CONCLUSION

- Increased capacity and efficiency
- Improved communication with patient and wider healthcare circle
- Ensure evidenced based care for stone patients

Saving £339.80 per patient journey

Thankyou!

SAVINGS BREAKDOWN

Stone clinic:

New patient £250 and review patient £170 = £420 per patient

Stone meeting discussion and correspondence per patient: (average 32pts per meeting):

Cost of discussion per patient per meeting = £26.75

Average number of times discussed = 2 (£53.50)

90/ 842 patients for additional stone clinic face to face appointment x1

So per patient through stone meeting with new and review appointment and including the cost of a proportion of them attending face to face clinic also, cost per patient is: £80.20

Saving £339.80 per patient journey

CHALLENGES

- Various referral sources
- Retrospective data collection
- Bottleneck at delivery of care
- Securing administrative support

ED TO STONE MEETING REFERRAL FORM

Please send completed form to Urology Consultant on-call, Booking centre, CAH

Ureteric and Renal Stone Meeting Referral

Urology, Craigavon Area Hospital

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

Please refer to ED protocol for referral guidance:

Patient identification (sticker)

Referring Doctor and Unit: _____

Date of referral: _____/_____/_____

Side of Pain: (circle) Left Right None

Visible haematuria: (circle) Yes No

Other presenting symptoms? _____

Imaging modality: (circle- see protocol)

CT urinary tract USS KUB/ NC MRI

Findings: (circle)

Stone side: Left Right Bilateral

Ureteric stone: Yes No Side:_____

Hydronephrosis: Yes No Side:_____

Bloods: (please at least request)

eGFR:_____ WCC:_____ CRP: _____

Corr. Calcium:_____ **Uric acid:**_____

Haemoglobin: _____ Platelets:_____

Urine dip stick: (if results available)

pH:_____ Bld:_____ Leuc:_____ Nit:_____

Pregnancy test: (circle) **Positive** **Negative**

Medications given from A+E:

_____

Tamsulosin 400mcg given? (circle) **Yes** **No**

Discussed with Urology Oncall? (circle) **Yes** **No**

Name (urologist): _____

Past medical History: (circle)

Solitary Kidney:	**Yes**	**No**
Abdominal Aneurysm:	**Yes**	**No**
Pacemaker:	**Yes**	**No**
Asthma:	**Yes**	**No**
Cardiac Stent: (Year of stent:_____)	**Yes**	**No**
CKD Stage IV or V:	**Yes**	**No**
Active GI Ulcer:	**Yes**	**No**
Malignant hyperthermia:	**Yes**	**No**
Symptomatic heart failure:	**Yes**	**No**
Physical or mental disability:	**Yes**	**No**

Please describe:_____

Significant other PMH:

Previous Urological history / surgery?

Allergies: (circle) **Yes** **No**

Drug: _____

Anticoagulants: _____

Immunosuppressants: _____

Interpreter Required: (circle) **Yes** **No**

Language:_____

Ureteric and Renal Stone Pathway

Southern Trust Hospitals

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

Note: Male >50yrs, no history of renal stones, then consider AAA pathway

History Suggestive of Renal Colic? THEN DO THE FOLLOWING

- Urine dipstick including pH
- Pregnancy test (12 to 55 years)
- Patient observations
- FBC, U&Es, CRP, Calcium and uric acid

(Same day imaging if single kidney, infection, AKI)

Not Pregnant and >18 years old

Non Contrast CT Urinary Tract

Ureteric stone or obstructing kidney stone

Is there any:
1. Infection (? SEPSIS 6)
2. Acute Kidney Injury
3. Uncontrolled pain
4. Ureteric stone >6mm
5. Diabetes
6. Immunosuppression

Yes → Discuss with Urology

No → Complete Outpatient Stone Referral Form

Non-obstructing Stone in Kidney, not ureter

Evidence of Pyelonephritis

Yes → Consider admission if necessary (See Hospital/ NICE guidelines)

No → Consider alternate cause for pain

AND

For the stone finding, complete Stone Referral Form

<18 years old

USS RENAL TRACTS

Hydronephrosis OR highly suspicious of stone, OR Urological abnormality, Discuss with Urology.

Pregnant

Discuss with Obstetrics

USS RENAL TRACTS

Discuss with Urology
Consider NC MRI Renal Tracts

Negative Imaging

Consider alternative cause of pain

(Non-visible haematuria on urine dipstick: Notify GP to re-check and refer if needed as per NICE guidance)

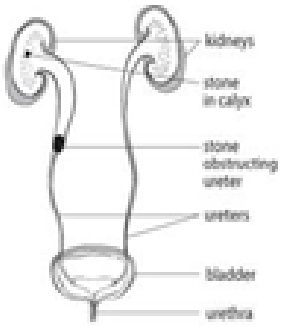
Pathway next due for REVIEW July 2018 Stone MDM

ED SUPPORT DOCUMENTS

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

Emergency attendance:

Ureteric colic advice sheet



You have attended the Emergency department and have been diagnosed as having a stone stuck in the tube draining one of your kidneys – ureteric colic, with symptoms that may have included severe pain, nausea and/or blood in the urine.

You would need surgical treatment if your stone *causes intractable pain, does not pass itself over an extended period of time, is associated with infection or is compromising significantly the function of your kidneys.*

In your case, it may take some time to pass the stone and you may suffer from pain when the stone moves but there is a high chance you may pass the stone yourself. This is the best way to clear the stone. To aid this, (if safe for you) you have been given a pack containing pain relief, stomach protection (omeprazole) and a medication to encourage stone passage (tamsulosin). However:

- **If your pain is persistent and severe despite medication**
- **If you develop fever or rigors**

Please reattend the Emergency department for reassessment

Otherwise you will be followed up by the stone treatment centre in due course with a phone call, letter or further scan appointment sent from the xray department. Any ongoing care will be planned at that point.

General Dietary Advice to prevent stone formation:

- Generally, keeping your urine dilute & colourless reduces your risk of forming a further stone by 30 to 40%. This can be achieved by drinking plenty of water, if safe for you to do so.
- A normal calcium, low salt, low protein dietary intake can reduce your risk of stone formation even further
- If you wish further information on kidney stones: **https://www.baus.org.uk/patients/conditions/6/kidney_stones/**

INFORMATION LETTERS - COLLABORATION WITH PHARMACY

Uric Acid kidney stones

Patient Information Leaflet

The stones present within your kidney tract are suspected to be made of uric acid based on a combination of your bloods, your [illegible] and stone analysis. Uric acid stones form either because the urine is too concentrated, too acidic, or both.

Treatment

- **Drinking lots of water** is the easiest way to make your urine more dilute. Aiming for **2.5 litres** of fluid a day is [illegible], however please ensure that you have no other medical conditions requiring that you restrict your fluid intake.
- **Weight loss** if overweight (BMI >25)
- **Alkalinisation** of your urine with medication (see following)

Please see your GP** for a prescription of **Potassium citrate liquid 5mls three times a day** and we will post to you **urine testing strips that measure urine pH

Advice for GP and patient:

- This letter will also have been sent to your GP to prescribe your treatment but if not received or actioned, please take this letter to get the prescription.
- Our stone nurse will give you a ring in the next couple of weeks to discuss and monitor your treatment.
- You are aiming for **light green (pH 7)** on the urine test strips. Testing once a day **before a meal** is helpful as food can temporarily affect your urine pH
- Urine pH will vary from day to day, but aim that **most** times that your urine pH is around 7.
  - if urine pH consistently less than 7 (orange on strips), then next step is to increase the potassium citrate dose to 10mls three times a day
  - if urine pH consistently >7 (dark green or blue on strips), then reduce your potassium citrate dose to 5mls twice a day

For GP: If potassium citrate liquid is not tolerated an alternative is **Sodium bicarbonate** starting at 1g

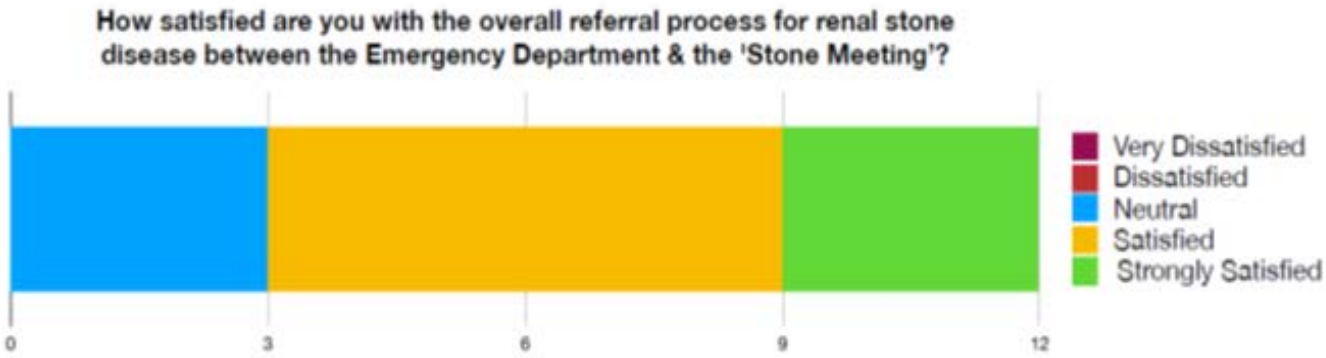
You will be contacted by the [illegible] department for a follow-up scan and then by the Stone Clinic [illegible], and further advice can be given if this treatment fails to manage your stone problem.

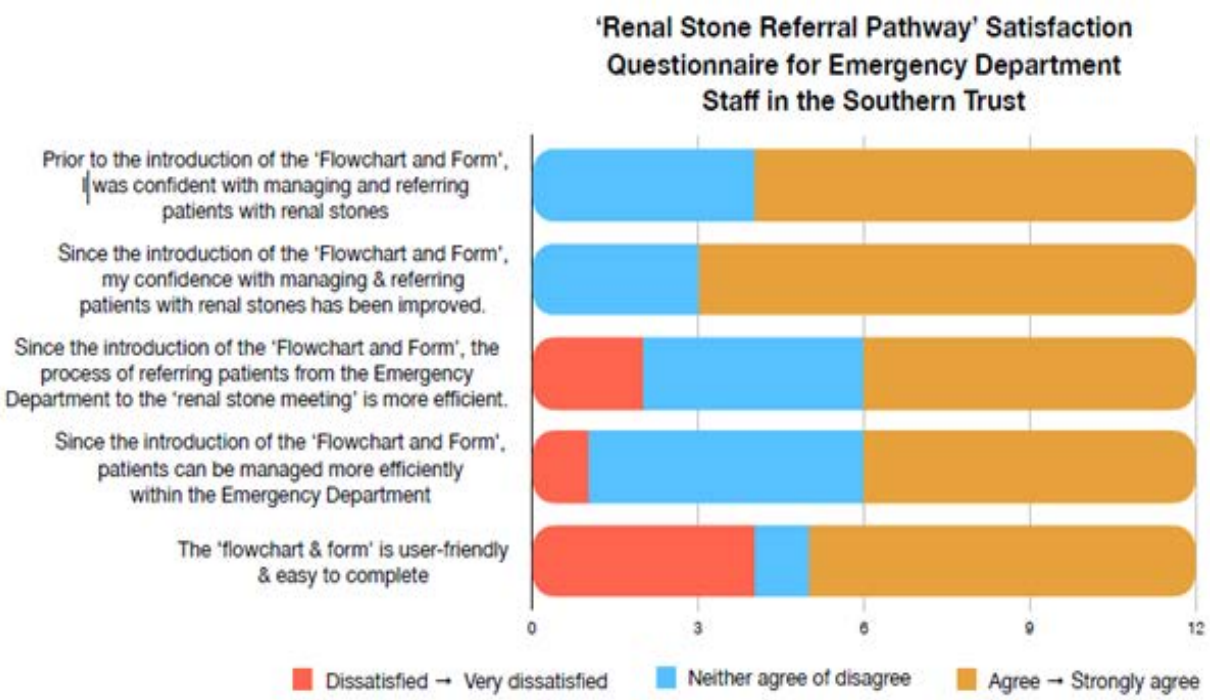
Many thanks,

Mr Young FRCS ([illegible]), Urology Consultant

Created May 2020, updated Mar 2108

ED STAFF FEEDBACK





PATIENT FEEDBACK

32/33 agreed a stone meeting letter within 2 weeks of their stone presentation is preferable to waiting up to 28wks for a face to face appointment (previous average)

- 30/32 agreed to understanding the information received from the stone meeting

- 27/32 agreed that the information given was sufficient to answer any questions they might have however, 15/32 still would have liked to speak to a healthcare professional.

- 22/32 agreed that they would prefer a stone meeting letter instead of a hospital appointment if they had the same problem again in the future

Nurse Led Clinic Criteria:

- Reviewed by stone meeting/ senior member of team prior to referral
- Renal stone, no ureteric component
- Appropriate for nurse led followup
- Patient risk stratified

Referrals with risk stratification (high/ low)

Letter from clinic/ stone meeting on NIECR and patient captured on Nurse led stone clinic waiting list code

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Quality Care - for you, with you

Virtual clinic review @1yr for recurrent stone former

Virtual clinic review within 3mths for first time stone former

Patient symptoms and stone prevention and discuss thresholds for seeking advice

Ensure ca and uric acid checked and normal (if abnormal, d/w doctor)

Refer to consultant clinic at any point if nurse or patient concerns

Assessment of patient symptoms and review of stone prevention

Symptomatic of stone disease or stone growth >2mm

Discharge if:

Asymptomatic, residual burden <5mm, low risk stone former

Patient agreement and discuss thresholds for seeking advice

Virtual clinic in 2yrs with US before

No

Yes

Discharge @5yrs if:

Asymptomatic

AND

Minimal change in stone burden <2mm per stone

Patient agreement

Discuss thresholds for seeking advice

Urgent CT if none within 3mths

No treatable stones or other concerns on imaging:

Advise patient and discuss thresholds for seeking advice

Refer to stone meeting

Stone disease or patient not suitable for ESWL

Ureteric stone

Patient complexity

Refer for ESWL by completing ESWL tx form

Inform patient

Max 2 stones 6mm to 18mm in size and <1400HU

NCCTKUB within 6mths of referral

Ensure visible on USS or XRKUB

Bloods eGFR, Hb and plt checked

Patient able to lie flat 1hour

Ensure no history of aneurysm disease

L McAuley STC CAH July 2021

Clayton, Wendy

From: Glackin, Anthony
Sent: 25 April 2022 09:40
To: Haynes, Mark; Clayton, Wendy
Cc: McClements, Melanie
Subject: RE: Letter to Maria O'Kane re [redacted]

Further information to be included in the response.
There is no indication of prostate cancer. He was discharged from low risk bladder cancer follow up in 2019. His recent cardiac issues need to be clarified before considering surgery either within trust or in IS.

As of 16 March 2022 (when I last ran the WL for the whole department) this gentleman is my longest waiter at 260 weeks. There are 87 other patients waiting longer for the same procedure, longest waiter 390 weeks.

At present his case fits into FSSA priority category 4.

If we continue to apply the FSSA criteria then he is unlikely to be called for surgery due to the large number of cases waiting in priority catergories 2 & 3. This gives a rationale for my proposal, presented at the patient safety meeting last week, to start prioritising BOO surgery via our theatre allocation at DHH and LVH.

Kind regards

Tony

From: Haynes, Mark <[redacted]>
Sent: 25 April 2022 09:06
To: OKane, Maria <[redacted]>; McClements, Melanie <[redacted]>; Glackin, Anthony <[redacted]>; Clayton, Wendy <[redacted]>
Subject: RE: Letter to Maria O'Kane re [redacted]

Sorry details = [redacted] ([redacted])

From: Haynes, Mark
Sent: 25 April 2022 09:05
To: OKane, Maria <[redacted]>; McClements, Melanie <[redacted]>; Glackin, Anthony <[redacted]>; Clayton, Wendy <[redacted]>
Subject: RE: Letter to Maria O'Kane re [redacted]

I have included Wendy and Mr Glackin as I believe [redacted] is on his WL for greenlight laser prostatectomy (bladder outflow surgery. As per Mr Glackin's letter at the time of listing, his waiting list was 45 weeks. As you are aware the situation is far worse now with almost no bladder outflow surgery occurring during the pandemic. I note from NIECR he has recently been referred to the cardiology team and this may have some relevance in planning any surgery.

He has been followed-up for his previous bladder cancer (last check flexible cystoscopy 2020 = clear and discharged). I cannot see any evidence on NIECR of a prostate cancer and his last PSA was normal (he does have a history of bowel cancer so perhaps this is an error in the letter?).

Wendy / Mr Glackin may be able to provide additional information if required.

Who is to respond to the MLA?

Mark

From: OKane, Maria <[redacted]>
Sent: 22 April 2022 10:12
To: McClements, Melanie <[redacted]>; Haynes, Mark <[redacted]>
Subject: FW: Letter to Maria O'Kane re [redacted]

From: Wright, Elaine <[redacted]>
Sent: 22 April 2022 10:11
To: OKane, Maria <[redacted]>
Subject: Letter to Maria O'Kane re [redacted]

Maria – I have processed as per procedure – however, just to draw to your attention that this relates to a gentleman who has been waiting on a Urology Appointment since 2017.
Do you need me to take any further action?
Thanks Elaine

From: Wright, Elaine <[redacted]>
Sent: 22 April 2022 10:09
To: [redacted]
Cc: OKane, Maria <[redacted]>; Service User Feedback <[redacted]>
Subject: Letter to Maria O'Kane re [redacted]

Dear Liz
Thank you for your email regarding [redacted].
I have forwarded this to the relevant department who will respond.
Many thanks.
Kind regards, Elaine

From: Liz Kimmins <[redacted]>
Sent: 21 April 2022 22:40
To: Wright, Elaine <[redacted]>
Subject: Letter to Maria O'Kane re [redacted]

Elaine, a chara,

Please see attached letter and signed consent form on behalf of my constituent [redacted] for the attention of Maria O'Kane.

Go raibh maith agat.

Is mise, le meas,
Liz

--

Liz Kimmins

Sinn Féin Newry/Armagh

24 Monaghan Street

Newry

BT35 6AA

Tel. Personal Information redacted by the USI

Ref	ID	Date Received (Complainants - All dates)	Type Of Complaint	Record name	Division	Site	Location	Loc (Exact)	Specialty (primary)	Description	Outcome	Subject Of Complaint	Staff type (primary)
[redacted]		07/04/2022	FORMAL	[redacted]	SEC	CAH		Urology Clinic	SEC	Patient advised he was to be sent to england for surgery however referral was not made. Patient not informed of this until he contacted hospital to enquire re waiting time. Patient wanting to know if he can be sent to ROI to receive surgery.		WLPAH	NON
		03/03/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Patient wanting to know when he will have his Urology appt	regrettably an appointment cannot be offered. significant waits for appointments	WTOPT	NON
		28/02/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	prostate cancer patient red flag procedure needed so he can commence chemo when is it to be	procedure booked for 7th March 2022.	WLPAH	NON
		15/02/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Reopened - MLA has been in contact regarding patient. She advises that the Health Minister has informed her that plans are in place to reduce waiting times, i.e. transferring patient to IS or SET. MLA wanting to know if patient can be included in transfers. gent was diagnosed wit bladder cancer in September awaiting appointment for surgery.	Gentleman had procedure done 17th February 2022. I was added to the urology waiting list for RF Cystoscopy & Bladder BX following LVH attendance on the 18/9/21 and is on the priority elective waiting list. I have copied [Personal Information] consultant into the response so they are aware of this anxiety. At present I am unable to confirm a surgery date I do apologise for the stress this is causing and hopefully he will be called for his procedure in due course.	WLPAH	NON
		26/04/2022	INFORM		SEC	CAH		Urology Clinic	SEC	Patient on Urology waiting list since 2019 to have a kidney removed. GP and patient have contacted Consultant's secretary who informs them both that patient is on the urgent waiting list but that patient won't be seen in the near future. Patient is willing to travel to Dublin for surgery but has received no update on this.	Patient is on list for transfer to Dublin from Southern Trust. Belfast Trust will hopefully be in contact with patient in near future. Head of Service advises that patient is on the waiting list for review with Urology and an appointment will be offered in due course as they are currently working through backlog reviews from 2019.	WLPAH	NON
		20/01/2021	FORMAL		SEC	CAH		Urology Clinic	SEC	Patient unhappy with the length of time he has been waiting on surgery. He states he has only been contacted twice in the 7 years he has been on the waiting list, once to get scans carried out and another time to see if he wanted the operation. Seen consultant privately and is now awaiting MRI scan. Wants to know if he goes private for the operation will the NHS reimburse him the money. Also wants to know if operation is still the best treatment option for him.		COMINF	TC8
		25/04/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Complaining regarding "unacceptable backlog/waiting list" for Urology and specifically mens prostate biopsies		WLPAH	NON
		17/12/2021	ENQUIR		SEC	CAH		Urology Clinic	SEC	has large kidney stone and is on for surgery when will it be carried out	placed on urgent bookable list	WLPAH	NON
		23/03/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Awaiting TURP procedure	gent has been waiting 14 weeks and longest waiter is 380 weeks. each trust regionally is clinically reviewing longest waiters with the TURP patients potentially being transferred to Hermitage Independent Sector in Dublin for surgery. This patient would not be in this cohort of patients currently as he is only waiting 14 weeks.	WLPAH	NON
		27/04/2022	FORMAL		SEC	CAH		Urology Clinic	SEC	Patient referring to letter received in December 2021. He claims Consultant was not at his operation and hadn't marked him down for any medication after his operation. He feels he was discharged too early and had to get a taxi home costing £100. He states that he was bleeding the whole way home and had to be rushed to Enniskillen due to this.		QUALTC	TC8
		17/01/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	gent has been waiting on an urgent appointment since 2020 relating to his changes in prostate.	appointment offered for the 25th January 2022	WLOPT	NON
		18/03/2022	INFORM		SEC	CAH		Urology Clinic	SEC	awaiting a phone call from Dr regarding his MRI and is anxious re cancer	patient contacted by doctor and secretary	COMINF	TC8
		22/04/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	MLA enquiry on behalf of constituent who has been waiting on a Urology appointment.		WTOPT	NON
		24/12/2021	ENQUIR		SEC	CAH		Urology Clinic	SEC	patient waiting urology surgery .	patient was admitted and discharged with his nephrostomy changed. He was referred to Belfast City in September for cystoprostatectomy so belfast need to input	WLPAH	NON
		14/12/2021	ENQUIR		SEC	CAH		Thorndale Unit	CCS	MLA seeking update on Patients care who is on a waiting list to receive an operation.	no change no elective surgery taking place currently.	WLOPT	NON
		05/05/2022	INFORM		SEC	CAH		3 South	SEC	Patient had been in 3 South CAH from 22/04/22-24/04/22. During her stay a health worker "detached something" from her cannula and didn't close the lid of the cannula. The patient states later that she only caught onto this when she saw blood all over her sheets and her pyjamas. She states she was able to get this sorted as she caught on early but asked if it had been an elderly patient or someone sleeping would the outcome have been as minimal.	Passed to ward for their information.	QUALTC	TC5
		15/02/2022	FORMAL		SEC	CAH		3 South	MUC	Family submitted complaint relating to 2 admissions to hospital. They have various issues they wish to be addressed. Lack of communication, staff attitude, not listening to family, issues with treatment and care and delays with treatment.		SAB	TC8
		04/05/2022	FORMAL		SEC	CAH		3 South	SEC	Patient's son complaining about issues when trying to contact the ward and speak to his mother. He is unhappy with the lack of access, responsiveness and visitation. He states that even during Covid things were not this bad. He feels CAH has a very big problem on their hands with this ward.		COMINF	TC5
		15/10/2021	INFORM		SEC	CAH		3 South	SEC	patient complaint regarding care and treatment he received whilst in 3 south by ward sister, manager and staff on 2 occasions whilst in hospital	patient passed away on [Personal Information redacted by the USI] Family contacted informed office pt had passed away and want to withdraw complaint at this stage. May contact in future. stored in enquiries folder	SAB	TC5

Ref	ID	Date Received (Complainants - All dates)	Type Of Complaint	Record name	Division	Site	Location	Loc (Exact)	Specialty (primary)	Description	Outcome	Subject Of Complaint	Staff type (primary)
Personal Information redacted by the USI		05/05/2022	FORMAL	Personal Information redacted by the USI	SEC	CAH		3 South	SEC	Patient is complaining of being denied painkillers during admission to Ward. States Sister implied she was annoying other patients. Claims she was offered no sympathy and staff were unresponsive and unsympathetic.		QUALTC	TC5
		12/10/2021	ENQUIR		SEC	CAH		Urology Clinic		Care provided to patient by particular consultant	Per son phone mla and asked for more information and the patient came back to say patient isn't sure of dates. gents records as they have not been used from 1996 have been destroyed as per records policy		
		11/10/2021	ENQUIR		SEC	CAH		Urology Clinic		Patient has been waiting almost 5 year for urgent prostate operation advised back in 2016 operation would be a 6 to 9 month wait - having an overall impact on patients health.	Advised regarding waiting time and was advised during outpatient appointment advised patient is on priority list		
		21/03/2022	INFORM		SEC	CAH		Urology Clinic		Patient with terminal cancer waiting on biopsy result of liver. Has been told there is a 4 week wait due to Covid	awaiting the meeting with 31st March 2022 with Mr Haynes. CMCC Governance Manager did follow up email to wife on the 08th April to see if anything is to be progressed. Get got his biopsy on 10th March discussed at MDM on 27th March and consult with family on 31st March		
		29/03/2022	INFORM		SEC	CAH		Urology Clinic		Patient daughter called to complain that her father had fasted and arrived for scheduled surgery on 24 March only to be told there was a mistake and he was not on the list. His surgery was rescheduled for 8 April and has since been told the machine for surgery is no longer available and that his surgery has been cancelled	08/04/2022- CMcC Governance Manager contacted daughter and offered appointment for 14th April 2022. Patient may be eligible for IS transfer. Governance Manager apologised and explained the green laser fibre situation and stated if they had just been straight with regards the issues it would have been better. Daughter happy with explanation and given contact details if any further issues arise.		
		15/02/2022	ENQUIR		SEC	CAH		Urology Clinic		Patient required urgent red-flag Urology surgery - wanting a timeframe for this happening.			

Southern Health and Social Care Trust

Acute Governance
SAI meeting with Family for SAI [redacted] ([redacted])
Trust Headquarters Meeting Room.
16 March 2022 at 10:00

Attendance:

[redacted]	([redacted] Daughter)
[redacted]	([redacted] Daughter)
Dr M Tyson	(Consultant Urologist, Chair of SAI)
Wendy Clayton	(Head of Service for ENT, Urology, Ophthalmology & Outpatients)
Chris Wamsley	(Acute Clinical Governance Coordinator)

Chris welcomed [redacted] and [redacted] to the meeting. Chris explained the purpose of today's meeting was discuss the reason why [redacted] case is being reviewed under a Serious Adverse Incident (SAI) investigation, explain what this review process will look like and provide an opportunity for family members to share the lived experience and ask any question they may surrounding the events leading up [redacted] unfortunate death.

Dr Tyson explained the reason and the scope of the SAI investigation. [redacted] operation was reviewed and there was no concerns or issues identified within the operation itself. The Urology Service undertake an audit meeting which is attended by Surgeons and Anaesthetists. This meeting looks at cases, [redacted] case being one, to identify if anything could be done to prevent a similar incident reoccurring.

Within [redacted] case the long wait was identified of 15 months. During this review the Urology Doctors agreed the length of this wait was unacceptable and a further investigation through the SAI would assist in identifying how to make this process better.

[redacted] asked why there had been such a long wait and asked was [redacted] missed. Dr Tyson advised that there are many reasons for delay currently. The Covid Pandemic has had regional and global implications which reduced the amount of surgery completed within hospitals. There is a large backlog list within Urology and this is reviewed in priority to identify who will have their surgery. As less surgery is completed within the hospital and more people are added to lists needing surgery it results in larger waiting lists.

[redacted] advised the GP had contacted the Southern Trust on a few occasions but eventually the family brought [redacted] to a private appointment. Following this appointment [redacted] was moved to the top of the list and taken within two weeks of this review.

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Wendy advised that patients are taken off the waiting list chronologically as capacity becomes available with the priority provided to cancer patients to have their surgery completed first. Dr Tyson advised that the SAI review would review the time period between the private appointment and the Surgery date. He advised Personal Information redacted by the USI was likely moved higher in the waiting list priority due to her clinical presentation at this appointment.

Patient's Daughter advised that Personal Information redacted by the USI had "stone blasted in July" and proceeded to have a very bad kidney infection in October requiring admission to Daisy Hill Hospital. During this admission, the family were not allowed to stay with Personal Information redacted by the USI, this caused great frustration and difficulty for the family. Personal Information redacted by the USI eyesight was poor and this would have affected her ability to review and see her consent for in which she signed.

Dr Tyson and Wendy both offered an apology for their collective experience during this admission and explained that there was great difficulty in balancing the risk of exposing people to Covid and allowing visitors within acute hospitals.

The consent procedure was discussed and Personal Information redacted by the USI eyesight difficulties would not have affected the consent process. A patient's capacity and understanding is the important aspects of the consenting procedure and it was agreed that Personal Information redacted by the USI would have had no concerns surrounding her understanding.

The family advised that they were unfamiliar of the risks that would have been discussed during the consent process. Dr Tyson advised that there is a known risk that the longer someone would wait for operation places the individual at higher risk while there is also a greater risk they may come to harm while waiting. Dr Tyson agreed it is an important point the family had raised as for patients who remain on list for longer time periods this increased risk needs explained to patient and family.

Patient's Daughter asked did the stent being in place too long lead to Personal Information redacted by the USI death. Dr Tyson explained the purpose of stent and the procedure that is undertaken to place a stent. He highlighted there is risk to any operation and on anyone nearly 100 years old would have a higher risk and therefore when assessing appropriateness a "risk verses benefit" assessment is undertaken. These risks were discussed and compared during this discussion.

Patient's Daughter asked if bloods were taken prior to surgery and would this not have highlighted sepsis. Dr Tyson explained sepsis is a physiological process which is not defined by bloods results alone. Dr Tyson explained how a patient would be treated for sepsis and how the body would respond, he also explained the greater risk associated with age and the possible reduce impact the treatment may have.

Mr Tyson explained the initial stent insertion surgery. At the time of insertion it was recognised Personal Information redacted by the USI was extremely unwell and the stent insertion saved her life. The guidance to remove a stent is within 4 to 6 weeks. The ideal situation would have been to remove the stent a few months following the insertion.

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Patient's Daughter asked if the surgery had been completed on time would Personal Information redacted by the USI have survived. Dr Tyson advised that he would be unable to answer this question. He advised that if the surgery was completed at this time the risk of sepsis would still exist and therefore he would be unable to say definitely if Personal Information redacted by the USI would have survived the surgery. Dr Tyson advised that the potential survival rate was more likely as the longer wait would have placed an increased risk however potentially the same outcome may have occurred if surgery was completed earlier. Sepsis is a recognised risk of surgery and this would have been included within the consent form.

Both Patient's Daughter and Patient's Daughter highlighted poor telephone communication. Two incidents were highlighted. The first was Personal Information redacted by the USI phone call with her son were she was gasping for breath and why this occurred. Dr Tyson highlighted that this was likely due to the sepsis, ICU would have been providing medications to treat the infection and raise the blood pressure.

The second telephone communication was there was only two contacts with the family following Personal Information redacted by the USI surgery, 17:00 and 23:00. Patient's Daughter had requested a call to update on Personal Information redacted by the USI post-surgery as secondary to Covid restrictions no family were allowed to be present. At 17:00 they were advised Personal Information redacted by the USI was still in recovery and at 23:00 a phone call was received highlighting Personal Information redacted by the USI was having difficulty breathing. The lack of information was extremely difficult for the family and caused great distress.

Patient's Daughter and Patient's Daughter provided personal information surrounding their mum. This information reflected the Personal Information redacted by the USI was a “family women” and that her children and grandchildren were “the apple of her eye”. Dr Tyson, Wendy and Chris thanked the family for sharing this information.

Dr Tyson summaries the three key points which he had identified from the meeting.

1) Waiting time was too long and was unacceptable. The Urology service need to improve waiting times.
2) Ensuring patients and their families who are on the waiting list for an extended period of time are consulted to provide an updated surrounding any possible increase surgical risk which may have be present.
3) Follow up communication post-surgical procedure, to ensure that for patients who consent to their families being updated are contacted post procedure

Dr Tyson highlighted that this SAI process will identify these concerns and help design recommendations which will improve services for Urology patients in the future. Mr Tyson expressed his sympathy for their loss to the family.

Patient's Daughter and Patient's Daughter highlighted they brought questions to this meeting and it was agreed these would be worked through systematically to address.

1) What was the reason for this letter?

Southern Health and Social Care Trust

2) Why is the treatment and care provided to our mother being reviewed?
3) Is the review regarding the stent being in place for 15 months and not being removed within the correct frame time – family were informed removal at 6 weeks?
4) Has leaving the stent in for too long created this issue and was not identified?

Both Patient's Daughter and Patient's Daughter were content these four questions were answered during the meetings discussion.

5) How was this brought to your attention and identified as an incident?

Urology services hold an audit meeting and Personal Information redacted by the USI case was discussed with the Surgeons and Anaesthetists present. It was accepted that the 15 months waiting time was unacceptable and justified a further review through the SAI investigation process.

6) As a family we are concerned with the time frame mum was in theatre and in recovery.

This reflects point three from Dr Tyson summary with a need for follow up communication post-surgical procedure, to ensure that for patients who consent to their families being updated are contacted post procedure.

7) How was the surgery performed – Open or Keyhole?
    a. Was blood checked before entering theatre
    b. Did mum become septic during operation or any other infections?

Both Patient's Daughter and Patient's Daughter were content this question was answered during the meetings discussion.

8) Was mum made end of life care when coming back to recovery?

Personal Information redacted by the USI was for full active treatment and was transferred to ICU to receive treatment for sepsis.

9) What lessons have they learnt?

The completion of this SAI investigation will identify learning for the Trust which will guide the formation of recommendations to be implemented.

10) Would you be able to request or accept mums medical record as we would like to see and read the documentation.

There is a form that needs to be completed in order to obtain access to Personal Information redacted by medical record. This form will be sent to both Patient's Daughter and Patient's Daughter alongside a copy of the minutes from the meeting.

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11) What is your understanding of what happened to mum?
    a. Was there a medication error. Too much given/wrong medication?

12) Family were not allowed in during consent and explaining procedure and weren't spoken too after this consult to mum – mum came out from consult and relayed it was 50/50
    a. Can you explain this? Why were we not told what procedure mum would get?

Both Patient's Daughter and Patient's Daughter were content these two questions were answered during the meetings discussion.

13) How often was mum monitored?

Personal Information redacted by the USI would have been constantly monitored during her surgical procedure in theatre and post-surgery within recovery and ICU.

14) Was there something else when mum was examined internally?

Dr Tyson was not aware of something else examined internally following his initial review of Personal Information redacted by the USI medical records.

Patient's Daughter and Patient's Daughter were content that the questions had been answered in full.

Chris thanked Patient's Daughter and Patient's Daughter for their attendance today to discuss their mother's care. Chris informed the family the process the SAI would take from this stage and that if they wanted to raise any questions to contact the Governance Office. Chris extended his sympathy for the loss of Personal Information redacted by the USI and ended the meeting.

McCorry, Grace

From: Clayton, Wendy
Sent: 03 May 2022 11:40
To: Connolly, Carly
Subject: RE: DatixWeb feedback message

Many thanks Carly

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

-----Original Message-----
From: Connolly, Carly <Personal Information redacted by the USI>
Sent: 03 May 2022 11:36
To: Clayton, Wendy <Personal Information redacted by the USI>
Subject: RE: DatixWeb feedback message

Hi Wendy

I have attached email to datix.

Regards

Carly

-----Original Message-----
From: Clayton, Wendy <Personal Information redacted by the USI>
Sent: 02 May 2022 11:51
To: Connolly, Carly <Personal Information redacted by the USI>; David McCormick <Personal Information redacted by the USI>
Subject: FW: DatixWeb feedback message

Carly or David - would you mind updating below DATIX with discussion below please

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

-----Original Message-----
From: McAuley, Laura <Personal Information redacted by the USI>
Sent: 01 May 2022 20:52

To: Mawhinney, David <[redacted]>; Asingei, Juventine <[redacted]>; Tyson, Matthew <[redacted]>
Cc: Dignam, Paulette <[redacted]>; Clayton, Wendy <[redacted]>; Scott, Alan <[redacted]>
Subject: RE: DatixWeb feedback message

Hi
It would appear that the STC received a referral with referral dated 28/3/22 and received by STC 31/3/22 then discussed at next weekly meeting on 4/4/22 and letter sent from that meeting - this would appear to be his CAH ED attendance so no referral was received by STC based on his DHH attendance almost 2weeks before.
The delay/ issue appears to be with the overnight SHO from surgery who took the ED referral...whether they actioned a followup referral/ delegated the task. Perhaps this is the area that needs a closer look at...

I've included booking centre to see if they have any input...but from a STC perspective a follow up plan was instigated and communicated in a timely fashion.

However to further improve the process, we are looking into electronic referrals to avoid any paper related delay so this may deal with these random cases that seem to fall outwith the normal timescale of 7days to hear from the STC and also the possibility of a clinical nurse specialist vetting the ureteric stone referrals and phoning patients on a daily basis...all in process but sorry to hear that the experience for this gentleman was less than satisfactory but appears to be related to a delay/ omission of referral to STC at the time.

We collect all data on a spreadsheet so the information is below...

04/04/2022 [redacted] [redacted] New 28/03/2022 A&E 31/03/2022 left ureteric stone with hydronephrosis Re-discuss at stone Meeting AWAIT CT AND RE-DISCUSS 3RD MAY 22NR 1 Conservative May-2022 5 #REF! #REF! #REF! #REF! #REF! #REF!

He doesn't need discussed at stone meeting again as he was deemed suitable for conservative management and has repeat CT planned for 4/5/22 after which he will discussed but please let me know if further information is required.

Thanks
Laura

-----Original Message-----
From: Mawhinney, David <[redacted]>
Sent: 29 April 2022 19:58
To: Asingei, Juventine <[redacted]>
Cc: Dignam, Paulette <[redacted]>; McAuley, Laura <[redacted]>
Subject: RE: DatixWeb feedback message

Juventin

During the investigation of this datix I reviewed the ED notes from the DHH attendance. The patient was seen overnight at 01:20. Following the CT KUB result the patient was discussed with the overnight CAH SHO (Dr Emma?) and accepted for transfer under Mr Hashmi at 0400. This is the last note made and the patient was discharged as 'transferred to other hospital - CAH Urology' at 7am.
Unfortunately I have no further medical or nursing documentation and all our electronic records show the patient being transferred.

We would never want a patient sent home without follow up arranged, however from the information I can review the case appears to have been discussed and managed appropriately. If there is any documentation from the urology/surgical end I will happily review with the staff involved

David

-----Original Message-----
From: Asingei, Juventine <Personal Information redacted by the USI>
Sent: 28 April 2022 16:27
To: Mawhinney, David <Personal Information redacted by the USI>
Cc: Dignam, Paulette <Personal Information redacted by the USI>; McAuley, Laura <Personal Information redacted by the USI>
Subject: RE: DatixWeb feedback message

Further to this, I did communicate to Urology STC team about a potentially missed referral for this patient had the GP not phoned us about him. I am CCing them as well.

Laura, is this something that needs re-discussed at the Stone MDM? Or perhaps is there another way of disseminating this information to our colleagues at DHH as coincidentally, Hafs had another call of a similar nature from DHH today about patient who was sent home with a 10mm PUJ stone 3 weeks ago with no Urology follow-up who has reattended the hospital. The patient had not been discussed with us until today.

Thanks
Juventin

-----Original Message-----
From: Asingei, Juventine
Sent: 28 April 2022 16:16
To: Mawhinney, David <Personal Information redacted by the USI>
Subject: RE: DatixWeb feedback message

Dear Dr Mawhinney,

It appears I cannot log back into the datix system to retrieve the full details of this case. However, if this is the patient (Personal Information redacted by the USI) who attended DHH ED on 15/03/2022 and was sent home without follow-up until a GP phoned the oncall Urology team, I filled in a Datix so that the DHH ED team can hopefully be informed about the referral process to the Stone Treatment Centre (STC) for stones that qualify for conservative management to avoid patients missing appropriate follow-up and potential SAIs.

This particular patient re-attended CAH ED on 28/03/2022 and this is when he was finally referred to the STC team. I had also already done another referral already from when the GP phoned us about this.

Please note that the Datix relates to a DHH ED attendance not the CAH ED attendance. I do not know who is responsible for communicating referral guidelines for different departments.

Thanks
Juventine

-----Original Message-----
From: Dr David Mawhinney <Personal Information redacted by the USI>
Sent: 27 April 2022 16:21
To: Asingei, Juventine <Personal Information redacted by the USI>
Subject: DatixWeb feedback message

This is a feedback message from Dr David Mawhinney. Incident form reference is Personal Information redacted by the USI .
The feedback is:

Can this be forwarded to the urology team, as the last note I have on the ED records is that the patient was transferred to CAH urology

Please go to http://vsrdatixweb2/Datix/Development/index.php?action=incident&recordid=Personal Information redacted by the USI to view the incident

Clayton, Wendy

From: Clayton, Wendy
Sent: 28 April 2022 09:47
To: ODonoghue, JohnP; Connolly, Carly
Subject: RE: DatixWeb feedback message

Thanks john

From: ODonoghue, JohnP <[redacted]>
Sent: 28 April 2022 09:42
To: Clayton, Wendy <[redacted]>; Connolly, Carly <[redacted]>
Subject: RE: DatixWeb feedback message

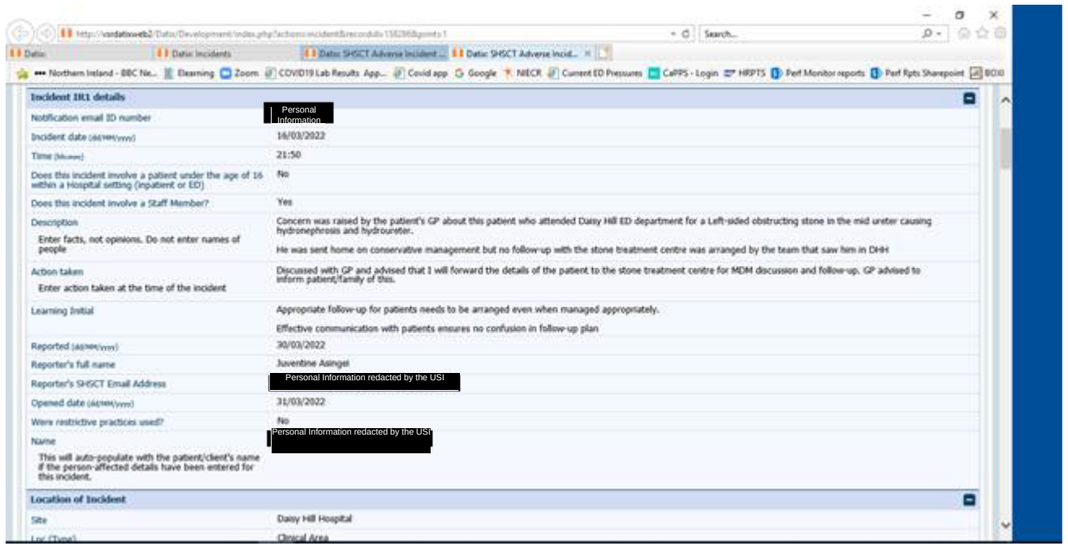
Hi Wendy,

I will put it down for discussion at PSM,
J

John P. O'Donoghue
Consultant Urological Surgeon
Craigavon Area Hospital,
[redacted]
[redacted]
68 Lurgan Road, Portadown, BT63 5QQ,

From: Clayton, Wendy <[redacted]>
Sent: 28 April 2022 08:57
To: ODonoghue, JohnP <[redacted]>; Connolly, Carly <[redacted]>
Subject: FW: DatixWeb feedback message

John – does below Datix need discussed at PSM?



Incident IR1 details

Notification email ID number	[redacted]
Incident date (dd/mm/yyyy)	16/03/2022
Time (hh:mm)	21:50
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	No
Does this incident involve a Staff Member?	Yes
Description Enter facts, not opinions. Do not enter names of people	Concern was raised by the patient's GP about this patient who attended Daisy Hill ED department for a Left-sided obstructing stone in the mid ureter causing hydronephrosis and hydroureter. He was sent home on conservative management but no follow-up with the stone treatment centre was arranged by the team that saw him in DHH
Action taken Enter action taken at the time of the incident	Discussed with GP and advised that I will forward the details of the patient to the stone treatment centre for MDM discussion and follow-up. GP advised to inform patient/family of this.
Learning Initial	Appropriate follow-up for patients needs to be arranged even when managed appropriately. Effective communication with patients ensures no confusion in follow-up plan
Reported (dd/mm/yyyy)	30/03/2022
Reporter's full name	Juventine Asingel
Reporter's SHSCT Email Address	[redacted]
Opened date (dd/mm/yyyy)	31/03/2022
Were restrictive practices used?	No
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	[redacted]

Location of Incident

Site	Daisy Hill Hospital
Loc (Type)	Clinical Area

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

-----Original Message-----
From: Carly Connolly <Personal Information redacted by the USI>
Sent: 28 April 2022 08:47
To: Clayton, Wendy <Personal Information redacted by the USI>
Subject: DatixWeb feedback message

This is a feedback message from Carly Connolly. Incident form reference is Personal Information redacted by the USI.
The feedback is:
Hi Wendy

Can you review datix incident. Patient was reviewed by urology at time of ED presentation. No follow up aranged.

