand. Group met to progress pre-op paper however planners will be not support without confirmed funding stream. To remain on RR. 28/3/19 - Risks continue as below and additionality continues. Agency band 2 part time to start end of April 19 to support the B5/6 nursing staff. 6/2/19 - High sickness rate in pre-assessment at present. Additional hours offered to keep up with demand. Discuss additional admin B2 to be recruited as risk to support the B5/6	MOD	DIV

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3930	12/12/2017	Provide safe, high quality care. Make the best use of resources	Anaesthetics, Theatres & Intensive Care Services	Discontinuation of guaranteed Service for Dräger Oxylog Ventilators	Maintenance Company can no longer guarantee support the Dräger Oxylog Ventilator for items that may be required for repair/service. There are no spare machines available to STH.	None in place	18.09.19 4 last year and new capital from 19/20 to replace another 4 18/6/19 - Ongoing risk as still 6 machines to be replaced, these are on the equipment capital list however no confirmed funding 28/3/19 - 3 machines arrived, training and implementation plan ongoing. anaesthetic machines programme to remain. 6/2/19 - 3 machines procured for CAH. Will be delivered pre-31/3/19. Rolling replacement programme in place to procure remaining 9 machines	MOD	DIV
3800	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Anaesthetic cover for maternity services	We currently fail to meet the standards regard to anaesthetic cover for maternity theatres. There is a risk to the Maternity patients from having inadequate cover. The staff is approximately 2.0wte. The nursing levels do not meet the national guidelines. Risk of failing anaesthetic accreditation, currently do not meet the standards.	A paper is being completed with regard to sorting the deficit in both anaesthetic and nursing cover.	18.09.19 - HOS & LN's have met and are meeting again in the next month to go through figures for the nursing requirement 18/6/19 - meeting was held between gynae and ATICS, business case to be progressed. To be kept on RR 28/3/19 - Next ATICS business meeting arranged for 19/4/19, await update from Dr Scullion. 6/2/19 - discussed at ATICS business meeting. Dr Scullion investigating the transfer of IMWH maternity theatres	MOD	DIV
3766	24/02/2016	Make the best use of resources		Despite refurbishment of ward areas this financial year, due to winter pressures all work was not completed	Increased risk of infection due to poor bed spacing / inadequate side room availability and inadequate storage. Increased moving and handling risks.	Some wards have had significant refurbishment with plans for further work in the summer of 2016. Significant minor works request in place and mail box requested for some areas.	18.09.19 Risk remains the same 28/3/19 - 4th floor works remain on the minor works and continued risk with buzzer and oxygen needing placed. 6/2/19 - risk remains that same, no change 20/11/18 - As per below. 4th floor works has never been commenced. In particular buzzer and oxygen require to be replaced. 1/10/18 Risk remains same. 4th floor works has never been commenced. In particular buzzer and oxygen require to be replaced. 8.8.18 Risk remains same. 12/6/18 4th floor still outstanding. 10/4/18 - 4th floor still outstanding. 28/2/18 - No change 30.5.17 No change 7/3/17 - work goes on a phased basis in conjunction with Estates	MOD	DIV
3727	01/09/2015	Make the best use of resources	Anaesthetics, Theatres & Intensive Care Services	No equipment store available in Day Surgery Unit CAH	Currently there is a 2 bedded side room unable to be used for patients as it stores the equipment for this unit. This can impact on the availability of beds for the daycase list, particularly when lists are occurring simultaneously. Potential for harm; Potential delay of access to day surgery beds. Limited availability of segregation for patients for IPC reasons and also male/female.	Try to maximise the use of the existing 12 bed spaces. Continues to use the 2-bedded side room for equipment as this reduces the risk to patients and staff of equipment being stored in corridors, this would also be a fire hazard.	18.09.19 Still no capital funding risk remains the same 18/6/19 - still no capital funding identified, risk remains the same. 28/3/19 - as below, risk remains as no capital funding identified. 6/2/19 - no capital funding, therefore risk remains the same.	MOD	DIV
3746	30/11/2015	Safe, High Quality and Effective Care	3 South ENT	Paediatric Patients treated in 3 South ENT treatment room - cannot guarantee nurses with up to date paediatric training.	Limited paediatric trained staff includes - paediatric trained nurse may not be with patient in the treatment room - clinical outcomes if patient needs specific paediatric nursing care including resuscitation - poor patient experience and safeguarding issues.	Meeting held with Paediatric Head of Service to discuss issues on 27 November to scope the problem. Data has been requested. Further meetings planned with the aim to have a paediatric nurse with paediatric patients or inform paediatric ward of admissions.	18.09.19 part of rapid access clinic when this moves will resolve the issue 26.06.19, 28/3/19 06/02/19- no change.	LOW	DIV