Regards

Carly

Regards

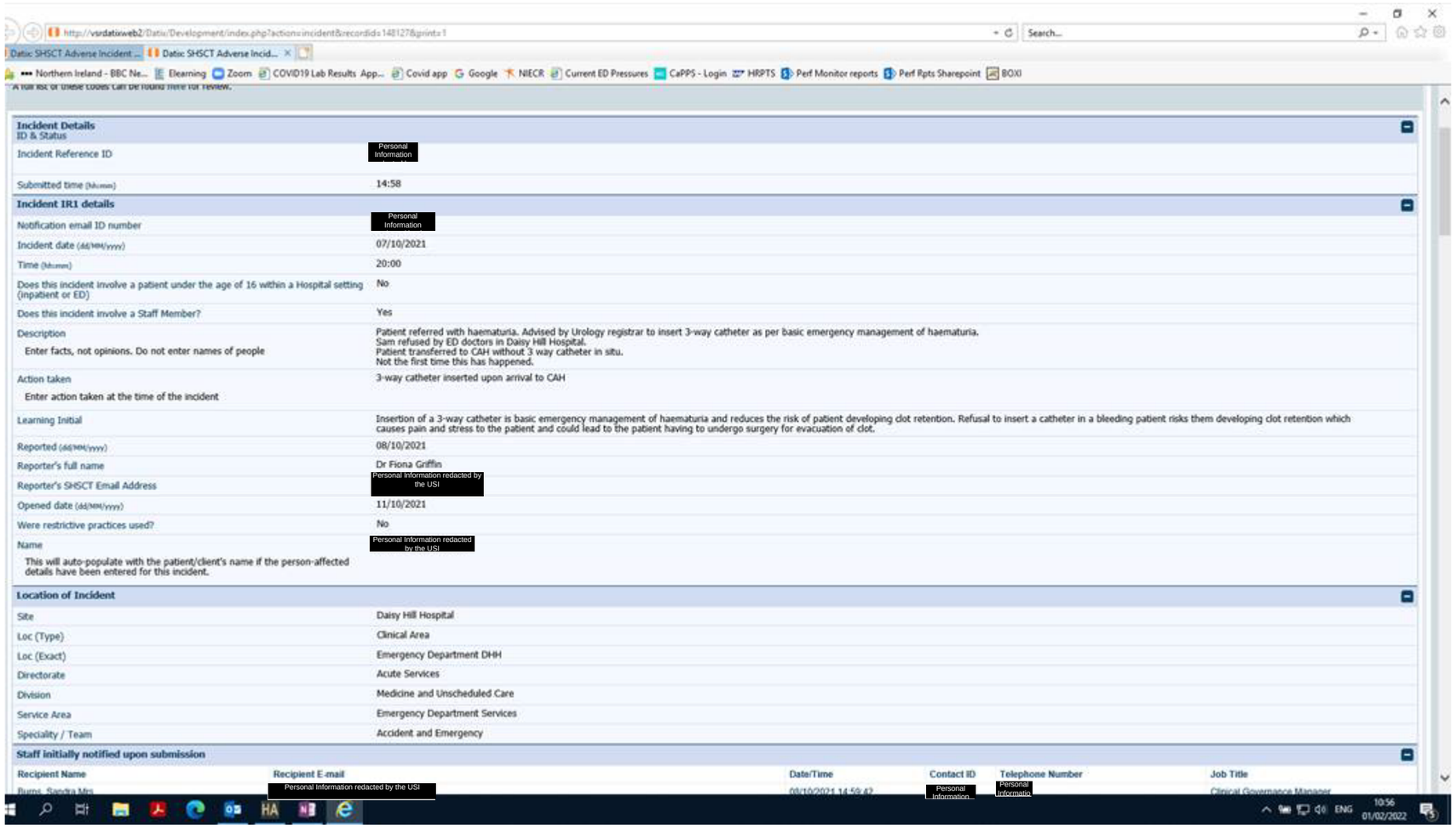
Carly
Please go to http://vsrdatixweb2/Datix/Development/index.php?action=incident&recordid=Personal Information redacted by the to view the incident

Clayton, Wendy

From: Clayton, Wendy
Sent: 09 May 2022 21:10
To: Clayton, Wendy
Subject: FW: DatixWeb feedback message

From: Clayton, Wendy <Personal Information redacted by the USI>
Sent: 01 February 2022 10:59
To: ODonoghue, JohnP <Personal Information redacted by the USI>
Cc: Smyth, Paul <Personal Information redacted by the USI>
Subject: FW: DatixWeb feedback message

John – can you review and provide advice on the below DATIX re: is the recommendation just to insert 3 way catheter or is there an expectation that irrigation fluid will need prescribed and administered



Incident Details
ID & Status

Incident Reference ID	Personal Information
Submitted time (hh:mm)	14:58

Incident IR1 details

Notification email ID number	Personal Information
Incident date (dd/MM/yyyy)	07/10/2021
Time (hh:mm)	20:00
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	No
Does this incident involve a Staff Member?	Yes
Description Enter facts, not opinions. Do not enter names of people	Patient referred with haematuria. Advised by Urology registrar to insert 3-way catheter as per basic emergency management of haematuria. Sam refused by ED doctors in Daisy Hill Hospital. Patient transferred to CAH without 3 way catheter in situ. Not the first time this has happened.
Action taken Enter action taken at the time of the incident	3-way catheter inserted upon arrival to CAH
Learning Initial	Insertion of a 3-way catheter is basic emergency management of haematuria and reduces the risk of patient developing clot retention. Refusal to insert a catheter in a bleeding patient risks them developing clot retention which causes pain and stress to the patient and could lead to the patient having to undergo surgery for evacuation of clot.
Reported (dd/MM/yyyy)	08/10/2021
Reporter's full name	Dr Fiona Griffin
Reporter's SHSCT Email Address	Personal Information redacted by the USI
Opened date (dd/MM/yyyy)	11/10/2021
Were restrictive practices used?	No
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Personal Information redacted by the USI

Location of Incident

Site	Daisy Hill Hospital
Loc (Type)	Clinical Area
Loc (Exact)	Emergency Department DHH
Directorate	Acute Services
Division	Medicine and Unscheduled Care
Service Area	Emergency Department Services
Speciality / Team	Accident and Emergency

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job Title
Burns, Sandra Mrs	Personal Information redacted by the USI	08/10/2021 14:59:42	Personal Information	Personal Informatio	Clinical Governance Manager

Regards

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

-----Original Message-----
From: MR Paul Smyth <[redacted]>
Sent: 01 February 2022 10:45
To: Clayton, Wendy <[redacted]>
Subject: DatixWeb feedback message

This is a feedback message from MR Paul Smyth. Incident form reference is [redacted]
The feedback is: Wendy, just need some advice from urologist, in relation to datix, is the recommendation just to insert 3 way catheter or is there an expectation that irrigation fluid will need prescribed and administered

Please go to http://vsrdatixweb2/Datix/Development/index.php?action=incident&recordid=[redacted] to view the incident

APPENDIX 1
Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION: SHSCT	**2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE**: Personal Information redacted by the USI
3. HOSPITAL / FACILTY / COMMUNITY LOCATION: Craigavon Area Hospital	**4. DATE OF INCIDENT**: 01/11/2021
5. DEPARTMENT / WARD / LOCATION EXACT: Urology	
6. CONTACT PERSON: Chris Wamsley	**7. PROGRAMME OF CARE**: Acute

8. DESCRIPTION OF INCIDENT:

This patient had a ureteric stent in place for 14 months due to delay because pf the COVID-19 pandemic. The stent was heavily encrusted. The patient died from sepsis after a difficult procedure to remove the stent.

DOB: Personal Information redacted by the USI **GENDER**: Female **AGE**: Personal Information
(complete where relevant)

9. IS THIS INCIDENT A NEVER EVENT?				If 'YES' *provide further detail on which never event - refer to DoH link below* https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars
YES		NO	x	

DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING

STAGE OF CARE:	DETAIL:	ADVERSE EVENT:
Unexpected Deaths or Severe Harm UX0000	Type of Incident unknown at time of reporting UX0100	Requires investigation to be completed UX0101

10. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE: -

11. CURRENT CONDITION OF SERVICE USER: - Deceased.

12. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? *(please select)*		NO	
13. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? *(please specify where relevant)*	YES		

14. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: *(please select relevant criteria below)*

serious injury to, or the unexpected/unexplained death of: - a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant	**X**

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM	
event audit) - a staff member in the course of their work - a member of the public whilst visiting a HSC facility.	
unexpected serious risk to a service user and/or staff member and/or member of the public	
unexpected or significant threat to provide service and/or maintain business continuity	
serious self-harm or serious assault *(including attempted suicide, homicide and sexual assaults)* by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service	
serious self-harm or serious assault *(including homicide and sexual assaults*) - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services *(including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident	
suspected suicide of a service user who has a mental illness or disorder *(as defined within the Mental Health (NI) Order 1986)* and/or known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident	
serious incidents of public interest or concern relating to: - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner	

15. IS ANY <u>IMMEDIATE</u> REGIONAL ACTION RECOMMENDED: *(please select)*		NO
if 'YES' (*full details should be submitted*):		

16. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?		DATE INFORMED: DD/MM/YY
	NO	*specify reason:* To be informed when review team meet

17. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? *(refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.) please specify where relevant*		NO
if 'YES' (*full details should be submitted including the date notified*):		

18. OTHER ORGANISATION/PERSONS INFORMED: *(please select)*	DATE INFORMED:	OTHERS: *(please specify where relevant, including date notified)*
DoH EARLY ALERT		
HM CORONER		
INFORMATION COMMISSIONER OFFICE (ICO)		

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM		
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)		
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)		
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)		
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)		
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)		
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)		
19. LEVEL OF REVIEW REQUIRED: *(please select)*	LEVEL 1	
* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6		
20. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (*delete as appropriate*) Report submitted by: Chris Wamsley Designation: Acute Clinical & Social Care Governance Coordinator Email: [redacted] Telephone: [redacted] Date: 30/11/2021		
21. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION: *(refer to Guidance Notes)* Additional information submitted by: Designation: Email: Telephone: Date: DD / MM / YYYY		

Completed proforma should be sent to: [redacted]
and (*where relevant*) [redacted]

APPENDIX 1
Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION: SHSCT	**2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE**: Personal Information redacted by the USI
3. HOSPITAL / FACILTY / COMMUNITY LOCATION: Daisy Hill Hospital and Craigavon Area Hospital	**4. DATE OF INCIDENT**: 31.08.2021
5. DEPARTMENT / WARD / LOCATION EXACT: Emergency Department/Urology	
6. CONTACT PERSON: Chris Wamsley	**7. PROGRAMME OF CARE**: Acute

8. DESCRIPTION OF INCIDENT:

This patient presented to Daisy Hill Hospital on 31/08/21 following a period of being generally unwell and off his feet. He had been known to Acute care at home Team at the time for a UTI. In DHH a CT KUB showed a 7mm calculus in the proximal right ureter with upsteam hydroureteronephrosis. His eGFR was 11. His inflammatory markers were markedly raised also. He was thus diagnosed with urosepsis and also an obstructive uropathy. Following admission was transferred to CAH on 01/09/21 for stenting of R ureter and stone removal. Unfortunately after this intervention his eGFR never returned to normal and remained at around 15. Following his procedure he had several episodes of haematuria and his Hb dropped. This required transfusion of 3 units of blood. He also reported new onset RUQ pain and had increased inflammatory markers. Urine was dipsticked and cultured and came back positive for E.coli. He was commenced on antibiotics. Whilst investigating the RUQ pain, CT scan also noted cholecystitis. Despite antibiotic treatment, he became profoundly septic and his condition began to deteriorate. On Personal Information redacted by the USI the decision was made to stop active treatment and this patient passed away peacefully later that night.

DOB: Personal Information redacted by the USI **GENDER**: Male **AGE**: Personal Information
(complete where relevant)

9. IS THIS INCIDENT A NEVER EVENT?				If 'YES' *provide further detail on which never event - refer to DoH link below* https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars
YES		NO	x	

DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING		
STAGE OF CARE: Administrative Processes AD0000	DETAIL: Transfers/Transitions AD0300	ADVERSE EVENT: Transfer between units/care settings delayed AS0301

10. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE: -

11. CURRENT CONDITION OF SERVICE USER: - Deceased.

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM			
12. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? *(please select)*		NO	
13. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? *(please specify where relevant)*	YES		

14. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: *(please select relevant criteria below)*	
serious injury to, or the unexpected/unexplained death of: - a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit) - a staff member in the course of their work - a member of the public whilst visiting a HSC facility.	**X**
unexpected serious risk to a service user and/or staff member and/or member of the public	
unexpected or significant threat to provide service and/or maintain business continuity	
serious self-harm or serious assault *(including attempted suicide, homicide and sexual assaults)* by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service	
serious self-harm or serious assault *(including homicide and sexual assaults*) - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services *(including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident	
suspected suicide of a service user who has a mental illness or disorder *(as defined within the Mental Health (NI) Order 1986)* and/or known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident	
serious incidents of public interest or concern relating to: - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner	

15. IS ANY <u>IMMEDIATE</u> REGIONAL ACTION RECOMMENDED: *(please select)*		NO
if 'YES' (*full details should be submitted*):		

16. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?		DATE INFORMED: DD/MM/YY
	NO	*specify reason:* To be informed when

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM			
		review team meet	
17. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? *(refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.) please specify where relevant*			NO
if 'YES' (*full details should be submitted including the date notified*):			

18. OTHER ORGANISATION/PERSONS INFORMED: *(please select)*	DATE INFORMED:	OTHERS: *(please specify where relevant, including date notified)*
DoH EARLY ALERT		
HM CORONER		
INFORMATION COMMISSIONER OFFICE (ICO)		
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)		
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)		
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)		
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)		
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)		
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)		

19. LEVEL OF REVIEW REQUIRED: *(please select)*	LEVEL 1

* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6

20. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (*delete as appropriate*)

Report submitted by: Chris Wamsley
Designation: Acute Clinical & Social Care Governance Coordinator

Email: [redacted]
Telephone: [redacted]
Date: 30/11/2021

21. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION: *(refer to Guidance Notes)*

Additional information submitted by: Designation:

Email: Telephone: Date: DD / MM / YYYY

Completed proforma should be sent to: [redacted]
and (*where relevant*) [redacted]

APPENDIX 1
Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION: SHSCT	**2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE**: Personal Information redacted by the USI
3. HOSPITAL / FACILTY / COMMUNITY LOCATION: CAH	**4. DATE OF INCIDENT**: 17.05.21
5. DEPARTMENT / WARD / LOCATION EXACT: Urology	
6. CONTACT PERSON: Carly Connolly	**7. PROGRAMME OF CARE**: Acute

8. DESCRIPTION OF INCIDENT:

Patient attended CAH on 17 May 2021 for planned GA cystoscopy, retrograde ureteropyelogram +/- removal of ureteric stent. Pre-op bloods taken on 10 May 2021 had shown new renal impairment and a CT in March had shown new hydronephrosis on the unstented kidney. Pre-op bloods and CT scan were not acted on and patient proceeded with elective surgery.
Patient was re-admitted 20 May 2021 with renal failure and sepsis due to bilateral ureteric obstruction. Patient was subsequently transferred to RVH for bilateral nephrostomies.

DOB: Personal Information redacted by the USI **GENDER**: male **AGE**: Personal Information
(complete where relevant)

9. IS THIS INCIDENT A NEVER EVENT?				If 'YES' *provide further detail on which never event - refer to DoH link below* https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars
YES		NO	x	

DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING

STAGE OF CARE: ***(refer to Guidance Notes)***	**DETAIL:** ***(refer to Guidance Notes)***	ADVERSE EVENT: *(refer to Guidance Notes)*
Diagnostic Processes and Procedures D1000	Physical Diagnostic Assessment/evaluation/ examination D10300	Insufficient/ incomplete/incorrectly performed D10303

10. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE: -

11. CURRENT CONDITION OF SERVICE USER: patient transferred back to CAH

12. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? *(please select)*		NO	NA
13. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED?		NO	NA

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM			
(please specify where relevant)			
14. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: *(please select relevant criteria below)*			
serious injury to, or the unexpected/unexplained death of: - a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit) - a staff member in the course of their work - a member of the public whilst visiting a HSC facility.			**X**
unexpected serious risk to a service user and/or staff member and/or member of the public			
unexpected or significant threat to provide service and/or maintain business continuity			
serious self-harm or serious assault *(including attempted suicide, homicide and sexual assaults)* by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service			
serious self-harm or serious assault *(including homicide and sexual assaults*) - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services *(including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident			
suspected suicide of a service user who has a mental illness or disorder *(as defined within the Mental Health (NI) Order 1986)* and/or known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident			
serious incidents of public interest or concern relating to: - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner			
15. IS ANY <u>IMMEDIATE</u> REGIONAL ACTION RECOMMENDED: *(please select)*			NO
if 'YES' (*full details should be submitted*):			
16. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?			DATE INFORMED: DD/MM/YY
		NO	*specify reason:* To be informed when review team meet

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM		
17. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? *(refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.) please specify where relevant*		NO
if 'YES' (*full details should be submitted including the date notified*):		

18. OTHER ORGANISATION/PERSONS INFORMED: *(please select)*	DATE INFORMED:	OTHERS: *(please specify where relevant, including date notified)*
DoH EARLY ALERT		
HM CORONER		
INFORMATION COMMISSIONER OFFICE (ICO)		
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)		
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)		
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)		
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)		
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)		
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)		
19. LEVEL OF REVIEW REQUIRED: *(please select)*	LEVEL 1	

* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6

20. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (*delete as appropriate*)

Report submitted by: Patricia Kingsnorth Designation: Acting Acute Clinical & Social Care Governance Coordinator

Email: [redacted] Telephone: [redacted]
Date: 02/06/2021

21. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION: *(refer to Guidance Notes)*

Additional information submitted by: Designation:

Email: Telephone: Date: DD / MM / YYYY

Completed proforma should be sent to: [redacted]
and (*where relevant*) [redacted]

Action Plan: Patient 91
Datix ID: Personal Information redacted by the USI
HCN: Personal Information redacted by the USI

Reference number	Recommendations	Designated responsible person	Action required	Date for completion/ timescale	Date recommendation completed with evidence
1	This report will be presented at morbidity and mortality meetings to share learning with clinical staff.	Divisional Medical Director, Mr Mark Haynes			Complete. Presented at Urology M&M 19/10/2018
2	All patients undergoing elective and planned procedures where the urinary tract will be entered and the mucosa breeched, including endoscopic urological surgery, must have a preoperative assessment with microbiological testing of urine within 7 days of the planned procedure and any confirmed bacteriuria treated with appropriate antibiotics prior to the planned procedure.	Pre-op assessment Manager, Mrs Rachel Donnelly. Head of Service for Urology, Mrs Wendy Clayton.			Discussed with Rachel Donnelly 19/08/21. Rachel needs to discuss with Dr Haynes. The current timeframe for urine testing in pre op is 10-14 days due to samples being sent to close to surgery date.
3	Urology waiting lists should be standardised, to include standardised description of ureteric stent change/removal procedures.	Head of Service for Urology, Mrs Wendy Clayton			Within the Urology patient target list for elective and planned admissions there is a

					standardised description for ureteric stent change/removal procedures. The patient target list was validated by Head of Service for Urology 19/08/21.
4	Consultant Urologists should ensure that they have a system in place which ensures that patients with ureteric stents inserted are recorded with planned removal or exchange dates in order to ensure patients do not have ureteric stents in place for longer than intended.	Assistant Director for Surgery and ATICS, Mr Ronan Carroll			The names of patients who require a change of stent are given by the Consultants to the secretaries to add to the patient target list. Due to a back log of planned surgery we cannot ensure that patients have their stent replaced or removed within the expected admission date. There is a current backlog of 20 patients who are overdue for stent

					removal/ replacement. (August 2021)
5	All patients who have ureteric stents inserted for management of urinary tract stones should have plans for definitive management within 1 month unless there are clinical indications for a longer interval to definitive treatment.				19/08/2021 Wendy Clayton will discuss with Consultants and advise.
6	Where patients wait longer than the intended time for definitive management with a ureteric stent in situ the case should be reported on the trust DATIX system.				19/08/2021 Wendy Clayton will action with the Consultants.
7	The Trust should review waiting times and put systems and processes in place to minimise waiting times across specialties and continue escalation to the Health and Social Care Board as required.	Assistant Director of Surgery & ATICS, Mr Ronan Carroll Head of Service for Urology, Mrs Wendy Clayton			Waiting times are reviewed and reports are processed. An escalation process is already in place with HSCB. The planned day case backlog is on our current risk register ID number 4018. At present all red flag and urgent referrals are being carried out.

Clayton, Wendy

From: Clayton, Wendy
Sent: 07 October 2021 11:55
To: ODonoghue, JohnP
Cc: Bell, Joanne
Subject: FW: Recommendation 2 blood result follow up medical staff
Attachments: action plan Patient 107 .docx; Final Report to review team & M&M 24.11.2020.pdf

Hi John

I was reviewing the attached SAI action plan re Patient 107 . Please see recommendation below. Can you discuss at your patient safety meeting next Wed 13th Oct and feedback outcome please?

2	During medical handovers at 08:00 night staff should highlight to day staff all bloods which have been taken and the results are pending in order that these can be followed up.	Divisional Medical Director, Mr Mark Haynes			

Regards

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

Ext: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

From: Bell, Joanne
Sent: 07 October 2021 11:51
To: Clayton, Wendy
Subject: Recommendation 2 blood result follow up medical staff

Hi Wendy

Report as requested
Thanks

Joanne Bell

Southern Health and Social Care Trust

Quality & Safety Lead, Surgery & Elective Care
Craigavon Area Hospital | 68 Lurgan Road | Portadown BT63 5QQ
Tel: Personal Information redacted by the USI | Email: Personal Information redacted by the USI

Action Plan

Patient 107

Personal Information redacted by the USI

Reference number	Recommendations	Designated responsible person	Action required	Date for completion / timescale	Date recommendation completed with evidence
1	Whilst it is the doctor's role to follow up on bloods, as a failsafe during the out of hours period, when bloods have been requested by the medical team, the nurse caring for the patient should inform the doctor requesting them, that they have been taken and sent to the laboratory for analysis. This should alert the doctor to check the laboratory system for results.	Assistant Director for Surgery & ATICS, Mr Ronan Carroll			During the out of hours period the nurse caring for the patient will ensure bloods requested by the Doctor are taken and sent to the laboratory. If they are unable to obtain a sample, a member of the patient flow team are contacted to attend the ward to take and send the sample. It is standard practice for Doctors to look up lab results of the bloods they have requested. Nursing

					staff do not contact Doctors to advise that the sample has been taken and sent to lab.
2	During medical handovers at 08:00 night staff should highlight to day staff all bloods which have been taken and the results are pending in order that these can be followed up.	Divisional Medical Director, Mr Mark Haynes			

LEVEL 1 – SIGNIFICANT EVENT AUDIT INCLUDING LEARNING SUMMARY REPORT AND SERVICE USER/FAMILY/CARER ENGAGEMENT CHECKLIST

SECTION 1

1. ORGANISATION: SHSCT	**2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE:** Personal Information redacted by the USI
3. HSCB UNIQUE IDENTIFICATION NO. / REFERENCE:	**4. DATE OF INCIDENT/ EVENT:** Personal Information redacted by the USI
5. PLEASE INDICATE IF THIS SAI IS **6. INTERFACE RELATED WITH OTHER EXTERNAL ORGANISATIONS:** No	**7. IF 'YES' TO 5. PLEASE PROVDE DETAILS:**

8. DATE OF SEA MEETING / INCIDENT DEBRIEF: 29 June 2020

9. SUMMARY OF EVENT:

The patient (Patient 107) was admitted to Ward 3 South at Craigavon Area Hospital (CAH) from Daisy Hill Hospital (DHH) on 7 June 2019 with renal stones and an acute kidney injury (AKI). Patient 107 had a temperature (T) of 39.8°c overnight. Doctor 1 (Consultant Urologist) was not happy with the management of Patient 107 overnight and was concerned that the sepsis protocol was not followed. Medical staff were not informed of Patient 107's overnight clinical condition until the following morning. Patient 107 was subsequently commenced on intravenous (IV) gentamicin and went to theatre for cystoscopy and insertion of right sided JJ stent 8/6. Patient 107 was discharged home on 21 June 2019.

SECTION 2

10. SEA FACILITATOR / LEAD OFFICER: Mr Michael Young, Consultant Surgeon	**11. TEAM MEMBERS PRESENT:** Mrs Sarah Ward, Lead Nurse for Surgery Mr David Cardwell, Clinical Governance Manager

12. SERVICE USER DETAILS:

Personal Information redacted by the USI old female. HCN Personal Information redacted by the USI

13. WHAT HAPPENED?

Patient 107 was referred from the Direct Assessment Unit (DAU) at DHH to Ward 3 South at CAH on 7 June 2019. She arrived onto Ward 3 South at 16:40 and was clerked in by Doctor 2 (Specialty Doctor Urology) who noted that Patient 107 was a Personal Information redacted by the USI old female who had been referred from DHH with a presenting complaint of right loin to groin pain. Doctor 2 noted Patient 107's parathyroid adenoma and that she was awaiting re-exploration of adenoma surgically. It was also noted that Patient 107 had previous bilateral small renal stones for which she received laser treatment.

Doctor 2 documented Patient 107's 2 day history of right renal colic and nausea. It was noted that Patient 107 had no vomiting, no fever, no rigors, no urinary symptoms and no haematuria. Patient 107 had been catheterised in

the Emergency Department (ED) DHH.

On examination Patient 107's observations were normal and she was comfortable at rest, warm and well perfused. Her heart sounds were normal, lungs were clear, abdomen soft and non tender, bowel sounds present and her urine was clear. Doctor 2 noted Patient 107's blood results as

Hb = 137	Na = 141
WCC = 8.88	K = 3.7
P/t = 247	U = 6.2
CRP = 1.13	Cr = 144
	eGFR = 34 (baseline >60)

Doctor 2 also noted the findings of Patient 107's CT KUB scan (computerised tomography of the kidneys, ureters and bladder) scan which was carried out at 11:40 earlier that day when Patient 107 was in ED DHH. The findings were noted as: 1. Bilateral small renal calculi and 2. 5mm (R) distal ureteric calculus. The plan was that Patient 107 would receive pain relief, medication to diminish the risk of deep vein thrombosis (DVT) and pulmonary embolism and repeat bloods. Staff were to monitor Patient 107 to see if the stones passed. Patient 107 was to have IV fluids and if there was no improvement in her AKI by 9 June 2019 she was to be taken to theatre.

At 17:00 Nurse 1 recorded Patient 107's observations as respiratory rate (RR) 17, heart rate (HR) 90, blood pressure (BP) 145/77, temperature (T) 37.1 and oxygen saturations (SpO2) 98% on room air. Patient 107's NEWS (National Early Warning Score is an early warning score used by clinical staff to quickly determine the degree of illness of a patient) was 0.

At 18:30 Nurse 1 recorded Patient 107's observations as HR 84, BP 105/67, T 37.5, Sp02 97% on room air and her NEWS was 0.

Nurse 1 documented Patient 107's history and noted the plan suggested by Doctor 2. IV paracetamol was given as prescribed with good effect and Patient 107 was eating and drinking.

At 21:45 Nurse 2 documented Patient 107's observations as RR 16, HR 87, BP 151/95, T 36.7 and SpO2 97% on room air. Patient 107's NEWS was 0. Clexane 40mg sub-cutaneously was given. At this time Patient 107 complained of pain and codeine phosphate 60mg was given at 21:50. IV fluids were running at 124 mls/hr. Nurse 2 has documented that Patient 107's IV cannula site was satisfactory, her catheter was patent and draining with clear urine output. It was noted that Patient 107 was self-caring and independent.

At 02:20 hours it was noted that Patient 107 was settled and asleep.

At 03:40 Nurse 2 documented Patient 107's observations as RR 18, HR 106, BP 117/66, T 39.8 and SpO2 95% on room air. Her NEWS had risen to 4 at this time. The increase in the NEWS score was highlighted to the medical officer on duty. 1g of IV paracetamol was given.

At 04:10 blood samples were taken by the medical assistant.

At 06:00 Nurse 2 documented Patient 107's observations as RR 17, HR 86, BP 124/88, T 37.1 and SpO2 94% on room air. Her NEWS was 1. The output from Patient 107's catheter was drained and no stones were noted.

At 09:10 Patient 107 was seen by Nurse 3 who noted observations as RR 18, HR 89, BP 133/71, T 38.2 and SpO2 94% on room air. At this time Patient 107's NEWS was 2. Medications were given as given as required and Nurse 3 noted that Patient 107 had a raised temperature. Paracetamol was given as prescribed and the

plan was to continue with monitoring and IV fluids.

Patient 107 was seen by Doctor 1 at 10:55 during the ward round. He noted that Patient 107's CRP (a marker for infection) was 200 and that she had spiking temperatures throughout the night. Patient 107 was tachycardic and Doctor 1 advised that Patient 107 needed to be taken to theatre.

At 11:00 Nurse 3 documented Patient 107's observations as RR 18, HR 82, BP 115/74, T 37.4 and SpO2 94% on room air. Her NEWS was 1. At 11:30 gentamycin was given as prescribed and IV fluids continued and the plan was for theatre in the afternoon. Patient 107 was to remain nil by mouth.

At 13:00 Patient 107 complained of pain and she was given Shortec 5mg.

At 13:45 Patient 107's fluids continued at 125 ml/hr and she was asleep at present.

At 14:15 Nurse 4 documented Patient 107's observations as RR 18, HR 95, BP 165/82, T 39.4 and SpO2 94% on room air. Patient 107's NEWS was 4. IV paracetamol was given and the FY1 Doctor was advised.

At 15:15 Nurse 5 documented Patient 107's observations as RR 16, HR 115, BP 140/75, T 39.4 and SpO2 90% on room air. Patient 107's NEWS had increased to 7. The FY1 was made aware that Patient 107's SpO2 was 90% on room air and they advised that 2 litre nasal specs should be applied and the IV fluid increased to 200 mls per hour.

At 15:45 Nurse 5 documented Patient 107's observations as RR 18, HR 115, BP 150/80, T 38.9 and SpO2 95% on room air. Patient 107's NEWS was 6. Sister 1 informed the Registrar via telephone and the plan remained for IV fluids now at 200ml/hr, O2 nasal specs and IV antibiotic cover with IV gentamycin.

Patient 107 was subsequently transferred to Theatre for cystoscopy and right sided JJ stent insertion.

SECTION 3 - LEARNING SUMMARY

14. WHAT HAS BEEN LEARNED:

The review team have looked at the notes pertaining to Patient 107's admission to DHH prior to her transfer to CAH. She presented to ED with abdominal pain, query kidney stones, nausea and vomiting. During the morning her blood pressure was low however prior to transfer to CAH this returned to normal. The review team could find no record of escalation or consideration of the sepsis protocol whilst in DHH and suggest that this should have been considered. No antibiotics were given in DHH.

The review team have reviewed the documentation associated with Patient 107's admission to CAH and have found that this is satisfactory. They have determined that there is nothing noted at this time that would have caused concern. Patient 107 had IV fluids running from 21:00 which the review team deemed appropriate. The review team note that Patient 107 appeared settled from then until 03:40 when Patient 107's NEWS increased to 4. The review team understand that when a score of between 1 and 4 is recorded there should be a minimum of 4 – 6 hourly observations. The increase in the NEWS score was due to an increase in Patient 107's heart rate and a reduction of her oxygen saturations. Based on this the review team consider the nurse caring for Patient 107 could have considered increasing the frequency of the observations but that this was not essential. The review team note that Patient 107 had her next observations carried out at 06:00 and then at 09:10 which were within the suggested timeframes.

The review team have reviewed the sepsis protocol which was in use at the time and have found that initially the results of Patient 107's observations did not meet the criteria for the implementation of this

protocol. It is understood that Patient 107 only met the criteria for the implementation of this protocol at 10:45 on 8 June 2019.

Blood Results and Medication

The review team have determined that the first blood sample taken from Patient 107 was for U&E, CRP and a blood count. The results of these tests were entered onto NIECR at 07:08, 07:08 and 06:53 respectively.

In relation to the administration of an antibiotic, the review team have noted that Patient 107 was administered an antibiotic (Gentamicin) at 11:00 on 8 June 2019. She was administered a further antibiotic (Tazocin) when she was in theatre at 16:50 and had a further dose of this at 22:00. Thereafter Patient 107 was continued on a daily dose of Gentamicin. The review team consider that Patient 107 was prescribed and administered an antibiotic in a timely fashion.

15. WHAT HAS BEEN CHANGED or WHAT WILL CHANGE?

The review team are mindful of the fact the Patient 107 did not meet the criteria for the sepsis protocol until 10:45 on 8 June 2019 and therefore consider that she was appropriately managed.

16. RECOMMENDATIONS (please state by whom and timescale)

The review team recommend that:

1. Whilst it is the doctor's role to follow up on bloods, as a failsafe during the out of hours period, when bloods have been requested by the medical team, the nurse caring for the patient should inform the doctor requesting them, that they have been taken and sent to the laboratory for analysis. This should alert the doctor to check the laboratory system for results.

2. During medical handovers at 08:00 night staff should highlight to day staff all bloods which have been taken and the results are pending in order that these can be followed up.

17. INDICATE ANY PROPOSED TRANSFERRABLE REGIONAL LEARNING POINTS FOR CONSIDERATION BY HSCB/PHA:

None.

18. FURTHER REVIEW REQUIRED? No.
Please select as appropriate

If 'YES' complete SECTIONS 4, 5 and 6. If 'NO' complete SECTION 5 and 6.

SECTION 4 (COMPLETE THIS SECTION ONLY WHERE A <u>FURTHER REVIEW IS</u> REQUIRED)

19. PLEASE INDICATE LEVEL OF REVIEW: LEVEL 2 / LEVEL 3 **Please select as appropriate**	**20.** PROPOSED TIMESCALE FOR COMPLETION: DD / MM / YYYY

21. REVIEW TEAM MEMBERSHIP *(If known or submit asap)*:

22. TERMS OF REFERENCE *(If known or submit asap)*:

SECTION 5

APPROVAL BY RELEVANT PROFESSIONAL DIRECTOR AND/OR OPERATIONAL DIRECTOR

23. NAME: Melanie McClements	**24.** DATE APPROVED: 13 November 2020
25. DESIGANTION: Interim Director of Acute Services	

SECTION 6

26. DISTRIBUTION LIST:

The Director of Acute Services
The Assistant Directors of Acute Services (Medicine and Surgery)
The Associate Medical Directors (Medicine and Surgery)
Chair of the Surgical M&M Meeting
The staff involved in Patient 107's Care

Checklist for Engagement / Communication with Service User[1]/ Family/ Carer following a Serious Adverse Incident

Reporting Organisation SAI Ref Number:		HSCB Ref Number:	

SECTION 1					
INFORMING THE SERVICE USER[1] / FAMILY / CARER					
1) Please indicate if the SAI relates to a single service user, or a number of service users. **Please select as appropriate (✓)**	**Single Service User**		**Multiple Service Users***		
	Comment: ***If multiple service users are involved please indicate the number involved***				
2) Was the Service User[1] / Family / Carer informed the incident was being reviewed as a SAI? **Please select as appropriate (✓)**	**YES**		**NO**		
	If **YES**, insert **date informed**:				
	If **NO**, please select **only one** rationale from below, for **NOT INFORMING** the Service User / Family / Carer that the incident was being reviewed as a SAI				
	a) No contact or Next of Kin details or Unable to contact				
	b) Not applicable as this SAI is not 'patient/service user' related				
	c) Concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user				
	d) Case involved suspected or actual abuse by family				
	e) Case identified as a result of review exercise				
	f) Case is environmental or infrastructure related with no harm to patient/service user				
	g) Other rationale				
	If you selected c), d), e), f) or g) above please provide further details:				
3) Was this SAI also a Never Event? **Please select as appropriate (✓)**	**YES**		**NO**		
4) If **YES**, was the Service User[1] / Family / Carer informed this was a Never Event? **Please select as appropriate (✓)**	**YES**	If **YES**, insert **date informed**: DD/MM.YY			
	NO	If **NO**, provide details:			
For completion by HSCB/PHA Personnel Only (**Please select as appropriate (✓)**					
Content with rationale?	**YES**		**NO**		

SHARING THE REVIEW REPORT WITH THE SERVICE USER[1] / FAMILY / CARER *(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*				
5) Has the Final Review report been shared with the Service User[1] / Family / Carer? **Please select as appropriate (✓)**	**YES**		**NO**	
	If **YES**, insert date informed:			
	If **NO**, please select **only one** rationale from below, for **NOT SHARING** the SAI Review Report with Service User / Family / Carer:			
	a) Draft review report has been shared and further engagement			

SHARING THE REVIEW REPORT WITH THE SERVICE USER[1] / FAMILY / CARER *(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*		
	planned to share final report	
	b) Plan to share final review report at a later date and further engagement planned	
	c) Report not shared but contents discussed ***(if you select this option please also complete 'l' below)***	
	d) No contact or Next of Kin or Unable to contact	
	e) No response to correspondence	
	f) Withdrew fully from the SAI process	
	g) Participated in SAI process but declined review report	
	(if you select any of the options below please also complete 'l' below)	
	h) concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user[1] family/ carer	
	i) case involved suspected or actual abuse by family	
	j) identified as a result of review exercise	
	k) other rationale	
	l) If you have selected **c), h), i), j), or k)** above please provide further details:	

For completion by HSCB/PHA Personnel Only (**Please select as appropriate (✓)**)				
Content with rationale?	**YES**		**NO**	

SECTION 2							
INFORMING THE CORONERS OFFICE (under section 7 of the Coroners Act (Northern Ireland) 1959) ***(complete this section for all death related SAIs)***							
1) Was there a Statutory Duty to notify the Coroner on the circumstances of the death? **Please select as appropriate (✓)**	**YES**		**NO**				
	If **YES**, insert **date informed**:						
	If **NO**, please provide details:						
2) If you have selected 'YES' to question 1, has the review report been shared with the Coroner? **Please select as appropriate (✓)**	**YES**		**NO**				
	If **YES**, insert **date report shared**:						
	If **NO**, please provide details:						
3) 'If you have selected 'YES' to question 1, has the Family / Carer been informed? **Please select as appropriate (✓)**	**YES**		**NO**		**N/A**		**Not Known**
	If **YES**, insert **date informed**:						
	If **NO**, please provide details:						

DATE CHECKLIST COMPLETED	

[1] *Service User or their nominated representative*

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
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.	12/11/21 Refurbishment in DHH for fracture clinic will not take place within financial year 2021/2022. Await confirmation of funding for 2022/2023. 08/09/2021- accommodation for refurb not available as yet. 28/06/2021- remains a risk. Investigating refurbishing Phase 1 OPD in DHH for fracture clinic. Plans developed at a cost of £60k. Waiting to here if funding is to be approved before commencing work. 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.	19/11/21 ICU beds are currently sitting at 12.WIthin Elective Theatres there are 16 urgent bookable sessions in CAH and 5 urgent bookable sessions in DHH 16/09/2021- OSL update- continues to monitor backlog. Due to Covid 19 pressures there are reduced theatre sessions and therefore the focus is on red flag. 08/09/2021- Due to the increase in Covid ICU patients, theatres have decreased sessions down to 3 all day urgent bookable in CAH and one AM session per day in DHH. This will result in ongoing backlog in planned and surveillance surgical patients. 28/06/2021- OSL continues to monitor planned IPDC backlog. Theatres sessions has increased with DHH restarting 14/06/2021 with 15 theatre sessions. Only RF and urgent at present. Validating top 10 longest waiters each month. 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/ongoing issue/ which has resulted in	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
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.	19/11/21 Currently only clinical urgent and red flag priority 2 patients are being scheduled for endoscopy. Planned backlog continues to increase as no planned patients are being booked. Validation of planned endoscopy patients is still ongoing. Endoscopy capacity has decreased due to Covid 19 pressures, the redeployment of theatre based workforce continues to impact on capacity within South Tyrone Hospital (STH). The day clinical centre was redeployed to STH day procedure admission ward during the pandemic which still remains in day procedure. This was a 14 bedded ward historically used to run two endoscopy lists 5 days a week simultaneously. Until they return to CAH it is not possible for STH to return to a 19 planned endoscopy list per week. 16/09/2021- Planned endoscopy backlog validation is still in progress 28/06/2021- planned endoscopy backlog is currently being validated by the Gastro and General Surgical Team. 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 16/6/19 - planned endoscopy backlog continues to be a	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 gapin RF, urgent and routine.	ATICs/SEC specialties with New Outpatients >52 weeks; urology, general surgery, Orthopaedics, Chronic Pain	19/11/21 OSL update SEC, New regional guidance has been approved for Outpatient admin validation this will be for ENT, Urology and Trauma and Orthopaedics. From April 19 admin validation has been ongoing, new regional technical guidance has been approved and will commence Jan 2022 and the validation team admin support will increase, recruitment in progress.Capacity reduced due to Covid 19 social distancing guidance which is decreasing the number of booked clinics. IPC guidance is continually reviewed and updated. 160921 OSL update- Within outpatients admin validation is ongoing within the following areas: ENT, BFH and orthopaedics. OSL progressing decision with IPC if clinic sizes can be increased. 08/09/2021 - Currently only red flag and some urgent patients are being booked however demand is still greater than capacity. Redeployment of DSU and Theatre staff to ICU for surgery reduces theatre capacity on CAH, STH and DHH sites. Six urgent bookable sessions in CAH, fourteen trauma sessions and five urgent bookable sessions in DHH with cancellation of day surgery and endoscopy. 28/06/2021- OSL and HOS continue to monitor longest waiters. Currently due to social distancing reduced numbers continue and only red flag and urgent patients being booked. Agreed to contact IPC to see if we can increase numbers at clinics. Admin validation to commence. 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	HIGH	DIV

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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	19/11/21 OSL and HOS continue to monitor outpatient stragglers >52 weeks. we are currently booking P2 priority patients due to Covid 19 patients. 16/09/21 OSL update- OSL and HOS continue to monitor top ten longest waiters for inpatient/day case. 08/09/2021 - Due to increase in Covid 19 ICU patients, theatres have decreased sessions down to three all day urgent bookable in CAH and one am session per day in DHH. This will result in ongoing backlog in planned and surveillance surgical patients. 28/06/2021- OSL and HOS continue to monitor. Top 10 longest waiters to be validated on a monthly basis. Theatres sessions have increased with DHH restarting 14.06.2021 with 15 theatre sessions. Only priority 2 elective surgery on CAH site. 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	HIGH	DIV
4131	03/12/2020	Safe, High Quality and Effective Care	Trustwide	Reduction in elective capacity due to covid restrrictions-Urology ENT, Gen Surgery, Gynae 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	12/11/2021ICU beds are currently sitting at 12.WIthin Elective Theatres there are 16 urgent bookable sessions in CAH and 5 urgent bookable sessionsin DHH. 08/09/2021 - Due to increase in Covid 19 ICU patients, theatres have decreased sessions down to three all day urgent bookable in CAH and one am session per day in DHH. THis will result in ongoing backlog in planned and surveillance surgical patients. Only priority 2 for CAH and DHH sites. 28/06/2021- DHH recommenced elective theatres x 15 sessions on the 07/06/2021. CAH elective sessions continue with reduced theatres- currently 2-3 urgent bookable per staff however this is staff dependent. Agency staff have taken leave July/August 21. 9/6/2021 the ongoing workforce issues will affect our ability to provide core operating sessions. Primarily for in patient theatres. The action in respect to recruitment is in place. advertisements are going out in June and 9 new registered nurses are due to commence work between June and Sept for CAH in patient theatres. we are currently working with the nurse bank and agency to attract theatres nurses and Dps from agency across mainland UK. 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 specialties and the January sessions are currently being agreed. Increase urgent bookable theatre sessions	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
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.	19/11/2021- no further update. 20/09/2021- Rolling nurse recruitment for Band 6 for paeds theatre is at advert. No paediatric surgery at present due to surge- redeployment of staff to ICU. 28/06/2021- Jan/Feb 2021x8 band 5 staff nurses recruited through peri-operative workstream. June 2021 band 5 applications closed, approx 8 band 5 have been recruited. Waiting on checks and start dates. Delivering of care x 1 Band 7 and 10 x Band 6's funding secured. ATICS going out to advertisement (3x CEPs Band 7- 1 funded and 2 at risk). 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.	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.	20/09/2021- Pre-op staffing currently matches the requirements for urgent bookable. Recruitment required. Will update as necessary. 28/06/2021- remains unchanged will discuss way forward with AD. 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

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
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.	19/11/2021- no change 20/09/2021- no change 28/06/2021- no change 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.	19/11/2021- no change 28/06/2021- remains unchanged no funding. 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
4095	02/06/2020	Provide safe, high quality care, Be a great place to work	Trustwide	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.	12/11/20212 An Information Governance audit has taken place and results are pending to ascertain compliance with non identifiable patient from handovers.To await report to ascertain compliance to inform if this risk should remain on register. 20/09/2021- AD to confirm is this can be removed from risk register 28/06/2021- Additional confidential waste bins at doffing, exits and signs were erected re disposing confidential waste appropriately. 24/02/2021- continuously monitored 02/06/2020 Staff regularly reminded of necessity to adhere to Trust governance protocols.	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 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.	12/11/2021- no change 20/09/2021- UPS/IPS need an injection of £200k. Estates are costing. 29/06/2021- less than 50% of the required installation has been completed. I have liaised with estates to advise of the next priorities if a phased approach for installation of further UPS/IPS is being considered when funding becomes available. I have listed the areas below detailing completed works in Green and the work that remains outstanding in red: Theatre 1 pendants Completed Theatre 2 pendants Completed Recovery area main theatre 6 bed spaces and defib plug Not completed DPU recovery 6 bed spaces and defib plug in reception Not completed DPU 1 procedure room pendants Not completed DPU 2 procedure room pendants Not completed DPU Decontamination unit (2 drying cabinets completed and 2 endoscope washers not completed) 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

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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.	12/11/2021 No ATICS business meeting interface 15/09/2021- unchanged. 28/06/2021- unchanged. 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

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	7/10/21- All tumour site pathways continue to have capacity problems throughout due to the ongoing pandemic. Referral levels for majority of tumour sites have continued to increase and are back to pre covid levels and in some instances higher than original volumes. Most tumour sites are affected by limited access to surgery. The trust continues to engage with RPOG and participate in theatre equalisation meetings. There are internal weekly meetings to review cat 2 surgeries and decisions regarding allocation of theatre sessions are made accordingly. Fortnightly cancer check point meetings continue involving MDT leads and senior management, where clinical teams have opportunities to escalate areas of concerns and potential solutions where possible. Fortnightly cancer reset meetings with HSCB are also continued. 20/09/2021- Covid has continued to have a negative impact on the 62 day pathway due to the fact that face to face appointment slots at outpatients and procedure lists such as endoscopy have been reduced in order to comply with IPC precautions. Attempts have been made to negate some of these losses by increasing virtual activity in the form of enhanced triage and virtual clinic appointments. However, the Trusts access to theatres and endoscopy lists has been reduced due to the fact of ICU beds being increased from 8 to 16 beds. Surgical specialties continue to prioritise their cases in line with the FSSA guidance. This is collated weekly and reported monthly to HSCB. 18/08/2021- Access times monitored but high volumes of new patients waiting to be seen at our Respiratory Clinics. Continue to monitor access for bronch. 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	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.	19/11/21 Update from Lead Nurse SEC- A working group is currently developing a criteria method to help guide the level of supervision required in nursing observations in relation to mental health"Enhanced Care Observation (ECO)". A training component is also being developed for staff prior to the pilot of this tool. There is a corporately led MDT working group who have produced a draft SHSCT point of ligature policy which has been shared for consultation prior to final approval. 20/09/2021- Lead Nurse SEC update- absconding policy used at ward level. Patients identified at risk will be placed in a bedspace as much as possible that provides supervision/visibility. Referral to Psych liaison. Also current working group to establish a "patient at risk" assessment tool which incorporates all levels of risk and care planning. There is also work ongoing regarding access to psych services within Acute. 20/09/2021- Escalated as per trust policy in ED. 18/08/2021- Absconding policy in place and escalated to HOS if incident occurs. Reported via Datix process. 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.	HIGH

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3971	ACUTE	28/08/2018	Provide safe, high quality care	Access to cath lab for NSTEMI patients- ST has the highest through put of patients through the Cath Lab in the region.	The ST have highest through put in the region and only have one Cath Lab. If the C Arm breaks down we will not be able to treat Cardiology patients requiring patients to be transferred to another Trust. SHSCT are concerned there is a potential to patient morbidity and mortality due to long waiting list. 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. There is a Regional Cath Lab implementation group which has been in place since August 2020.	18/08/2021- Have escalated via Elective Performance meeting. Highlighted the impact of high volume of inpatient activity and need for 2nd Cath Lab to address. Meeting held re inpatient plan regarding sharing lists with Belfast and Western Trust. Criteria to be established. Access times monitored monthly. 07/06/2021- The SHSCT has raised with the HSCB the need for decisions re Cath Lab capacity to meet the demand to be made as soon as possible. The Consultant Cardiologist in the SHSCT recommend a second Cath Lab on site. A PID for phase 3 Cath Lab capacity project was finalised in Oct 2020 and it was shared with the interim Director of commissioning in the Board. The process has been delayed due to the impact of Covid. A Clinical Lead is to be appointed to take forward a capacity and demand exercise which will allow a number of different options to be considered. 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	HIGH
773	ACUTE	29/07/2008	Safe, High Quality and Effective Care	CAH Theatres Endoscope Decontamination room	The interim Endoscope decontamination facilities at CAH theatres do not meet DHSSNI decontamination strategy. There are no transfer lobbies or staff gowning rooms. The process flow is severely compromised by the size of the extremely cramped unit. There is no room for expansion. 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. 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). In the event of any prolonged endoscope washer disinfector 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. The endoscope washer disinfectors were installed in 2009 and have a working life of approximately 8 years. 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. 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.	Situation being monitored.	12/11/2021 A decontamination meeting is due to take place 19/11/2021 and a further update will be available after this meeting. 15/09/2021- Replacement ISIS EWDs were included in the paper for funding sent earlier this year. Funding still not approved. The procurement process for EWDs can take up to six months and risk remains with the current EWDs not being supported by the manufacturer beyond 2022. 28.06.2021- no update. 16.02.2021- draft paper re funding required has been shared with the Director of Acute Services. 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. 3.10.19 Replacement EWDs are included on the capital funding list. May 2019 SHSCT provided a summary report to DOH on strategic planning relating to the decontamination of reusable medical devices 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 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. 5.1.16 Short paper highlighting the risks shared with Planning Dept and Director of Acute Services	HIGH

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
4177	ACUTE	20/06/2018	Safe, High Quality and Effective Care	Chiller Faults causing loss of time- MRI	Chillers are required to supply chilled water to the MRI scanner to remove heat produced during scanning and facilitate circulation of liquid helium which maintains the operation of the superconducting magnet. For the scanner to operate at the highest levels of efficiency, the magnet inside the scanner has to be kept as cool as possible. Any increase in temperature will result if the the chiller is not operating will cause the scanner to no longer operate. This is a safety mechanism for the scanner to prevent boil off the liquid helium "quenching". This is when the wire in the electromagnet stops being superconducting and starts to generate a lot of heat. At this point, any liquid helium around the magnet repeatedly boils off and escapes from the vessel housing the magnet.	Single chiller per scanner with no back up available. Alarm system in place to business management system when chiller is not operating- no communication from switch or estates re this during recent breakdowns. Siemens will test this to check if the system is working.	08/07/2021- recent chiller failure- temporary chiller installed until fault can be replaced. Several days scanning lost while this was ordered and installed. RED FLAG exams delayed due to downtime. 21/11/2020- no change- still awaiting estates action ongoing follow up with estates for progress. 20/06/2018- automatic emergency bypass system needs integrated instead of manual- to be referred to capital department for design team. Additional secondary chiller with associated pipework as a backup- D/W David Thompson needs referred to capital department design team. Discussion with Estates Team and Switch in relation to procedure for notifying estates and MRI if chiller alarm goes off. Alarm system to be tested.	HIGH
4176	ACUTE	20/09/2021	Accessible and Responsive Care2Safe, High Quality and Effective Care	Covid & Non Covid patients on AGPs being cared for in red Resus	Nosocomial Spread and patients at risk	ED consultants/management/IPC/Micro walkaround CDU identified as resus area for patients receiving AGPs CDU converted to Red Resus as IPC/Micro advice Lumira swabbing commenced in ED to determine Covid status The side room is used were possible to provide some protection for e.g. if one non-covid patient on AGP they will be nursed in side room and vice versa. However still a potential risk that aerosols will mix. When this is not possible patients in an open bay have the same air space which means that they are all in direct contact with one another. Covid positive patients in red resus are transferred to a Covid ward as soon as possible to reduce the risk. Ongoing escalation of red resus at APC meetings. All staff in red PPE. Walk around with Estates.	21/09/2021- Datix to be completed when non-covid/covid patients are nursed in red resus at any one time. Patients transferred out of red resus to appropriate ward when clinical condition permits is ongoing. Estates have confirmed that inability to undertake closing off cubical areas due to the estate structure. March 2020- CDU converted to red resus for patients on AGPs. All staff in red PPE	HIGH
3951	ACUTE	10/04/2018	Provide safe, high quality care	Delays in isolation	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.	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.	20/09/2021- all patients who attend ED have Lumira to determine covid status. PCR completed as per protocol. Risk assessments are completed when a high number of beds are closed due to an outbreak vs risks in ED. 01.06.2021- there has been 8.7 million pounds secured from the DOH address nosocomial infections which will allow estates work to progress. This will free up clinical space to accommodate patients. 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.	HIGH
4155	ACUTE	01/04/2021	Provide safe, high quality care4Make the best use of resources3Be a great place to work	Haematology Outliers	Currently only providing a 6 bedded inpatient side room, augmented care capacity for Haematology patients. All other admitted Haematology patients are cared for throughout both medicine and surgery, without the necessary environment to ensure patient satiety regarding hospital acquired infections. Potential risk could be catastrophic for a haematology inpatient. Haematology patients are immunosuppressed and are amongst one of the most vulnerable client groups within the hospital setting. Ultimately if a patient is exposed to one of the many potential hospital acquired infection this could be life limiting.	Patients that are identified as immunosuppressed must be prioritised for an ensuite side room the estate is limited regarding same and as such we are not always able to accommodate this, patients are then placed in side rooms with shared toileting facilities Haematology Teams keep track of all outlying patients and review same providing clinical plans where necessary. Maximising discharges in Haematology Unit, in order to created capacity for admitted patients.	Action plan completed working collaboratively with the AD from workforce to address same	HIGH
3954	ACUTE	10/04/2018	Provide safe, high quality care	Lack of documentation	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. Lack of documentation can reflect either that something that should have happened has not happened or just that it has not been documented. 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). 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.	Medical and nursing training would emphasise the importance of good documentation. 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. When challenged regarding poor documentation excuses given are usually:- (a) A lack of education/awareness regarding aspect s of care bundles (b) A lack of time to document things due to service pressures 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. 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.	18/08/2021- RQIA guidelines shared with Cardiology Team following SAI. Audit to be carried out in October 2021. 24.02.2021- improvements have been made but still needs continually monitored	HIGH

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4196	ACUTE	16/12/2021	Safe, High Quality and Effective Care Effective organisational governance	Limited implementation and adherence to MCA NI 2016, completion of required STDO and TPA for all patients who lack capacity	Limited Implementation and adherence to the MCA NI 2016 , COMPLETION OF REQUIRED STDO and TPA for all patients whom are deemed to lack capacity in specific decisions .	The DOH training is available to all MDT staff and a live register is maintained of all MDT staff whom can complete the required statutory assessments and documentation , however due to all MDT staff workload capacity and also confidence there is minimal identification of these patients and therefore very low numbers of STDO IN Acute Hospitals .Lead Nurses have been asked to ensure when 1-1 ARE BEING REQUESTED AT WARD LEVELS THESE ARE NOT APPROVED FOR PERSONS WHOM LACK CAPACITY UNLESS A STDO process has commenced .MCA should form part of all daily WBM discussions .The current SOP is not fully implemented as these patients are not being identified early in their journey from ED also. All MDT should agree which staff member / profession is best placed to take forward the MCA process STDO / TPA, this should be shared equally among professions The current STDA are under the management of MHDD Additional bespoke training is available within the SHSCT for any MDT staff group to develop skills and knowledge	18/12/2021- Plan in 2022 that the STDA Team (4.0 wte staff) will come under the operational management of Acute / Non Acute and will suit within HSW management structure's , this will allow more focused work and support to wards , however the challenge will be developing MDT staff to take forward this work as part of their day to day duties	HIGH
4184	ACUTE	04/10/2021	Safe, High Quality and Effective Care Effective organisational governance	Misuse of POCT devices and non compliance with clinical governance procedures across the Trust	POCT demand has increased exponentially across the Trust, particularly in response to the Covid pandemic. Mistakes made during the course of POCT analysis and incorrect results acted on by the clinical team can have life-threatening consequences for the patient. The risk is not limited to the POCT team; the risk is applicable to all of the clinical teams across the Trust who are performing POCT and relying on the results to inform patient management. All of the following will cause incorrect results to be produced which, if acted upon, could be fatal for the patient and leave the Trust open to litigation: -Poor sampling technique resulting in poor quality of sample. -Lack of training or knowledge on the part of the operator regarding proper and correct use of the POCT device. -Lack of knowledge or reluctance regarding how to perform internal quality control and calibration (this checks if the machine is producing the correct results). -Inadequate compliance with external quality assurance procedures (this checks that the entire procedure from sampling through to result transmission is working as it should). -Lack of understanding of what will adversely affect results e.g. haemolysis, icterus, lipaemia, incorrect storage temperature for reagents. -Poor cleanliness and maintenance of the device and surrounding area. -Use of incorrect or out of date IQC/calibration or test cassettes. Other risks for the patient -Not using the correct H&C number - result will not transmit to NIECR. -Patient HCN mix up, results going into the wrong patient file. -Staff sharing barcodes - risk of an untrained operator using the device incorrectly. -Lack of POCT team support to deal with issues such as poor IQC/EQA performance and -troubleshooting. -Lack of IT support for issues such as devices losing connectivity. In addition, not all devices are able to connect to the Trust network so there is an increased risk with such devices where the POCT team are unable to adequately monitor their performance. -Users not informing POCT of issues with devices when they arise. Risk of faulty device being used to generate inaccurate results that are acted on by the clinical team. The risks to the user and patient are significantly more substantial than risks associated with performing tests in the main laboratory which is staffed by fully trained laboratory staff. Staff performing POCT have basic training in operating the devices and must adhere fully to the rules set out by the POCT team. Mistakes can have serious, fatal outcomes for the patient if the results produced are incorrect or misinterpreted and subsequently acted upon by the clinical team. Staff not adhering to the rules and standard operating procedures as laid down by the POCT team are open to disciplinary procedures. Mistakes made during the course of POCT analysis can leave the Trust open to litigation from the patient. The POCT team regularly audits aspects of the POCT devices and operators. There are repeated instances of staff sharing barcodes, not using H&C numbers, poor maintenance and cleanliness of equipment, failure to run IQC and EQA, poor sampling technique affecting sample quality, incorrect test cassettes being used,	- Online and/or face to face training available for all devices - training sessions are organised and readily available on request from the POCT team. - POCT staffing - POCT staffing has been extended but staffing levels have fluctuated with staff leaving and being replaced. There is a requirement for a Band 6 BMS to provide support to the POCT Band 7 and robustness across the service, particularly with the continuing increase in demand for POCT across all sites. - SOPs and information are available for all devices on the laboratory website and Sharepoint. - Regular audit of POCT in clinical areas is highlighting problems with regards device maintenance, compliance with IQC/EQA etc, and this information is regularly disseminated to all Heads of Service and Lead Nurses in areas of the Trust that use POCT. The emphasis is on these individuals to enforce the compliance with POCT rules within their teams in order to satisfy clinical governance requirements. - IT support is a constant issue within POCT and causes serious delays in troubleshooting and installation of POCT devices. We are currently recruiting a Band 6 IT person for labs, but they will require proper access and administration rights to IT systems (particularly cyber-security) in order to complete their work. This could be a problem if IT are unwilling to co-operate in this respect. These controls are effective to a certain extent, but non-compliance with POCT regulations within the clinical teams is a critical ongoing issue that is possibly not being taken seriously enough across the Trust. The risk to the patient is significant. Removal of devices from clinical areas where non-compliance with POCT rules has been identified as a serious issue - this will only be as a last resort, particularly in areas such as ED where POCT is essential for patient flow (e.g. Covid testing). However, this leaves the Trust open to litigation in the event of errors. Permanent blocking of users who consistently fail to comply with POCT regulations - this is not feasible in practice, particularly with many clinical areas short staffed. All we can do is ensure the individual's line managers are aware of non-compliance issues, and that they both sign an official form committing to compliance with regulations, and undergo re-training procedures.	17/12/2021- "Update Senior Management (CCS) on developments by Jan 2021 "Create a potential structure to provide further support to the Trust by end of Jan 2021 "Secure additional resource to plug the identified weaknesses in current structure TBA "Seek further investment in POCT Governance structure TBA "Reinforce adherence to protocols through existing governance structures Feb 2021 20/09/2021- ED has stated that no additional funding given to provide POC service in ED- directly impacts on timing of results. High risk of agency staff. Consideration should be given to commissioning of mini lab in ED managed by main labs. 18/08/2021- this is monitored and issues escalated to Dept manager and LN and HOS. June 2021Re-started the Medical Devices and Equipment Management Group meetings. This group will have the role of promoting the safe use of medical devices and equipment throughout the Trust, providing assurance for the life cycle of all medical devices which includes procurement, use, decontamination, maintenance and disposal by the organisation of all medical devices, to ensure their use and application does not create a risk to patients, clients, staff and visitors. June 2021Expression of interest interviews taking place 04/06/2021 for Rapid Covid Tester in ED, using Lumira devices. May 2021 Requisition in place for POCT Assistant to replace staff member which has moved on. April 2021Re-commencement of user audits by Patient Safety and Quality Manager. This audit looks at barcode sharing. POCT are involved in a regional training programme for both Clinitek and Glucometers for any staff member who needs it. This allows a staff member from another Trust (bank nurse) to use device and would therefore reduce user error. Roche are currently working on a regional INR training structure. July 2021 POCT have developed a barcode sharing	HIGH
4157	ACUTE	06/05/2021	Provide safe, high quality and make the best use of resources	MRI Capacity	MRI inpatient demand has significantly increased with an impact on the capacity for red flag, urgent and routine outpatient examination. There has been a 72% increases in inpatient MRI demand comparing March 20 and March 21. Currently there is no MRI facility available on the Daisy Hill Site and patients have to transfer to CAH for MRI imaging. Increased outpatient waiting list and waiting times. Potential for additional queries regarding inpatients to MRI staff adding additional pressures.	Currently some MRI referrals are being outsourced to the Independent Sector. However due to image quality the more complex outpatient MRI referrals remain in the Southern Trust	6/4/22 The MRI options paper is to be presented to SMT on Tuesday 12th April to seek approval to look at non Trust locations for a modular MRI unit. There is also an ongoing MRI optimisation project being facilitated by Siemens and the initial review of the service has occurred and we are currently awaiting feedback. 14/12/2021- brought to CW to raise with Director re corporate register move. The Department are working with planning on a Business Case for a low field strength MRI Scanner to be located at DHH. The Current MRI scanners located in CAH are due for replacement in 2023 and 2024 which are currently on the equipment replacement plan. The costs of low field MRI scanner for DHH has yet to be finalised	HIGH

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3508	ACUTE	24/10/2013	Safe, High Quality and Effective Care	Overcrowding in Emergency Department CAH & DHH and the inability to off load patients from Ambulance due to overcrowding.	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. HALO role and ongoing monitoring	20/09/2021- ongoing, risk exacerbated by Covid- bed pressures sustained for long periods. Non commissioned beds have been opened. Surgical beds converted to medical beds. 09/03/2021- ED have completed capacity plan. All areas in acute to do the same. Escalated to Directorate. ongoing workstreams. Funding needs secured for medical gases for ambulance receiving area. Unscheduled care huddle regional actions daily. Estates ordering a modular unit for 6 cubicle receiving area. Ongoing escalation plan. 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.	HIGH
4142	ACUTE	24/02/2021	Provide safe, high quality care Be a great place to wor Make the best use of resources	Recruitment and Retention issues- Trust Wards	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. Potential lack of escalation/risk deteriorating patient not escalated. 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.	currently focusing prioritising recruitment to this area. Complete all outstanding e-reqs Internation nurse recruitment Target year 3 nursing students to this area to attract uptake Offer all bank and agency permanent positions Daily review and redeployment of staff to support the skill mix and staff levels with 2 South.	19/4/22. Still ongoing issue with recruitment and retention of Staff. Staffing levels reliant on Bank and Agency to fill gaps at ward level. 20/09/2021- 6 new start band 5 in DHH ED October 2021. 22 New start Band 5 CAH ED October 2021 28.06.2021- ATICS ongoing Band 5 recruitment drive. 8 x band 5 posts from peri-operative work stream. Applications closed 23.06.2021 Action plan completed working collaboratively with the AD from workforce to address this	HIGH
4156	ACUTE	19/08/2021	Provide safe, high quality car Make the best use of resources	Referrer MRI Safety	MRI is potentially hazardous and involves significant risk to patient safety. During the period 2019-2021 there has been an average occurrence (one every 3 weeks) of incidents involving incorrectly completed MRI safety referral information. These incidents have involved referrers stating that patients do not have any potential contraindications to undergo MRI(implants) however it is later identified by MRI Team that implants are in-situ. If these events keep occurring at the current rate there is an increased risk of morbidity and mortality because the source of risk has not been reduced.	The MRI Team screen and check all patients and completed questionnaires to attempt to ensure these errors are captured. E Learning MRI safety for referrers is available on HSC E Learning. Where possible notifications are sent to referrers involved to highlight the error and request that they complete the MRI safety training.	03/12/2021 - A national MR Safety training module is being developed and will be released in 2022. This module will replace the current MR Safety module on ELearning. A trend analysis report has been collated over the past 4 months which has not indicated any reduction in the number of incidents. 14/09/2021- requirement for a 3rd scanner, electrical infrastructure in DHH is an issue- cannot be brought forward. Modular MRI scanner on DHH currently. Cannot be progressed by division. To be discussed with Director of Acute Services t to have this risk moved back onto Directorate register. 16/08/2021- memo has been circulated by the medical director to all medical staff regarding the importance of correct protocol when filling out safety questionnaires for MRI. MD has asked for compliance audit data to be shared with MD and AMD to allow this issue to be addressed. A learning letter was sent out with the memo to be shared at the M&M meetings and Governance Co-coordinators to be raised at directorate governance fora and the AMD and DMD for sharing within teams. Posters to be placed on Trust desktops via Communications team by June 2021 The Department would like Referrer MRI Safety Training to become mandatory for MRI referrers by August 2021	HIGH

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
4143	ACUTE	11/03/2021	Best use of resources3Provide safe, high quality care	Replacement programme for Radiology Equipment on all Sites to replace equipment on unsupported operating systems and provide mai	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. "	10/02/2022 -In the financial year 21-22 the following equipment was replaced via Capital Monies: "3 Endoscopes "Technegas "3 General Ultrasound units "2 Breast Ultrasound units "2 Fluoroscopy units Capital priorities for the coming year are: "Funding for a 2nd CT Modular unit at DHH "Second CT scanner CAH "Replacement of 1 MRI scanner CAH "Replacement of DXA scanner and DR room at STH - this is in preparation for a Diagnostic Centre 14/09/2021- 10 year plan drawn up-investment per year shared with Regional Imaging Board- understand that SHSCT needs priority. "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
4185	ACUTE	12/10/2021		Risk of not being able to provide a round the clock blood sciences service on both CAH & DHH sites	There is a risk that that the critical provision of Blood Sciences may not be available on one of the main hospital sites. An inability to provide "round-the-clock" cover would compromise the provision of high quality care and in the case of Blood Bank could result in the requirement to close (temporarily) Daisy Hill to emergency admissions. In addition Obstetrics and other specialties, including Theatres would be put at unacceptable risk. Contingency measures that could be brought into operation in Chemistry could compromise patient flow and potentially compromise clinical care. Current contingencies within Haematology / Blood Bank carry even higher risks than Chemistry due to the critical nature of blood bank in particular. The stretching of staff across the 24 hour period and two sites together with the constantly increasing demand for laboratory services is also putting accreditation at risk. Type 1 Emergency Departments and Obstetrics have an absolute requirement for a Blood Bank. If the Blood Bank could not be operated at any stage of a twenty four hour period the Daisy Hill Hospital would not be able to maintain the Emergency Department and patients would need to be directed to other Emergency Departments with potential for delay and significant patient harm or death. It is sobering to reflect that critical hospital services are supported by rotas that are extremely limited and vulnerable to short notice illness with the potential for no available backfill. Unlike nursing agency bank staff are not readily available. In short inability to cover a gap could result in the emergency department having to close and patients on the Daisy Hill site being exposed to significant risk. Therefore the impact could be regarded as a catastrophic. The number of staff available on the Haematology / Blood Bank in the SHSCT is very limited, partly due to the very stringent requirements required to operate autonomously in this discipline. Currently the twenty four hour cycle is covered by too few staff and by utilising substantial overtime. Increased demand on staff has also the potential to increase sickness and stress further compounding the problem. Rotas are effectively so limited that even a few absences could cause one of the rotas to fail. The COVID pandemic has placed significant additional pressures on staff - increased demand and reduced availability of staff. Very tight rotas are highly vulnerable to these issues. Laboratory accreditation (UKAS ISO15189) is at risk where the focus is maintaining a service at the cost of maintaining a rigorous Quality Management System.	"Cross - cover from corresponding site (i.e. CAH cover for DHH) "Cross cover from other departments where relevant and safe "Additional staff in training (two staff due to complete training in the next six months) "Additional support staff through the 24 hour period "Agency support staff These controls have been enabled service provision to continue but they are insufficient to reduce the risk to an acceptable level "Additional Agency Biomedical Scientists - very limited supply (if they can be sourced at all) and likely to be off framework. Introduce additional risk - in terms of competency and experience. "Transferring Blood Bank samples to Craigavon - but there would be an unacceptable delay "Remote release of blood - unacceptable in a Major Haemorrhage scenario "Routinely providing remote Chemistry Biomedical Scientist support from the CAH site with support staff running samples on the DHH site	April 2022-Seek approval to recruit against overtime expenditure. Granted and in progress Discuss contingency with Clinical Leads/ senior staff. - Contingency is limited and has the potential to compromise patient safety Expedite training of B5 Biomedical Scientist. Despite best efforts training is slow due to the obvious constraints and COVID etc limiting further the supply of staff to train and be trained Expedite Chemistry training of Haematology / Blood Bank Biomedical Scientists. Recruit additional Biomedical Scientists and Support Staff. As above but additional staff slowly being recruited - training extremely challenging Discussion with HR around appropriate T&C for working shifts - especially at late notice etc. Procedure to describe the contingency. Completed and has provided some mitigation - however formal sign off from HR pending Plan to ensure return to schedule on all aspects of the Quality Management System. Dependent on above Remote release of results has been introduced where suitable.	HIGH
4049	ACUTE	07/08/2019	Provide safe, high quality care	Due to the staffing situation in Maternity there is an 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. Potental 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

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
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.	9/4/22 . Due to gaps at ward level difficult to release staff to undertake training either Face To face or Virtual e learning. 18/08/2021- no change core mandatory training monitoring monthly but Face to Face training still an issue due to social distancing and reduced staff numbers per session. 01/06/2021- provisions have been made to allow staff to do training in their own time and to receive overtime payment to do so. 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.	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 assesssement 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 reitain a modular CT Scanner in DHH.	6/4/22 There has been a further meeting with HSCB to look at the options - there are currently 2 suppliers have submitted bids through PALS procurement. Only one supplier is within original budget. Still awaiting funding stream Dec2021- meeting with HSCB in January 2022. 03/12/2021 - Currently awaiting feedback from DOH regarding the IPT. The provider is querying if the lease will be extended by March 2022 as they have other third parties interested in the unit. 14/09/2021- Medium term plan to build a CT suite in DHH with 2x X-ray machines and one MRI. Finance and Planning have asked the Regional Imaging Board. Clarification has been sought but not yet received. Trust running at risk even without funding 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

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
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	19/4/22. All wards DHH have 3 consultants aligned to them so all patients are seen daily. Need To review middle tier rota to support additional Medical Beds opened on DHH site. Recruitment in progress for substantive consultant posts. 20/09/2021- unable to secure acute physician for DAU. 18/08/2021- COW model in place and patients reviewed daily. New patients discussed at daily handover at 8.30am and also weekend handover at 12.45 on Fridays. 07/06/2021- There are 5 substantive Consultant post in DHH across Med/ Stroke/Respiratory and Gastroenterology. 4 out of 5 contribute to the 1:8 medical rota. The remaining posts are filled by Locum Consultants. there is a 1:12 weekend/bank holiday rota which is supported by colleagues from OPPC. There is now a substantive 1:8 middle tier rota. From August 2021 there will be a full middle tier out of hours rota with no locum's. At weekend/bank holidays there is an additional Consultant, registrar and SHO who work from 09:00-14:00 hours. 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
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 achievalbe 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 aleviate some of the declarattory orders asTrust Authorisation panels are being set up. 7.3.18 Risk remains unchanged	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
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	03/12/2021 - A Band 5 MTO commenced in October which alleviates some of the departments staffing pressures. 14/09/2021- Lead has now retired. A new interim lead has been appointed. Continue to train 2 staff- progressing through the 2 year training programme currently. 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 by DHSSPSNI	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 Service Capacity As of 30 June 2020 there are 2131 standards and guidelines identified on the Trust's S&G database. Of thes1622 were applicable to Acute Services (78%) 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 possbile 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 were 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. 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	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. 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 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 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	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 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.	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	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.	Currently valproate is prescribed to a small number of patients under the care of SHSCT Consultants, all of whom have been made aware of the various DoH circulars and associated recommendations. A number of SHSCT 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 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.	9 March 2020 Consultants manage their own registers of girls and women on vaproate.	LOW

Clayton, Wendy

From: Clayton, Wendy
Sent: 04 May 2022 14:57
To: Khan, Nasir
Cc: Haynes, Mark; Robinson, Katherine ([redacted])
Subject: RE: Outstanding Results

Thank you Mr Khan, keep me updated is any problems

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: Khan, Nasir <[redacted]>
Sent: 04 May 2022 14:51
To: Clayton, Wendy <[redacted]>
Cc: Haynes, Mark <[redacted]>
Subject: RE: Outstanding Results

Hi Wendy

I came back early and going through the results.

Regards
Nasir

From: Clayton, Wendy <[redacted]>
Sent: 04 May 2022 14:17
To: Khan, Nasir <[redacted]>
Cc: Haynes, Mark <[redacted]>
Subject: FW: Outstanding Results

Hi Nasir

Please see below. I know last time you had your results updated and signed off electronically. Can you confirm if you have a backlog of results?

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: Poland, Orla <[redacted]>
Sent: 04 May 2022 13:32
To: Clayton, Wendy <[redacted]>

Cc: Robinson, Katherine <[redacted]>
Subject: Outstanding Results

Hi Wendy,

Per Alix's backlog report this month there are still outstanding results going back to Oct 21 for Mr Khan. I know he is off at the minute but could you flag this with him when he is back as he said he would get these cleared (I think he is due back tomorrow)

Many Thanks

Orla Poland
Service Administrator SEC
Second Floor | Tower Block | Craigavon Area Hospital | 68 Lurgan Road |Craigavon| BT63 5QQ|
T: External [redacted] Internal [redacted] Mob: [redacted] | E: [redacted]

Southern Health

Acute Directorate

ATICs / Surgery & Elective Care

AD/HOS WEEKLY MEETING
AGENDA - Governance

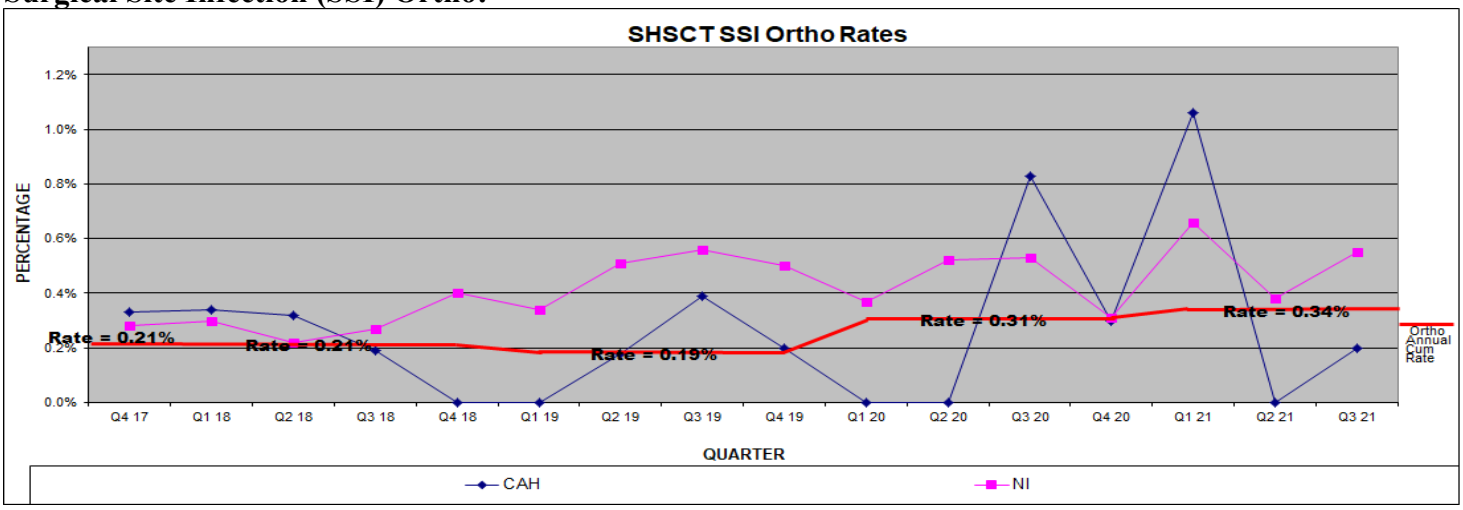
Date: Tuesday 8th March 2022
Time: 09:00 – 11:00
Venue: Meeting Room 1 Admin Floor

Agenda	Discussion and documents
1. Apologies	Paula McKay
2. Minutes from previous meeting	
3. Performance	
4. Litigation	
5. Patient Safety Report	FW Agenda Governance 8.03.22.
6. Complaints	
7. SAI's	RE Ronan's HOS Governance Meetin(
8. Incidents	
9. Risk Registers – updates	Overdue High Risk Equipment by Direct
10. Medication Incidents/Learning	Learning from Medication Incident
11. Mandatory training compliance	
12. News/NEWS II	
13. Sepsis 6	
14. Hyponatraemia -	
15. Nursing NQI's updates	Management Patients_Requiring review_Onward referral
16. RQIA Readiness wards & OPD's	
17. Independent audits Reason & Action's	

18. Clinical Audits	
19. AOB	 ECO Agenda Jan 2022.docx  FW: RE: FOR DISSEMINATION...  2022.02._Trust HR Active Requisitions_  Acute Directorate - Band 2_Band 3 post:  Acute Governance Report Mar22.doc

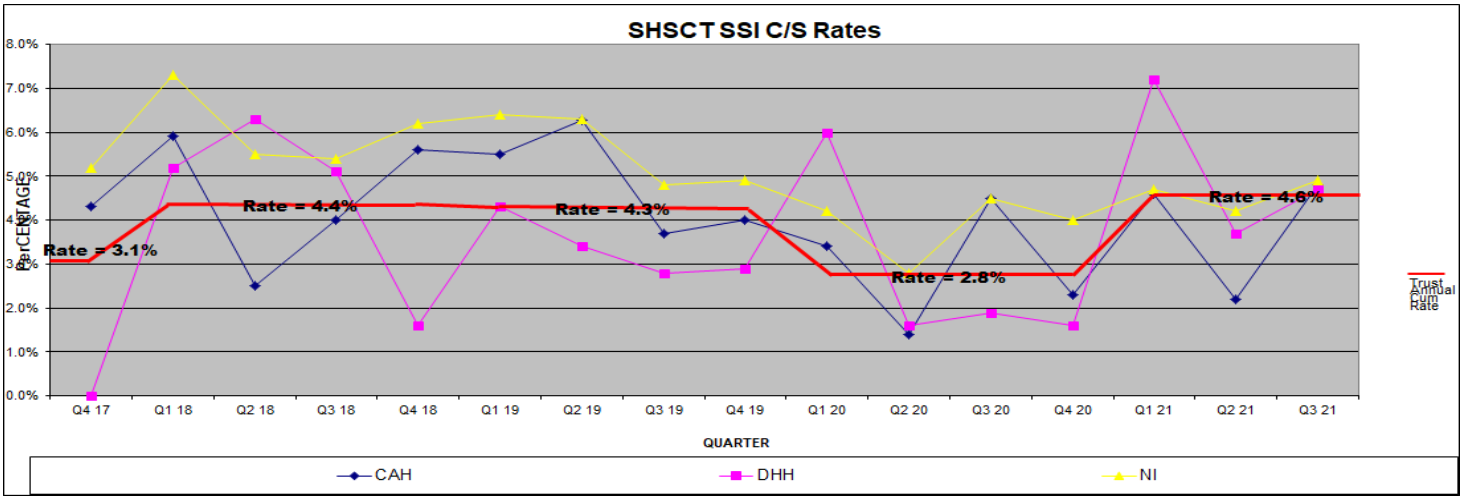
Patient Safety Report for Acute Governance Meeting March 2022

Surgical Site Infection (SSI) Ortho:



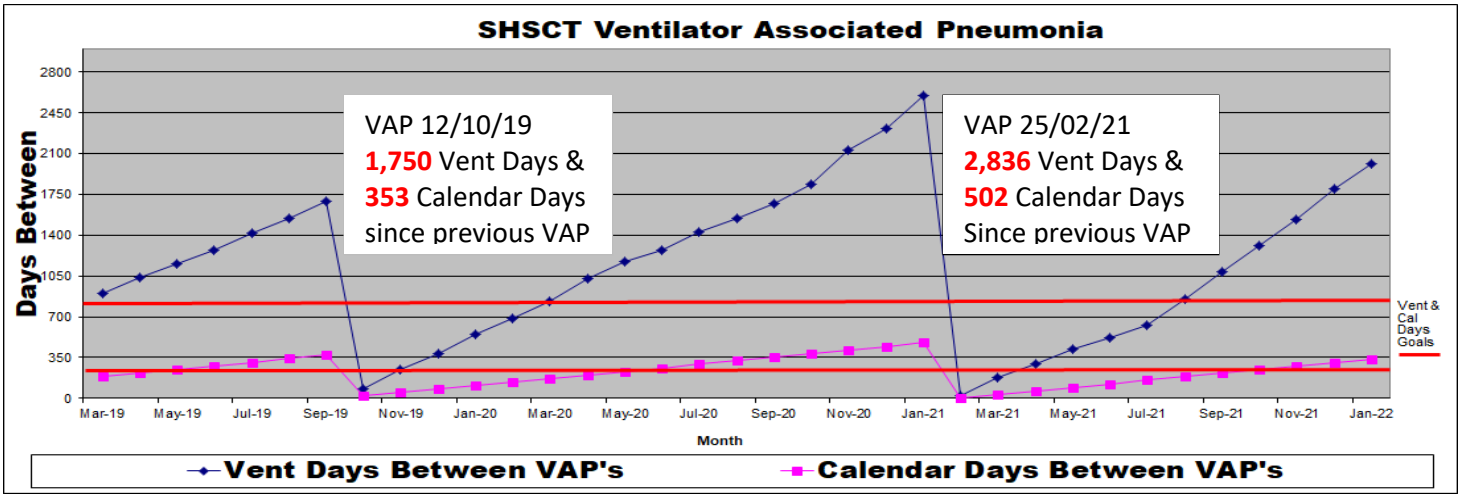
- Next update when Q4 2021 SSI Rates released by PHA

Surgical Site Infection (SSI) C/Section:



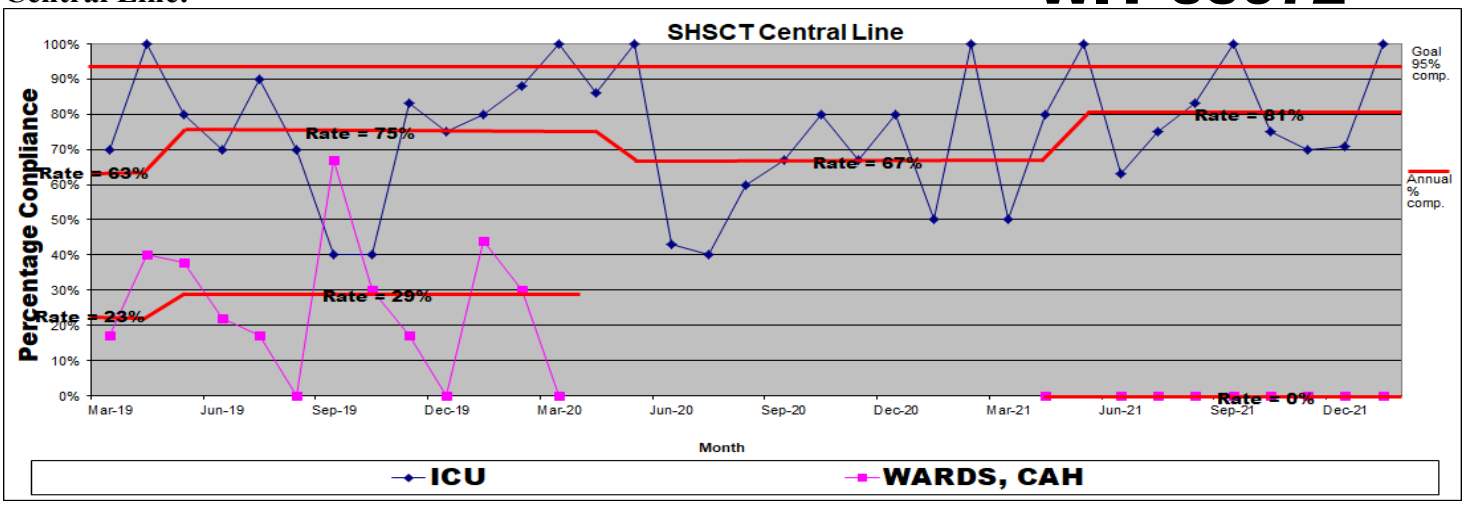
- The quarterly C/S Audits are taking place in Mar 22 with results reported in May 22

Ventilator Associated Pneumonia (VAP):



- Vent Days Between VAP's **2017** (26th February 21 → 31st Jan 22)
- Calendar Days Between VAP's **340** (26th February 21 → 31st Jan 22)

Central Line:



Overall Bundle Compliance Jan 22, ICU **100%** (8/8 cases audited), up from **71%** (5/7 cases audited) in Dec 21

Cumulative Compliance 21/22 stands at **81%**, up from **67%** in 20/21

Overall Bundle Compliance Jan 22, Wards, CAH **0%** (0/3 cases), same as Dec 21

Cumulative Compliance 21/22 stands at **0%**, down from **29%** in 19/20 (audit suspended 20/21)

- Non-Compliant Cases:
  - In all 3 cases the Jugular was used with no contraindication documented as to why the subclavian site was not used.
  - In 1 of 3 cases audited there were gaps in the monitoring of the Daily Review of the Line (3 days missed - 2 North)

- Results shared with Lead Clinician, A.D., Lead Nurse & Wards for this QI work to address areas of non-compliance. Dr. Chris Clarke has also agreed to review the evidence in respect of the use of the Subclavian in preference to the Jugular

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	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21
ACUTE	93% (332/358)	92% (509/554)	91% (619/682)	95% (365/384)
TRUST	92% (480/520)	91% (637/700)	91% (767/842)	93% (494/531)

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	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21
ACUTE	86% (277/321)	88% (436/496)	91% (558/614)	89% (317/356)
TRUST	88% (455/517)	88% (615/695)	91% (702/770)	91% (453/498)

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	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21
ACUTE	0 (320)	0 (494)	1 (615)	1 (357)
TRUST	1 (610)	1 (806)	2 (775)	1 (500)

VTE:

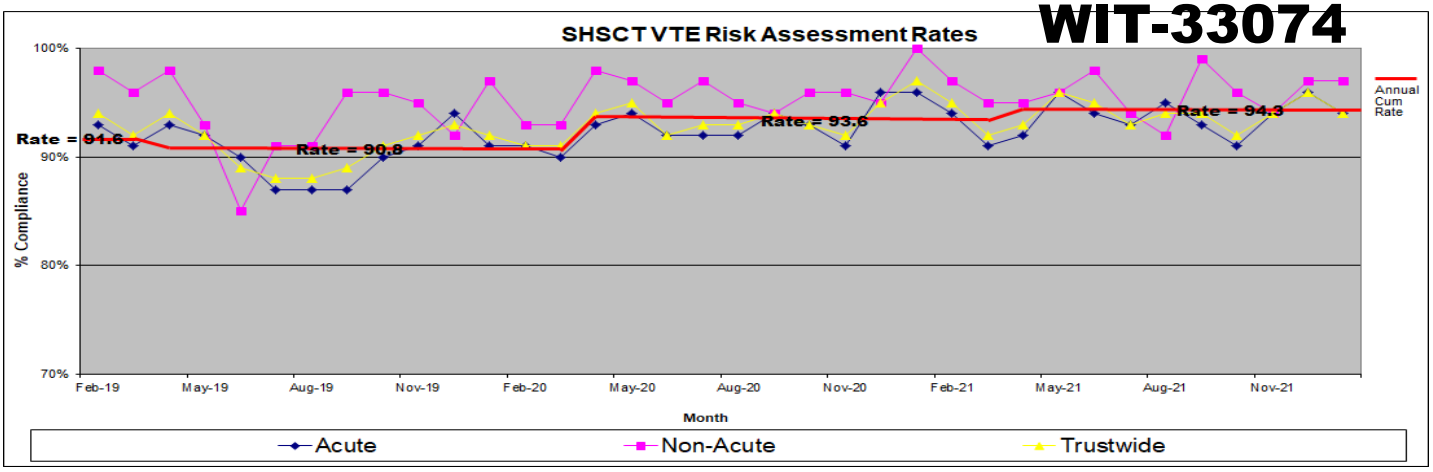
Jan 22 (Week Commencing 03/01/22 → Week Commencing 31/01/22)

Division	Site	Ward	Number of Weekly Audits not done	Charts with Fully Completed VTE Risk Assessment	Number of Charts Audited	Monthly Percentage Compliance	Quarter 3 21/22 Percentage Compliance
S&EC	CAH	3 South	1	20	20	100% ↔	97% ↑
		4 North CESW	0	24	25	96% ↑	94% ↓
		4 South	0	38	41	93% ↓	98% ↑
		Elective Adm.	0	17	18	94% ↑	92% ↓
		Orthopaedic	1	21	21	100% ↑	92% ↓
		Trauma	5	N/A	N/A	N/A	N/A
	DHH	F/male Surg.	0	23	23	100% ↔	98% ↓
		HDU	1	16	16	100% ↔	97%
M&UC	CAH	1 South	1	19	20	95% ↓	92% ↑
		1 North	0	19	20	95% ↑	82% ↑
		2 North Resp.	0	25	25	100% ↔	100% ↑
		Haematology	1	6	6	100% ↔	91% ↓
		2 South	0	18	24	75% ↓	83% ↓
		2 North Med	0	25	25	100% ↔	100% ↑
		AMU	0	20	25	80% ↓	88% ↓
		Ramone 1	0	24	24	100% ↑	96% ↓
	DHH	F/male Med.	1	19	20	95% ↑	88% ↓
		CCC/MMW	0	24	25	96% ↓	95% ↔
		Stroke/Rehab	0	25	25	100% ↔	98% ↔
		Respiratory L3	0	23	25	92% ↓	100% ↔
IMWH	CAH	Gynae	0	11	16	69% ↓	91% ↑
TOTAL			11↓ (12)	417	444	93.9%↓	93.9% ↓

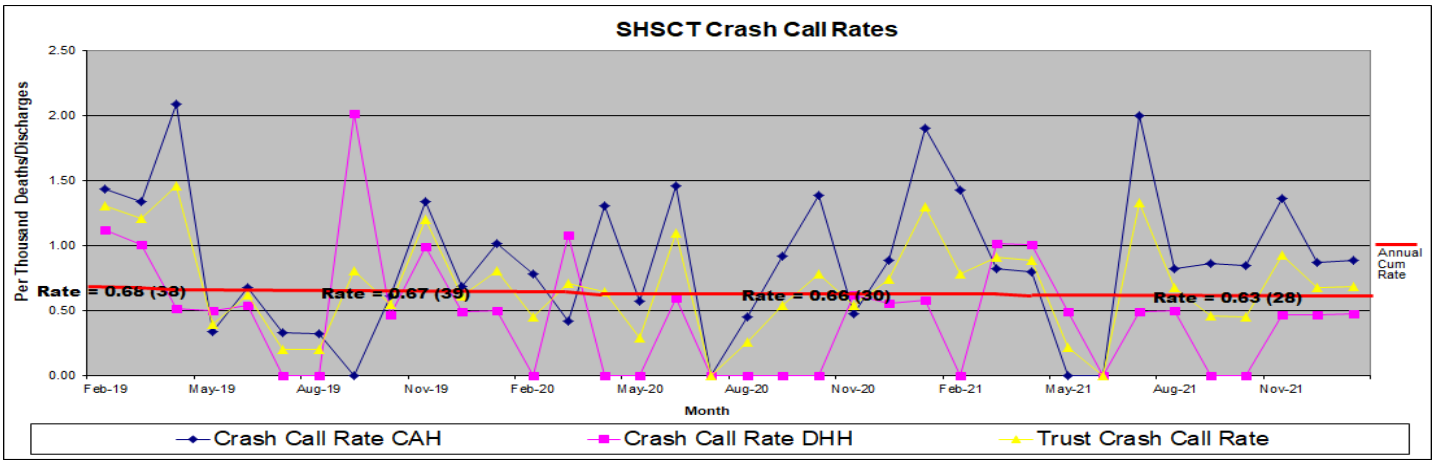
Key: Red – Under 85% compliance, Amber – Compliance between 85% & 94%, Green – Above 95% (Reg. target)

- In summary Overall Compliance with fully completed Risk Assessment on the Acute Wards was **93.9%** (417/444 charts audited) down from **95.7%** (332/347 charts audited) in Dec 21

- Total number of weekly audits not completed in Jan 22 was **11** down from **12** in Dec 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 Jan 22 was **94%** (494/523), down from **96%** in Dec 21
- Cumulative Compliance 21/22 stands at **94.3%**, up from **93.6%** in 20/21



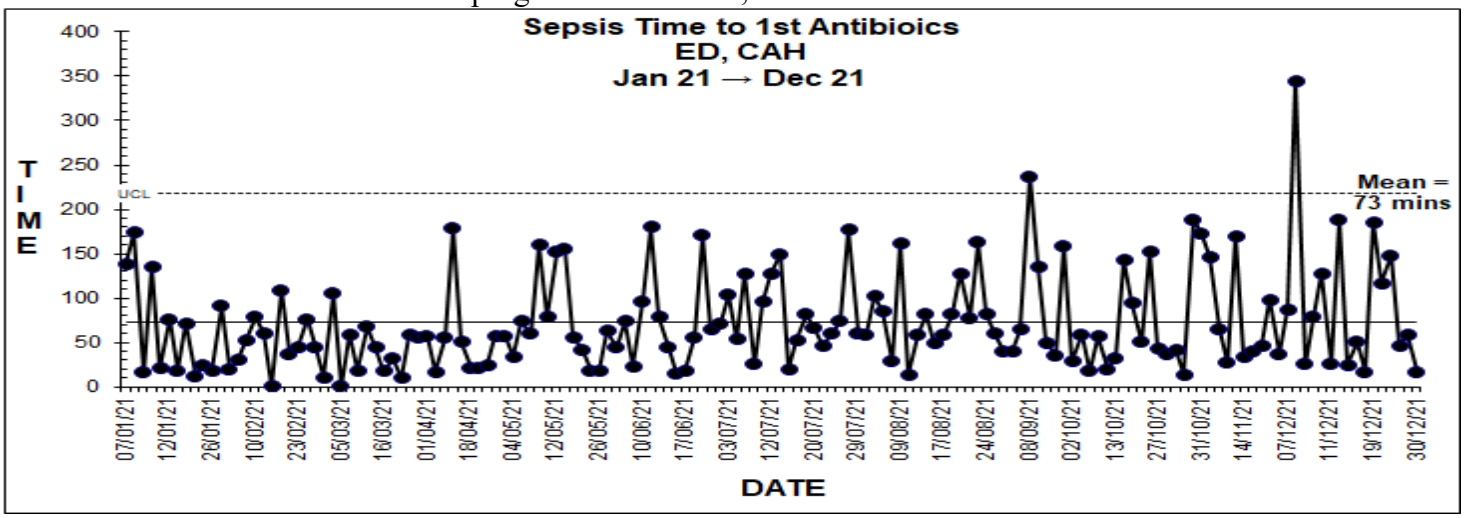
Crash Calls:



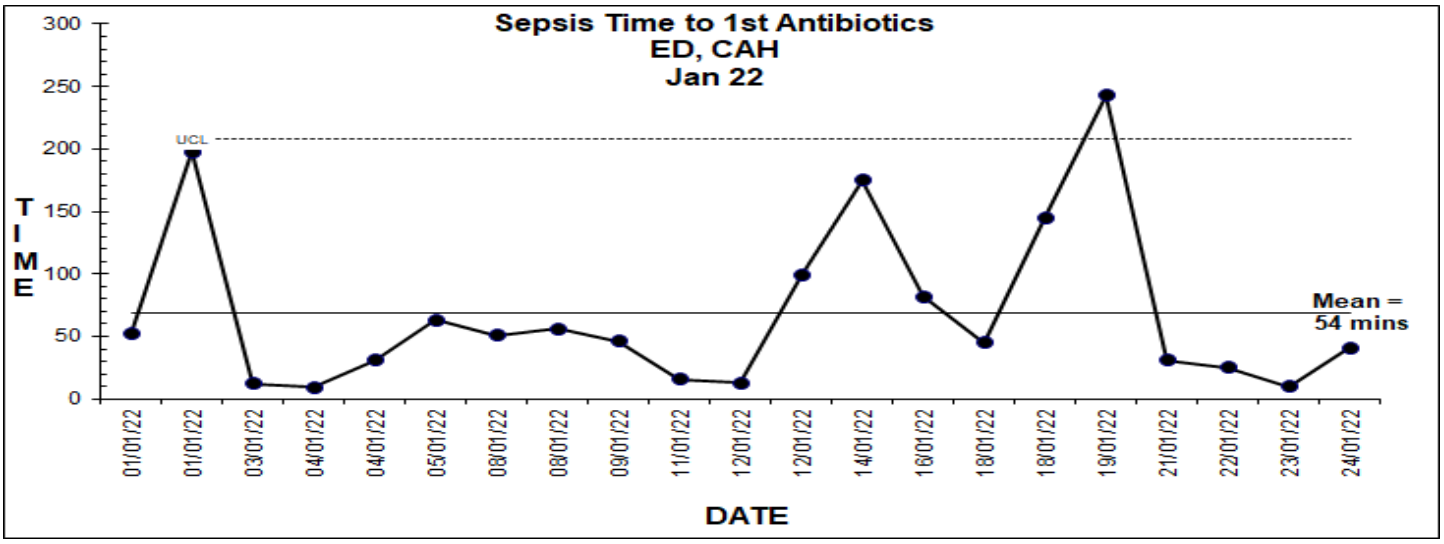
- CAH Rate **0.89** per 1,000 deaths/discharges (**2 - 1 AMU & Trauma**) up from **0.87** (**2**) in Dec 21
- DHH Rate **0.48** per 1,000 deaths/discharges (**1 – Female Surgical**) up from **0.47** (**1**) in Dec 21
- Trust Rate **0.69** per 1,000 deaths/discharges (**3** Crash Calls) up from **0.68** (**3** Crash Calls) in Dec 21
- Trust cumulative Crash Call Rate for 21/22 stands at **0.63 (28)** per 1,000 deaths/discharges, down from **0.66 (30)** in 20/21

Emergency Care QI Work: Sepsis 6 CAH & DHH:

- The 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. However in the ED's of CAH & DHH it was decided to measure compliance 24/7. Work commenced 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), however the latter 2 were suspended due to the Pandemic. The Run Chart below shows progress made in ED, CAH.

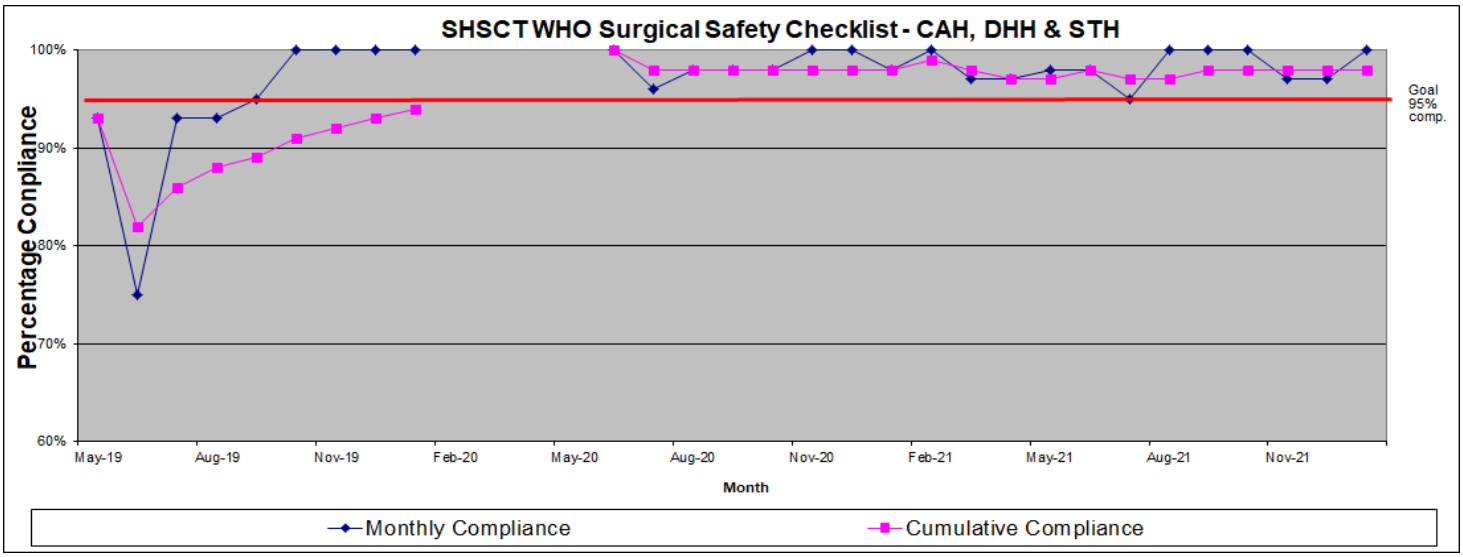


- Dec 21 data - compliance in-hours stands at **75%** (3/4 cases audited), up from **33%** (2/3 cases audited) in Nov 21. Cases outside target timeframe by **57** mins.
- Dec 21data - compliance out-of-hours stands at **46%** (6/13 cases audited), down from **60%** (3/5 cases audited) in Nov 21. Case outside target timeframe ranged between **19** mins & **285** mins
- Mean Time Jan 21 → Dec 21 = **73** mins, outside Regional target timeframe of **60** minutes.
- In 2020 Mean Time = **76** minutes



- Jan 22 data - compliance in-hours stands at **70%** (7/10 cases audited), up from **75%** (3/4 cases audited) in Dec 21. Cases outside target timeframe ranged between **85** mins & **183** mins
- Jan 21data - compliance out-of-hours stands at **64%** (7/11 cases audited), up from **46%** (6/13 cases audited) in Dec 21. Case outside target timeframe ranged between **3** mins & **138** mins
- Mean Time Jan 22 = **54** mins, under Regional target timeframe of **60** minutes.
- In 2020 Mean Time = **76** minutes, while in 2021 it stands at **73** mins

WHO Surgical Safety Checklist:

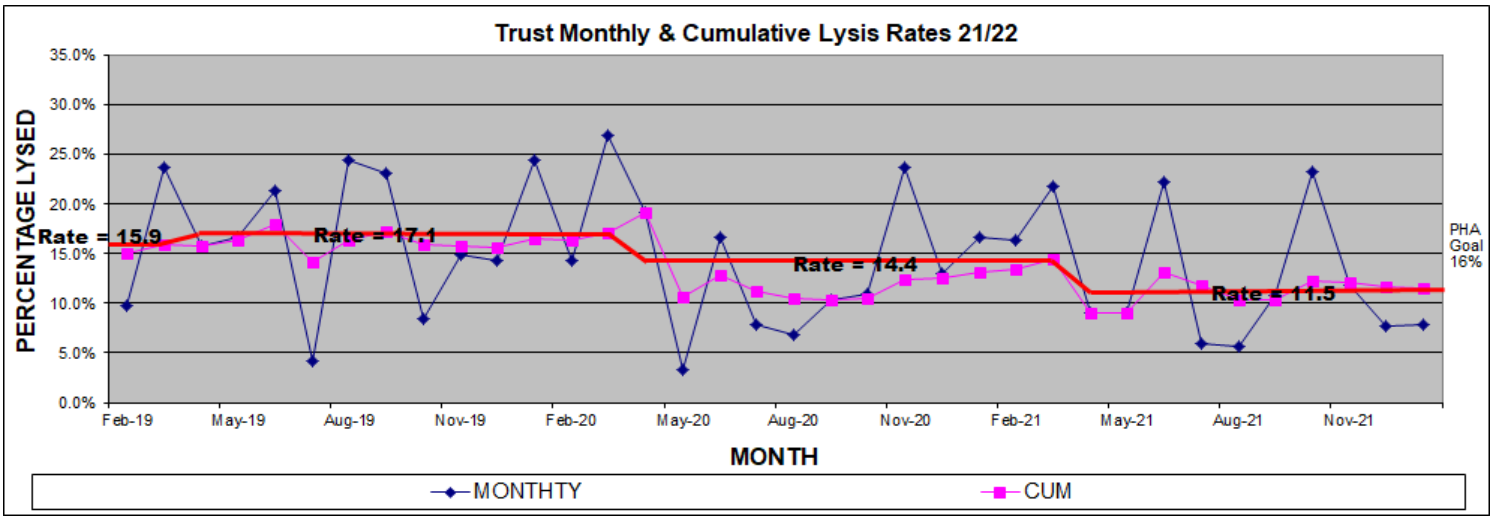


- The Monthly Audits were reinstated in May 19 & were suspended Feb → May 20 due to Covid-19
- Jan 22 Compliance **100%** (30/30) up from **97%** (58/60) in Dec 21
- Cumulative Compliance in 21/22 stands at **98%**

- 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		Jan 22		Jan 22		Jan 22	Commentary Jan 22
Patients who are potentially eligible for thrombolysis are assessed by Acute Stroke Team within 30 minutes of arrival	19/20 99% 20/21 100%	100% (49/49)	19/20 99% 20/21 100%	100% (25/25)	19/20 99% 20/21 100%	100% (74/74)	-
Patients who are potentially eligible for thrombolysis receive CT scan within 45 minutes	19/20 99% 20/21 100%	100% (26/26)	19/20 98% 20/21 98%	100% (22/22)	19/20 99% 20/21 99%	100% (48/48)	-
Patients deemed suitable for thrombolysis receive first bolus within 60 minutes	19/20 78% 20/21 90%	67% (2/3)	19/20 75% 20/21 73%	0% (0/1)	19/20 77% 20/21 86%	50% (2/4)	CAH: Patient presented in-hours. Outside target timeframe by 8 mins. Reason for delay not recorded. DHH: Patient presented out-of-hours. Outside target timeframe by 10 mins. Reason for delay not recorded
Patients transferred to Hyper Acute Stroke Unit (or appropriate environment) within 90 mins	19/20 98% 20/21 100%	100% (3/3)	19/20 96% 20/21 93%	100% (1/1)	19/20 98% 20/21 98%	100% (4/4)	-

	CAH		DHH		TRUST		AIM 20/21 (Based on Commissioning Plan) To ensure that the proportion of thrombolysis administration Target 16%
Outcome Measure	2020/21	Jan 22	2020/21	Jan 22	2020/21	Jan 22	
Monthly Thrombolysis Rate		13.0% (3/23)		6.7% (1/15)		10.5% (4/38)	
Thrombolysis Rate (Yearly)	13.6% (51/374)	12.7% (37/292)	17.9% (15/84)	9.0% (13/144)	14.4% (66/458)	11.5% (50/436)	



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.

SKIN Care (Pressure Ulcer):

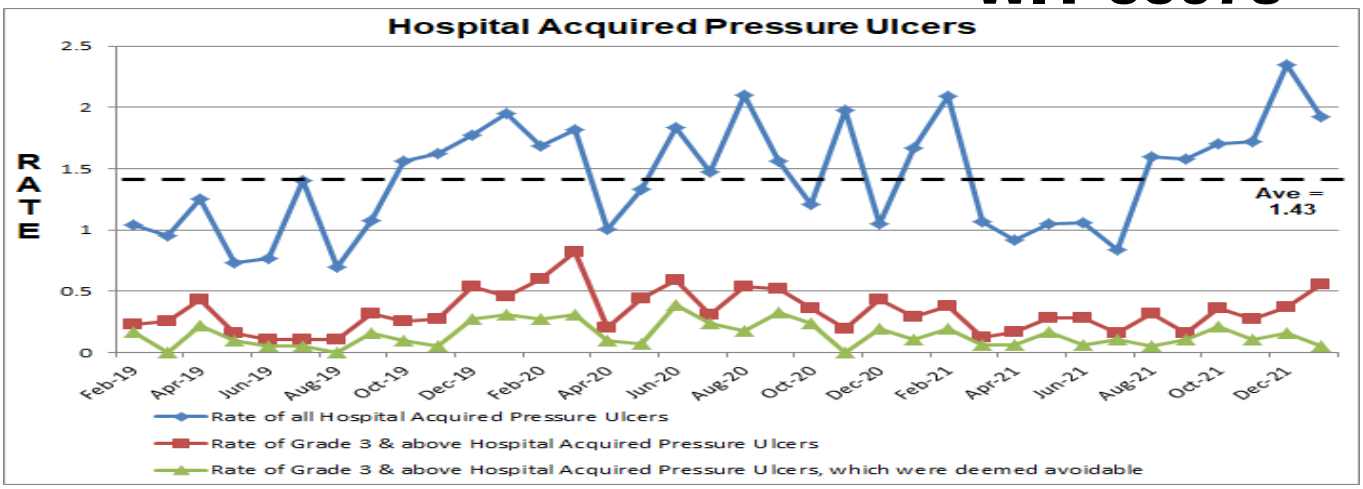
- The figures are a combination of the Independent Audit undertaken by Lead Nurses & the audit undertaken by the Ward Managers/Band 6's. Details of Overall Bundle Compliance is below:

Quarter	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21
ACUTE	84% (166/197)	86% (243/283)	83% (320/386)	85% (194/227)
TRUST	83% (264/317)	87% (336/387)	84% (420/499)	89% (294/331)

- There were **38** Hospital Acquired Pressure Ulcers reported in Jan 22. Of these, **11** were deep wounds i.e. Grade 3/4, U or DTI's, (ED, CAH (2), 1 South (2), AMU, 2 South Medical & 4 South, CAH & Female Surgical/Gynae (2) & Female Medical (2)).
- In 21/22 Post Incident Reviews have been carried out on **45** cases to date with **20** deemed to have been avoidable. This represents **7%** of all Ward Acquired Pressure Ulcers reported in 21/22, down from **11%** in 20/21. The outstanding Post Incident Review (**10**) will be carried out in due course.

The table below gives details of individual Ward's Acquired Pressure Ulcers & Rate Per 1,000 Occupied Bed Days 21/22:

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 21/22	Rate & No 20/21
CAH															
Ward 4 South	1	2	1	0	0	0	0	0	4	3			11	1.20	1.16 (9) ↑
Ward 4 North	0	2	0	1	0	2	0	1	2	0			8	0.85	0.71 (6) ↑
Ward 3 South	3	2	3	2	5	1	1	0	3	0			20	2.10	3.50 (32) ↓
Trauma Ward	1	1	0	1	2	0	0	1	0	2			8	1.24	1.66 (12) ↓
Orthopaedic Ward	0	0	0	0	0	2	3	0	0	1			6	1.14	2.81 (13) ↓
Gynae Ward	0	2	2	0	0	0	1	1	1	0			7	2.24	1.84 (5) ↑
ICU	3	2	3	4	8	7	7	11	12	4			61	23.77	15.14 (41) ↑
Ward 2 South Medicine	1	2	0	0	2	1	3	0	1	2			12	2.70	4.69 (24) ↓
Ward 2 South Stroke	1	0	0	0	0	2	2	2	2	1			10	2.02	0.77 (4) ↑
Ward 2 North	0	1	1	0	0	1	1	1	1	0			6	0.86	1.28 (12) ↓
Ward 5 Haematology	0	0	1	1	1	0	0	0	0	1			4	1.95	2.49 (6) ↓
Ward 1 South	0	2	0	0	1	0	1	1	0	3			8	0.76	1.19 (13) ↓
Ward 1 North	0	1	1	0	0	0	0	2	0	3			7	0.81	0.63 (6) ↑
AMU	0	1	1	2	0	1	2	1	1	4			13	1.43	1.07 (10) ↑
3 North Medical	1	0	1	0	0	2	3	3	3	2			15	1.68	1.90 (20) ↓
CEAW	0	0	0	0	0	0	1	0	1	0			2	0.75	0.95 (2) ↓
Emergency Department	0	0	1	1	1	3	1	6	1	2			16	N/A	N/A (16)
Ramone 1	2	0	0	1	1	0	0	0	6	1			11	2.42	1.24 (3) ↑
Other Areas e.g. Recovery	0	0	0	0	0	1	0	0	0	0			1	N/A	N/A (8)
DHH															
Resp. 3B	0	0	1	0	0	1	0	1	0	0			3	0.82	0.60 (2) ↑
Female Surg/Gynae	0	0	0	0	0	0	1	0	0	2			3	0.49	0.67 (4) ↓
HDU	0	0	1	0	1	0	0	0	0	1			3	1.40	1.91 (4) ↓
Stroke/Rehab	0	0	0	1	2	1	1	0	0	1			6	0.72	0.43 (4) ↑
Male Med/CCU	0	0	0	0	2	0	0	0	0	0			2	0.20	0.31 (3) ↓
Female Medical	2	0	0	0	1	0	2	0	4	4			13	1.17	0.73 (8) ↑
Emergency Department	0	0	0	0	1	1	1	0	0	1			4	N/A	N/A (1)
Lurgan															
Ward 1 Stroke	0	0	1	0	0	0	0	0	1	0			2	0.39	0.41 (2) ↓
Ward 2 Rehab	1	0	0	1	0	1	0	0	0	0			3	0.71	0.80 (3) ↓
Ward 3	0	0	0	1	2	0	1	0	1	0			5	1.04	0.69 (3) ↑
STH															
Ward 1 STH	0	0	0	0	0	1	0	0	1	0			2	0.40	1.21 (6) ↓
Ward 2 STH	0	1	1	0	0	0	0	0	0	0			2	0.43	0.42 (1) ↑
MHLD															
Gillis	0	0	0	0	0	0	0	0	0	0			0	0	0.91 (5) ↓
Willows	0	0	0	0	0	1	1	1	0	0			3	0.50	0 (0) ↑
TOTAL	16	19	19	16	30	29	33	32	45	38			277		
RATE	0.92	1.05	1.06	0.84	1.60	1.58	1.70	1.72	2.35	1.92				1.49	1.55 (288)↓



- The Trust's Monthly Hospital Acquired Pressure Ulcer Rate for Jan 22, based on **30** Wards was **1.92** (**38**/19,801) per 1,000 Occupied Bed Days down from **2.35** (**45**/19,135) per 1,000 Occupied Bed Days in Dec 21
- The Trust's 21/22 Hospital Acquired Pressure Ulcer Rate, based on **30** Wards stands at **1.49 (277)** per 1,000 Bed Days, compared to **1.55 (288)** in 20/21.

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 (Jan 22)	100% (19/19)	N/A (0/0)	N/A (0/0)
2 South Med (Dec 21)	100% (20/20)	100% (12/12)	100% (8/8)
3 South (Dec 20)	100% (5/5)	100% (1/1)	N/A (0/0)
4 North (Jan 22)	100% (13/13)	100% (3/3)	100% (1/1)
4 South (Jan 22)	100% (20/20)	100% (2/2)	N/A (0/0)
Ramone 1 (Jan 22)	100% (20/20)	100% (11/11)	100% (4/4)
Stroke/Rehab (Dec21)	100% (20/20)	100% (6/6)	100% (2/2)
Female Surg. (Jan22)	100% (20/20)	100% (4/4)	100% (3/3)

- Wards in black audit suspended due to Covid-19 or Audit not received in time to be included in this Report

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:

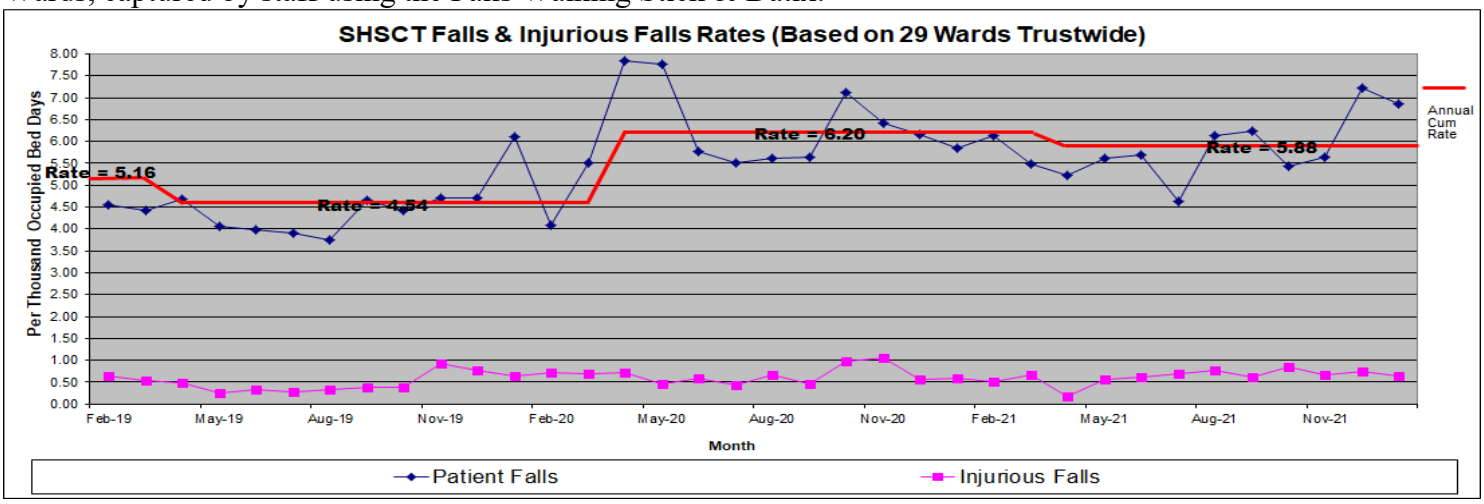
Quarter	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21
Acute Bundle A Compliance	79% (255/323)	79% (391/495)	80% (498/619)	82% (291/355)
Trust Bundle A Compliance	81% (421/521)	84% (583/694)	83% (643/778)	84% (420/500)

Quarter	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21
Acute Bundle B Compliance	84% (219/262)	81% (337/415)	81% (434/534)	79% (236/300)
Trust Bundle B Compliance	87% (398/460)	87% (533/613)	84% (578/688)	82% (359/437)

The table below gives details of individual Ward's Patient Falls Numbers & Fall Rate Per 1,000 Occupied Bed Days 21/22:

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 21/22	Rate 20/21
CAH															
Ward 4 South	0	2	2	3	1	6	1	6	4	3			28	3.07	2.32 (18) ↑
Ward 4 North	3	2	3	1	4	2	3	1	1	2			22	2.33	5.06 (43) ↓
Ward 3 South	9	3	9	2	4	7	9	11	2	8			64	6.72	8.10 (74) ↓
Trauma Ward	7	2	5	1	7	10	8	5	5	5			55	8.55	7.59 (55) ↑
Orthopaedic Ward	2	1	2	2	4	9	5	6	5	4			40	7.61	11.01 (51) ↓
Gynae Ward	0	2	3	1	1	2	5	6	7	2			29	9.29	4.42 (12) ↑
Ward 2 South Medical	2	3	1	3	3	3	3	4	4	6			32	7.20	11.32 (58) ↓
Ward 2 South Stroke	1	2	1	1	2	2	5	1	6	8			29	5.85	7.46 (39) ↓
Ward 2 North	0	1	4	1	1	1	3	2	3	1			17	2.44	4.25 (40) ↓
Haematology Ward	1	0	0	0	0	1	0	3	3	3			11	5.35	2.49 (6) ↑
Ward 1 South	5	6	11	3	9	4	12	3	9	14			76	7.18	5.15 (56) ↑
Ward 1 North	1	1	3	2	5	4	4	2	1	2			25	2.89	2.82 (27) ↑
AMU	5	5	5	10	15	4	4	6	5	5			64	7.03	10.28 (96) ↓
3 North Medical	7	2	2	6	3	3	6	4	16	10			59	6.63	5.69 (60) ↑
CEAW	0	0	0	1	0	0	0	1	0	0			2	0.75	0.48 (1) ↑
Ramone 1	3	5	2	1	3	4	2	3	2	3			28	6.16	6.19 (15) ↓
DHH															
Resp. 3B	2	3	4	0	2	0	1	1	4	3			20	5.50	3.62 (12) ↑
Female Surg/Gynae	2	5	1	0	3	2	0	2	0	3			18	2.91	1.67 (10) ↑
HDU	1	1	0	0	0	0	0	2	0	0			4	1.86	1.91 (4) ↓
Stroke/Rehab	6	6	5	8	2	3	6	4	12	3			55	6.61	5.09 (47) ↑
Male Med/CCU	5	6	2	2	5	7	5	8	7	6			53	5.38	8.38 (82) ↓
Female Medical	6	9	10	10	11	6	1	5	8	11			77	6.95	6.38 (70) ↑
Lurgan															
Ward 1 Stroke	1	4	1	1	6	3	0	2	3	1			22	4.27	4.46 (22) ↓
Ward 2 Rehab	1	3	2	4	1	2	4	1	4	2			24	5.65	9.02 (34) ↓
Ward 3	0	5	1	5	2	3	2	0	3	3			24	4.99	3.94 (17) ↑
STH															
Ward 1 STH	0	0	0	2	2	2	2	0	1	3			12	2.39	3.03 (15) ↓
Ward 2 STH	2	1	0	1	1	2	1	2	1	3			14	3.00	3.33 (8) ↓
MHLD															
Gillis	13	8	10	7	6	4	5	7	9	8			77	18.50	14.02 (77) ↑
Willows	4	12	12	8	9	15	6	3	9	9			87	14.38	9.84 (71) ↑
TOTAL	89	100	101	86	112	111	103	101	134	131			1068		
RATE	5.23	5.62	5.70	4.63	6.14	6.23	5.44	5.62	7.21	6.86				5.88	6.20 (1120) ↓

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 **6.86** (**131**/19,086 Occupied Bed Days) down from **7.21** (**134**/18,583) in Dec 21
- Injurious Falls Rate **0.63** (**12**/19,086 Occupied Bed Days) down from **0.75** (**14**/18,583) in Dec 21
- Cumulative Falls Rate for 21/22 stands at **5.88**, compared to **6.20** in 20/21

Type	Name and H&C	Background	Current Position
Litigation Case Level 1 SAI Mr Colin Weir (Chair) Rachel Greer ED Dr Cheryl Gaston ED	Personal Information redacted by the USI	On the 12 July 2021 a Personal Information old female patient was admitted to Craigavon Area Hospital and treated for covid pneumonitis. She was discharged on 16 July 2021. On Personal Information redacted by the USI the patient developed abdominal pain and attended Craigavon Area Hospital Emergency Department where she was diagnosed with LIF pain and discharged home with safety netting advice. On the evening of Personal Information redacted by the USI the patient deteriorated at home and became unresponsive. Life was pronounced extinct at home. A post mortem was completed and confirmed the cause of death as haemorrhage into the anterior abdominal wall.	Awaiting first meeting of review team.
Level 1 SAI Mr Gilpin (Chair) Mr Eamon Mackle Paeds Rep - awaited Dr Ellie McCormick	Personal Information redacted by the USI	XX attended the Emergency Department (ED) on 10 December 2021 with a 6 day history of abdominal pain, bilious vomiting and temperature. XX was assessed in ED where preliminary diagnosis of appendicitis/query perforation of the appendix was made. District General Hospital Surgical Team were contacted by ED staff who reviewed XX in resus. XX's sodium was 128 and U&E results deranged with an elevated CRP. Following surgical review in ED, discussion occurred between DGH & RBHSC Surgical Teams. RBHSC Surgical Team advised to commence XX on fluid resuscitation, withhold antibiotic therapy and monitor U&Es 4 hourly prior to transfer to RBHSC. Further to this XX was reviewed by ED Staff and Consultant Paediatrician. It was considered that given XX's deterioration the time critical decision was made to transfer XX to RBHSC. XX was admitted to RBHSC and underwent abdominal surgery for removal of perforated appendix and small bowel obstruction.	Awaiting name of CYP representative - once known first meeting of review team to be organised.
Level 1 SAI Mr Matthew Tyson (Chair) Tracey McGuigan	Personal Information redacted by the USI	Mrs Personal Information had a ureteric stent in place for 14 months due to delay because of the COVID Pandemic. The stent was heavily encrusted. She died from sepsis after a difficult procedure to remove the stent.	First meeting of review team has taken place. Report in draft format. Family engagement planned for 18 March 2022.
Level 1 SAI Mr John O'Donohue (Chair) Dr Ruth Speeding ED Mrs Eileen Donnelly Flow	Personal Information redacted by the USI	Mr Personal Information presented to DHH on 31/08/21 following a period of being generally unwell and off his feet. He had been known to Acute care at home Team at the time for a UTI. In DHH a CT KUB showed a 7mm calculus in the proximal right ureter with upsteam hydroureteronephrosis. His eGFR was 11. His inflammatory markers were markedly raised also. He was thus diagnosed with urosepsis and also an obstructive uropathy. Following admission was transferred to CAH for stenting of R ureter and stone removal. Unfortunately after this intervention his eGFR never returned to normal and remained at around 15. Following his procedure he had several episodes of haematuria and his Hb dropped. This required transfusion of 3 units of blood. He also reported new onset RUQ pain and had increased inflammatory markers. Urine was dipsticked and cultured and came back positive for E.coli. He was commenced on antibiotics. Whilst investigating the RUQ pain, CT scan also noted cholecystitis. Despite antibiotic treatment, he became profoundly septic and his condition began to deteriorate. On Personal Information the decision was made to stop active treatment and Mr Personal Information passed away peacefully later that night.	First meeting of review team has taken place. Further planned for 10 March 2022.
Level 1 SAI Mr Anthony Glackin (Chair) Mr Richard Thompson Dr Lynda Magowan	Personal Information redacted by the USI	Personal Information old lady with baseline advanced dementia, non verbal and bedbound from a nursing home. Unwell with vomiting and high temperature. RUQ tenderness, hypotensive and tachycardic on examination. Similar presentation last year-biliary sepsis. Treated with fluids and antibiotics and referred to surgical team on call ?biliary sepsis. CTAP booked by surgical on call team. Reported at 04.18 as obstructing renal stones. Patient notes state "refer to urology" with no further documentation. Patient referred to Anaesthetic Reg for persistent hypotension not fluid responsive who then involved his Consultant. From ED perspective this patient was now awaiting transfer to Urology in CAH. Difficulty arose in that she was not fluid responsive following a drop in BP overnight. Anaesthetics were not comfortable to transfer the patient to CAH as she was but also was not a candidate for ICU so would have been inappropriate to intubate and ventilate. At this point the Surgical team were approached as the lady was technically still under their care having been referred at 5pm yesterday. The Surgical team said the patient was no longer under their care and they would have no further input. The management of the patient and arranging their ongoing care within Urology, CAH, was left to ED Consultants and Anaesthetics/ICU Consultant. The patient transfer was arranged once safe and bed was available with the CAH.	Awaiting first meeting of review team.
Level 1 SAI Dr Salman (Chair) Dr Mary Donnelly GP	Personal Information redacted by the USI	patient Personal Information was referred by her GP as red flag to breast symptomatic clinic on 26th July. Patient was incorrectly triaged as routine (by myself Personal Informati. Patient subsequently sought private referral and was diagnosed with breast cancer. Her GP Personal Information re contacted me to inform me of what had happened. GP Personal Inform had not received any letter to inform her that patient had been downgraded.	Awaiting first meeting of review team.
Litigation Case Level 1 SAI Dr Hussain (Chair) Mr David Mark	Personal Information redacted by the USI	Litigation claim Client claims alleged medical negligence. She attended Kingsbridge for laparoscopic cholecystectomy on 25.8.119 by Mr McKay. Attend DHH 4 days later with severe abdominal and shoulder pain. Tests demonstrated deranged liver function tests, fluid around liver and in the pelvis. Her lactate was abnormally high (3.0). MRCP scan considered by cancelled after discussion with Mr McKay. Transferred to CAH and discharged on 4.9.19 with diagnosis of abdominal pain after surgery. 10.9.19 Re-attended CAH with abdominal pain, got bloods, CT & MRCP scans under wider surgical team as Mr McK on A/L. Diagnosed with low sodium and bile leak and had an ERCP and stent of the bile duck, and percutaneous drainage under US guidance, also referred to the psychiatric team for low mood and treated with broad spectrum antibiotics.	Awaiting first meeting of review team.

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Level 1 SAI Dr Aidan Cullen (Chair) Marti McKenna Mr Epanomeritakis Andrew Murdock	Personal Information redacted by the USI	Death of patient post surgery	Report in final draft. Final meeting of review team late March. For April ACG.
Level 1 SAI Dr Brian Donnelly (Chair) Mr Mark Haynes Rachel Donnelly- Pre-op Nurse	Personal Information redacted by the USI	Attended on 17/5/21 for planned GA cystoscopy, retrograde ureteropyelogram +/- removal of ureteric stent. Pre-op bloods had shown new renal impairment (eGFR had fallen from >60 to 28) and a CT in March had shown new hydronephrosis on the unstented side. Procedure proceeded as per original plan, new renal impairment and new hydronephrosis were not addressed. Re-admitted 20/5/21 with renal failure (eGFR 6, K+ 6.3) and sepsis due to bilateral ureteric obstruction (had a further OP CT on 20/5/21). Proceeded to emergency theatre on 21/5/21 for attempted ureteric stenting which failed. Subsequently transferred to RVH for bilateral nephrostomies.	Family engagement November 2021. Awaiting concerns from family before review can finalise.
Interface/SAI level 1 Dr Justin McCormick (Chair) Mr G McCLean BHSCT TBC	Personal Information redacted by the USI	Interface incident- await response. Unstable spinal fracture, RVH would not accept patient.	Awaiting Belfast Trust representative.
Level 1 SAI Dr Devandra Kumar (Chair) Dr Anna Todd Mr Jonathan Bunn Emmajane Kearney	Personal Information redacted by the USI	On the 21 February 2019 a Personal Information old female patient was admitted to Craigavon Area Hospital Trauma Ward for revision of gamma nail to total hip replacement. Post op the patient experienced reduced vision in both eyes. An MRI showed generalised ischaemia. The patient was seen by eye casualty twice in the Royal Victoria Hospital. Patient was diagnosed with optic neuropathy secondary to hypotension.	Report in final draft. Final meeting of review team late March. For April ACG.
Level 1 SAI NEVER EVENT Mr David Gilpin (Chair) Elaine Campbell ED Rep Paul Webster Dr Rutherford Jones Anaesthetics	Personal Information redacted by the USI	Patient was brought in by ambulance to Daisy Hill Hospital (DHH) Emergency Department (ED) Resus with a GCS score of 7 and seizure activity. Patient was intubated and ventilated and transferred to CAH ICU. During intubation the patient desaturated and it was identified the C-Circuit was attached to medical airflow meter and not oxygen supply for a few seconds.	For April ACG.
SAI Level 1 Dr Anna Laird Dr Mae McConnell (chair) Jilly Redpath Helen Mathers Tracey McGuigan	Personal Information redacted by the USI	Patient admitted for mastectomy, patient known T1DM. The fasting protocol was taken down post-surgery with no follow up insulin prescribed. Patient developed Diabetic ketoacidosis (DKA) post-surgery.	Review ongoing - nearing completion.
LEVEL 2 / Coroners Case Mr Yousaf (Chair) Dr Robert Charnock Dr Susan Budd Mr Keely RVH	Personal Information redacted by the USI	Presented to DHH ED on Personal Information redacted by the USI with injury to arm following farming accident on Personal Information redacted by the USI Diagnosis: query early compartment syndrome and multi organ dysfunction. Discussed with plastics trainee Personal Information, satisfied if he has input of general surgeon. Accepted for ICU in BCH, discussed with surgical team in BCH, unable to accept directly, if requessting transfer would require surgeon to surgeon discussion for acceptance. Patient transferred to BCH on Personal Information redacted by the USI. Patient died Personal Information redacted by the USI	Chris Wamsley raised concerns to HSCB regarding response from BHSCT. HSCB to follow up.