750	28/07/2008	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	STH Theatres and Day Procedure Unit requires UPS/IPS system,	Theatres and Day Procedure Unit at STH currently does not have any form of backup electrical supply other than the emergency generator; in the event of a power failure all power supplies to socket outlets will drop out for approx. 15 seconds until the generator comes on line.	Battery backup exists on the anaesthetic machine only.	18.09.19 No change	HIGH	HOS

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3993	19/11/2018	Provide safe, high quality care	High Dependency Unit DHH	Agency nursing staff not trained to SHSCT protocols	Agency staff from block booking with appropriate qualifications in level 2 may not complete procedures as per SHSCT processes's. Potential for risk to patient safety and potential for staff who may not follow procedures as per SHSCT process which could influence results potential for low performance reports. Agency staff fulling gaps in roster without skills for level and may not complete procedures as per SHSCT processw.with appropriate qualifications in level 2 may not complete procedures as per SHSCT processes Potential for risk to patient safety and potential for staff who may not follow procedures as per SHSCT process which could influence results potential for low performance reports.	Discussed with HOS/AD agency staff can be issued with codes for e-learning gap until completed and time to roster to complete need to have suitable trained staff with level 2 care priority to manage deteriorating patients. Roster reviewed to have suitable trained staff with level 2 care on roster /priority to manage deteriorating patients.	18/6/19 - on going reliance in block booking and agency staff to fill nursing gaps. Continues to be a risk throughout ATICS/SEC 28/3/19 - BB agency to complete e-learning and practice audit, ongoing review required. 6/2/19 as below, no further update	HIGH	HOS
3801	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	JAG Accreditation	Due to the waiting times for patients having endoscopy procedures, we cannot achieve timeliness of appointments, and therefore, cannot achieve JAG accreditation. This is a regional issue and JAG are aware of same.	JAG is working with HSCB and the Trusts with regard to the revised JAG standards and the potential for 2 levels of accreditation.	18.09.19 Require a led for JAG 28/3/19 - next ATICS Business meeting Fri 19/4/19, to discuss taking JAG off the RR. 6/2/19 - Consider taking off Directorate RR to be discussed at next ATICS Business meeting.	MOD	HOS
3803	27/05/2016	Safe, High Quality and Effective Care	Recovery Ward	Post op Surgical Pts in the Recovery Ward	Regularly there are patients kept over night in the recovery ward due to ongoing bed pressures within the Trust. However, this increases the risk within the recovery area due to having post op surgical pts, HDU patients (med or surg), adults male, female and children are all mixed within the area. There are post op pts being fed while pts are still being brought out from theatre intubated and pts that come round from anaesthetic can also be nauseated. Unable to get patients out in a timely manner to the wards the following day which impacts on patients being able to get out of theatres to recovery, which in turn impacts on the operating time available if patients have to be recovered in the Theatre.	ATICs try to ensure as far as possible that a limited number of patients are kept post op in the recovery ward. This is not always adhered to.	18.09.19 No change it has become the mai stream of covering Mon-Thurs extra 4th nurse, with more often requiring 4th nurse on a Friday. 28/3/19 - due to continued bed pressures, recovery cstsaff with 3rd nurse Tue, Wed and Thursday nights, increasing to 4th nurse when required. Some patients continue to be kept in recovery post op which limts their enhanced recovery on the wards. 6/2/19 - continue to staff with 3rd nurse on Tue, Wed, and Thursday on night duty to cope with capacity. increased to 4th nurse dependent on bed pressures.	MOD	HOS
3880	07/03/2017	Provide safe, high quality care	Trustwide	Patients requiring review at Breast Family History Clinic	Patients requiring review at Breast Family History Clinic not being seen in a timely manner due to review backlog therefore risk that patients may have delay in diagnosis. Patients may not be seen within appropriate review.	Staff have been offered the opportunity to undertake additional sessions to ensure that the waiting time for patients to be seen is reduced and patients are seen in a timely manner . Plan to recruit and additional admin person to book yearly mammograms as a rolling programme.	18.09.19 downgraded to departmental 28/3/19 - no update. 6/2/19 - downgrade to departmental risk	MOD	TEAM