Irrelevant information red

INTERNALLY MAINTAINED EQUIPMENT

Asset ID	Asset Name	Manufacturer - Name	Model Number	[redacted]	Directorate	Property Name	Building Name	Department Name	Asset Status - Description	Location	Next Stage Da	RAG Priority	Flag - Internally	Days since las	Years	Months since	Todays Date
134167	ELECTRONIC TOURNIQUET	CONTEC MEDICAL	TR4500	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	DAY SURGERY UNIT	DAY SURGERY UNIT	Existing/In Use	CAH DAY SURGERY	05/08/2016	R	TRUE	2102	6	69.1068234	08/05/2022
306650	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	1 SOUTH WARD MEDICAL	Existing/In Use	CAH 1 SOUTH MED	01/10/2019	R	TRUE	950	3	31.232865	08/05/2022
160356	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	X-RAY DEPARTMENT	Existing/In Use	CAH X-RAY DEPT -	12/01/2020	R	TRUE	847	2	27.8465649	08/05/2022
306654	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	2 NORTH WARD (RESPIRATOR	Existing/In Use	CAH 2 NORTH RESI	22/02/2020	R	TRUE	806	2	26.4986202	08/05/2022
325955	CAUTERY UNIT	RB MEDICAL	JA620	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	RAMONE (DERMATOLOGY)	Existing/In Use	CAH DERMATOLO	22/02/2020	R	TRUE	806	2	26.4986202	08/05/2022
324965	DOCKING STATION	FRESENIUS KABI	LINK 6+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	24/02/2020	R	TRUE	804	2	26.4328668	08/05/2022
324966	DOCKING STATION	FRESENIUS KABI	LINK 6+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	24/02/2020	R	TRUE	804	2	26.4328668	08/05/2022
324988	CAUTERY UNIT	RB MEDICAL	JA620	[redacted]	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	13/03/2020	R	TRUE	786	2	25.8410862	08/05/2022
306282	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	4 NORTH WARD (EMERGENCY	Existing/In Use	CAH 4 NORTH CES	29/03/2020	R	TRUE	770	2	25.315059	08/05/2022
331823	HUMIDIFIER	FISHER & PAYKEL HEALTHCARE LTD	MR810AEK	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	02/04/2020	R	TRUE	766	2	25.1835522	08/05/2022
325403	DOCKING STATION	FRESENIUS KABI	LINK 4+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	06/04/2020	R	TRUE	762	2	25.0520454	08/05/2022
325405	DOCKING STATION	FRESENIUS KABI	LINK 4+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	06/04/2020	R	TRUE	762	2	25.0520454	08/05/2022
325407	DOCKING STATION	FRESENIUS KABI	LINK 4+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	06/04/2020	R	TRUE	762	2	25.0520454	08/05/2022
325409	DOCKING STATION	FRESENIUS KABI	LINK 4+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	06/04/2020	R	TRUE	762	2	25.0520454	08/05/2022
325412	DOCKING STATION	FRESENIUS KABI	LINK 4+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	06/04/2020	R	TRUE	762	2	25.0520454	08/05/2022
325413	DOCKING STATION	FRESENIUS KABI	LINK 4+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	06/04/2020	R	TRUE	762	2	25.0520454	08/05/2022
325414	DOCKING STATION	FRESENIUS KABI	LINK 4+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	06/04/2020	R	TRUE	762	2	25.0520454	08/05/2022
325523	DOCKING STATION	FRESENIUS KABI	LINK 6+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	07/04/2020	R	TRUE	761	2	25.0191687	08/05/2022
318879	MRI GUARD	FRESENIUS KABI	AGILIA INT	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MRI BLOCK	MRI DEPARTMENT	Existing/In Use	CAH MRI	24/04/2020	R	TRUE	744	2	24.4602648	08/05/2022
325434	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	26/04/2020	R	TRUE	742	2	24.3945114	08/05/2022
325935	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	TRAUMA WARD	Existing/In Use	CAH TRAUMA WA	01/05/2020	R	TRUE	737	2	24.2301279	08/05/2022
135527	RESUSCITAIRE	DRAEGER MEDICAL UK LTD	BABYTHERM 8000	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	13/05/2020	R	TRUE	725	2	23.8356075	08/05/2022
306616	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	LURGAN HOSPITAL SITE	MAIN BLOCK	WARD 3 (NURSING)	Existing/In Use	LURGAN WARD 3	14/05/2020	R	TRUE	724	2	23.8027308	08/05/2022
160285	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	TRAUMA WARD	Existing/In Use	CAH TRAUMA WA	21/05/2020	R	TRUE	717	2	23.5725939	08/05/2022
324563	SUCTION UNIT	CHEIRON	VICTORIA 11	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	X-RAY DEPARTMENT	Existing/In Use	CAH X-RAY DEPT	04/06/2020	R	TRUE	703	2	23.1123201	08/05/2022
234409	INFANT RESUSCITATOR	FISHER & PAYKEL HEALTHCARE LTD	NEOPUFF	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DELIVERY	20/06/2020	R	TRUE	687	2	22.5862929	08/05/2022
234410	INFANT RESUSCITATOR	FISHER & PAYKEL HEALTHCARE LTD	NEOPUFF	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DELIVERY	20/06/2020	R	TRUE	687	2	22.5862929	08/05/2022
159997	LIGHT SOURCE	SAPI MED	GLF 100	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	CAH THEATRE	21/06/2020	R	TRUE	686	2	22.5534162	08/05/2022
306573	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	4 NORTH WARD (EMERGENCY	Existing/In Use	CAH 4 NORTH CES	02/07/2020	R	TRUE	675	2	22.1917725	08/05/2022
306673	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MACMILLAN BUILDING	MANDEVILLE UNIT	Existing/In Use	CAH MANDEVILLE	02/07/2020	R	TRUE	675	2	22.1917725	08/05/2022
308409	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR	20/07/2020	R	TRUE	657	2	21.5999919	08/05/2022
332630	DEFIB	ZOLL	R SERIES PLUS ETCO2 P S	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	TRUST HQ / CLINICAL EDUCATION CENTRE	RESUSCITATION TRAINING DE	Existing/In Use	CAH/DHH RESUS T	25/07/2020	R	TRUE	652	2	21.4356084	08/05/2022
322617	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	04/09/2020	R	TRUE	611	2	20.0876637	08/05/2022
325946	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE MEDICAL	Existing/In Use	DHH MALE MEDIC	04/09/2020	R	TRUE	611	2	20.0876637	08/05/2022
325941	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	05/09/2020	R	TRUE	610	2	20.054787	08/05/2022
322620	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	05/09/2020	R	TRUE	610	2	20.054787	08/05/2022
327824	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGIC	05/09/2020	R	TRUE	610	2	20.054787	08/05/2022
315903	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR	06/09/2020	R	TRUE	609	2	20.0219103	08/05/2022
325943	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPEND	07/09/2020	R	TRUE	608	2	19.9890336	08/05/2022
325944	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPEND	07/09/2020	R	TRUE	608	2	19.9890336	08/05/2022
237398	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPEND	12/09/2020	R	TRUE	603	2	19.8246501	08/05/2022
237391	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPEND	01/10/2020	R	TRUE	584	2	19.1999928	08/05/2022
325939	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	08/10/2020	R	TRUE	577	2	18.9698559	08/05/2022
306620	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MACMILLAN BUILDING	MANDEVILLE UNIT	Existing/In Use	CAH MANDEVILLE	09/10/2020	R	TRUE	576	2	18.9369792	08/05/2022
307611	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPEND	09/10/2020	R	TRUE	576	2	18.9369792	08/05/2022
237480	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	LEVEL 4 ACUTE MEDICAL (ELD	Existing/In Use	DHH ACUTE MEDI	09/10/2020	R	TRUE	576	2	18.9369792	08/05/2022
322615	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	10/10/2020	R	TRUE	575	2	18.9041025	08/05/2022
310080	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	THEATRE	10/10/2020	R	TRUE	575	2	18.9041025	08/05/2022
237591	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	15/10/2020	R	TRUE	570	2	18.739719	08/05/2022
306568	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 SOUTH WARD (UROLOGY)	Existing/In Use	CAH 3 SOUTH URO	17/10/2020	R	TRUE	568	2	18.6739656	08/05/2022
159310	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	18/10/2020	R	TRUE	567	2	18.6410889	08/05/2022
306543	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	1 SOUTH WARD MEDICAL	Existing/In Use	CAH 1 SOUTH MED	21/10/2020	R	TRUE	564	2	18.5424588	08/05/2022
306619	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	ACUTE MEDICAL UNIT	Existing/In Use	CAH AMU	21/10/2020	R	TRUE	564	2	18.5424588	08/05/2022
330428	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	01/11/2020	R	TRUE	553	2	18.1808151	08/05/2022
330429	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	01/11/2020	R	TRUE	553	2	18.1808151	08/05/2022
330430	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	01/11/2020	R	TRUE	553	2	18.1808151	08/05/2022
328905	END TIDAL CO2 MICROSTREAM POD	DRAEGER MEDICAL UK LTD	ETCO2 MICROSTREAM POD	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	07/11/2020	R	TRUE	547	1	17.9835549	08/05/2022
159280	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	19/11/2020	R	TRUE	535	1	17.5890345	08/05/2022
234405	INFANT RESUSCITATOR	FISHER & PAYKEL HEALTHCARE LTD	NEOPUFF	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DELIVERY	21/11/2020	R	TRUE	533	1	17.5232811	08/05/2022
306692	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR	22/11/2020	R	TRUE	532	1	17.4904044	08/05/2022
325549	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR	22/11/2020	R	TRUE	532	1	17.4904044	08/05/2022
325550	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR	23/11/2020	R	TRUE	531	1	17.4575277	08/05/2022
325547	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR	03/12/2020	R	TRUE	521	1	17.1287607	08/05/2022
159288	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	17/12/2020	R	TRUE	507	1	16.6684869	08/05/2022
306669	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	ACUTE MEDICAL UNIT	Existing/In Use	CAH AMU	19/12/2020	R	TRUE	505	1	16.6027335	08/05/2022
310084	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	THEATRE	20/12/2020	R	TRUE	504	1	16.5698568	08/05/2022
333591	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	4 SOUTH WARD (PROGRESSIV	Existing/In Use	CAH 4 SOUTH CPC	07/01/2021	R	TRUE	486	1	15.9780762	08/05/2022
234406	INFANT RESUSCITATOR	FISHER & PAYKEL HEALTHCARE LTD	NEOPUFF	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DELIVERY	08/01/2021	R	TRUE	485	1	15.9451995	08/05/2022
325940	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	16/01/2021	R	TRUE	477	1	15.6821859	08/05/2022
333646	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE MEDICAL	Existing/In Use	DHH MALE MEDIC	17/01/2021	R	TRUE	476	1	15.6493092	08/05/2022
333644	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGIC	17/01/2021	R	TRUE	476	1	15.6493092	08/05/2022
324375	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE MEDICAL	Existing/In Use	DHH MALE MEDIC	22/01/2021	R	TRUE	471	1	15.4849257	08/05/2022
331155	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	DIRECT ASSESSMENT UNIT (D	Existing/In Use	DAU DHH	30/01/2021	R	TRUE	463	1	15.2219121	08/05/2022
331157	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	DIRECT ASSESSMENT UNIT (D	Existing/In Use	DAU DHH	30/01/2021	R	TRUE	463	1	15.2219121	08/05/2022
331158	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	DIRECT ASSESSMENT UNIT (D	Existing/In Use	DAU DHH	30/01/2021	R	TRUE	463	1	15.2219121	08/05/2022
159282	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	04/02/2021	R	TRUE	458	1	15.0575286	08/05/2022
160463	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	08/02/2021	R	TRUE	454	1	14.9260218	08/05/2022
317851	CO2 SENSOR	NIHON KOHDEN	TG-920P	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH 1 NORTH (CARDIOLOGY)	Existing/In Use	CAH 1 NORTH CAR	25/02/2021	R	TRUE	437	1	14.3671179	08/05/2022
300114	DEFIB	ZOLL	R SERIES	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPEND	25/02/2021	R	TRUE	437	1	14.3671179	08/05/2022
237426	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	15/03/2021	R	TRUE	419	1	13.7753373	08/05/2022
237428	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	15/03/2021	R	TRUE	419	1	13.7753373	08/05/2022
328380	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGIC	15/03/2021	R	TRUE	419	1	13.7753373	08/05/2022
300770	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	ACUTE MEDICAL UNIT	Existing/In Use	CAH AMU	28/03/2021	R	TRUE	406	1	13.3479402	08/05/2022
159370	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	RAMONE WARD 1	Existing/In Use	CAH WINTER WAR	01/04/2021	R	TRUE	402	1	13.2164334	08/05/2022
147509	CAUTERY UNIT / LIGHT SOURCE	DOWNS		[redacted]	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	OUTPATIENTS DEPT	Existing/In Use	STH OPD - ENT TRE	01/04/2021	R	TRUE	402	1	13.2164334	08/05/2022
147458	CAUTERY HANDLE	DOWNS		[redacted]	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	OUTPATIENTS DEPT	Existing/In Use	STH OPD	03/04/2021	R	TRUE	400	1	13.15068	08/05/2022
159292	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	04/04/2021	R	TRUE	399	1	13.1178033	08/05/2022
159312	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	04/04/2021	R	TRUE	399	1	13.1178033	08/05/2022
331873	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGIC	04/04/2021	R	TRUE	399	1	13.1178033	08/05/2022
160350	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	05/04/2021	R	TRUE	398	1	13.0849266	08/05/2022
341476	DEFIB	ZOLL	ZOLL M SERIES	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	07/04/2021	R	TRUE	396	1	13.0191732	08/05/2022
334520	SUCTION UNIT	CHEIRON	VICTORIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	X-RAY DEPARTMENT	Existing/In Use	CAH X-RAY DEPT	09/04/2021	R	TRUE	394	1	12.9534198	08/05/2022
159587	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	ACUTE MEDICAL UNIT	Existing/In Use	CAH AMU	12/04/2021	R	TRUE	391	1	12.8547897	08/05/2022
306672	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	ACUTE MEDICAL UNIT	Existing/In Use	CAH AMU	17/04/2021	R	TRUE	386	1	12.6904062	08/05/2022
323395	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	25/04/2021	R	TRUE	378	1	12.4273926	08/05/2022
160437	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	01/05/2021	R	TRUE	372	1	12.2301324	08/05/2022
335067	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	21/05/2021	R	TRUE	352	1	11.5725984	08/05/2022
325942	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	22/05/2021	R	TRUE	351	1	11.5397217	08/05/2022
310083	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	THEATRE	22/05/2021	R	TRUE	351	1	11.5397217	08/05/2022
333640	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	25/05/2021	R	TRUE	348	1	11.4410916	08/05/2022
333645	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE MEDICAL	Existing/In Use	DHH MALE MEDIC	25/05/2021	R	TRUE	348	1	11.4410916	08/05/2022
310082	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	26/05/2021	R	TRUE	347	1	11.4082149	08/05/2022
315901	DEFIB	ZOLL	R SERIES	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	OUTPATIENTS DEPT GENERAL	Existing/In Use	DHH OPD	15/06/2021	R	TRUE	327	1	10.7506809	08/05/2022
159529	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	4 NORTH WARD (EMERGENCY	Existing/In Use	CAH 4 NORTH CES	17/06/2021	R	TRUE	325	1	10.6849275	08/05/2022
160440	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	18/06/2021	R	TRUE	324	1	10.6520508	08/05/2022

310079	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	THEATRE	20/06/2021	R	TRUE	322	1	10.5862974	08/05/2022
159609	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	24/06/2021	R	TRUE	318	1	10.4547906	08/05/2022
225062	RESUSCITAIRE	DRAEGER MEDICAL UK LTD	RW821C	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	01/07/2021	R	TRUE	311	1	10.2246537	08/05/2022
325934	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	TRAUMA WARD	Existing/In Use	CAH TRAUMA WAI	02/07/2021	R	TRUE	310	1	10.191777	08/05/2022
335798	INFANT RESUSCITATOR	FISHER & PAYKEL HEALTHCARE LTD	NEOPUFF	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	02/07/2021	R	TRUE	310	1	10.191777	08/05/2022
223699	RESUSCITAIRE		RW81-11	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	08/07/2021	R	TRUE	304	1	9.9945168	08/05/2022
335879	INFANT RESUSCITATOR	FISHER & PAYKEL HEALTHCARE LTD	NEOPUFF	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	08/07/2021	R	TRUE	304	1	9.9945168	08/05/2022
225060	RESUSCITAIRE	DRAEGER MEDICAL UK LTD	RW821C	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	14/07/2021	R	TRUE	298	1	9.7972566	08/05/2022
326617	FLUID WARMER	BAXTER HEALTHCARE LTD	HL 1000	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	RENAL DIALYSIS UNIT	Existing/In Use	DHH RENAL UNIT -	20/07/2021	R	TRUE	292	1	9.5999964	08/05/2022
336025	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR(	04/08/2021	R	TRUE	277	1	9.1068459	08/05/2022
325522	DOCKING STATION	FRESENIUS KABI	LINK 6+ AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	13/08/2021	R	TRUE	268	1	8.8109556	08/05/2022
336156	SYRINGE DRIVER	CME MEDICAL	T34 - BODYGUARD T	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	HAEMATOLOGY WARD 5	Existing/In Use	CAH HAEMATOLO(	14/08/2021	R	TRUE	267	1	8.7780789	08/05/2022
336157	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	HAEMATOLOGY WARD 5	Existing/In Use	CAH HAEMATOLO(	14/08/2021	R	TRUE	267	1	8.7780789	08/05/2022
329920	SMART UPS (TELEMETRY)	APC MEDICAL	SC450	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH 1 NORTH (CARDIOLOGY)	Existing/In Use	CAH 1 NORTH CAR	23/08/2021	R	TRUE	258	1	8.4821886	08/05/2022
325548	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR(	24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
306697	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGI(	24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
306743	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGI(	24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
159709	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	2 NORTH WARD (RESPIRATOF	Existing/In Use	CAH 2 NORTH RESI	27/08/2021	R	TRUE	254	1	8.3506818	08/05/2022
300059	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	RAMONE WARD 1	Existing/In Use	CAH WINTER WAR	04/09/2021	R	TRUE	246	1	8.0876682	08/05/2022
159433	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 SOUTH WARD (UROLOGY)	Existing/In Use	CAH 3 SOUTH URC	05/09/2021	R	TRUE	245	1	8.0547915	08/05/2022
159431	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY ANTE/POST NAT/	Existing/In Use	DHH MATERNITY	05/09/2021	R	TRUE	245	1	8.0547915	08/05/2022
159635	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	DAY CLINICAL CENTRE	Existing/In Use	CAH DAY CLINICAL	11/09/2021	R	TRUE	239	1	7.8575313	08/05/2022
325337	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	13/09/2021	R	TRUE	237	1	7.7917779	08/05/2022
306653	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY 1 EAST WARD (G'	Existing/In Use	CAH 1 EAST GYNAI	18/09/2021	R	TRUE	232	1	7.6273944	08/05/2022
160446	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	19/09/2021	R	TRUE	231	1	7.5945177	08/05/2022
159329	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH 1 NORTH (CARDIOLOGY)	Existing/In Use	CAH 1 NORTH CAR	20/09/2021	R	TRUE	230	1	7.561641	08/05/2022
159281	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	24/09/2021	R	TRUE	226	1	7.4301342	08/05/2022
160448	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	27/09/2021	R	TRUE	223	1	7.3315041	08/05/2022
160450	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	27/09/2021	R	TRUE	223	1	7.3315041	08/05/2022
237578	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	01/10/2021	R	TRUE	219	1	7.1999973	08/05/2022
308408	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE SURGICAL	Existing/In Use	DHH FEMALE SUR(	01/10/2021	R	TRUE	219	1	7.1999973	08/05/2022
307912	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE MEDICAL	Existing/In Use	MALE MEDICAL	01/10/2021	R	TRUE	219	1	7.1999973	08/05/2022
237468	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	04/10/2021	R	TRUE	216	1	7.1013672	08/05/2022
333641	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	07/10/2021	R	TRUE	213	1	7.0027371	08/05/2022
307578	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	08/10/2021	R	TRUE	212	1	6.9698604	08/05/2022
237477	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	08/10/2021	R	TRUE	212	1	6.9698604	08/05/2022
237490	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	LEVEL 6 STROKE UNIT / REHA	Existing/In Use	MEDICAL STROKE	08/10/2021	R	TRUE	212	1	6.9698604	08/05/2022
157145	SYRINGE PUMP	BRAUN LTD	PERFUSOR SPACE	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	08/10/2021	R	TRUE	212	1	6.9698604	08/05/2022
159675	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	ISOLATION WARD (RAMONE)	Existing/In Use	CAH RAMONE ISOI	10/10/2021	R	TRUE	210	1	6.904107	08/05/2022
323384	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	10/10/2021	R	TRUE	210	1	6.904107	08/05/2022
237397	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPENI	10/10/2021	R	TRUE	210	1	6.904107	08/05/2022
159633	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	DAY CLINICAL CENTRE	Existing/In Use	CAH DAY CLINICAL	14/10/2021	R	TRUE	206	1	6.7726002	08/05/2022
237489	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	LEVEL 6 STROKE UNIT / REHA	Existing/In Use	MEDICAL STROKE	15/10/2021	R	TRUE	205	1	6.7397235	08/05/2022
309507	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	16/10/2021	R	TRUE	204	1	6.7068468	08/05/2022
237504	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGI(	16/10/2021	R	TRUE	204	1	6.7068468	08/05/2022
159555	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH EMERGENCY DEPT	Existing/In Use	CAH EMERGENCY I	17/10/2021	R	TRUE	203	1	6.6739701	08/05/2022
338594	DEFIB	ZOLL	R SERIES	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGI(	19/10/2021	R	TRUE	201	1	6.6082167	08/05/2022
237445	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	22/10/2021	R	TRUE	198	1	6.5095866	08/05/2022
237470	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	22/10/2021	R	TRUE	198	1	6.5095866	08/05/2022
237400	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPENI	22/10/2021	R	TRUE	198	1	6.5095866	08/05/2022
159425	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	1 SOUTH WARD MEDICAL	Existing/In Use	CAH 1 SOUTH MEI	25/10/2021	R	TRUE	195	1	6.4109565	08/05/2022
159553	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH EMERGENCY DEPT	Existing/In Use	CAH EMERGENCY I	25/10/2021	R	TRUE	195	1	6.4109565	08/05/2022
159274	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	25/10/2021	R	TRUE	195	1	6.4109565	08/05/2022
160468	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	31/10/2021	R	TRUE	189	1	6.2136963	08/05/2022
324374	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE MEDICAL	Existing/In Use	DHH MALE MEDIC.	31/10/2021	R	TRUE	189	1	6.2136963	08/05/2022
339038	INFUSION PUMP	FRESENIUS KABI	AGILIA VP MC WIFI GB	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	04/11/2021	R	TRUE	185	1	6.0821895	08/05/2022
339034	INFUSION PUMP	FRESENIUS KABI	AGILIA VP MC WIFI GB	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE MEDICAL	Existing/In Use	DHH MALE MEDIC.	04/11/2021	R	TRUE	185	1	6.0821895	08/05/2022
311026	HEATING BLANKET	INDITHERM	OTB2	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	13/11/2021	R	TRUE	176	0	5.7862992	08/05/2022
153033	PATIENT WARMING SYSTEM	INDITHERM	MECU1	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	13/11/2021	R	TRUE	176	0	5.7862992	08/05/2022
311023	PATIENT WARMING SYSTEM	INDITHERM	MECU1	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	16/11/2021	R	TRUE	173	0	5.6876691	08/05/2022
311025	HEATING BLANKET	INDITHERM	OTB2	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	16/11/2021	R	TRUE	173	0	5.6876691	08/05/2022
315983	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY ANTE/POST NAT/	Existing/In Use	DHH MATERNITY	20/11/2021	R	TRUE	169	0	5.5561623	08/05/2022
315985	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	20/11/2021	R	TRUE	169	0	5.5561623	08/05/2022
237423	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	21/11/2021	R	TRUE	168	0	5.5232856	08/05/2022
309506	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EMERGENCY DEPT	Existing/In Use	DHH EMERGENCY	21/11/2021	R	TRUE	168	0	5.5232856	08/05/2022
311019	BABY WARMER	INDITHERM	CCU201	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	24/11/2021	R	TRUE	165	0	5.4246555	08/05/2022
311020	BABY WARMER	INDITHERM	CCU201	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	24/11/2021	R	TRUE	165	0	5.4246555	08/05/2022
153032	PATIENT WARMING SYSTEM	INDITHERM	MECU1	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	CAH DELIVERY SUI	24/11/2021	R	TRUE	165	0	5.4246555	08/05/2022
342597	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	EBME BIOMEDICAL ENGINEEF	Existing/In Use	DHH EBME WORK!	24/11/2021	R	TRUE	165	0	5.4246555	08/05/2022
237463	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGI(	25/11/2021	R	TRUE	164	0	5.3917788	08/05/2022
159344	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY 2 WEST WARD	Existing/In Use	CAH 2 WEST MATE	26/11/2021	R	TRUE	163	0	5.3589021	08/05/2022
307609	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	HIGH DEPENDANCY UNIT	Existing/In Use	DHH HIGH DEPENI	26/11/2021	R	TRUE	163	0	5.3589021	08/05/2022
237500	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MALE SURGICAL	Existing/In Use	DHH MALE SURGI(	27/11/2021	R	TRUE	162	0	5.3260254	08/05/2022
237424	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	28/11/2021	R	TRUE	161	0	5.2931487	08/05/2022
323394	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA	[redacted]	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	FEMALE MEDICAL	Existing/In Use	DHH FEMALE MED	28/11/2021	R	TRUE	161	0	5.2931487	08/05/2022
235828	INFANT RESUSCITATOR	FISHER & PAYKEL HEALTHCARE LTD	NEOPUFF	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	30/06/2015	R	TRUE	2504	7	82.3232568	08/05/2022
325880	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 NORTH WARD (MEDICINE)	Existing/In Use	3 NORTH WARD	25/05/2020	R	TRUE	713	2	23.4410871	08/05/2022
152615	SYRINGE PUMP	BRAUN LTD	PERFUSOR SPACE	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	CAH NNU (LOAN T	02/07/2020	R	TRUE	675	2	22.1917725	08/05/2022
324120	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	08/10/2020	R	TRUE	577	2	18.9698559	08/05/2022
306563	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 NORTH WARD (MEDICINE)	Existing/In Use	3 NORTH WARD	24/10/2020	R	TRUE	561	2	18.4438287	08/05/2022
306561	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 NORTH WARD (MEDICINE)	Existing/In Use	3 NORTH WARD	31/10/2020	R	TRUE	554	2	18.2136918	08/05/2022
306562	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 NORTH WARD (MEDICINE)	Existing/In Use	3 NORTH WARD	22/11/2020	R	TRUE	532	1	17.4904044	08/05/2022
324117	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	20/12/2020	R	TRUE	504	1	16.5698568	08/05/2022
333636	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	17/01/2021	R	TRUE	476	1	15.6493092	08/05/2022
333637	SYRINGE DRIVER	CME MEDICAL	T34 - 3RD EDITION	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	17/01/2021	R	TRUE	476	1	15.6493092	08/05/2022
316285	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DROMALANE SITE	DRUMALANE HOUSE OFFICE BLOCK	NEWRY COMMUNITY CHILDR	Existing/In Use	NEWRY COMMUN	16/04/2021	R	TRUE	387	1	12.7232829	08/05/2022
159679	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	BLOSSOM PAEDIATRIC UNIT	INPATIENTS	Existing/In Use	CAH BLOSSOM CYI	10/05/2021	R	TRUE	363	1	11.9342421	08/05/2022
324118	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	22/05/2021	R	TRUE	351	1	11.5397217	08/05/2022
324121	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	22/05/2021	R	TRUE	351	1	11.5397217	08/05/2022
328391	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	22/05/2021	R	TRUE	351	1	11.5397217	08/05/2022
154773	RESPIRATION MONITOR	GRASEBY	MR10	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	BANBRIDGE HEALTH CENTRE SITE	HEALTH CENTRE	HEALTH VISITING	Existing/In Use	BANBRIDGE H+C C	27/05/2021	R	TRUE	346	1	11.3753382	08/05/2022
328631	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	16/06/2021	R	TRUE	326	1	10.7178042	08/05/2022
328635	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	16/06/2021	R	TRUE	326	1	10.7178042	08/05/2022
328630	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	18/06/2021	R	TRUE	324	1	10.6520508	08/05/2022
328633	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	19/06/2021	R	TRUE	323	1	10.6191741	08/05/2022
328629	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	06/08/2021	R	TRUE	275	1	9.0410925	08/05/2022
328632	SYRINGE PUMP	FRESENIUS KABI	INJECTOMAT MC AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	06/08/2021	R	TRUE	275	1	9.0410925	08/05/2022
159392	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 NORTH WARD (MEDICINE)	Existing/In Use	3 NORTH WARD	27/08/2021	R	TRUE	254	1	8.3506818	08/05/2022
137043	INCUBATOR	DRAEGER MEDICAL UK LTD	C2000	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY NEONATAL UNIT	Existing/In Use	CAH NNU	24/09/2021	R	TRUE	226	1	7.4301342	08/05/2022
136691	INCUBATOR	DRAEGER MEDICAL UK LTD	C2000	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY NEONATAL UNIT	Existing/In Use	CAH NNU	26/09/2021	R	TRUE	224	1	7.3643808	08/05/2022
237406	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	01/10/2021	R	TRUE	219	1	7.1999973	08/05/2022
237410	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	15/10/2021	R	TRUE	205	1	6.7397235	08/05/2022
237402	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	16/10/2021	R	TRUE	204	1	6.7068468	08/05/2022
237408	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	16/10/2021	R	TRUE	204	1	6.7068468	08/05/2022
237411	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	16/10/2021	R	TRUE	204	1	6.7068468	08/05/2022
309511	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	16/10/2021	R	TRUE	204	1	6.7068468	08/05/2022
306657	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	3 NORTH WARD (MEDICINE)	Existing/In Use	3 NORTH WARD	21/10/2021	R	TRUE	199	1	6.5424633	08/05/2022

309519	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA	[redacted]	CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	22/10/2021	R	TRUE	198	1	6.5095866	08/05/2022
317702	INCUBATOR	DRAEGER MEDICAL UK LTD	C8000		CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	29/10/2021	R	TRUE	191	1	6.2794497	08/05/2022
237412	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	12/11/2021	R	TRUE	177	0	5.8191759	08/05/2022
237416	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	12/11/2021	R	TRUE	177	0	5.8191759	08/05/2022
237409	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PAEDIATRICS	Existing/In Use	DHH PAEDIATRICS	22/11/2021	R	TRUE	167	0	5.4904089	08/05/2022
311050	PATIENT WARMING SYSTEM	INDITHERM	CCU201		CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY NEONATAL UNIT	Existing/In Use	CAH NNU	24/11/2021	R	TRUE	165	0	5.4246555	08/05/2022
148964	RESPIRATION MONITOR	GREENWICH	RM25		CHILDREN AND YOUNG PEOPLE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	MATERNITY NEONATAL UNIT	Existing/In Use	CAH NNU	25/11/2021	R	TRUE	164	0	5.3917788	08/05/2022
160354	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		MENTAL HEALTH AND DISABILITY	LONGSTONE SITE	MULLINURE HOSPITAL	GILLIS WARD	Existing/In Use	MULLINURE GILLIS	10/01/2020	R	TRUE	849	2	27.9123183	08/05/2022
159656	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		MENTAL HEALTH AND DISABILITY	LONGSTONE SITE	MULLINURE HOSPITAL	GILLIS WARD	Existing/In Use	MULLINURE GILLIS	10/01/2020	R	TRUE	849	2	27.9123183	08/05/2022
159657	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		MENTAL HEALTH AND DISABILITY	LONGSTONE SITE	MULLINURE HOSPITAL	GILLIS WARD	Existing/In Use	MULLINURE GILLIS	10/01/2020	R	TRUE	849	2	27.9123183	08/05/2022
307029	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		OLDER PEOPLE AND PRIMARY CARE	LONGSTONE SITE	MULLINURE HOSPITAL	DAY HOSPITAL	Existing/In Use	MULLINURE DAY H	10/01/2020	R	TRUE	849	2	27.9123183	08/05/2022
330871	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA		OLDER PEOPLE AND PRIMARY CARE	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	ACUTE CARE AT HOME TEAM	Existing/In Use	STH ACUTE CARE A	21/01/2021	R	TRUE	472	1	15.5178024	08/05/2022
331075	INFUSION PUMP	FRESENIUS KABI	VOLUMAT MC AGILIA		OLDER PEOPLE AND PRIMARY CARE	TANDRAGEE MEDICAL CENTRE	MAIN BUILDING	COMMUNITY NURSING	Existing/In Use	TANDRAGEE MEDI	21/01/2021	R	TRUE	472	1	15.5178024	08/05/2022
306587	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	BANBRIDGE HEALTH CENTRE SITE	HEALTH CENTRE	DISTRICT NURSING	Existing/In Use	BANBRIDGE H+C C	20/05/2021	R	TRUE	353	1	11.6054751	08/05/2022
306749	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	CLOUGHREAGH SITE	ARCHWAY REHAB UNIT	SITE SERVICES	Existing/In Use	CLOUGHREAGH AR	20/05/2021	R	TRUE	353	1	11.6054751	08/05/2022
306747	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	DROMALANE SITE	IVYBROOK	ICT COMMUNITY NURSING	Existing/In Use	COMMUNITY NUR	20/05/2021	R	TRUE	353	1	11.6054751	08/05/2022
160424	RESPIRATION MONITOR	GRASEBY	MR10		OLDER PEOPLE AND PRIMARY CARE	DROMORE HEALTH CENTRE	MAIN BUILDING	HEALTH CENTRE	Existing/In Use	DROMORE CLINIC	26/05/2021	R	TRUE	347	1	11.4082149	08/05/2022
160425	RESPIRATION MONITOR	GRASEBY	MR10		OLDER PEOPLE AND PRIMARY CARE	DROMORE HEALTH CENTRE	MAIN BUILDING	HEALTH CENTRE	Existing/In Use	DROMORE CLINIC	26/05/2021	R	TRUE	347	1	11.4082149	08/05/2022
160423	RESPIRATION MONITOR	GRASEBY	MR10		OLDER PEOPLE AND PRIMARY CARE	DROMORE HEALTH CENTRE	MAIN BUILDING	HEALTH CENTRE	Existing/In Use	DROMORE CLINIC	27/05/2021	R	TRUE	346	1	11.3753382	08/05/2022
306641	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	PORTADOWN HEALTH CENTRE SITE	HEALTH CENTRE	INTEGRATED CARE TEAM	Existing/In Use	PORTADOWN HEA	02/07/2021	R	TRUE	310	1	10.191777	08/05/2022
306591	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	LURGAN HOSPITAL SITE	SOCIAL SERVICES BUILDING	LURGAN ICT COMMUNITY HE	Existing/In Use	LURGAN DISTRICT	22/07/2021	R	TRUE	290	1	9.534243	08/05/2022
160427	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		OLDER PEOPLE AND PRIMARY CARE	LURGAN HOSPITAL SITE	MAIN BLOCK	ACUTE CARE AT HOME TEAM	Existing/In Use	LURGAN ACUTE CA	06/08/2021	R	TRUE	275	1	9.0410925	08/05/2022
306585	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	BANBRIDGE HSSC (DEMOLISHED)	BANBRIDGE HSSC	BANBRIDGE ICT COMMUNITY	Existing/In Use	BANBRIDGE DISTRI	24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
306745	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	CROSSMAGLEN HEALTH CENTRE	MAIN BUILDING	HEALTH CENTRE GENERAL	Existing/In Use	CROSSMAGLEN HE	24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
306710	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	JOHN MITCHEL PLACE	MAIN BUILDING	JOHN MITCHEL PLACE	Existing/In Use		24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
306718	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	KILKEEL PRIMARY CARE CENTRE & AM	HEALTH CENTRE	HEALTH CENTRE	Existing/In Use	KILKEEL HEALTH CE	24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
306840	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	SOUTH TYRONE HOSPITAL SITE	COMMUNITY OT	ICT COMMUNITY NURSING	Existing/In Use	STH ICT DISTRICT N	24/08/2021	R	TRUE	257	1	8.4493119	08/05/2022
159658	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		OLDER PEOPLE AND PRIMARY CARE	LONGSTONE SITE	MULLINURE HOSPITAL	DAY HOSPITAL	Existing/In Use	MULLINURE DAY H	30/08/2021	R	TRUE	251	1	8.2520517	08/05/2022
306725	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	KILKEEL PRIMARY CARE CENTRE & AM	HEALTH CENTRE	HEALTH CENTRE	Existing/In Use	KILKEEL HEALTH CE	04/09/2021	R	TRUE	246	1	8.0876682	08/05/2022
52018	RESUSCITATOR	PORTER	AMBU SILICON		OLDER PEOPLE AND PRIMARY CARE	MARKETHILL HEALTH CENTRE	MAIN BUILDING	MARKETHILL HEALTH CENTRE	Existing/In Use	MARKETHILL H.C.	27/09/2021	R	TRUE	223	1	7.3315041	08/05/2022
319938	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	LURGAN HOSPITAL SITE	MAIN BLOCK	ACUTE CARE AT HOME TEAM	Existing/In Use	LURGAN ACUTE CA	05/10/2021	R	TRUE	215	1	7.0684905	08/05/2022
307840	INFUSION PUMP	FRESENIUS KABI	VOLUMAT AGILIA		OLDER PEOPLE AND PRIMARY CARE	NEWRY HOSPICE	MAIN BUILDING	NEWRY ACUTE CARE AT HOM	Existing/In Use	NEWRY ACUTE CAI	25/10/2021	R	TRUE	195	1	6.4109565	08/05/2022
306739	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	KILKEEL PRIMARY CARE CENTRE & AM	HEALTH CENTRE	HEALTH CENTRE	Existing/In Use	KILKEEL HEALTH CE	29/10/2021	R	TRUE	191	1	6.2794497	08/05/2022
306712	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	BESSBROOK CLINIC	MAIN BUILDING	BESSBROOK CLINIC	Existing/In Use	BESSBROOK HEAL	30/10/2021	R	TRUE	190	1	6.246573	08/05/2022
310568	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	RATHFRILAND HEALTH CENTRE & LIBR	MAIN BUILDING	HEALTH CENTRE	Existing/In Use	RATHFRILAND HEA	30/10/2021	R	TRUE	190	1	6.246573	08/05/2022
306701	SYRINGE DRIVER	CME MEDICAL	T34 - 2ND EDITION		OLDER PEOPLE AND PRIMARY CARE	WARRENPOINT HEALTH CENTRE & LIB	MAIN BUILDING	HEALTH CENTRE	Existing/In Use	WARRENPOINT HE	30/10/2021	R	TRUE	190	1	6.246573	08/05/2022

EXTERNALLY MAINTAINED EQUIPMENT

Asset ID	Asset Name	Manufacturer - Name	Model Number		Directorate	Property Name	Building Name	Department Name	Asset Status - Description	Location	Next Stage Da	RAG Priority	Flag - Internally	Days since las	Years	Months since	Todays Date
320120	DRILL SET	DE SOUTTER MEDICAL LTD	KDX-600	[redacted]	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Stored	CAH T/O THEATRE	19/06/2015	R	FALSE	2515	7	82.6849005	08/05/2022
320126	DRILL SET	DE SOUTTER MEDICAL LTD	KDX-600		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Stored	CAH T/O THEATRE	30/11/2016	R	FALSE	1985	5	65.2602495	08/05/2022
322180	EXTERNAL PACEMAKER	MEDTRONIC LTD		539	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH 1 NORTH (CARDIOLOGY)	Existing/In Use	CAH 1 NORTH CAR	26/04/2017	R	FALSE	1838	5	60.4273746	08/05/2022
320121	DRILL SET	DE SOUTTER MEDICAL LTD	KDX-600		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Stored	CAH T/O THEATRE	14/09/2017	R	FALSE	1697	5	55.7917599	08/05/2022
308998	FLUSHING PUMP	OLYMPUS	OFP-2		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	03/10/2017	R	FALSE	1678	5	55.1671026	08/05/2022
323581	DIATHERMY APPARATUS			90030	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY OUTPATIENTS DE	Existing/In Use	COLPOSCOPY	12/04/2019	R	FALSE	1122	3	36.8876574	08/05/2022
311420	FLUID MANAGEMENT SYSTEM		FMS DUO		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	25/05/2019	R	FALSE	1079	3	35.4739593	08/05/2022
330011	OPERATING TABLE	SEWARD LTD	OPMASTER		ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	10/09/2019	R	FALSE	971	3	31.9232757	08/05/2022
330478	HARMONIC SCALPEL	ETHICON LTD	GEN11/10		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	09/11/2019	R	FALSE	911	2	29.9506737	08/05/2022
322178	EXTERNAL PACEMAKER	MEDTRONIC LTD		539	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH 1 NORTH (CARDIOLOGY)	Existing/In Use	CAH 1 NORTH CAR	13/12/2019	R	FALSE	877	2	28.8328659	08/05/2022
322181	EXTERNAL PACEMAKER	MEDTRONIC LTD		539	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH 1 NORTH (CARDIOLOGY)	Existing/In Use	CAH 1 NORTH CAR	13/12/2019	R	FALSE	877	2	28.8328659	08/05/2022
322182	EXTERNAL PACEMAKER	MEDTRONIC LTD		539	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	13/12/2019	R	FALSE	877	2	28.8328659	08/05/2022
160211	FLUID MANAGEMENT SYSTEM		FMS DUO		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	17/12/2019	R	FALSE	873	2	28.7013591	08/05/2022
331680	CENTRAL MONITOR SYSTEM	NIHON KOHDEN	CNS-6201		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	13/03/2020	R	FALSE	786	2	25.8410862	08/05/2022
331681	NETWORK SWITCH		GS748T		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	13/03/2020	R	FALSE	786	2	25.8410862	08/05/2022
331684	MONITOR - CENTRAL MONITORING SYSTEM		ET2400L		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	13/03/2020	R	FALSE	786	2	25.8410862	08/05/2022
331685	MONITOR - CENTRAL MONITORING SYSTEM		ET2400L		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	13/03/2020	R	FALSE	786	2	25.8410862	08/05/2022
331686	TELEMETRY CABINET	NIHON KOHDEN	ORG9100		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	CORONARY CARE UNIT (CCU)	Existing/In Use	DHH CORONARY C	13/03/2020	R	FALSE	786	2	25.8410862	08/05/2022
332363	EXTERNAL PACEMAKER	MEDTRONIC LTD		5340	ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	CATHETERISATION LAB	CARDIAC CATH LAB	Existing/In Use	CAH CARDIAC CATI	01/07/2020	R	FALSE	676	2	22.2246492	08/05/2022
307872	BLOOD GAS ANALYSER	RADIOMETER LTD	ABL825		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	RECOVERY WARD	Existing/In Use	CAH RECOVERY WA	03/08/2020	R	FALSE	643	2	21.1397181	08/05/2022
327431	ANGIOGRAPHIC PUMP	BAYER PLC	ARTERION 7		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	CATHETERISATION LAB	CARDIAC CATH LAB	Existing/In Use	CAH CARDIAC CATI	14/08/2020	R	FALSE	632	2	20.7780744	08/05/2022
334303	BLOOD GAS ANALYSER	RADIOMETER LTD	ABL835		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	30/09/2020	R	FALSE	585	2	19.2328695	08/05/2022
324384	COUGH ASSIST MACHINE	RESPIRONICS LTD	E70		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	PHYSIOTHERAPY DEPT	Existing/In Use	ST JOHNS HOSPICE	01/10/2020	R	FALSE	584	2	19.1999928	08/05/2022
333275	TELESCOPE	SMITH AND NEPHEW HEALTHCARE	30 DEGREE		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O UNIT	20/11/2020	R	FALSE	534	1	17.5561578	08/05/2022
333419	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333420	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333423	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333424	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333428	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333429	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333430	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333432	HANDPIECE ORTHODRIVE LITE	DE SOUTTER MEDICAL	MBQ-707		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	T&O BUILDING	ORTHOPAEDIC THEATRE	Existing/In Use	CAH T/O THEATRE	16/12/2020	R	FALSE	508	1	16.7013636	08/05/2022
333614	SYRINGE PUMP	BRAUN LTD	PERFUSOR SPACE		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	14/02/2021	R	FALSE	448	1	14.7287616	08/05/2022
333615	SYRINGE PUMP	BRAUN LTD	PERFUSOR SPACE		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	14/02/2021	R	FALSE	448	1	14.7287616	08/05/2022
333616	SYRINGE PUMP	BRAUN LTD	PERFUSOR SPACE		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	14/02/2021	R	FALSE	448	1	14.7287616	08/05/2022
334044	IRRIGATION PUMP	LEMKE	H108		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	04/03/2021	R	FALSE	430	1	14.136981	08/05/2022
223813	TRANSPORT INCUBATOR	DRAEGER MEDICAL UK LTD	TI500		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY ANTE/POST NATA	Existing/In Use	DHH MATERNITY	22/06/2021	R	FALSE	320	1	10.520544	08/05/2022
307652	DEFIB	MEDTRONIC LTD	LIFEPAK 20E		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	CATHETERISATION LAB	CARDIAC CATH LAB	Existing/In Use	CAH CARDIAC CATI	12/07/2021	R	FALSE	300	1	9.86301	08/05/2022
341933	ENDOSCOPIC FLUSHING PUMP	OLYMPUS	OFP-2		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	DAY PROCEDURE UNIT	Existing/In Use	DHH DAY PROCEDU	13/08/2021	R	FALSE	268	1	8.8109556	08/05/2022
333577	INTELLIGENT FLOW SYSTEM	SURGIQUEST	AIRSEAL IFS2		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	CAH THEATRE	02/10/2021	R	FALSE	218	1	7.1671206	08/05/2022
233430	FETAL MONITOR	COROMETRICS		17	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY DELIVERY SUITE	Existing/In Use	DHH DELIVERY SUI	26/10/2021	R	FALSE	194	1	6.3780798	08/05/2022
339026	MULTI PATIENT RECEIVER	NIHON KOHDEN	ORG-9100		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	CAH 1 NORTH (CARDIOLOGY)	Existing/In Use	CAH 1 NORTH CAR	03/11/2021	R	FALSE	186	1	6.1150662	08/05/2022
339216	TELESCOPE	SMITH AND NEPHEW HEALTHCARE	30 DEGREE	3894	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	04/11/2021	R	FALSE	185	1	6.0821895	08/05/2022
339217	TELESCOPE	SMITH AND NEPHEW HEALTHCARE	30 DEGREE	3894	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	04/11/2021	R	FALSE	185	1	6.0821895	08/05/2022
339218	TELESCOPE	SMITH AND NEPHEW HEALTHCARE	30 DEGREE	3894	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	04/11/2021	R	FALSE	185	1	6.0821895	08/05/2022
339219	TELESCOPE	SMITH AND NEPHEW HEALTHCARE	30 DEGREE	3894	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	04/11/2021	R	FALSE	185	1	6.0821895	08/05/2022
333165	TELESCOPE	SMITH AND NEPHEW HEALTHCARE	30 DEGREE	3894	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	04/11/2021	R	FALSE	185	1	6.0821895	08/05/2022
333166	TELESCOPE	SMITH AND NEPHEW HEALTHCARE	30 DEGREE	3894	ACUTE SERVICES	SOUTH TYRONE HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	STH THEATRE	04/11/2021	R	FALSE	185	1	6.0821895	08/05/2022
342793	MICRODEBRIDER	MEDTRONIC LTD	1898200T		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	23/11/2021	R	FALSE	166	0	5.4575322	08/05/2022
342794	OTOLOGIC DRILL	MEDTRONIC LTD		333480	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	23/11/2021	R	FALSE	166	0	5.4575322	08/05/2022
342795	IPC CONSOLE	MEDTRONIC LTD		189800	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	23/11/2021	R	FALSE	166	0	5.4575322	08/05/2022
342796	IPC CONSOLE	MEDTRONIC LTD		189800	ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	23/11/2021	R	FALSE	166	0	5.4575322	08/05/2022
342797	MEDTRONIC DRILL	MEDTRONIC LTD	XPS 3000		ACUTE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	THEATRES	Existing/In Use	DHH THEATRE	23/11/2021	R	FALSE	166	0	5.4575322	08/05/2022
342609	CARDIAC OUTPUT MONITOR	EDWARD LIFESCIENCES	HEM1		ACUTE SERVICES	CRAIGAVON AREA HOSPITAL SITE	MAIN BLOCK	INTENSIVE CARE UNIT	Existing/In Use	CAH INTENSIVE CA	26/11/2021	R	FALSE	163	0	5.3589021	08/05/2022
316027	TRANSPORT INCUBATOR	DRAEGER MEDICAL UK LTD	TI500		CHILDREN AND YOUNG PEOPLE SERVICES	DAISY HILL HOSPITAL SITE	MAIN BLOCK	MATERNITY SPECIAL CARE BA	Existing/In Use	DHH SCBU	22/06/2021	R	FALSE	320	1	10.520544	08/05/2022
331673	COUGH ASSIST MACHINE	BREAS MEDICAL LIMITED	NIPPY CLEARWAY		OLDER PEOPLE AND PRIMARY CARE	NEWRY HOSPICE	MAIN BUILDING	NEWRY ACUTE CARE AT HOM	Existing/In Use	NEWRY ACUTE CAI	07/04/2021	R	FALSE	396	1	13.0191732	08/05/2022

Learning from Medication Incidents

Acute Services/Non-acute Hospitals

December 2021

63 medication incidents were reported in December 2021. All incidents were of minor or insignificant impact. There were two incidents with a high risk rating. The following incidents are highlighted with learning points for staff.

Wrong medicine

Patient admitted and prescribed irbesartan and amlodipine which patient was no longer taking (last prescription issued 15/10/21). Patient received one dose of each and became hypotensive requiring fluid bolus.

Patient discharged from hospital and ACE-inhibitor and amlodipine stopped and Entresto® commenced. Patient readmitted and prescribed ACE-inhibitor, amlodipine and Entresto®. One dose of each administered before noted.

- ✓ NIECR should not be used in isolation as a medication history, confirm with another source and check date of last prescription as indication of current medicines.
- ✓ Where patients are readmitted following a recent discharge, check the discharge prescription as NIECR may not yet have been updated with any recent changes.
- ✓ Entresto® is sacubitril/valsartan so should not be prescribed with an ACE-inhibitor.

Patient admitted with diabetic ketoacidosis, prescribed sodium chloride 0.9% with potassium chloride however administered sodium chloride 0.9% and glucose 5% with potassium chloride. Noted when second bag being commenced that blood glucose was rising.

- ✓ Infusion fluids must be second checked as with other medicines.
- ✓ Ensure infusion fluids are separated and stored in original boxes wherever possible to help correct selection from labeled boxes.

Duplicate dose

Patient administered morning medicines unaware that they had already been administered by another member of staff.

- ✓ Ensure patient allocation is clear at handover.
- ✓ Always check the administration record before administering medicines to confirm they haven't already been administered.

Wrong dose

Patient's weight recorded as 98kg and teicoplanin dose calculated based on this. After 4 doses, patient weighed and noted to be 69kg therefore dose too high.

- ✓ Ensure patients are weighed on admission.
- ✓ Check if the recorded weight is in keeping with patient appearance and reweigh if required.

Omitted medicine

Patient prescribed vancomycin 125mg orally for clostridium difficile however first dose not administered as patient drowsy and two further doses omitted as staff unsure how to administer rectally.

Patient prescribed fidaxomicin for clostridium difficile with first dose to commence at 18.00, not administered until 10.00 the following day.

- ✓ Treatment of clostridium difficult is critical and must be administered in a timely way.
- ✓ If a dose cannot be administered, escalate to medical staff for alternative routes.
- ✓ Vancomycin can be administered NG/PR/PEG as an alternative to oral administration. Rectal administration of vancomycin is a rectal instillation (500 mg injection in 100– 500 ml sodium chloride 0.9% 4–12-hourly) given as retention enema: 18 gauge Foley catheter with 30 ml balloon inserted per rectum; vancomycin instilled; catheter clamped for 60 minutes; deflate and remove.
- ✓ Further information in guidelines available at: https://southernguidelines.hscni.net/download/109/infection-prevention/1938/clostridioides-difficile-guideline.pdf

Patient admitted with suspected stroke and was nil by mouth due to impaired swallow. Aspirin 300mg PO/PR prescribed but not administered and recorded as '1' – nil by mouth.

For patients who are nil by mouth:

- ✓ Check each prescription on the Kardex carefully for the medicine and route prescribed, do not assume that only oral medicines are prescribed in the non-injectable section
- ✓ Confirm that medical staff have reviewed the medicines so that alternative routes or medicines can be prescribed, particularly for critical medicines
- ✓ Guidance is available on the intranet under Clinical Guidelines or via the following link https://southernguidelines.hscni.net/download/95/pharmacy/1939/guidance-on-the-administration-of-critical-medicines-in-patients-who-are-nil-by-mouth.pdf

Patient's initial antibiotic prescription ran out on morning of 19/12/21 and was not reviewed. Patient missed two further doses on 19/12/21 before review.

Patient reviewed on 29/12/21 and noted that initial antibiotic prescription ended on 27/12/21 and had not been reviewed or continued, antibiotics were to continue for a further 4 days.

- ✓ Initial antibiotic prescriptions must be reviewed at 72 hours if not before. Take particular note to review ahead of weekends and bank holidays. Where an antibiotic prescription can be confirmed earlier than 72 hours, prescribe this on page 5 of the Kardex to avoid omitted doses.

Patient prescribed levothyroxine at 06.00, not administered for 4 consecutive days.

Patient prescribed linagliptin in the morning, not administered for 5 consecutive days.

- ✓ Check the prescribed time and frequency for medicines due for administration, do not follow the pattern of administration signatures from previous days.
- ✓ For morning medicines, 10.00 is the usual administration time for non-injectable medicines and 06.00 for injectable medicines. Alternative times can be specified if required.

Patient with Type 1 diabetes usually on Levemir® twice a day and Fiasp® three times a day with meals, nighttime Levemir® not prescribed for three consecutive nights.

- ✓ Levemir® is a long-acting insulin but with a shorter duration of action than other long-acting insulins and some patients take twice a day.
- ✓ Record the usual insulin regime on the front of the SC chart and refer to this.

Health and Social Care Board

Public Health Agency

12-22 Linenhall Street
Belfast BT2 8BS

Tel: Personal Information redacted by the USI

Sent by email only
To: Trust Chief Executives
Trust First Points of Contact

Cc: (see attached distribution list)

HSCB Ref: PL-SAI-2021-046

Dear Colleagues

Management of patients requiring review and onward referral of care

The Regional Health and Social Care Board (HSCB)/Public Health Agency (PHA) has become aware, through the Serious Adverse Incident process, that some Trusts have failed to follow the appropriate guidance for timely referral, treatment and review of patients requiring services. This has unfortunately resulted in the significant deterioration in patients' conditions and in some cases significant harm as a result of undue delay in accessing treatment.

These situations have arisen primarily as a result of:

1. Consultants/lead professional leaving a service and a delay in patients being assigned to another consultant/lead professional waiting list in order of clinical priority.

2. Patient being transferred to another HSC Trust for treatment that cannot be provided by the Trust in which the patient resides. This has resulted in a significant delay in treatment commencing within the target time due to the referring Trust not providing the correct pathway start date.

Action Required:

All HSC Trusts should;

1. Disseminate this letter to all relevant Health Care Teams, Waiting List Managers and Senior Profession Directors for onward dissemination and discussion at safety meetings.

2. Ensure that there is periodic review of patient waiting lists and if necessary clinically validate them to allow timely intervention and review.

3. When a consultant / lead professional indicates their intention to leave their post, Trusts must ensure there is a plan in place to identify patients on all waiting lists attached to the consultant /lead professional and transfer the patients' care to another consultant/ lead professional or a pooled consultant / lead professional waiting list.

4. Where a Trust is transferring a patient to a waiting list in another Trust, it is the responsibility of the transferring Trust to provide the correct pathway start date and therefore ensure the patient is reviewed within the target time.

The GMC Good Medical Practice (paragraphs 44 and 45) advises continuity and coordination of care, including the safe transfer of patients between healthcare providers with shared information. It is considered that these principles would apply across all professional groupings.

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice

Many thanks for your assistance in addressing this extremely important issue.

Yours sincerely

Date issued:	**16 February 2022**		
Signed:	Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI
Issued by	Mr Rodney Morton Director of Nursing, Midwifery and Allied Health Professionals	Mrs Lisa McWilliams Director of Strategic Performance	Dr Stephen Bergin Director of Public Health and Medical Director (Interim)

RE: PL-SAI-2021-046 – Management of patients requiring review and onward referral of care – Distribution List

	To – for Action	Copy		To – for Action	Copy
HSC Trusts			**PHA**		
CEXs	✓		CEX		✓
First point of contact		✓	Director of Public Health		✓
			Director of Nursing, Midwifery and AHPs		✓
NIAS			Director of HSCQI		
CEX			AD Service Development, Safety and Quality		
First point of contact			PHA Duty Room		
			AD Health Protection		
RQIA			AD Screening and Professional Standards		
CEX		✓	AD Health Improvement		
Director of Quality Improvement		✓	ADs Nursing		
Director of Quality Assurance		✓	AD Allied Health Professionals		
			Clinical Director of HSCQI		
NIMDTA					
CEX / PG Dean			**HSCB**		
QUB			CEX		✓
Dean of Medical School			Director of Integrated Care		
Head of Nursing School			Director of Social Services		
Head of Social Work School			Director of Commissioning		✓
Head of Pharmacy School			Alerts Office		✓
Head of Dentistry School			Director of PMSI		✓
UU					
Head of Nursing School			**Primary Care (through Integrated Care)**		
Head of Social Work School			GPs		
Head of Pharmacy School			Community Pharmacists		
Head of School of Health Sciences (AHP Lead)			Dentists		
Open University			Dispensing GPs		
Head of Nursing Branch			**BSO**		
			Chief Executive		
Clinical Education Centre					
NIPEC			**DoH**		
NICPLD			CMO office		✓
NI Medicines Governance Team Leader for Secondary Care			CNO office		✓
NI Social Care Council			CPO office		
Safeguarding Board NI			CSSO office		
NICE Implementation Facilitator			CDO office		

Coroners Service for Northern Ireland			Safety, Quality and Standards Office		✓

Pers.No.	Last name	First name	Org Assignment Start Date	Org Assignment End Date	Organizational Unit	Current Employee	2016	2017	2018	2019	2020
Personal Information redacted by the USI	O'Brien	Aidan	01/04/1993	17/07/2020	CAH Urology Medical	N	01/12/2017	31/10/2018	17/10/2019	Not Complete	Not Complete
	Young	Michael	14/04/1998	27/05/2022	CAH Urology Medical	Y	25/09/2017	30/04/2018	30/12/2019	22/03/2021	27/10/2021
	Glackin	Anthony Jude	01/08/2012	31/12/9999	CAH Urology Medical	Y	31/05/2017	31/10/2018	01/04/2020	04/01/2021	16/10/2021
	Suresh	Kothandaraman	11/12/2013	26/10/2016	CAH Urology Medical	N	Not Complete	N/A	N/A	N/A	N/A
	Haynes	Mark	12/05/2014	31/12/9999	CAH Urology Medical	Y	17/07/2018	13/09/2018	15/10/2019	Not Complete	Not Complete
	O'Donoghue	John	04/08/2014	31/12/9999	CAH Urology Medical	Y	08/11/2017	03/08/2018	31/12/2019	07/04/2021	25/11/2021
	Hennessey	Derek	27/04/2018	31/05/2019	CAH Urology Medical	N	N/A	N/A	Not Complete	Not Complete	N/A
	Hasnain	Sabahat	02/01/2019	31/10/2021	CAH Urology Medical	Y	N/A	26/03/2018	Not Complete	29/06/2021	10/05/2021

Urology Team Departmental Meeting
Thursday 31st March 2022 at 12:45

AGENDA

1. Apologies
2. Covid update


Fwd FW USI Hearings Update.ms

3. Public Inquiry update https://www.urologyservicesinquiry.org.uk/news/update-christine-smith-qc-chair-urology-services-inquiry
4. NIECR sign off for speciality doctors


MARCH 2022 Urology PERFORMA

5. Elective/Outpatient activity update
    a. LVH sessions and update on DECC list
    b. Theatre sessions
    c. IS contracts; Hermitage and Kingsbridge
6. Referrals
7. Governance
    a. MDT Improvement plan / Urology SAI Recommendations (Sarah Ward)


MDT SAI recommendations w

    b. SAI action plans
    c. Complaints / Complements
        i. JH – waiting times
        ii. SD – waiting times (Enniskillen patients)
8. Staffing
9. Urology CNS Update
10. Any other business

Clayton, Wendy

From: McClements, Melanie
Sent: 28 March 2022 23:08
To: Carroll, Ronan; Clayton, Wendy; Ward, Sarah; Conway, Barry; Carroll, Anita
Subject: Fwd: FW: USI Hearings Update

Follow Up Flag: FollowUp
Flag Status: Flagged

Evening all
Can you share with appropriate mdt colleagues and highlight in relevant fora, ta m
---------- Forwarded message ----------
From: "McKimm, Jane" <Personal Information redacted by the USI>
Date: 25 Mar 2022 11:40
Subject: FW: USI Hearings Update
To: "McClements, Melanie" <Personal Information redacted by the USI>,"Toal, Vivienne" <Personal Information redacted by the USI>,"Trouton, Heather" <Personal Information redacted by the USI>,"McCafferty, Colm" <Personal Information redacted by the USI>,"Beattie, Brian" <Personal Information redacted by the USI>,"McGall, Jan" <Personal Information redacted by the USI>,"Leeman, Lesley" <Personal Information redacted by the USI>
Cc: "Mullan, Eileen" <Personal Information redacted by the USI>,"Stinson, Emma M" <Personal Information redacted by the USI>,"Corrigan, Martina" <Personal Information redacted by the USI>

All

Please see below information relating to the progression of the USI – could you please share with staff down your directorates for information.

We will share more widely across the organisation, but it would be important that those staff who are closely engaged in the process are aware.

Regards

Jane

From: Avril Frizell <Personal Information redacted by the USI>
Sent: 25 March 2022 09:41
To: McKimm, Jane <Personal Information redacted by the USI>; Stinson, Emma M <Personal Information redacted by the USI>; OKane, Maria <Personal Information redacted by the USI>
Cc: Emmet Fox <Personal Information redacted by the USI>; Keeva Wilson <Personal Information redacted by the USI>
Subject: USI Hearings Update

Dear All

The USI have posted an update on the progress of the USI: https://www.urologyservicesinquiry.org.uk/news/update-christine-smith-qc-chair-urology-services-inquiry

As you will see, the Inquiry intends to hear from patients and families in mid June. These hearings will not be in public but the legal representatives for the core participants will be in attendance and a formal written record will be kept/published.

The Inquiry intends to formally open hearings w/c 7 November. It plans to sit for 3 days a week, in two week blocks, and week 3 will be used to prepare for the next set of witnesses. No information has been provided as yet about which witnesses will be heard first/which issues the Inquiry will be dealing with and when.

I would be grateful if you could ensure this information is shared with all relevant Trust members of staff. No doubt the Trust will wish to give some thought has to how this will impact on the Trust services.

I am pleased to note that the Inquiry will *not* be sitting for 5 days per week, and that they recognise the need for preparation of witnesses so intend to sit in 2 week blocks with week 3 being used for preparation.

Kind Regards

Avril Frizell

Consultant Solicitor
Direct Line: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI

In light of ongoing remote working arrangements and in the interests of reducing environmental impact, please forward correspondence by email only.

Urology PERFORMANCE – March 2022

Urology Priority 2 update as at 16/03/2022:

	13/01/2022	20/01/2022	10/02/2022	16/03/2022
P2A	0	0	1 (Done 10/02/2022)	0
P2B	43	36	48	18
P2C	90	92	65	48
P2D	236	249	235	215
TOTAL	**369**	**377**	**349**	**281**

The priority 2 caseload includes a mixture of proven cancers, clinically suspected cancers, and benign disease. Within the proven cancer patients a small number are undergoing multimodality treatment and have narrow treatment windows.

In order for our decision making to be objective and transparent as we assign our limited capacity to patients requiring surgery, it is agreed that we approach this activity along the following priorities, using waiting time (days on surgical waiting list) as the additional metric.

Priority A = proven cancer with short treatment window post chemotherapy / radiotherapy
Priority B = proven cancer
Priority C = suspected cancer
Priority D = benign disease

New Out Patient Waiting List (with no dates)				
	16/02/2022		16/03/2022	
Urgency	**No on WL**	**Longest Wait**	**No on WL**	**Longest Wait**
Red Flags	268	11 weeks	229	19 weeks
Urgent	1454	309 weeks	340	310 weeks
New Urgents with 352			1015	313 weeks
Routine	3642	315 weeks	3632	
Total	**5364**		**5216**	

Red Flag NOP Breakdown					
	16/02/2022		16/03/2022		
Tumour site	**Number on W/L**	**Longest wait (weeks)**	**Number on W/L 16/03/2022**	**Longest wait**	**Comments**
Haematuria	104	11 weeks	75	19 Weeks 11 Weeks	19 Weeks = Upgrade 7 patients to book then longest wait will be 4 weeks
Prostate	75	10 Weeks	61	7 weeks	
Others	88	10 weeks	91	10 weeks	
Testes	2	5 weeks	2	7 weeks	
TOTAL	**269**	**11weeks**	**229**	**19 Weeks**	

New URGENT/ROUTINE Outpatients waiting with no dates. ***As at 16/03/2022***

- 500 New Urgent longest waiters where transferred to the independent sector on 10th January. A further 300 New urgent longest waiters where then transferred 31st January. There has also been an additional 50 patients sent to backfill patients who are returned to Trust
- A further 300 urgent NOP have been transferred in March to be seen in April. With 100 Red Flags to be transferred also ant the end of the month
- Removing the patients transferred to IS the total number of New Urgents is 342.
- Our Longest Urgent NOP waiter is **310 Weeks** Due to an upgrade from Routine
- Due to patients returning to trust for reasons such as not being suitable for IS or refusing IS or 352 being unable to contact our Trust 2nd longest waiter is **210 weeks**.
- There are 151 patients who have returned to trust from 352 due to reasons such as not being suitable for IS or refusing IS or 352 being unable to contact

Breakdown of 352 Urology NOP as at 16/03/2022

Consultation Booked	197
Discharged	368
Awaiting Investigation Results	23
Procedure TBA	94
Investigation TBA	40
Investigation Booked	87
Procedure Booked	43
Consultation TBA	469
Awaiting Discharge	19
Review TBA	46
Review Booked	1
(blank)	
Grand Total	1387

NOP WL breakdown as at 16/03/2022

	Urgent	Routine	Urgent	Routine	Urgent	Routine
	Jan-22	Jan-22	Feb-22	Feb-22	Mar-22	Mar-22
Weeks waiting	Total with no dates	Total with no dates	Total with no dates	Total with no dates	Total with no dates	Total with no dates
0-10	184	216	189	208	206	176
11-20	95	109	110	118	143	149
21-30	95	109	98	123	84	99
31-40	115	138	81	127	84	116
41-50	124	121	116	119	106	125
51-60	77	81	86	96	101	123
61-70	96	83	77	77	52	70
71-80	102	71	78	81	76	80
81-90	82	69	110	74	84	66
91-100	119	111	55	53	58	66
101-110	196	134	192	154	103	123
111-120	163	171	166	149	147	136
121-130	10	160	77	170	95	168
131-140	0	161	2	153	10	155
141-150	0	144	0	152	3	164
151-160	2	128	1	147	1	134
161-170	0	163	2	137	1	131
171-180	2	170	0	174	1	161
181-190	2	130	3	124	0	164
191-200	0	104	2	136	3	134
201-210	0	108	1	98	2	99
211-220	1	92	1	102	1	98
221-230	0	114	0	106	0	100
231-240	1	112	0	111	0	108
241-250	2	110	3	108	2	109
251-260	0	118	0	115	0	119
261-270	0	105	0	107	0	116
271-280	1	87	0	101	0	97
281-290	2	72	2	76	1	89
291-300	0	82	1	73	1	69
301-319	1	31	1	73	3	100
Total	**1472**	**3604**	**1454**	**3642**	**1368**	**3644**

Urology Referrals per year (year is April-March)

Year	**Total	Average per month
2017-2018	6208	517
2018-2019	6622	551
2019- 2020	6338	528
2020-2021	4589	382
2021-2022 (to 28th February 2022)	5203	473

Review outpatient backlog update (as at for 23rd March 2022)

	Jan-22		Feb-22		Mar-22	
	Total	**Longest Date**	**Total**	**Longest Date**	**Total**	**Longest Date**
Glackin	73	May-20	95	May-19	88	May-20
O' Donoghue	405	Mar-17	394	Mar-17	373	Mar-17
Young	500	Dec-16	475	Dec-16	478	Dec-16
Haynes	121	Feb-19	123	Feb-19	120	Feb-19
Omer	69	Mar-18				
Khan	15	May-21	149	Jul-17	62	Jul-17
O' Brien	288	Jul-13	234	Jul-13	187	Jul-13
Tyson	43	May-19			81	Sep-18
Jacob	4	Jul-17				
Solt	10	Oct-19	10	Oct-19		
Fel	4	Dec-20	3	Jan-21		
Mr Brown			2	Apr-17	2	Apr-17
Total	**1532**		**1485**			

Inpatient and Day Case position as at 17/02/2022								
Consultant	Urgent Ins	Weeks Waiting	Routine Ins	Weeks waiting	Urgent D/C	Weeks waiting	Routine DC	Weeks waiting
Glackin	59	164	64	256	56	174	49	182
O'Donoghue	186	312	37	351	49	254	61	359
Young	206	388	58	393	187	381	173	392
Haynes	87	334	51	371	42	250	41	294
Khan	37	289	20	308	46	220	80	275
O'Brien	130	393	46	384	14	391	18	355
Tyson	63	358	9	148	54	143	25	149
Total	**768**		**285**		**448**		**447**	

Summary of February 2022 position

Summary Adults – total = 1948 pts
Urgent Inpatients = 768 patients; longest wait 393 Weeks
Routine Inpatients = 285 patients; longest wait 393 weeks
Urgent days = 448 patients; longest wait 391 weeks
Routine days = 447 patients, longest wait 392 weeks

Inpatient and Day Case position as at 23/03/2022								
Consultant	Urgent Ins	Weeks Waiting	Routine Ins	Weeks waiting	Urgent D/C	Weeks waiting	Routine DC	Weeks waiting
Glackin	57	169	62	261	59	174	50	187
O'Donoghue	182	317	36	356	49	259	63	364
Young	197	393	59	398	167	370	179	397
Haynes	89	339	51	376	50	255	41	299
Khan	39	294	20	313	49	225	77	280
O'Brien	104	398	43	389	13	396	15	360
Tyson	63	363	26	148	61	148	24	154
Total	**731**		**297**		**448**		**449**	

Summary of March 2022 position

Summary Adults – total = 1925 pts
Urgent Inpatients = 731 patients; longest wait 398 Weeks
Routine Inpatients = 297 patients; longest wait 398 weeks
Urgent days = 448 patients; longest wait 396 weeks
Routine days = 449 patients, longest wait 397 weeks

MDT SAI Recommendations Work Plan

Rec	From SAI Report
1	The Southern Health and Social Care Trust must provide high quality urological cancer care for all patients.
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
3	The SHSCT must promote and encourage a culture that allows all staff to raise concerns openly
	How This Will Achieved From SAI Report
	This will be achieved by - Ensuring a culture primarily focused on patient safety and respect for the opinions of all members. 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 fortnightly agenda. There must be action on issues escalated.
Rec	***From SAI Report***
4	The Trust must ensure that patients are discussed appropriately at MDM and by the appropriate professionals.
	How This Will Achieved From SAI Report
	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).
Rec	**From SAI Report**
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
	How This Will Achieved From SAI Report

MDT SAI Recommendations Work Plan

	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 fail-safe mechanisms from 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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	**From SAI Report**
8	All patients should receive cancer care based on accepted best care Guidelines (NICAN Regional Guidance, NICE Guidance, Improving Outcome Guidance).
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	**From SAI Report**
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.

MDT SAI Recommendations Work Plan

	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report

Minutes
Patient Safety Meeting / M&M Meeting Urology
Tuesday 12th April 2022 AM session

1. **Welcome , attendance and apologies received by Chair**:

   Attendees: Anthony Glackin, Nasir Khan, Matthew Tyson, Mark Haynes, John O'Donoghue, Jason Young, Leanne McCourt, Patricia Thompson, Jenny McMahon, Kishan Tailor, Laura McAuley, Sabahat Hasnain, Suzie Cull, Fiona Griffen, Juventine Asingei

2. **Review of Previous Minutes / Verification of last meeting report**
   a. Matters Arising / outstanding issues

3. **Deaths within 30 days Discharge**

Copy of Anaesthetics and Surgery mortality

Personal Information redacted by the USI had metastatic bladder cancer and his death was expected

4. **Mortality Reporting**

Copy of 3) ALL Urology Outstanding

[redacted] had a history of recurrent sepsis and a staghorn calculus in a non functioning kidney/ progressive MS. She had a nephrectomy. A piece of wire from previous percutaneous access was found in the right kidney. The stone burden predated this and the wire was felt not to have contributed to her death. She had a prolonged hospital stay and it was felt that communication between the team should have been better. Death ultimately was expected.

[redacted] died of aspiration pneumonia secondary to progressive dysphagia. His death was expected.

[redacted] had metastatic bladder cancer and he died of sepsis. His death was expected.

[redacted] had metastatic bladder cancer and her death was expected

[redacted] had a metastatic malignancy of unknown primary and her death was expected.

[redacted] – this gentleman died under the medical team. John O'Donoghue will investigate why they want him discussed and bring it back to the next meeting.

5. **Gentamicin Double Dosing**

FW Gentamicin double dosing.msg

Discussed that the appropriate box should be ticked in the "Addditional Charts in Use" section on the front of the Kardex if drugs have been administered separate from the Kardex.

6. **Local incident themes : Ward / Unit issues**

7. **Pharmacy issues, incidents and medicine safety alerts**

8. **Shared learning from Complaints / SAI/ IR1 forms / Other meetings / Learning Letters**

FW Datix Incident Report Number W152577.msg

Datix discussed regarding the concerns that all magnetic metals implanted in a patient should be mentioned when booking an MRI.

9. **Shared learning from Litigation / Coroners cases / PM reports / Ombudsman**

10. **Independent Medical Examiner Prototype #3**

11. **Safety alerts and Circulars (Safety Quality Reminder) sent to M&M chairs**

    a. Safety and Quality Reminders
    b. E-Alerts
    c. PHA Letters

Issued Standards & Guidelines Circulars: for Dissemination, Review & Implementation

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	Deadline Date for Implementation
nMABs_Non hospitalised patients with COVID_UPDATE *This letter is an addendum to HSS(MD) 06/2022 published on 1 February 2022 and further updated on 11 February 2022*	25/02/2022	HSS MD 12-2022	CMO Correspondence	n/a
COVID 19 Alert_nMABS_COVID 19 Hospitalised Patients *This letter supersedes HSS(MD) 04/2022*	25/02/2022	HSS MD 11-2022	CMO Correspondence	n/a

Remdesivir for patients hospitalised due to COVID_Update (This relates to adults and adolescents 12 years and older) *This letter updates and replaces HSS(MD) 40/2021 issued on 14 June 2021*	25/02/2022	HSS MD 10-2022	CMO Correspondence	n/a
JCVI Update_COVID vaccination children aged 5-11 yrs	25/02/2022	HSS MD 09-2022	CMO Correspondence	n/a
Updated Guidance_Managing the Infection Risk_Care for the Deceased_Funerals	18/02/2022*	HE1/22/92754	CMO Correspondence	n/a
Revised Visiting Guidance including Care Partner Scheme	17/02/2022*	n/a	CNO Correspondence	n/a

**received by* [redacted] *after 18/02/2022 so were not included in last week's email issue*

This week there was 1 NICE COVID-19 Rapid Guideline update received:

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	Deadline Date for Implementation
Managing COVID 19 *Last update: 27/01/2022*	25/02/2022	NG 191	NICE COVID-19 Rapid Guideline Update	n/a

Newly Issued Standards & Guidelines Circulars: for Dissemination, Review & Implementation

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	NICE Assurance 3 month	Full Implementation Date for S&G
NICE Interventional Procedures Guidance - January to February 2022	01/03/2022	HSC (SQSD) (NICE IPG) 10/22	NICE Interventional Procedures	**n/a**	**n/a**

Newly Issued Standards & Guidelines Circulars: for Dissemination, Review & Implementation

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	NICE Assurance 3 month	Full Implementation Date for S&G	Comments
Updated Processes for the Endorsement Implementation Monitoring Assurance_NICE Public Health Guidelines	01/04/2022	HSC SQSD 15-22	CMO Correspondence	n/a	n/a	For Dissemination
Updated Processes for the Endorsement Implementation Monitoring Assurance_Interventional Procedures	01/04/2022	HSC SQSD 14-22	CMO Correspondence	n/a	n/a	For Dissemination
Updated Processes for the Endorsement Implementation Monitoring Assurance_NICE Clinical Guidelines	01/04/2022	HSC SQSD 13-22	CMO Correspondence	n/a	n/a	For Dissemination

Updated Processes for the Endorsement Implementation Monitoring Assurance_NICE Technology Appraisals	01/04/2022	HSC SQSD 12-22	CMO Correspondence	n/a	n/a	For Dissemination
March 2022 HSCB Learning Matters Newsletter	01/04/2022	n/a	HSCB Correspondence	n/a	n/a	For Dissemination
Transfer of HSCB Controlled Drugs Accountable Officer Role to DoH	31/03/2022	HSS MD 14-2022	CMO Correspondence	n/a	n/a	For Dissemination
Type 2 Diabetes in Adults *Last update endorsed by DoH on 15/02/2022*	31/03/2022	NG 28	NICE Clinical Guideline Update	n/a	30/06/2022	Clinical Change Lead: Dr Bradley
Type 1 and 2 Diabetes in CYP *Last update endorsed by DoH on 16/12/2020*	31/03/2022	NG 18	NICE Clinical Guideline Update	n/a	30/06/2022	Clinical Change Lead: Joan McMahon
Type 1 diabetes in adults *Date of Last update - 21/07/2021*	31/03/2022	NG 17	NICE Clinical Guideline Update	n/a	30/06/2022	Clinical Change Lead: Dr Bradley

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	Deadline Date for Implementation
Managing COVID-19 *Last update endorsed by DoH on 10/03/2022*	30/03/2022	NG 191	NICE COVID 19 Rapid Guideline	n/a

Newly Issued Standards & Guidelines Circulars: for Dissemination, Review & Implementation

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	NICE Assurance 3 month	Full Implementation Date for S&G	Applicable to SHSCT

Preventing Transfusion Delays_Bleeding_Critically Anaemic Patients	08/04/2022	HSC SQSD 06-2022	DoH Correspondence	n/a	15/07/2022	Yes
HSCB NICE Positive Assurance - April 2022	08/04/2022	n/a	DoH (SPPG) Correspondence	n/a	31/08/2022	Yes
Assessment under the Mental Health Order NI 1986 *2nd Line Assurance Requirement*	07/04/2022	SQR SAI 2022-089	Safety & Quality Learning Letter	n/a	04/05/2022	Yes
Fremanezumab for preventing Migraine	04/04/2022	TA 764	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Nivolumab for treating recurrent or metastatic squamous cell carcinoma_Head and Neck	04/04/2022	TA 736	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Tofacitinib for treating juvenile idiopathic arthritis	04/04/2022	TA 735	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Secukinumab_Moderate to severe plaque psoriasis_CYP	04/04/2022	TA 734	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Sapropterin for treating hyperphenylalaninaemia in phenylketonuria	04/04/2022	TA 729	NICE Technology Appraisal	04/07/022	04/01/2023	**No**
Midostaurin for treating advanced systemic mastocytosis	04/04/2022	TA 728	NICE Technology Appraisal	04/07/022	04/01/2023	**No**
Abemaciclib with fulvestrant_Hormone receptor-positive, HER2-negative advanced Breast Cancer	04/04/2022	TA 725	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma	04/04/2022	TA 722	NICE Technology Appraisal	04/07/022	04/01/2023	**Still to be confirmed**
Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma	04/04/2022	TA 720	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Nivolumab with ipilimumab for previously treated metastatic	04/04/2022	TA 716	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**

colorectal cancer						
Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy	04/04/2022	TA 713	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Enzalutamide for treating hormone-sensitive metastatic prostate cancer	04/04/2022	TA 712	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer	04/04/2022	TA 707	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer	04/04/2022	TA 705	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Acalabrutinib_Chronic Lymphocytic Leukaemia	04/04/2022	TA 689	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Selective Internal Radiation Therapies_Hepatocellular carcinoma	04/04/2022	TA 688	NICE Technology Appraisal	04/07/022	04/01/2023	**No**
Anakinra_Still's disease	04/04/2022	TA 685	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Siponimod_Secondary Progressive MS	04/04/2022	TA 656	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**
Patiromer for treating Hyperkalaemia	04/04/2022	TA 623	NICE Technology Appraisal	04/07/022	04/01/2023	**Yes**

This week there were 3 circulars (either new or an update) received relating to COVID-19 guidance:

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	Deadline Date for Implementation
Updated PHA Guidance - Car Sharing Protocol	08/04/2022	n/a	PHA Correspondence	n/a

https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff-healthcare-workers-and-care-providers/guidance-health-and				
SHSCT De-isolation Guidance and Patient Placement Tool_COVID 19 Positive Patients in Hospital	07/04/2022	n/a	SHSCT Internal Guidance	n/a
Transition Operational Control COVID Vaccination Programme to PHA	05/04/2022	HSS MD 15/2022	CMO Correspondence	Wef 01/04/2022

This week there was 1 new circular relating to COVID-19 NICE Rapid Guidelines received:

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	Deadline Date for Implementation
NICE COVID 19 Rapid Guidance_Quarterly HSC Communication_January to March 2022	06/04/2022	HE1/22/178236	NICE COVID 19 Rapid Guideline	n/a

Newly Issued Standards & Guidelines Circulars: for Dissemination, Review & Implementation

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	NICE Assurance 3 month	Full Implementation Date for S&G	Comments
Hypertension in Adults *Regionally endorsed on 21/10/2019*	21/03/2022	NG 136	NICE Clinical Guideline Update	n/a	21/06/2022	n/a

This week there were 2 COVID-related circulars received:

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	Deadline Date for Implementation
COVID 19 Spring Booster Vaccination Programme	25/03/2022	HSS MD 13/2022	CMO Correspondence	n/a
Latest Review of 'Visiting with Care - A Pathway'	23/03/2022	n/a	CNO Correspondence	n/a

12. **Local Audit reports/Quality Improvement**

a) All clinical audits to be registered via clinical audit registration form. DAA form to be completed also.


Data Access Agreement (v4.0) Ju


Clinical And Social Care Audit Registrati

13. **Consultant outcome data (NCEPOD / National / Regional / Speciality)**

14. **Any Other Business**

15. **Date of Next Meeting** - Tuesday 17th May 2022, PM, Speciality Specific

16. **Calendar 2022**

1.Combined Surgical Anesthetics MM Rollir

DEATHS OUTSIDE A SHSCT HOSPITAL SITE WHERE THE PATIENT HAD A HOSPITAL DISCHARGE BETWEEN 01/02//2022 – 10/03/2022 (Run Date 11/03/2022)

Date of Death	HCN	Casenote	Forenames	Surname	Date of Discharge	Days post Discharge	Timeband	Hospital on Discharge	Specialty On Discharge Descript (R)	Consultant on Discharge - Name	Ward on Discharge	Method of Discharge	Comment
Personal Information redacted by the USI							<30 Days	CRAIGAVON AREA HOSPITAL	UROLOGY	Glackin A.J Mr	4s - Progressive Care Ward	Normal	
							<30 Days	DAISY HILL HOSPITAL	GENERAL SURGERY	Hashmi S Mr	Male Surgical	Normal	
							<30 Days	DAISY HILL HOSPITAL	GENERAL SURGERY	Hashmi S Mr	Male Surgical	Normal	
							<30 Days	CRAIGAVON AREA HOSPITAL	UROLOGY	Haynes M D Mr	Transition Ward	Normal	
							<30 Days	CRAIGAVON AREA HOSPITAL	ANAESTHETICS	Oakes K Dr	Intensive Care Unit	Transfer-Other Hosp	

Hospital	Casenote	Personal Information redacted by the USI	Enrolled in Mortality Pathway on NIECR	NIECR Consultant(s) in order they are recorded on NIECR	M&M NIECR team in order they are recorded on NIECR	Status	Case to be completed under	For detailed review	Comment
			Enrolled on RM&MRS	Young M Mr			NIECR	No	
CAH			Enrolled on RM&MRS	Young M Mr	Surgery Urology		NIECR		
CAH			Enrolled on RM&MRS	Haynes M Dr	Surgery Urology		NIECR		
CAH			Enrolled on RM&MRS	Haynes M Dr	Surgery Urology		NIECR		
CAH			Enrolled on RM&MRS	Glackin A.J Mr	Surgery Urology		NIECR	No	
CAH			Enrolled on RM&MRS	Haaijer D Dr / Surgery Urology	Medical CAH, Lgn, STH / Surgery Urology		NIECR		Urology to complete additional review
CAH			Enrolled on RM&MRS	Glackin A.J Mr	Surgery Urology		NIECR	No	
CAH			Enrolled on RM&MRS	McCracken G Dr / Haynes M Mr	Gynaecology / Surgery Urology		NIECR		Urology to complete additional review

McCorry, Grace

From: Glackin, Anthony
Sent: 28 February 2022 11:00
To: ODonoghue, JohnP
Subject: FW: Gentamicin double dosing
Attachments: Minutes Feb22 final v2.2.pdf

John for discussion at PSM

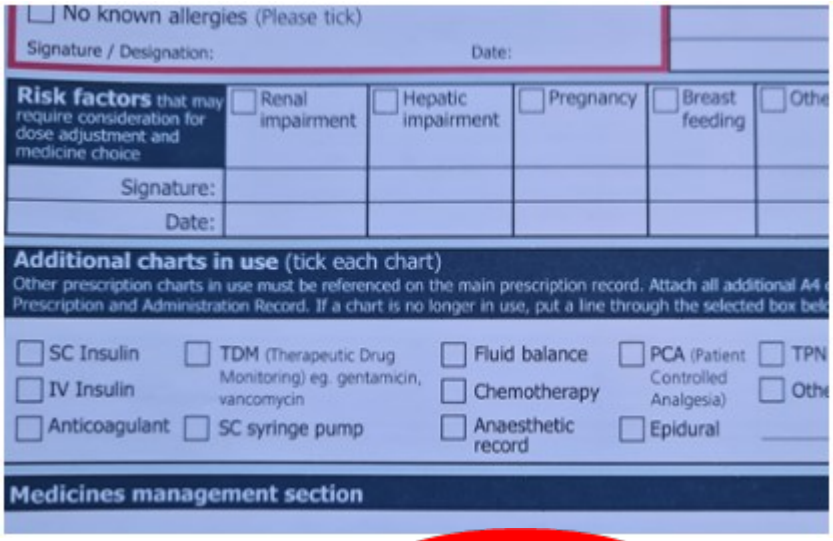
Thanks

Tony

From: Campbell, John <[redacted]>
Sent: 28 February 2022 09:26
To: Watson, Bruce <[redacted]>; Glackin, Anthony <[redacted]>; Thompson, Richard <[redacted]>; Korda, Marian <[redacted]>
Cc: Haffey, Raymond <[redacted]>; Martin, Laure <[redacted]>
Subject: Gentamicin double dosing

Dear Surgical Specialty M&M chairs,
A long email for a minor point. This applies to some of you more than others. You may or may not wish to share at your next meeting, or pass on to junior ward staff most likely to be affected. We've had conversations at the joint meeting in recent years about gentamicin double dosing ie. the patient receives gentamicin in theatre but also receives a dose on the wards/ED before/after theatre.

There are still moves to tackle this within theatre (eg. using checklists), but this needs an approach for the wards as well. After some discussion at our PSM last week of various options, we think the most pragmatic approach is simply to reinforce our use of this little box on the front.



It will still be easily overlooked, which is the reason I want to highlight it! We discussed things like prescribing in the stat dose or the antibiotic section but there's various reasons we are not, including that the pharmacists were not in favour of this as a double prescribing. Of course, we really should have been doing this already.

Minutes attached but not really needed – it's the second point on the front page.

The same principles apply, albeit with less concern, to other drugs eg. paracetamol. As an aside, this is a target for a very easy medical student audit each year, starting any time.

Thank you,
John

Dr. John Campbell
Consultant Anaesthetist
Southern HSC Trust

McCorry, Grace

From: Haffey, Raymond
Sent: 21 February 2022 15:49
To: Aljarad, Bassam; Arava, Shiva; Campbell, John; Charnock, Rob; DeCourcyWheeler, Richard; Harty, John; Henderson, Nicola-Ann; Korda, Marian; McConville, Richard; McCormick, Michael; McGarry, Paul; Mcgoldrick, Vivienne; McMahon, Dr Patrick; Moore, Michael; Murdock, Andrew; ODonoghue, JohnP; Thompson, Richard; Watson, Bruce
Cc: Gormley, Damian; McConville, JoanneE; Harte, Terri; McLoughlin, Sandra E; Feely, Roisin; Markey, Mary; Haffey, Raymond
Subject: FW: Independent Medical Examiner Prototype #3 - Update for Dec 2021 and Jan 2022
Attachments: IME Prototype #3 Summary – Southern HSC Trust - 31 January 2022.DOCX

Dear all

Please see attached.

Regards

Raymond Haffey
Senior Audit Facilitator
Southern Health & Social Care Trust
Tel: Personal Information redacted by the USI. Mobile Personal Information redacted by the USI
e-mail Personal Information redacted by the USI

Internal Ref. No.: _____

Health and Social Care

DATA ACCESS AGREEMENT

IT IS IMPORTANT THAT YOU READ THIS SECTION BEFORE COMPLETING THE DATA ACCESS AGREEMENT (DAA) FORM

This Data Access Agreement (DAA) template should be completed ONLY where personal identifiable data is to be shared for a secondary purpose.

'Identifiable' means data which could lead to any individual being identified and includes pseudonymised data. (See Section A). A secondary purpose is a reason other than the initial purpose for which the data was collected

A DAA is NOT appropriate for the following purposes:

- When only anonymous (non-identifiable) data is to be shared
- Where identifiable data is to be shared for a primary purpose e.g. for a purpose linked to the direct care of the patient or service user; or a purpose linked directly to a staff member's employment. Contact your IG Department for further advice.
- Research (see below re Research Governance Framework)
- Software maintenance contracts (will be covered by the appropriate contract)
- Internal audits (seek advice from the Audit Department)
- Where a legally binding contract is more appropriate (e.g. with a 3rd party supplier)

When information is required for a secondary purpose other than those included above, it is important that you consider what type of data meets your requirements and that you complete section A before proceeding with this DAA.

Please note that the purpose of a DAA is only to address any data protection issues associated with the sharing of personal data. Any other issues regarding the availability or interpretation of data and arrangements or resources required to comply with the request should be discussed separately with the relevant Service / Information Dept. staff within the Trust(s).

Introduction

All Health and Social Care (HSC) organisations must ensure that when sharing HSC data for non-direct care (secondary purposes), assurances are provided by the requesting organisations that they comply with data protection (DP) legislation and that staff are aware of the relevant DP policies and procedures in place.

Researchers undertaking studies and who require access to patient identifiable information and / or anonymous HSC data should follow the research protocol (Research Governance Framework for Health and Social Care in Northern Ireland). There is no need for an additional DAA to be completed.

Please be aware that it may be more appropriate to make use of the Honest Broker Service (HBS) rather than completing a Data Access Agreement. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data to the Department of Health (DoH), HSC organisations and in the case of anonymised data for approved Health and Social care related research.

Arrangement for access to personal data for a secondary purpose may already be covered by a contract (e.g. a contract for supplier support on an information system) therefore organisations need to be clear that any proposed data sharing is either covered adequately by that contract or make sure that a Data Access Agreement is completed.

The following Data Access Agreement must be completed and signed by any organisation wishing to access HSC identifiable data for a secondary purpose not already covered by a contract or research application. It must be considered for approval and signed by the owner organisation's Personal Data Guardian or Senior Information Risk Owner (SIRO).

In the event of a breach of this agreement which results in a financial penalty, claim or proceedings, the parties agree to co-operate to identify and apportion responsibility for the breach and the defaulting party will accept responsibility for any such claim.

Please refer to Appendix 2, 'Principles Governing Information Sharing' for guidance.

The form is divided into Sections (A-I) as detailed below:

Section A: Classification of data required
Section B: Title of Agreement / Details of Organisations to which the data will be shared
Section C: Details of Identifiable Data Items required and rationale
Section D: Consent or other Lawful Basis for accessing personal data
Section E: Data Protection arrangements (of receiving organisation)
Section F: Measures / Controls to prevent inappropriate disclosure of information
Section G: Data Retention
Section H: Declaration: Organisation to which data will be shared
Section I: Declaration: Owner Organisation

Appendix 1: Data Destruction Notification
Appendix 2: Principles Governing Information Sharing
Appendix 3: Definitions
Appendix 4: Contact Details

*****IMPORTANT*****

PLEASE REVIEW AND COMPLETE SECTION A BEFORE PROCEEDING

(A) Classification of data required (for secondary purpose)		
Identifiable data	The data to be shared with our organisation will contain Client Identifiable Details i.e. any of the following: Name, Address, Full Postcode, Date of Birth, HSC Number; Case-note Number; or other unique identifier that would link the data to identifiable details	Yes ☐ Please complete ALL sections of this DAA
Pseudonymous data	The data to be shared with our organisation contain no personal identifiers (as described above); however a unique code or key will be included that allows the possibility of linking this in future to a specific data subject. The pseudonymisation process will be completed at source by the HSC organisation who alone will securely retain the key to re-identify the data.	Yes ☐ Please complete sections B, C, and H of this DAA
Anonymous data	The data to be shared with our organisation will contain **NO** identifiable data items (as described above). At no stage will any party be able to link the data to an identified or identifiable natural person.	Yes ☐ A DAA is not required

When a DAA is appropriate, please ensure that the completed / signed form is returned to the relevant contact in each organisation (**see attached Appendix 4 for contact details**)

Please note that the completed Data Access Agreement will be immediately returned unless the receiving organisation has signed section H.

(B) Title of Agreement / Organisations to which the data will be shared

Title of Agreement	
Date of Request	

Please indicate as follows, by ticking the relevant box. This is:-

a) A New application ☐

b) Extending an earlier Agreement with no changes to what was previously agreed ☐

c) An update of an earlier Agreement with changes to what was previously agreed ☐

Please ensure that any changes from a previous agreement are clearly highlighted at Section C.

Date Access to Begin: _____

Date Access Ends: _____

2 yearly review date if on-going agreement:_____

Details of the Organisation the data will be shared with	
Name of Organisation:	
Name of Authorised Officer requesting Access to Trust Data	
Position/Status	
Address Postcode	
Telephone Number	
Email Address	
Name and Telephone Number of Organisation's Personal Data Guardian/Caldicott Guardian	

If you require the data to carry out work **on behalf of another organisation**, please complete the additional Table below. If not, please go straight to section (C).

Commissioning Organisation (if relevant)	
Name of Commissioning Organisation	
Contact Name	
Title	
Contact Number	
Email Address	

(C) Details of Identifiable Data Items required and rationale (NB. only minimum identifiable data should be requested for the required purpose)	
Please provide a list of data items that can identify an individual (e.g. Name, Address, Full Postcode, Date of Birth, HSC Number; Case-note Number; or other unique identifier that would link the data to identifiable details).	Please indicate the reasons for requiring each of these data items
1 _____ 2_____ 3 _____ 4_____ 5_____ 6_____ 7_____ 8_____ 9_____ 10_____ Continue on separate sheet if necessary	1_____ 2 _____ 3_____ 4 _____ 5_____ 6 _____ 7_____ 8 _____ 9_____ 10_____ Continue on separate sheet if necessary

Processing of information
Please complete all sections below to explain how information will be processed - *complete all sections using language easily understood by lay reviewers* - *continue on a separate sheet if necessary or attach any relevant documentation*
A <u>brief</u> description of the data flow(s):
The purpose for which the data is required:
How you propose to process the data once received:
Details of any record linking or matching to other data sources:
Other relevant information:

Please list the System(s) from which data is to be extracted (if known) for Example PAS, SOSCARE, PARIS, NIECR, etc. Please also include sites or geographical locations (if known):	
Frequency of transfers (*Please Tick*)	Once ☐ Other ☐ (Please specify) _____

(D) Consent or other Lawful Basis for accessing personal data	
If you are requesting personal identifiable/special category data for a secondary purpose, there is an expectation that you will have explicit written consent from the service user(s) or another lawful basis for accessing their information. When relying on consent as the lawful basis, this means offering individuals genuine choice and control. This will require a very clear and specific statement of consent, which should be in writing and held on the service user's file. It should be clear to the individual what they are consenting to and who will have access to their information. It should be easy for individuals to withdraw consent and they should be made aware that they can do this at any time.	
Do you have the individuals' **informed consent** for their data to be shared for the purpose specified in this DAA?	Yes ☐ No ☐ If yes, please provide a copy of the Consent Form with this application
If you are NOT obtaining informed consent, what other **lawful basis** are you relying on to obtain the data for this purpose? *(please discuss with your Data Protection Officer / IG department regarding relevant legislation and GDPR conditions – see Appendix 3 below re lawful basis under article 6 and article 9)*	
In the absence of consent or any other lawful basis, it will only be appropriate to share anonymous data or pseudonymous data (data pseudonymised at source). Please refer back to Section A.	

(E) Data Protection arrangements of the Organisation receiving the identifiable data – to provide assurance that the data shared is processed and stored securely by you, please answer the following questions:	
You must be registered with the Information Commissioner's Office (ICO) to process personal data. Please provide your **ICO registration number**	
Do you have a confidentiality / privacy policy which complies with Data Protection legislation?	Yes ☐ No ☐
Are confidentiality clauses included within contracts of all staff with access to the person identifiable information?	Yes ☐ No ☐
Are all staff trained and aware of their responsibilities under Data Protection legislation and adhere to the Data Protection principles?	Yes ☐ No ☐
Do you have an ICT security policy?	Yes ☐ No ☐
Have you conducted a Data Protection Privacy Assessment (DPIA)? (please see App. 3 for further details on when a DPIA is necessary)	Yes ☐ No ☐ If yes please include a copy with this form.

(F) Measures / Controls in place by the receiving organisation to prevent the inappropriate disclosure of <u>Person Identifiable Information</u>	
How do you require the information to be securely transferred to your organisation?	
Describe the physical security arrangements for the location where **person identifiable data** is to be: - processed; and - stored	
Provide details of access and/or firewall controls implemented on the system, and measures to encrypt which are in place.	

Will this data be accessed or transferred by you to another organisation; or shared with another organisation?	Yes ☐ No ☐
If applicable, how will you secure information provided being transferred by you to another organisation?	
Is a separate agreement in place to ensure the security of the data held by the 3rd party?	Yes ☐ No ☐
If the data is to be stored or shared outside the UK please provide details (e.g. country):	

(G) Data Retention – **Please indicate how long the receiving organisation will retain identifiable data**	
Please state the date by which you will be finished using the identifiable data. If this is not applicable you need to explain why?	
If the data retention period for identifiable data is greater than two years, please indicate the reasons for this. (**The maximum data retention period is 2 years, after this time a review of this agreement is required**)	
Describe the method of data destruction you will employ when you have completed your work using person identifiable data	

When appropriate, please ensure that the Data Destruction Notification (Appendix 1) is completed within the specified retention period and returned to the appropriate contact person (see Appendix 4).

(H) Declaration: Organisation to which data will be shared

Please note that the completed Data Access Agreement will be immediately returned unless the receiving organisation has signed section H.

Data Protection Undertaking on Behalf of the Organisation Wishing to Access the Data

My organisation requires access to the data specified and will conform to Data Protection legislation; the Information Commissioner's Data Sharing Code of Practice; and the guidelines issued by the Department of Health in *"The Code of Practice on Protecting the Confidentiality of Service User Information (updated April 2019)".*

I confirm that:

- The information requested and any information extracted from it is for a specified, explicit and legitimate purpose
- It is adequate, relevant and limited to the stated purpose
- It will be processed fairly and lawfully and used only for the stated purpose
- It will be processed and stored in a manner that ensures appropriate security
- It will be held no longer than is necessary for the stated purpose
- It will be disposed of fully and in such a way that it is not possible to reconstitute it
- All measures will be taken to ensure identifiable data is not disclosed to third parties
- Where appropriate, the Health and Social Care organisation will be informed of the identifiable data being deleted / destroyed (see Appendix 1)
- In the case of pseudonymised data, the process of de-identifying data will be completed at source. The key to re-identification will be held only by the data controller and at no stage will the data we receive be attributed to an identified or identifiable natural person
- Any loss, theft or corruption of the shared data by my organisation will be immediately reported to the Personal Data Guardian / SIRO of the owning organisation and we will assist fully in any investigation. I understand that any serious breaches, data loss, theft or corruption will be reported to the ICO within 72 hours of the breach first being discovered.

As the Authorised Officer of the organisation to which data will be shared, I declare that I have read and understand my obligations and adhere to the conditions contained in this Data Access Agreement.

Signed: _____
(Personal Data Guardian / Caldicott Guardian / Authorised Officer)

Signed: _____
(IAO/SIRO)

Date: _____

(I) Declaration – HSC Owner Organisation

DATA ACCESS AGREEMENT

I CONFIRM THAT:

The _____ (HSC owner organisation) consents to the disclosure of the data specified, to the organisation identified in Section B of this form. The disclosure of the data conforms to the guidelines issued by the Department of Health Code of Practice on Protecting Confidentiality of Service User Information (updated April 2019); and the Information Commissioner's Data Sharing Code of Practice.

Signed: _____ _____ *(HSC Organisation internal use)*
(Information Governance and / or ICT Security)

Signed: _____
(Personal Data Guardian) OR (Senior Information Risk Owner SIRO)

Date: _____

Please note that this organisation has the right to inspect the premises and processes of the requesting organisation to ensure that they meet the requirements set out in the agreement.

Appendix 1

Data Destruction Notification

(to be completed on all occasions when data is transferred external to HSC NI)

Authorised users of the person identifiable data have, under the terms and conditions of the Data Access Agreement, a requirement to destroy the data on or before the retention date stated in Section (G).

This form should be completed on destruction of the data, and returned to the relevant Trust contact (see Appendix 4):-

Data Destruction Notification	
Name of Organisation	
Name of Authorised Officer (please print)	
Position/Status	
Address	
Telephone Number	
Mobile Number (Optional)	
Fax Number	
Email Address	
Title of Agreement	
Date Declaration Signed	
Date Data Received	
Date Data Destroyed	

Signature	
Date	

Appendix 2 - Principles Governing Information Sharing[1]

Code of Practice Principles	GDPR Principles	Caldicott Principles[2]
The Code of Practice is principally concerned with identifiable service user information. The nature of the obligation to protect confidentiality can be expressed in terms of three core principles: • individuals have a fundamental right to the confidentiality and privacy of information related to their health and social care; • individuals have a right to control access to and disclosure of their own health and social care information by giving, withholding or withdrawing consent; • when considering whether to disclose confidential information, health and social care staff should have regard to whether the disclosure is necessary, proportionate and accompanied by any undue risks. Particular care is needed on the part of health and social care staff to ensure that the right to privacy of vulnerable people – specifically adults with incapacity and children – is respected and that the duty of confidentiality owed to them is fulfilled. https://www.health-ni.gov.uk/publications/code-practice-protecting-confidentialityservice-user-information	**1.** processed lawfully, fairly and in a transparent manner **2.** Purpose limitation - collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes **3.** Data minimisation - adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed **4.** Data Quality - accurate and, where necessary, kept up to date **5.** Storage Limitation - kept for no longer than is necessary. **6.** Integrity and Confidentiality - processed in a manner that ensures appropriate security of the personal data **7.** Overarching Accountability principle –take responsibility for what you do with personal data and how you comply with the other principles, having appropriate measures and records in place to be able to demonstrate your compliance. Principles relating to individuals' rights and overseas transfers of personal data are specifically addressed in separate GDPR articles.	**1.** Justify the purpose(s) for using confidential information. **2.** Only use it when absolutely necessary. **3.** Use the minimum that is required. **4.** Access should be on a strict need-to-know basis. **5.** Everyone must understand his or her responsibilities. **6.** Understand and comply with the law. **7.** The duty to share information can be as important as the duty to protect patient confidentiality

[1] These principles must be followed by health and social care organisations when considering use and disclosure of service user information.
[2] PDG Principles are adopted from the Caldicott Principles (revised September 2013) established in England and Wales.

Appendix 3 - Definitions

Personal Data
'Personal data' means any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person;

Consent
'Consent' of the data subject means any freely given, specific, informed and unambiguous indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her;

Processing
'Processing' means any operation or set of operations which is performed on personal data or on sets of personal data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction;

Pseudonymisation
'Pseudonymisation' means the processing of personal data in such a manner that the personal data can no longer be attributed to a specific data subject without the use of additional information, provided that such additional information is kept separately and is subject to technical and organisational measures to ensure that the personal data are not attributed to an identified or identifiable natural person;

Data Controller
'Controller' means the natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of the processing of personal data; where the purposes and means of such processing are determined by Union or Member State law, the controller or the specific criteria for its nomination may be provided for by Union or Member State law;

Data Processor
'Processor' means a natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller;

Third party
'Third party' means a natural or legal person, public authority, agency or body other than the data subject, controller, processor and persons who, under the direct authority of the controller or processor, are authorised to process personal data;

Data Protection Impact Assessment (DPIA)
A Data Protection Impact Assessment (or DPIA) is part of the accountability obligations under the GDPR and is an integral part of the 'data protection by default and by design' approach. It is a process to help you identify and minimise the data protection risks of a project

A DPIA is mandatory when introducing a new system or process that is likely to include a high risk to the privacy of the individuals involved. An effective DPIA will document the data flows and help to identify and fix problems at an early stage, demonstrate compliance with data protection obligations, meet individuals' expectations of privacy and help avoid reputational damage which might otherwise occur. For further information please see:

https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-impact-assessments/

Lawful Basis
You must have a valid lawful basis in order to process personal data. The conditions for processing personal data are included under article 6 of GDPR and for processing special category personal data under article 9.

There are six available lawful bases under Article 6 for processing personal data. No single basis is 'better' or more important than the others and the most appropriate basis to use will depend on your purpose and relationship with the individual. Most lawful bases require that processing is 'necessary' for a specific purpose. You must determine your lawful basis before you begin processing, and you should document it.

For full details of Article 6 lawful basis for processing personal data please refer to: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/

In order to lawfully process 'special category data'*, you must identify both a lawful basis under Article 6 (in exactly the same way as for any other personal data); however you will also need to satisfy a specific condition under Article 9.

For full details of Article 9 lawful basis for processing personal data please refer to: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/

Special Category Data*
Special category data is personal data which the GDPR says is more sensitive, and so needs more protection. This type of data could create more significant risks to a person's fundamental rights and freedoms. For example, by putting them at risk of unlawful discrimination.

Special category data is information about an individual's:

- race;
- ethnic origin;
- politics;
- religion;
- trade union membership;
- genetics;
- biometrics (where used for ID purposes);
- health;
- sex life; or
- sexual orientation.

Appendix 4 - Contact details

Belfast Health and Social Care Trust

Gillian Acheson - Senior Data Protection Manager

Information Governance Dept | 1st Floor Admin Building | Knockbracken Health Care Park | Saintfield Road | Belfast BT8 8BH

Email: Personal Information redacted by the USI

Northern Health and Social Care Trust

Nicola Lyons - Information Governance Manager

Information Governance Department | Causeway House | Route Complex | 8E Coleraine Road | Ballymoney BT53 6BP |

E-mail: Personal Information redacted by the USI

South Eastern Health and Social Care Trust

Lynda McAree - Head of Information Governance & Directorate Support

Information Governance Department | Lough House | Ards Community Hospital | Newtownards BT23 4AS

Email: Personal Information redacted by the USI

Southern Health and Social Care Trust

Peter McManus - Information Governance Manager

Ferndale | Bannvale Site | 10 Moyallen Road | Gilford BT63 5JY

Email: Personal Information redacted by the USI

Western Health and Social Care Trust

Jeremy Foster - Head of Records and Information Governance,

Trust Headquarters | MDEC Building | Altnagelvin Hospital site | Glenshane Road Londonderry BT47 6SB

Email: Personal Information redacted by the USI

Public Health Agency

Karen Braithwaite - Senior Operations Manager (Delivery)

Public Health Agency | Tower Hill | ARMAGH | BT61 9DR

Email: Personal Information redacted by the USI

Health and Social Care Board

Ken Moore | Information Governance Manager

Corporate Services | Health and Social Care Board | Towerhill | Armagh | BT61 9DR | Northern Ireland

Email: Personal Information redacted by the USI

Business Services Organisation

Alan McCracken - Data Protection Officer (DPO)

Business Services Organisation Headquarters | 2 Franklin Street | Belfast | BT2 8DQ

Email: Personal Information redacted by the USI

Southern Health and Social Care Trust

Clinical and Social Care Audit Registration Form

Audit Title:

Directorate: Acute Services ☐ Children & Young People ☐ Older Persons & Primary Care ☐
Mental Health & Disability ☐ Corporate request ☐

Division:

Auditor's name: **Contact details:** **(email)**	**Audit Supervisor's Name :**

Is this a: National audit ☐ Regional audit ☐ Trust audit ☐ International audit ☐

Proposed audit commencement date …/…/… Proposed audit completion date …/…/….

Topic is included in the Directorate's clinical audit work-plan ☐
Compliance with standards & guidelines ☐
National Healthcare Quality Improvement Partnership (HQIP) audit ☐
Regional RQIA/GAIN audit ☐
Other national / international audit ☐
Trust based audit topic important to team/division ☐
Clinical risk ☐
Recommendation from national / regional report ☐
Serious Adverse Incident or Adverse Incident review ☐
Clinician / personal interest ☐
Incident reporting ☐
Educational audit ☐

Other – please specify ……

Level 1 ☐ **Level 2** ☐ **Level 3** ☐ **Level 4** ☐

Has this audit been approved based on the priority level? Yes ☐ No ☐

Level 1 - Approval required by Associate Medical Director or Clinical Director or Directorate Governance Forum
Level 2 - Approval required by Associate Medical Director or Clinical Director or Directorate Governance Forum
Level 3 – Approval required by Supervising Consultant
Level 4 – Approval required by Supervising Consultant
Please be advised that the audit cannot proceed without approval as above.

Please Note: The Information Team have advised they will not release data to the requestor unless the clinical audit has been approved as above.
The clinical audit team will also advise contact with Information Governance for any advice required.

The clinical audit team can be contacted via:
Email: Personal Information redacted by the USI
Tel: Fiona Davidson Personal Information redacted by the USI
Raymond Haffey Personal Information redacted by the USI
Terri Harte Personal Information redacted by the USI
Philip Sullivan Personal Information redacted by the USI
Sandra McLoughlin Personal Information redacted by the USI
Mary Markey Personal Information redacted by the USI
Roisin Feely Personal Information redacted by the USI

In submitting this audit registration form, I agree to share the audit findings, recommendations and audit summary template with:the Audit Supervisor, appropriate Divisional/Directorate Committee and the Trust's Clinical audit team

Please submit your audit registration form to: Personal Information redacted by the USI

Priority levels for clinical audit

Level	Audit type - projects identified through	
Level 1 audits, "external must dos" (where the service is applicable to SHSCT)	• National audits (NHS England Quality Accounts List (HQIP), including the National Confidential Enquiry into Patient Outcomes and Deaths (NCEPOD) / Other Confidential Inquires	1
Level 2 audits, other national audits and 'internal must dos'	• National audits not contained within the HQIP list, or other clinical audits arising from: • Clinical risk • Serious untoward incident / internal reviews • National Institute of Clinical Excellence Standards & Guidelines • Complaints • Re-audit • Regional audits initiated by RQIA / GAIN	2
Level 3 audits, 'divisional priorities'	• Local topics important to the division	3
Level 4 audits	• Clinician / personal interest • Educational audits	4

Southern Health and Social Care Trust

M&M: Combined Surgery, Anaesthetics

January – December 2022

Day	Date	Month	Time	M&M
Thursday	13th	January	PM	Speciality specific
Friday	18th	February	AM	Speciality specific
Friday	11th	March	PM	Combined
Tuesday	12th	April	AM	Speciality specific
Tuesday	17th	May	PM	Speciality specific
Wednesday	15th	June	AM	Combined
Wednesday	20th	July	PM	Speciality specific
Thursday	18th	August	AM	Speciality specific
Thursday	15th	September	PM	Combined
Friday	14th	October	AM	Speciality specific
Friday	18th	November	PM	Speciality specific
Tuesday	13th	December	AM	Combined

Urology PERFORMANCE – December 2021

Urology Priority 2 update as at 09/12/2021:

- P2B = 58 pts
- P2C = 82 pts
- P2D = 233 pts

Total = 373 pts

The priority 2 case load includes a mixture of proven cancers, clinically suspected cancers, and benign disease. Within the proven cancer patients a small number are undergoing multimodality treatment and have narrow treatment windows.

In order for our decision making to be objective and transparent as we assign our limited capacity to patients requiring surgery, it is agreed that we approach this activity along the following priorities, using waiting time (days on surgical waiting list) as the additional metric.

Priority A = proven cancer with short treatment window post chemotherapy / radiotherapy
Priority B = proven cancer
Priority C = suspected cancer
Priority D = benign disease

New Outpatient waiting lists (with no dates)

Total new outpatients on waiting list = **5145 patients**

- There are 134 Red Flags with longest wait = **12 weeks**
- There are 1498 Urgent patients with longest wait = **291 weeks**
- There are 3474 Routine patients with longest wait = **297 weeks**

09/12/2021

Tumour site	Number W/L	Longest wait (weeks)	Comments
Haematuria	61	3 weeks	**61 patients left to book, 2 stragglers, 1 of which patient an inpatient. Once cleansed waiting time only 1-3 weeks**
Prostate	33	12 weeks 8 weeks 1-4 weeks	**Patient waiting 12 weeks is due to a cancellation**
Others	39	5 weeks	
Testes	1	3 week	
TOTAL	134	12 weeks	**Patient waiting 12 weeks is due to a cancellation. Once WL cleansed of 3 stragglers waiting time will be 1-5 Weeks**

New URGENT Outpatients waiting with no dates

	Urgent	Routine
	Dec-21	Dec-21
Weeks waiting	Total with no dates	Total with no dates
0-10	162	215
11-21	111	130
21-30	90	130
31-40	130	122
41-50	96	97
51-60	95	78
61-70	81	84
71-80	111	77
81-90	62	55
91-100	209	154
101-110	177	150
111-120	91	170
121-130	2	154
131-140	1	153
141-150	2	147
151-160	1	139
161-170	0	173
171-180	2	127
181-190	1	138
191-200	1	101
201-210	1	102
211-220	1	106
221-230	1	112
231-240	3	108
241-250	0	117
251-260	0	107
261-270	0	103
271-280	2	76
281-290	1	74
291-300	1	63
301-310	0	12
Total	1435	3574

Urology Referrals per year (year is April-March)

Year	**Total	Average per month
2017-2018	6208	517
2018-2019	6622	551
2019- 2020	6338	528
2020-2021	4589	382
2021-2022 (to 30th November 21)	3668	458

Review outpatient backlog update (as at for 1st December 2021)

	Nov-21		Dec-21	
	Total	**Longest date**	**Total**	**Longest Date**
Glackin	56	May-20	63	May-20
O' Donoghue	441	Mar-17	385	Mar-17
Young	558	Dec-16	519	Dec-16
Haynes	114	Feb-19	125	Feb-19
Omer	46	Mar-18	66	Mar-18
Khan	37	Apr-21	27	May-21
O' Brien	345	Jul-13	326	Jul-13
Tyson	58	May-19	58	May-19
Jacob	42	Jul-17	42	Jul-17
Total	**1697**		**1611**	

Adult Inpatient and Day case waiting lists – position of 10/12/2021

Consultant	Urgent Ins	Weeks Waiting	Routine Ins	Weeks waiting	Urgent D/C	Weeks waiting	Routine DC	Weeks waiting
Glackin	62	154	63	246	46	164	47	172
O'Donoghue	173	302	35	341	49	253	51	349
Young	203	378	58	383	158	371	157	383
Haynes	85	324	50	361	42	240	40	284
Khan	17	50	3	38	35	119	12	57
O'Brien	138	383	48	374	16	381	20	345
Tyson	39	252	8	138	15	133	9	139
Jacob	13	280	15	298	13	210	70	265
Omer	16	348	1	8	37	68	7	55
Solt	4	151	1	121	4	122	1	121
Total	**750**		**282**		**415**		**414**	

Summary Adults – total = 1861 pts
Urgent Inpatients = 750 patients; longest wait 383 Weeks
Routine Inpatients = 282 patients; longest wait 383 weeks
Urgent days = 415 patients; longest wait 381 weeks
Routine days = 414 patients, longest wait 383 weeks

Urology PERFORMANCE – March 2022

Urology Priority 2 update as at 16/03/2022:

	13/01/2022	20/01/2022	10/02/2022	16/03/2022
P2A	0	0	1 (Done 10/02/2022)	0
P2B	43	36	48	18
P2C	90	92	65	48
P2D	236	249	235	215
TOTAL	**369**	**377**	**349**	**281**

The priority 2 caseload includes a mixture of proven cancers, clinically suspected cancers, and benign disease. Within the proven cancer patients a small number are undergoing multimodality treatment and have narrow treatment windows.

In order for our decision making to be objective and transparent as we assign our limited capacity to patients requiring surgery, it is agreed that we approach this activity along the following priorities, using waiting time (days on surgical waiting list) as the additional metric.

Priority A = proven cancer with short treatment window post chemotherapy / radiotherapy
Priority B = proven cancer
Priority C = suspected cancer
Priority D = benign disease

New Out Patient Waiting List (with no dates)				
	16/02/2022		16/03/2022	
Urgency	**No on WL**	**Longest Wait**	**No on WL**	**Longest Wait**
Red Flags	268	11 weeks	229	19 weeks
Urgent	1454	309 weeks	340	310 weeks
New Urgents with 352			1015	313 weeks
Routine	3642	315 weeks	3632	
Total	**5364**		**5216**	

Red Flag NOP Breakdown					
	16/02/2022		16/03/2022		
Tumour site	**Number on W/L**	**Longest wait (weeks)**	**Number on W/L 16/03/2022**	**Longest wait**	**Comments**
Haematuria	104	11 weeks	75	19 Weeks 11 Weeks	19 Weeks = Upgrade 7 patients to book then longest wait will be 4 weeks
Prostate	75	10 Weeks	61	7 weeks	
Others	88	10 weeks	91	10 weeks	
Testes	2	5 weeks	2	7 weeks	
TOTAL	**269**	**11weeks**	**229**	**19 Weeks**	

New URGENT/ROUTINE Outpatients waiting with no dates. ***As at 16/03/2022***

- 500 New Urgent longest waiters where transferred to the independent sector on 10th January. A further 300 New urgent longest waiters where then transferred 31st January. There has also been an additional 50 patients sent to backfill patients who are returned to Trust
- A further 300 urgent NOP have been transferred in March to be seen in April. With 100 Red Flags to be transferred also ant the end of the month
- Removing the patients transferred to IS the total number of New Urgents is 342.
- Our Longest Urgent NOP waiter is **310 Weeks** Due to an upgrade from Routine
- Due to patients returning to trust for reasons such as not being suitable for IS or refusing IS or 352 being unable to contact our Trust 2nd longest waiter is **210 weeks**.
- There are 151 patients who have returned to trust from 352 due to reasons such as not being suitable for IS or refusing IS or 352 being unable to contact

Breakdown of 352 Urology NOP as at 16/03/2022

Consultation Booked	197
Discharged	368
Awaiting Investigation Results	23
Procedure TBA	94
Investigation TBA	40
Investigation Booked	87
Procedure Booked	43
Consultation TBA	469
Awaiting Discharge	19
Review TBA	46
Review Booked	1
(blank)	
Grand Total	1387

NOP WL breakdown as at 16/03/2022

	Urgent	Routine	Urgent	Routine	Urgent	Routine
	Jan-22	Jan-22	Feb-22	Feb-22	Mar-22	Mar-22
Weeks waiting	Total with no dates	Total with no dates	Total with no dates	Total with no dates	Total with no dates	Total with no dates
0-10	184	216	189	208	206	176
11-20	95	109	110	118	143	149
21-30	95	109	98	123	84	99
31-40	115	138	81	127	84	116
41-50	124	121	116	119	106	125
51-60	77	81	86	96	101	123
61-70	96	83	77	77	52	70
71-80	102	71	78	81	76	80
81-90	82	69	110	74	84	66
91-100	119	111	55	53	58	66
101-110	196	134	192	154	103	123
111-120	163	171	166	149	147	136
121-130	10	160	77	170	95	168
131-140	0	161	2	153	10	155
141-150	0	144	0	152	3	164
151-160	2	128	1	147	1	134
161-170	0	163	2	137	1	131
171-180	2	170	0	174	1	161
181-190	2	130	3	124	0	164
191-200	0	104	2	136	3	134
201-210	0	108	1	98	2	99
211-220	1	92	1	102	1	98
221-230	0	114	0	106	0	100
231-240	1	112	0	111	0	108
241-250	2	110	3	108	2	109
251-260	0	118	0	115	0	119
261-270	0	105	0	107	0	116
271-280	1	87	0	101	0	97
281-290	2	72	2	76	1	89
291-300	0	82	1	73	1	69
301-319	1	31	1	73	3	100
Total	**1472**	**3604**	**1454**	**3642**	**1368**	**3644**

Urology Referrals per year (year is April-March)

Year	**Total	Average per month
2017-2018	6208	517
2018-2019	6622	551
2019- 2020	6338	528
2020-2021	4589	382
2021-2022 (to 28th February 2022)	5203	473

Review outpatient backlog update (as at for 23rd March 2022)

	Jan-22		Feb-22		Mar-22	
	Total	**Longest Date**	**Total**	**Longest Date**	**Total**	**Longest Date**
Glackin	73	May-20	95	May-19	88	May-20
O' Donoghue	405	Mar-17	394	Mar-17	373	Mar-17
Young	500	Dec-16	475	Dec-16	478	Dec-16
Haynes	121	Feb-19	123	Feb-19	120	Feb-19
Omer	69	Mar-18				
Khan	15	May-21	149	Jul-17	62	Jul-17
O' Brien	288	Jul-13	234	Jul-13	187	Jul-13
Tyson	43	May-19			81	Sep-18
Jacob	4	Jul-17				
Solt	10	Oct-19	10	Oct-19		
Fel	4	Dec-20	3	Jan-21		
Mr Brown			2	Apr-17	2	Apr-17
Total	**1532**		**1485**			

Inpatient and Day Case position as at 17/02/2022								
Consultant	Urgent Ins	Weeks Waiting	Routine Ins	Weeks waiting	Urgent D/C	Weeks waiting	Routine DC	Weeks waiting
Glackin	59	164	64	256	56	174	49	182
O'Donoghue	186	312	37	351	49	254	61	359
Young	206	388	58	393	187	381	173	392
Haynes	87	334	51	371	42	250	41	294
Khan	37	289	20	308	46	220	80	275
O'Brien	130	393	46	384	14	391	18	355
Tyson	63	358	9	148	54	143	25	149
Total	**768**		**285**		**448**		**447**	

Summary of February 2022 position

Summary Adults – total = 1948 pts
Urgent Inpatients = 768 patients; longest wait 393 Weeks
Routine Inpatients = 285 patients; longest wait 393 weeks
Urgent days = 448 patients; longest wait 391 weeks
Routine days = 447 patients, longest wait 392 weeks

Inpatient and Day Case position as at 23/03/2022								
Consultant	Urgent Ins	Weeks Waiting	Routine Ins	Weeks waiting	Urgent D/C	Weeks waiting	Routine DC	Weeks waiting
Glackin	57	169	62	261	59	174	50	187
O'Donoghue	182	317	36	356	49	259	63	364
Young	197	393	59	398	167	370	179	397
Haynes	89	339	51	376	50	255	41	299
Khan	39	294	20	313	49	225	77	280
O'Brien	104	398	43	389	13	396	15	360
Tyson	63	363	26	148	61	148	24	154
Total	**731**		**297**		**448**		**449**	

Summary of March 2022 position

Summary Adults – total = 1925 pts
Urgent Inpatients = 731 patients; longest wait 398 Weeks
Routine Inpatients = 297 patients; longest wait 398 weeks
Urgent days = 448 patients; longest wait 396 weeks
Routine days = 449 patients, longest wait 397 weeks

Urology PERFORMANCE – February 2022

Urology Priority 2 update as at 10/02/2022:

	13/01/2022	20/01/2022	10/02/2022
P2A	0	0	1 (Done 10/02/2022)
P2B	43	36	48
P2C	90	92	65
P2D	236	249	235
TOTAL	**369**	**377**	**349**

The priority 2 caseload includes a mixture of proven cancers, clinically suspected cancers, and benign disease. Within the proven cancer patients a small number are undergoing multimodality treatment and have narrow treatment windows.

In order for our decision making to be objective and transparent as we assign our limited capacity to patients requiring surgery, it is agreed that we approach this activity along the following priorities, using waiting time (days on surgical waiting list) as the additional metric.

Priority A = proven cancer with short treatment window post chemotherapy / radiotherapy
Priority B = proven cancer
Priority C = suspected cancer
Priority D = benign disease

New Outpatient waiting lists (with no dates)

Total new outpatients on waiting list = **5364 patients**

- There are 268 Red Flags with longest wait = **11 weeks**
- There are 1454 Urgent patients with longest wait = **309 weeks**
- There are 3642 Routine patients with longest wait = **315 weeks**

16/02/2022 – Red Flag NOP breakdown:

Tumour site	Number W/L	Longest wait (weeks)
Haematuria	104	11 weeks
Prostate	75	10 Weeks
Others	88	10 weeks
Testes	2	5 weeks
TOTAL	269	11weeks

New URGENT/ROUTINE Outpatients waiting with no dates. ***As at 16/02/2022***

- 500 New Urgent longest waiters where transferred to the independent sector on 10th January. A further 300 New urgent longest waiters where then transferred 31st January. There has also been an additional 50 patients sent to backfill patients who are returned to Trust
- Removing the patients transferred to IS the total number of New Urgents is 600.
- Due to patients, returning to trust for reasons such as not being suitable for IS or refusing IS our Trust longest waiter is **123 weeks**. If we do not count the patients who have been offered IS but returned to trust our Longest would have been **49 weeks**

Breakdown of 352 Urology NOP as at 17/02/2022

Row Labels	Count of Next Step
Consultation TBA	237
Consultation Booked	377
Discharged	66
Procedure TBA	34
Investigation Booked	11
Review TBA	2
Awaiting Discharge	36
Investigation TBA	35
Awaiting Investigation Results	7
Procedure Booked	8
(blank)	
Grand Total	**813**

NOP WL breakdown as at 16/02/2022

	Urgent	Routine	Urgent	Routine
	Jan-22	Jan-22	Feb-22	Feb-22
Weeks waiting	Total with no dates	Total with no dates	Total with no dates	Total with no dates
0-10	184	216	189	208
Nov-20	95	109	110	118
21-30	95	109	98	123
31-40	115	138	81	127
41-50	124	121	116	119
51-60	77	81	86	96
61-70	96	83	77	77
71-80	102	71	78	81
81-90	82	69	110	74
91-100	119	111	55	53
101-110	196	134	192	154
111-120	163	171	166	149
121-130	10	160	77	170
131-140	0	161	2	153
141-150	0	144	0	152
151-160	2	128	1	147
161-170	0	163	2	137
171-180	2	170	0	174
181-190	2	130	3	124
191-200	0	104	2	136
201-210	0	108	1	98
211-220	1	92	1	102
221-230	0	114	0	106
231-240	1	112	0	111
241-250	2	110	3	108
251-260	0	118	0	115
261-270	0	105	0	107
271-280	1	87	0	101
281-290	2	72	2	76
291-300	0	82	1	73
301-315	1	31	1	73
Total	1472	3604	1454	3642

Urology Referrals per year (year is April-March)

Year	**Total	Average per month
2017-2018	6208	517
2018-2019	6622	551
2019- 2020	6338	528
2020-2021	4589	382
2021-2022 (to 31st January 2022)	4373	437

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Adult Inpatient and Day case waiting lists – position as at 17/02/2022

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Clinical Guide to Surgical Prioritisation in the recovery from the Coronavirus Pandemic

The current versions of the Guide and the RPM (designed to help reprioritise patients in p2-6 at the time of specified clinical reviews) are available to down load at https://fssa.org.uk/covid-19_documents.aspx

Where local arrangements for prioritisation are in place and working well, they should continue and the Guide used for reference to changing national priorities and to assess when local arrangements, therefore, need to be revised.

The relative priorities between patients listed with the same priority must be decided locally in relation to local NHS conditions and facilities available, including patients suitable for treatment at Surgical Hubs.

Elective surgical patients should have been pre-assessed, pre-habilitated as required and, ideally, fully vaccinated at least 2 weeks before their planned procedure. General anaesthesia should be avoided for at least 7 weeks after any form of Covid infection.

All patients on waiting lists shall be regularly reviewed to assess the need for re-prioritising.

P5 patients shall be actively reviewed and re-prioritised as necessary during late 2021/early 2022 and any patient waiting more than 104 weeks shall be reviewed, clinically.

History of the Guide.

This Guide was first produced at the request of NHS England at the start of the pandemic. It is produced by specialists in the procedures listed and is now updated bimonthly. It sets out what clinicians view as the relative priorities of conditions at the time it is posted.

P5/6 were added by NHS England October 2020 as part of the national validation of waiting lists. They are not included in the Guide because they are administrative categories and not based on the patient's clinical condition.

The Guide began as a short term expedient to the pandemic and was not intended for long term use, however, work is ongoing on how it could make a foundation for future, national waiting list coordination as result of the magnitude of the ongoing issues with access to care.

With thanks to all the Surgical Associations, which have contributed and to the RCOG, RCOphth, RCPSG, RCSEd, RCSEng and RCSI

The Association of Surgeons of Great Britain & Ireland
The British Association of Oral & Maxillofacial Surgeons
ENT -UK
The British Association of Plastic, Reconstructive & Aesthetic Surgeons
The Society for Cardiothoracic Surgery in Great Britain & Ireland
The British Association of Paediatric Surgeons
The British Association of Urological Surgeons
The British Orthopaedic Association
The Society of British Neurological Surgeons
The Vascular Society of Great Britain & Ireland

Priority 1a - Emergency procedures to be performed in <24 hours **(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below).**													
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Emergency laparotomy - *Peritonitis* *Perforation* *Ischaemia* *Necrotising fasciitis* *Small and large bowel obstruction with concerning features of incipient ischaemia/ perforation* *Post-operative complications* (e.g. anastomotic leaks) *Bleeding* - not suitable for/ responding to endoscopic/control/ interventional radiology	Appendicectomy - complicated/ unresponsive to conservative Rx	Intra-abdominal trauma - unsuitable for/not responding to conservative Rx	Drainage of localised sepsis/necrosis - not responding to conservative Rx (antibiotics/ Interventional radiology)	Benign Perforated oesophagus/ stomach - with survivable mediastinitis/ peritonitis	Acute airway obstruction - thyroid	Solid organ transplants (including islets) - *Follow NHSBT guidance but if local MDT directed;* *i) Deceased donor* *ii) Deteriorating recipient with living donor.*						
OMFS (including paediatric dental treatments requiring GA)	Haemorrhage from maxillary/mandibular trauma (including dental) not responsive to conservative Rx (reduction + IR)	Dental sepsis/ conditions- unresponsive to conservative Rx and threat to life/airway/ swallow/sight/brain.	Orbital Compartment Syndrome/Muscle Entrapment - threat to sight	Jaw Dislocation - not responding to conservative Rx	Oro-facial swelling requiring surgery associated with systemic infection unresponsive to conservative management								
Reconstructive plastic surgery including burns and hands	Major burns - Airway management/ resuscitation/ escharotomies/ amputations/Toxic Shock	Chemical burns - especially Eye/ Hydrofluoric acid >2%	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially closed compartments/ joints/prostheses) not responding to conservative Rx	Revascularisation/ re-implantation/ failing free flap - any site	Washout open wound/fractures/ infected/grossly contaminated (human/animal/ contaminated) wounds - any site	Removal of prosthesis/expander for fulminant infection						
Urology	Renal obstruction with infection - not responding to conservative Rx	Renal/ureteric trauma requiring open surgery	Bladder trauma requiring open surgery	Genital trauma/ testicular torsion/ amputation/priapism (>24hrs)	Fournier's gangrene	Haematuria/ uncontrolled haemorrhage - causing haemodynamic instability and unresponsive to conservative Rx	Insertion of catheter under GA						
Trauma and orthopaedics (including spinal surgery)	Fractures - *Open* *Neurovascular +/- Skin compromise* *Hip/femoral shaft (incl. fragility)* *Long bone/Pelvic +/- Spinal fixation in polytrauma*	Infection - *Septic arthritis -* (natural or prosthetic joint) *Other metalwork (including spine)* *Epidural abscess/ haematoma*	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and/or neurological dysfunction	Acute spinal cord compression - with neurological dysfunction - including MSCC	Cauda Equina Syndrome - Clinically and radiologically confirmed.						
ENT	Airway obstruction - Cancer/Foreign body/Sepsis (including adeno-tonsillectomy for cardiopulmonary compromise/ inability to intubate.)	Neck trauma with vascular/visceral/ airway injury	Nasal/ear button battery removal Removal of sharp foreign body from throat	Life threatening middle ear conditions	Orbital cellulitis	Uncontrolled epistaxis	Sinus surgery for impending catastrophe/failure to respond to medical Rx						
Neurosurgery (including spinal surgery)	Traumatic Brain injury - unsuitable for conservative RX	Intra-cranial haemorrhage - not responding to conservative RX	Acute raised Intra cranial pressure/ Hydrocephalus (recoverable stroke/ tumour) - not suitable for conservative Rx	Cauda Equina Syndrome - Clinically and radiologically confirmed.	Myelomeningocoele								
Cardiothoracic surgery	Ruptured bronchus	Myocardial infarction - imminent death	Empyema with sepsis	Aortic dissection	Acute presentation of ventricular septal defect	Acute mitral valve disease	Chest Trauma						
Vascular surgery	Vascular injury/ occlusion - *i) Limb (incl. compartment syndrome)* *ii) mesenteric* *iii) AV fistula (incl. dialysis)*	Uncontrolled external haemorrhage - any site/source	Ruptured AAA	Diabetic foot sepsis	Thrombolysis for acute ischaemia.								
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - *Oesophageal Atresia,* *Gastroschisis,* *Anorectal Malformations*	Emergency Laparotomy - (Neonatal) - *Necrotising Entero-Colitis (NEC),* *Perforation,* *Malrotation*	Emergency laparotomy - (Infant/ child) *Peritonitis* *Perforation* *Intussusception* *Ischaemia* *Necrotising fasciitis* *Bleeding* (not responding to conservative Rx) *Post-operative complications* (e.g. anastomotic leaks/ bleeding)	Appendicectomy - Complicated or unresponsive to conservative Rx	Thoracotomy/Chest Drain Insertion/Video Assisted Thorascopic Surgery (VATS) for Empyema	Strangulated inguinal hernia	Acute Scrotal Exploration (suspected Testicular Torsion)	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction - *i) Infection/pain - not responding to conservative Rx* *ii) Impaired renal function* *iii) Single kidney*	Bladder outlet or urethral obstruction	Urosepsis - not responding to conservative Rx.
Paediatric orthopaedic surgery (including spinal surgery)	Septic arthritis/ osteomyelitis	Fractures - *Open* *Neurovascular compromise +/-Skin compromise*	Dislocated joints	Compartment syndrome	Slipped Upper Femoral Epiphysis								
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions - *HLHS* (restrictive/ intact atrial septum) *Critical aortic stenosis/coarctation* (unresponsive to medical Rx)	Neonate - Right heart obstructive lesions - *PA-IVS* *PA-VSD* *Tetralogy of Fallot* *Critical pulmonary stenosis* (not responding to medical Rx)	Neonate - Mixing lesions - *TGA* (hypoxaemia for BAS/Intact IVS for ASO) *TAPVD* (clinically obstructed) *Common arterial trunk* (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)	Neonate - Shunt/ stent - Profound hypoxaemia/ occlusion/ thrombosis)	Neonate - Arrhythmia CHB not responding to medical Rx.	Infant - Right heart obstructive lesions - *Tetralogy of Fallot* (cyanotic spells unresponsive to medical Rx) *Shunt/stent dependent pulmonary blood flow* (pre BCPC/pre biV repair with profound hypoxaemia/ thrombosis/ occlusion)	Infant - Regurgitant lesions - *Aortic* (haemodynamically unstable)	Child - Left heart obstructive lesions - *MV prosthesis* (Thrombosed)	Child - Regurgitant lesions - *Aortic* (haemodynamically unstable)			
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy *Miscarriage with bleeding requiring surgical control and unstable* *Torted/ruptured ovary/pelvic mass* *Pelvic/genital tract sepsis* *Bleeding* *Necrotising fasciitis* *Genital tract trauma* - (e.g. vaginal tear/ pelvo-vaginal haematoma) *Ectopic pregnancy* *Complications of TOP* *Molar pregnancy - (heavy bleeding requiring evacuation/ hysterectomy)*	Pregnancy/Delivery *Emergency Caesarean* *Instrumental delivery* *Perineal repair* *Manual removal of placenta* *Cervical cerclage* *Emergency laparotomy/ hysterectomy*	Early pregnancy and abortion care - *Miscarriage* - bleeding and unstable *Maternal compromise* (e.g., sepsis, chorioamnionitis, severe pre-eclampsia, etc.) *Approaching legal threshold (23+6 weeks for all/ 9+6 weeks [England & Wales]/11+6 weeks [Scotland] for medical abortion at home)/ 12-14 weeks where procedure not provided by local NHS beyond this)* *Cases where cervical preparation has been administered (misoprostol/osmotic dilators/mifepristone)* *Feticide (approaching legal limit)*	Reproductive medicine - a) *Males* - sperm storage before acute sterilisation b) *Females - before acute sterilisation - i) Oocyte collection* (n.b. must be 36hrs after the trigger) ii) *Ovarian tissue storage*	Paediatric/ adolescent *Imperforate hymen* - incision and drainage								
Ophthalmology	Acute risk to sight/ life (e.g. penetrating injuries/globe rupture/orbital haemorrhage/burns infection/fractures/ lid lacerations)	Oncology - *Ruthenium plaque removal.*	Vitreoretinal *Vitreous biopsy/ antibiotic injection - suspected endophthalmitis*										
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	**a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.**	**b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.**	**c) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)**	**d) Other specialist surgery in paediatric patients is included in the guidance above.**									

Priority 1b - Procedures to be performed in <72 hours. **(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)**												
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Laparotomy - *Small bowel obstruction - not responding to conservative Rx.* *iColectomy for acute severe ulcerative colitis - not responding to conservative Rx* *Bowel obstruction not suitable for stenting.*	Perianal abscess/ other infection - not responding to conservative Rx.	Urgent nutrition compromise. *Enteral nutrition access* *Revision Bariatric Surgery*	Failed conservative management of localised intra-peritoneal infection	Breast sepsis - without necrosis unresponsive to conservative Rx	Upper GI endoscopy for foreign body removal	Bariatric surgery - *Acute gastric band slippage/erosion.* *Acutely symptomatic internal hernia.*					
OMFS (including paediatric dental treatments requiring GA)	Facial fractures - not suitable for conservative Rx	Complex trauma to the primary and permanent dentition unsuitable for treatment under local anaesthesia	Severe dental pain (primary and permanent dentition) *1) Unresponsive to conservative Rx* *2) Patients with special needs (including metabolic)*									
Reconstructive plastic surgery including burns and hands	Burns - requiring resuscitation.	Burns - full thickness/deep dermal requiring debridement and closure	Burns - mid/deep dermal with exposure of deep structures likely/ infection	Soft tissue infection - all sites (especially closed compartments/ joints/prostheses) not responding to conservative Rx	Delayed primary closure of open wound/fracture - any site	Primary tendon/ nerve repair - all sites.	Unstable closed fractures or joint injuries - unsuitable for conservative Rx	Secondary closure of washed out open wound/ fracture - any site	Finger tip/nail bed repair/terminalisation	Major limb trauma reconstruction unsuitable for conservative Rx	Brachial plexus/ major peripheral nerve injury - Associated with major vessel injury	
Urology	Upper urinary tract obstruction	Renal stones - pain/ impairment not responsive to conservative Rx	Penile fracture	Infected prosthesis - penile/testicular/ ureteric stent	Peritoneal Dialysis Catheter Insertion							
T & O (including spinal surgery)	Fractures - *i) Unsuitable for conservative/failed conservative Rx* ii) *Pathological* *iii) Peri-prosthetic* *iv) Pelvic ring* *v) Rib* *vi) Displaced long bone/intra-articular* *vii) lower limb fragility fractures requiring fixation to mobilise patient*	Spinal Trauma requiring stabilisation without neurological involvement	Definitive amputation following severe injury.	Debridement/ Antibiotics/Implant Retention (DAIR) for acute infected prosthesis without systemic sepsis.	Orthoplastic repair Delayed primary closure Exposed metal work							
ENT	Other foreign body in nose/Airway	Orbital decompression	Acute mastoiditis and other middle ear conditions not responding to conservative Rx	Traumatic injury to facial nerve palsy.	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where core biopsy inadequate.	Head and neck sepsis - not responding to conservative Rx.	MDT directed cancer debulking/biopsy - Microlaryngoscopy +/- laser	Vocal Cord medialisation for severe aspiration	Compound/complex fractures of the nose and sinuses	Choanotomy for bilateral atresia	Cholesteatoma with complications
Neurosurgery (including spinal surgery)	Depressed skull fracture	Traumatic brain injury - not responding to conservative Rx - neurological compromise	Intracranial haemorrhage - no longer responding to conservative Rx	Acute raised Intra cranial pressure/ hydrocephalus (recoverable stroke/ tumour) - no longer responding to conservative Rx	Battery change for spinal/deep brain/ epilepsy stimulators/pumps	MDT directed paediatric brain tumour surgery						
Cardiothoracic surgery	Empyema not responding to Rx	Coronary Artery Disease - Unstable/ Rest ECG changes and not reposing to conservative Rx	Aortic Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Mitral Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Myxoma - Emboli/ Haemodynamically unstable	Chest Trauma						
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thromobolysis for phlegmasia or end organ failure (Renal/Hepatic)	Symptomatic AAA	Aortic dissection - Type B	Vascular Access - *Revision of AV fistula (dialysis)* *Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis*					
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - *Duodenal Atresia,* *Small bowel obstruction* *Large bowel obstruction* *Congenital Diaphragmatic Hernia* *Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise*	Laparotomy - small bowel obstruction not responding to conservative Rx	Laparotomy - Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx	Soft tissue infection - any site not responding to conservative Rx	Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis	Malignant tumour/ Lymph node biopsy	Pyloromyotomy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral Valves	Exstrophy - Primary bladder closure	Hydronephrosis - Rapid progression	
Paediatric orthopaedic surgery (including spinal surgery)	Slipped Upper Femoral Epiphysis	Fractures - *Displaced articular/ peri-articular* *Forearm/Elbow* *Femoral*	Exposed metalwork									
Paediatric cardiac surgery												
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy *Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology)* *Ectopic pregnancy (stable patient)* *Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia* *Pelvic pain >48 hours* *v) Bowel obstruction - Cancer not responding to conservative Rx.*	Incision + drainage/ marsupialisation - Bartholin's abscess	Miscarriage - Patient stable - case selection	Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week)	Fistula repair - Recto-vaginal/ Bladder-vagina	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling				
Ophthalmology	Trauma - *Intraocular - foreign body* *Paediatric orbital floor fracture with muscle entrapment*	Vitreoretinal - *Laser/cryotherapy - retinal tear* *Vitrectomy -* *i) Dropped lens nucleus after cataract surgery* *ii) Detachment - macular on/recently off*	Cornea - *Corneal transplant/ glueing* *iAmniotic membrane graft - threat to sight*	Adnexal - *Orbital decompression/ lesion debulking - threat to sight* *Drainage of orbital abscess* *Eye removal - serious risk to health (e.g. sepsis)*	Glaucoma - *Acute -* *i) Laser PI* *ii) Unresponsive to medical Rx/laser* *Secondary - Drainage/diode laser - imminent risk to sight*	Paediatrics - *Retinopathy of prematurity - retinal -laser/intravitreal injection* *Examination under anaesthesia - potential threat to sight* (see also trauma)	Medical - *Retina - Periocular/intravitreal steroids for inflammatory eye disease* *Temporal artery biopsy*					
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	**a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.**	**b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.**	**c) Patients in p1b MUST be regularly reviewed clinically and re-prioritised to;** **i) p1a if their clinical condition deteriorates.** **ii) p2 If their clinical condition improves and stabilises.**	**d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)**	**e) Other specialist surgery in paediatric patients is included in the guidance above.**							

Priority 2 - procedures to be performed in < 1 month.

(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)

General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	MDT Directed cancer surgery *Hepatobiliary* *Pancreatic* *Oesophagogastric* *Neuroendocrine tumour* *Metastases - NOS progressing on scan at 3/12.*	MDT Directed cancer surgery *Thyroid/parathyroid cancer pathway patients (including diagnostic lobectomy)* *Adrenal cancer including adrenal metastases*	MDT directed cancer surgery - *Colon cancer - incl. liver metastases* *Rectal cancer - incl. high risk rectal polyps; liver metastases* *Multi-visceral resections for locally advanced colon cancer* *Salvage surgery for recurrent anal cancer* *Pelvic exenteration*	MDT Directed breast cancer surgery and IBR, if appropriate according to local fitness criteria - *ER negative* *Her2+* *Pre-menopausal ER+ with higher risk (i.e., Grade 3, Low ER, node +ve)*	Crohn's disease - stricture/fistula not responsive to endoscopic/medical Rx	Thyrotoxicosis - Not responding to conservative Rx. (including orbital surgery for impending sight loss)	Parathyroidectomy - calcium >3.0mmol/l and/or not responding to conservative Rx, especially pregnancy/post-transplant/repeated admission.	Adrenalectomy - pathology not responding to medical Rx (e.g. Cushing's/ phaeochromocytoma	Goitre - mild moderate stridor	MDT directed bariatric surgery As part of cancer/ transplant treatment.	Solid organ transplants (including islets) - Follow NHSBT guidance but if local MDT directed; *i) Living donor*			
OMFS (including paediatric dental treatments requiring GA)	MDT Directed oropharyngeal/tonsil/ tongue cancer resection +/- reconstruction.	Facial fractures/ trauma - *1) Causing diplopia/ occlusal problems* *2) Delay will seriously worsen prognosis.* *3) Primary dentition likely to effect permanent dentition requiring GA*	Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children	Dental extractions / treatment - Adult/ paediatric 1) Severe pain/ infection *unresponsive to conservative Rx* *2) Under 3yrs of age* *3) 3 episodes of acute infection* *4) Social/ safeguarding needs.*	Craniofacial - ocular complication/Raised Intracranial Pressure	Dental infection/pain with pre-existing high medical need (e.g., Immune/ metabolic disorders, cardiac, diabetes, epilepsy, oncology, bisphosphonate treatment etc.)								
Reconstructive plastic surgery including burns and hands	Burns - Mid/deep dermal/otherwise unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Burns - Reconstruction i) *Eyelid closure problems* *ii) Severe microstomia* *iii) Joint and neck contracture*	MDT Directed Major soft tissue tumour resection - All sites	Skin cancer - *Primary resection directed by appropriate skin cancer specialist* *MDT Directed further resection* *i) Re-excision according to national guidelines* *ii) SLNB and all completion lymphadenectomies* *iii) Electro-chemotherapy* *iv) ILP*	Brachial plexus/major peripheral nerve injury - *Closed injury - not suitable for observation.* *Exploration for paresis/pain/sensory impairment*	Facial Palsy - *Eyelid closure/ ectropion/entropion*	Neonate accessory digit excision (narrow pedicle/vascular compromise/ infection/pain)	Primary cleft palate repair - child breaching 13 months of age	Secondary cleft and non-cleft speech surgery - child breaching 5 yrs of age					
Urology	MDT directed testicular cancer surgery - non-metastatic.	MDT directed penile cancer surgery including inguinal node surgery.	MDT directed bladder cancer surgery - invading bladder muscle.	MDT Directed renal cancer surgery - not bleeding.	MDT directed upper tract transitional cell cancer surgery	MDT directed bladder Cancer surgery - high risk carcinoma-in-situ.	MDT directed inguinoscrotal sarcoma surgery	Acute Urinary Retention *Bladder neck stenosis post RARP.* *Catheter/Stent change*	Partial Nephrectomy - single kidney	Visible haematuria - investigation	Ureteroscopy for stones	PD Catheter Insertion and hernia repair, if necessary, pre-dialysis.			
T & O (including spinal surgery)	MDT Directed Sarcoma surgery - any site	Solitary metastasis surgery - any site.	MDT Directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour)	Fractures - i) *Displaced, intra-articular* *ii) Osteochondral defect* *iii) Ankle/Foot* *iv) Olecranon* *v) Removal of temporary metalwork* *vi) salvage amputation* *vii) Acute fixation failure* *vii) lower limb non-union affecting mobility*	Knee i) *Extensor disruption (including fractured, displaced patella)* *ii) Meniscal repair*	Tendon rupture - any sites - NOS	Locked joints - any site - NOS	Peripheral Nerve Decompression - any site (pain/weakness/ muscle wasting - not responding to conservative Rx)	Arthroplasty/ Arthrodesis - *i) AC joint* *ii) Recurrent dislocations* *iii) Any site where risk of serious consequences of delay (e.g. loss of patient independence/loss of bone stock/risk of peri-prosthetic fracture).*	Spinal surgery - progressive neurology/ neurological deficit	Infection i) *1st stage revision acutely infected prosthesis* *ii) Osteomyelitis without systemic sepsis*				
ENT	EUA/biopsy for malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/ laryngeal surgery for malignancy	MDT directed oropharyngeal surgery for malignancy	MDT directed otological cancer surgery.	Baro-trauma perilymph fistula	Organic foreign bodies in the ear.	MDT directed treatment of small, high grade salivary cancers.	MDT directed treatment of sinus cancers. - threatening sight	Treatment of pharyngeal/ oesophageal/airway stricture	Mucocoele/sinus disease *i) Recurrent infection* *ii) Visual disturbance* *iii) Rapidly deterioration (incl. benign disease)*	Complex nasal obstruction with severe sleep disordered breathing	Reduction of nasal fracture (NOS) - ideally inside 14 days according to local capacity	Cochlear implant - *i) Children* *ii) Post- meningitis/ other obliterative disease* *iii) Device failure - no hearing* *iv) Removal of infected implant not responding to conservative Rx.*	Airway compromise - NOS (including tracheostomy for weaning)	Cholesteatoma with impending complications/loss of function.
Neurosurgery (including spinal surgery)	MDT directed brain tumour surgery (including for metastases)	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx											
Cardiothoracic surgery	MDT directed treatment of resectable Non-Small Cell Lung Cancer	Unstable Non ST elevated MI	Aortic stenosis	Unstable coronary	Any deteriorating heart condition	Pneumothorax not responding to conservative Rx								
Vascular surgery	Chronic severe limb ischaemia - no neurology	AAA i) *> 5.5cm*	Diabetic foot surgery - NOS	Vascular access - *i) Arteriovenous graft (AVG)*										
Paediatric general and urological surgery (see also urology)	Laparotomy or Stoma Closure to manage intestinal failure with liver disease / complications	Infant with Billary Atresia - bladder exstrophy	Inguinal hernia under 3/12 of age	MDT Directed surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma	Crohn's Disease - stricture/fistula/ optimise medication/ nutrition	Gastrostomy for nutritional support.	Fundoplication for GOR for previous life threatening complication/ repeated aspirations	Renal Stent Removal/Exchange	Vesico-ureteric reflux - case selection	Circumcision for severe BXO/meatal pathology	Recurrent UTIs - renal scarring/ hypertension	Non-functioning renal tract with infection – not responding to conservative Rx	Neuropathic bladder - high risk of renal deterioration	Renal Calculi - recurrent symptoms/ renal impairment	MDT directed bariatric surgery As part of cancer/ transplant treatment.
Paediatric orthopaedic surgery	MDT Directed Suspected bone or soft tissue malignant tumours	MDT Directed Suspected, aggressive, benign bone tumour	Meniscal repair	CETV - *Initial management including tenotomies*										
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions - i) *Aortic stenosis (valvuloplasty/ valvotomy)* *ii) Coarctation (case selection of approach and timing)* *iii) HLHS (Norwood/ Hybrid)*	Neonate - Right heart obstructive lesions - *PA-IVS (case selection RF perforation/ductal stent/shunt)* *PA-VSD (Case selection ductal stent/shunt)* *Tetralogy of Fallot (Case selection ductal or RVOT shunt)* *Critical pulmonary stenosis (balloon valvuloplasty)* *Ebsteins anomaly (duct dependent blood flow)*	Neonate - Mixing lesions - *TGA (Intact IVS for ASO/VSD with mixing for ASO+VSD)* *TAPVD (echo evidence of obstruction)* *Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)*	Neonate - Arrhythmia - CHB (decision for pacing)	Neonate - ALCAPA - (Optimise medical Rx)	Infant - Left heart obstructive lesions - *LVOTO (impaired function/symptoms)* *Aortic stenosis - (impaired function/ symptoms)* *Coarctation (Impaired function)*	Infant - Right heart obstructive lesions - *Tetralogy of Fallot (Cyanotic spells cyanosis <80%)* *Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/ shunt/stent stenosis >6 months of age)* *Shunt/stent dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis >9 months of age))*	Infant - Left-Right shunt lesions - *VSD (FTT, not responding to medical Rx, >6 months of age)* *AVSD (FTT, not responding to medical Rx, assessment of AVVR, >6 months of age)*	Infant - Regurgitant lesions - *Mitral (not responding to medical Rx, raised RVP)* *Aortic (impaired function)*	Child - Left heart obstructive lesions - *LVOTO (impaired function/symptoms)* *Aortic stenosis (impaired function/ symptoms)* *MV prosthesis (increased gradient/ raised RVP)*	Child - Right heart obstructive lesions - *RV-RA conduit (impaired function/ >systemic RVP)*	Child - Regurgitant lesions - *Mitral (not responding to medical Rx/raised RVP)* *Aortic (impaired function/symptoms)*	Child - Fortan candidate - (increasing cyanosis/ symptoms) prioritise >5yrs years old		
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	MDT redirected cancer surgery – *Cervical -* *i) Intrauterine brachytherapy - all stages* *i) Early stage surgery* *Uterine -* *High grade/High risk* *Ovarian -* *i) Suspicious pelvic mass* *ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity* *Vulval/vaginal - primary resection* *Suspected germ cell tumours* *Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity*	Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer	Paediatric and adolescent – *i) Non-obstructive vaginal septum/ septate hymen* *ii) EUA/vaginoscopy for suspected vaginal abnormality*											
Ophthalmology	Oncology - MDT directed treatment for; *Ocular/ocular surface tumours* *Enucleation - advanced melanoma/other malignancies/ tumours* *Intravitreal injections - radiation maculopathy +/- ocular tumours* *PDT/External beam Radiotherapy - ocular metastases - threat to sight*	Vitreoretinal - *Re-do retinal detachment* *Vitrectomy -* *i) Retinal detachment - macular off > 2 weeks* *ii) Acute vitreous haemorrhage - suspected retinal break/unknown* *iii) Dislocated lens implant with poor vision in other eye*	Adnexal - i) *Protect ocular surface* *ii) MDT directed treatment for eyelid orbital tumours*	Glaucoma - *Drainage - threat to cataract)* *i) Very high IOP* *ii) Only eye* *Intravitreal injection +/-retinal laser for iris/angle rubeosis*	Cataract - i) *Intumescent extraction* *ii) Angle closure glaucoma - threat to sight*	Cornea - *Amniotic membrane graft - non-healing ulcer* (see also paediatrics)	Paediatrics - i) *Congenital cataract* *ii) Keratoplasty for congenital corneal opacity* *iii) Superficial keratectomy - atopic plaque* *iv) Drainage surgery - glaucoma (< 2 weeks)* *v) Surgery/plaque -retinoblastoma* *vi) Brow suspension - risk of developing amblyopia*	Medical retina – *i) Intravitreal injections for wet, age related macular degeneration >2/52* *ii) Laser for active/ progressive neovascularisation* *iii) Periocular and intravitreal steroid injection for macular oedema*	Strabismus – *Sudden loss of binocularity*					
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	**a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.**	**b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.**	**c) Patients in p2 who have not been treated MUST be reviewed clinically at most 1/12 from being listed and re-prioritised as necessary.** **The RPM matrix is to be used ONLY to assess patients in the SAME priority band. https://fssa.org.uk/covid-19_documents.aspx**	**d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)**	**e) Other specialist surgery in paediatric patients is included in the guidance above.**	**f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis.** **Procedures with a known functional benefit should be prioritised where possible.** **A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.**	**g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.**							

Priority 3 - Procedures to be performed in < 3 months.

(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)

General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Colectomy/ proctectomy for colitis refractory to medical Rx (excluding acute, severe colitis treated urgently)	Seton insertion - symptomatic anal fistulae (incl. perianal Crohn's)	MDT directed breast cancer surgery and IBR, if appropriate according to local fitness criteria. *Pre-menopausal ER+ (Grade 1-2)* *Post-menopausal ER+* *High grade DCIS* *Risk reducing surgery in gene carriers.*	MDT directed adrenal resections *Indeterminate masses – (>4cm<6cm)* *Radiologically benign lesions with hypersecretion (cortisol/aldosterone)*	Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have previously settled with conservative Rx	Hernia - presenting with complications that have previously settled with conservative Rx	MDT directed full thickness rectal prolapse surgery	MDT Directed bariatric surgery *i) Significant/multiple end organ failure.* *ii) To facilitate MSK surgery/Hernia Surgery listed in p3* *iii) Overdue balloon removal.* *iv) Revision to stop excessive weight loss/comorbidities.*	Solid organ transplants (including islets) - Follow NHSBT guidance but if local MDT directed; *i) Stable recipient with living donor*	Thyroid / Parathyroid *Hyperparathyroidism with progressive end organ changes* *Thyrotoxicosis Graves) with active eye disease*
OMFS (including paediatric dental treatments requiring GA)	MDT directed resection of head and neck skin cancer - moderately/ well differentiated with no metastases.	MDT directed salivary gland tumours (low grade).	Cleft lip - Alveolar bone grafting - before canine root 2/3 formed.	Dental extractions/ treatment - Adult/ paediatric. *1) Medical condition with special risk if dental infection develops.* *2) Age 3yrs or older with recurrent pain/ infection.* *3) Delay in treatment detrimental to eruption/outcome of permanent dentition.* *4) Learning needs +/- autism.*							
Reconstructive plastic surgery including burns and hands	Burns - Reconstruction *i) Microstomia* *ii) Joint contracture* *iii) Neck contracture*	Limb contractures (including Dupuytrens with rapid progression/ macerated skin)	Primary cleft repair - *i) Cleft lip repair - child 3-6 months of age* *ii) Cleft palate repair - child <12 months of age*	Secondary cleft and non-cleft speech surgery - child less than 5 yrs of age	Brachial plexus/ major peripheral nerve injury - MDT Directed *i) re-animation +/- joint stabilisation* *ii) Exploration for life altering pain not responding to conservative Rx.* *iii) Revision surgery for major functional impairment.*	Facial Palsy - *i) Dense facial palsy inside 12/12 from injury*	Congenital hand anomaly where delay will compromise outcome.	MDT directed surgery for major upper limb functional impairment			
Urology	MDT directed prostate cancer surgery - high/ intermediate risk	Stent removal/ exchange	Haematuria - investigation for non-visible (including paediatric)	MDT directed bladder cancer surgery (not invading muscle)	MDT Directed penile cancer surgery (low grade and premalignant).	Bladder outflow obstruction in catheterised males.					
T & O (including spinal surgery)	Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)	Frozen shoulder - severe and not responding to conservative Rx	Tendon/ligament - Reconstruction/ tenodesis - any site	Revision surgery i) *Loosening without impending fracture.* *ii) Recurrent joint instability* *iii) Delayed union* *iv) Late reconstruction following trauma/ infection.*	MDT Directed Benign or malignant bone/soft tissue lesion - NOS	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked joint- *i) ACL/other reconstruction* *ii) Removal of loose body*	Removal of metalwork/implants - NOS	Spinal Surgery – *i) Injection/ decompressive surgery for intractable radiculopathy.* *ii) Progressive deformity (Adult)*	Arthroplasty/ Arthrodesis/other procedure - *i) 1st or single stage for chronic infection* *ii) Revision second stage* *iii) Joint collapse/ rapid reduction in mobility/progressive aseptic loosening/ night pain preventing sleep)* *iv) NOS*	
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - *Adults - NOS.*	Cholesteatoma - NOS	Micro-Laryngoscopy *Airway compromise - NOS (including papilloma/RRP/ Subglottic stenosis)*	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Mucocoele/Sinus surgery - NOS	Adeno-tonsillectomy - OSA (NOS)	Tympanoplasty for progressive retraction	Vestibular surgery with significant disability	Suppurative otitis media with impending complications/loss of function.
Neurosurgery (including spinal surgery)	MDT directed spinal tumour surgery - No neurological compromise										
Cardiothoracic surgery	Stable Non ST Elevation MI										
Vascular surgery	Vascular access - *i) AVF (2-3/12 before starting dialysis)*										
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management - *Hirschsprung's Disease initially managed with washouts.*	Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms	Cholesystectomy	Fundoplication for GOR - failure to thrive	Orchidopexy for undescended testis	Daytime urinary incontinence - obstructive cause suspected.	Penile anomalies - (e.g., mega prepuce but not hypospadias.)	Varicocoele/ Hydrocoele - large + symptomatic.	MDT Directed bariatric surgery *i) Significant/multiple end organ failure.* *ii) To facilitate MSK surgery/Hernia Surgery listed in p3* *iii) Overdue balloon removal.* *iv) Revision to stop excessive weight loss/comorbidities.*
Paediatric orthopaedic surgery (including spinal surgery)	Hip subluxation/ dislocation (including Developmental Dislocation of the Hip (DDH) and neuromuscular conditions) *Primary/revision/ relocation joint surgery*	Childhood/ Adolescent spinal deformity Surgery/Injection for intractable radiculopathy	Limb length discrepancy/ malalignment	Reconstruction for established joint instability - post trauma (e.g., ACL/ Lateral ligament)							
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology - *i) Suprapubic catheter change* *ii) Prolapse - bleeding/ulceration/ proci dentia/vault inversion* *iii) Genitourinary fistula*	MDT Directed cancer treatment - *Cervical* *Low volume cervical cancer completely excised at loop excision.* *Uterine* *Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.*	Hysteroscopic/ Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation (significant anaemia + unresponsive to conservative Rx) *i) Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to conservative Rx)* *ii) Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)*	BSO/salpingectomy - *i) Risk reducing for BRCA1/2 + recent, normal CA125 and USS* *ii) Complex ovarian cyst - low risk of malignancy*	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - i) *Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)* *ii) Couples/ individuals where the woman has low ovarian reserve >40 years old.*	Paediatric and adolescent – MDT directed *i) Laparoscopic excision of obstructed uterine horn* *ii) Vaginal reconstruction for agenesis with menstrual obstruction*				
Ophthalmology	Vitreoretinal - *Some Macular holes* *Vitrectomy -* *i) Vitreous haemorrhage/ tractional retinal detachment* *ii) silicone oil removal - complications*	Adnexal - i) *Large mucocele* *ii) Entropion/ Ectropion - ocular surface damage* *iii) Eye removal - Non-malignant/low threat to health* *iv) Botulism injections for disabling blepharospasm*	Glaucoma - i) *Drainage - not otherwise specified* *ii) Selected laser trabeculoplasty*	Cataract - Surgery/YAG laser *i) Binocular vision <6/60/severely disabled (e.g. cannot work)* *ii) limiting management of other conditions - threat to sight*	Cornea - Cross-linking - rapidly progressive/ very thin cornea keratoconus	Paediatrics - *i) Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions* *ii) Capsulotomy - visual axis opacity following congenital cataract surgery* *iii) Removal of loose corneal sutures in children* *(see also strabismus)*	Medical – *Diabetic macula/ retinal vein/branch vein occlusion* *i.Intravitreal injections* *ii.Macular laser* *Photodynamic laser for central serous chorioretinopathy*	Strabismus – *i) Development binocularity in infantile squint* *ii) Surgery or botulinum injection for severe diplopia (e.g. cannot work)*			
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	**a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.**	**b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.**	**c) Patients in p3 who have not been treated MUST be reviewed clinically at most 3/12 from being listed and re-prioritised as necessary.**  **The RPM matrix is to be used ONLY to assess patients in the SAME priority band. https://fssa.org.uk/covid-19_documents.aspx**	**d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)**	**e) Other specialist surgery in paediatric patients is included in the guidance above.**	**f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis.** **Procedures with a known functional benefit should be prioritised where possible.** **A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.**	**g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.**				

	Priority 4 - Procedures to be performed in >3 months. **(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)**															
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Breast surgery *DCIS (intermediate and low risk)* *Benign breast disease* *Delayed and revision breast reconstruction, if appropriate according to local fitness criteria*	Colonic resection - *Benign colonic polyp* *Completion proctocolectomy for IBD*	Ileoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Reversal of Hartmann's procedure	Non-urgent proctology procedures	Transanal/rectal resection of benign rectal polyps.	Benign breast disease *Delayed breast reconstruction, if appropriate according to local fitness criteria.* *Revision of breast reconstruction,*	Cholecystectomy - after biliary colic/ cholecystitis.	Other benign upper UGI conditions (e.g., gallstones/other Benign disease).	Oesophagogastric reflux surgery	Other benign thyroid/parathyroid disease - uncomplicated	Other adrenal disease - uncomplicated	Abdominal wall reconstruction	MDT Directed bariatric surgery *Lesser degrees of end organ failure.*
OMFS (including paediatric dental treatments requiring GA)	All orthognathic Surgery	Dental extractions/ treatment - Adult/ paediatric - NOS	MDT Directed Salivary Gland Tumours - benign.	Facial deformity - Post-traumatic/ Cancer treatment	Benign dental lesions - mandible/ maxilla	Temporo-mandibular joint surgery										
Reconstructive plastic surgery including burns and hands	Burns - other contractures/scars	Limb trauma sequelae/scarring - other reconstruction	Breast reconstruction - NOS	All cleft lip and palate surgery - NOS	Basal Cell Carcinoma - any site not compromising vital structures	Excision of benign lesions	NHS Cosmetic Surgery									
Urology	Female urology for benign conditions (e.g. incontinence/ prolapse/Sacral Nerve Stimulator/ fistula/urethral diverticulum)	Andrology/GU Surgery *Erectile dysfunction* *Male fertility surgery* *Urethral stricture* *Gender reassignment.*	Endourology - *Uncomplicated stones/* *Percutaneous nephrolithotomy/* *Pelviureteric obstruction*	MDT directed prostate cancer surgery (low risk)	MDT directed bladder cancer surgery - superficial transitional cell cancer	Renal - *i) Uncomplicated small/intermediate renal lesions* *ii) Polycystic nephrectomy*	Uncomplicated small/intermediate testicular lesions	Bladder outflow surgery	Benign penoscrotal surgery	Renal stones - asymptomatic						
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - NOS,	Hand and Upper limb surgery - NOS	Metalwork removal - NOS	Degenerative spinal disease - no neurological compromise/ refractory pain	Adult spinal deformity surgery with progression	Benign bone/soft tissue lesion excision	Late reconstruction for infection/trauma/ loosening - NOS									
ENT	All other Rhinology *(septoplasty/ septorhinoplasty/ turbinate surgery)*	Suppurative otitis media - NOS	All Ossicular Surgery/Middle ear implants	Tympanopasty -NOS	Grommets	Meatoplasty	Vestibular Surgery - NOS	Non-organic foreign body (except button batteries/sharp FBs)	Micro Laryngoscopy - benign vocal fold/ cord conditions (e.g. polyp/cyst/ ectasia/paralysis)	Laryngeal framework surgery (thyroplasty) (unless significant aspiration)	Routine neck surgery procedures *Pharyngeal pouch* *Benign and congenital*	Uncomplicated nasal fracture	Adeno-tonsillectomy *- recurrent tonsillitis as per EBI criteria*			
Neurosurgery (including spinal surgery)	Congenital spinal deformity - no neurological compromise/ refractory pain	Movement disorder implants	Lesioning/epilepsy surgery	Normal pressure hydrocephalus	Slow growing brain tumours - no neurological compromise	Slow growing spinal tumours - no neurological compromise	Benign intracranial arteriovenous malformations/ tumours) - no neurological compromise	Paediatric craniofacial surgery - not compromising vision/neurology/ raised ICP								
Cardiothoracic surgery	Stable coronary disease															
Vascular surgery	Vein surgery	Thoracic outlet syndrome	Claudication	Uncomplicated AVMs	Vascular access - *AV fistula ligation/ removal with well functioning renal allograft*											
Paediatric general and urological surgery (see also urology)	Anoplasty/Posterior Sagittal Ano-Rectoplasty (PSARP) - after obstruction relieved	Inguinal hernia (> 12 mths of age) *Other hernias - uncomplicated hernias (e.g., umbilical, epigastric*)	Splenectomy for haemoglobinopathy	Cholecystectomy - after biliary colic/ cholecystitis	Stoma Closure	Benign lesion excision	Hypospadias repair (around 12 mths of age)	Cosmetic foreskin issues/ritual circumcision.	Epispadias	Gender dysphoria	Daytime urinary incontinence - all children >7yrs	Asymptomatic hyrocoele	MDT Directed bariatric surgery *Lesser degrees of end organ failure.*			
Paediatric orthopaedic surgery (including spinal surgery)	Congenital Talipes Equino Varus (CTEV) - Late presenting/relapsed	Spasticity management	Corrective surgery for established deformity	Reconstruction for established joint instability - excluding post trauma	Metalwork removal - NOS											
Paediatric cardiac surgery																
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology *Incontinence surgery* *Prolapse surgery*	Hysteroscopy - *Abnormal uterine bleeding/ Reproductive failure (e.g. Levonorgesterol releasing intrauterine system/endometrial resection/second generation endometrial ablation)* *Uterine structural disorders (Polypectomy/ Myomectomy/ Septoplasty/ Adhesiolysis/ Cervical niche)*	Laparoscopy - *Investigation of pelvic pain/ subfertility* *Tubal factor infertility +/- symptomatic tubal disease* *Endometriosis - Superficial +/- deep (without bowel/ ureteric obstruction/ ovarian endometrioma)*	Laparoscopic/Open myomectomy - *Fibroids not causing anaemia*	Laparoscopic/Open or Vaginal hysterectomy - Abn*ormal uterine bleeding* *Pain* *Symptomatic fibroids +/- endometrial hyperplasia*	Laparoscopic/Open cystectomy/ Oophorectomy - *Ovarian cysts > 5 cm with a benign RMI)*	Symptomatic lower genital tract lesions (e.g. uninfected Bartholin's cyst)	Closure of Stoma	Fertility - *Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)* *Couples/individuals where the woman has normal ovarian reserve <40 years old*	Paediatric and adolescent – MDT directed *Vaginal reconstruction (NOS)* *Clitoral reduction for differences in sex development*						
Ophthalmology	Vitreoretinal - Vitrectomy - *i) Macular epiretinal membrane* *ii) Silicone oil removal - not otherwise specified (NOS)* *iii) Other surgery - NOS*	Adnexal - *Dacrocystorhinostomy* *Other surgery - NOS*	Cataract - *YAG laser capsulotomy* *Significant binocular visual reduction* *Other surgery - NOS*	Cornea - *Cross-linking - progressive keratoconus* Corneal graft - significant binocular visual reduction *Other Surgery - NOS*	Oncology - *Reconstruction/ Debulking - Benign tumours* *Other oncology surgery - NOS*	Paediatrics - *Strabismus surgery - restoration of visual function/NOS* *Other Surgery - NOS*	Medical retina - Laser for severe pre-proliferative diabetic retinopathy	Glaucoma – PI laser for narrow angles								
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	**a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.**	**b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.**	**c) Patients in p4 who have not been treated MUST be reviewed clinically at most 6/12 from being listed and re-prioritised as necessary.**  **The RPM matrix is to be used ONLY to assess patients in the SAME priority band. https://fssa.org.uk/covid-19_documents.aspx**	**d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)**	**e) Other specialist surgery in paediatric patients is included in the guidance above.**	**f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis.** **Procedures with a known functional benefit should be prioritised where possible.** **A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.**	**g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.**								

Clayton, Wendy

From: Clayton, Wendy
Sent: 09 May 2022 22:28
To: Clayton, Wendy
Subject: FW: Surgical prioritisation

From: Haynes, Mark [mailto:[redacted]]
Sent: 05 November 2020 16:04
To: Weir, Colin; McKeown, Ronan; Gilpin, David; Currie, Aoife; McCaul, David; Scullion, Damian; Kamath, Meeta; Rutherford-Jones, Neville; Kumar, Devendra; Clarke, Chris; McNaboe, Ted; Tariq, S; Carroll, Ronan; McClements, Melanie; Murray, Helena; Kelly, Brigeen; Clayton, Wendy; Nelson, Amie; Clarke, Wendy; Newell, Denise E; Yousuf, Imran; Conway, Barry
Subject: Surgical prioritisation

Afternoon

Following on from yesterday's discussion I have held further discussions with Maria O'Kane and Melanie McClements regarding how we utilise our available surgical capacity on the urgent bookable list across specialities over the next 2 weeks (in first instance).

Of primary importance the urgent bookable list is for managing patients in the FSSA priority 2 category. Patients in Priority category 1a/1b are emergency cases and provision for these patients needs to be within the emergency theatre lists and trauma lists.

The priority 2 case load (see attached FSSA document, page 4) includes a mixture of proven cancers, clinically suspected cancers, and benign disease. Within the proven cancer patients a small number are undergoing multimodality treatment and have narrow treatment windows.

In order for our decision making to be objective and transparent as we assign our limited capacity to patients requiring surgery, we have agreed that we approach this activity along the following priorities, using waiting time (days on surgical waiting list) as the additional metric.

Priority A = proven cancer with short treatment window post chemotherapy / radiotherapy
Priority B = proven cancer
Priority C = suspected cancer
Priority D = benign disease

This matrix can then also be applied to category 3 cases which also include some cancers if capacity allows.

There may be some conditions which deteriorate and their urgency increases while they are awaiting surgery and we will need to recognise that such cases may subsequently require emergency admission and management.

In the first instance we are now reviewing the patients who had been planned for surgery in the next two weeks and prioritising them as per the above and will be assigning the available capacity to specialities. Hopefully by now all of your specialities cases that were planned for the next fortnight will have been assigned a priority code according to the FSSA document.

Mark

Quality Improvement Plan – 3 South

Ward Sister/ Charge Nurse: *Laura White*

Lead Nurse: *Paula McKay (from Nov 2021)*

Month	Audit	Areas for Improvement	Action(s) Required (what are you going to do to improve?)	When do you expect to see results?	Person(s) Responsible	Completed by Person Responsible Evaluation Comments (has it worked?/ anything else needed?)
July 20	NEWS A	Evidence of appropriate action	Quality improvement notice board displayed on both sides of ward. Booklets being made out which will include how a NEWS chart should be completed, for distribution to all staff. Will be highlighted at daily staff huddles also. Spot checks to be carried on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Added to agency/Bank induction form to ward. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.	End of sept	SR Crothers	
July 20	NEWS A	Observations recorded to frequency	Quality improvement notice board displayed on both sides of ward. Booklets being made out which will include how a NEWS chart should be completed, for distribution to all staff. Will be highlighted at daily staff huddles also. Spot checks will be carried	End of sept	Sr Crothers	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Added to agency/Bank induction form to ward. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.			
July 20	NEWS B	Documented evidence of appropriate escalation	Quality improvement notice board displayed on both sides of ward. Booklets being made out which will include how a NEWS chart should be completed, for distribution to all staff. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Added to agency/Bank induction form to the ward. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.	End of sept	Sr Crothers	
July 20	FallSafe A	Urinalysis performed	Quality improvement board displayed on each side of ward. Spot checks on nursing booklets, ensure staff gets training on how to use the clinitec urinalysis machine. Link in with our clinical educator Ann Law. Checklist prompt to be added to admission booklet.	End of sept	Sr white	
July 20	FallSafe B	Cognitive Screen	Delirium tool training-link in with clinical educator Ann Law. Spot	End of sept	Sr White	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			checks on nursing books. Inform staff to use delirium pathways and update daily.			
July 20	FallSafe B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets.	End of sept	Sr White	
July 20	SKIN	type of cushion recorded	Educate staff daily on the use of same, use staff huddles to do so. Educate staff on the use of pressure sore prevention pathways for those at risk and have low braden score.	End of sept	Sr stewart	
July 20	SKIN	Nutrition tool applied MUST recorded	Weights and MUST score has been allocated to be done at the weekends for weekly updates. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.	End of sept	Sr Stewart	
July 20	MUST	MUST assessment up to date	Weekly updates to be done at the weekend, staff to be made aware of this at safety briefs and huddles at the weekend especially. Carry out spot checks on nursing booklets to ensure it is being done. Quality improvement	End of sept	Sr Oneill	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			board displayed down both sides of the ward. Show staff how to record MUST if they are not familiar or unsure. Band 6 to book onto 'Must train the trainer'			
July 20	Omitted Meds	No. 'blank' doses within previous 24 hour period	Spot checks on drug kardex to be done at ward round each morning. Ensure agency/bank staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Using the 'above bed prompts for insulin.	End of sept	Sr Oneill	
July 20	Line Labelling	All lines labelled with an appropriate label in accordance with policy	Quality improvement plan displayed on each side of ward. Clinical educator Ann Law to source policy for display on ward. Spot checks daily. Remind staff at handovers and huddles daily.	End of sept	Sr Toner	
July 20	Line Labelling	All lines indicate time, date, initials, and label is clearly visible	Policy will be displayed on ward for all staff to see. Spot checks daily. Educate staff during spot checks.	End of sept	Sr Toner	
July 20	Line Labelling	Line label replaced within the timescale of SHSCT Peripheral Line Guidance	Policy to be displayed on ward for all staff to see. Spot checks on ward daily. Spot checks on staff awareness of policy and educate them and show them where to read the policy.	End of sept	Sr Toner	
Aug 20	NEWS A	All vital signs recorded				
Aug 20	NEWS A	Risk Score totalled				
Aug 20	NEWS A	NEWS score correct				
Aug 20	NEWS A	Evidence of appropriate action	Quality improvement notice board displayed on both sides of ward.	End of sept	SR Crothers	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			Booklets being made out which will include how a NEWS chart should be completed, for distribution to all staff. Will be highlighted at daily staff huddles also. Spot checks to be carried on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Added to agency/Bank induction form to ward. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.			
Aug 20	NEWS A	Observations recorded to frequency	Quality improvement notice board displayed on both sides of ward. Booklets being made out which will include how a NEWS chart should be completed, for distribution to all staff. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Added to agency/Bank induction form to ward. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.	End of sept	Sr Crothers	
Aug 20	NEWS B	Documented evidence of appropriate escalation	Quality improvement notice board displayed on both sides of ward. Booklets being made out which will include how a NEWS chart should be completed, for distribution to all staff. Will be	End of sept	Sr Crothers	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Added to agency/Bank induction form to the ward. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.			
Aug 20	NEWS B	Frequency of observations amended to reflect the NEWS score				
Aug 20	FallSafe A	Asked about fear of falling				
Aug 20	FallSafe A	Asked about history of falls				
Aug 20	FallSafe A	Urinalysis performed	Quality improvement board displayed on each side of ward. Spot checks on nursing booklets, ensure staff gets training on how to use the clinitec urinalysis machine. Link in with our clinical educator Ann Law. Checklist prompt to be added to admission booklet.	End of sept	Sr white	
Aug 20	FallSafe B	Cognitive Screen	Delirium tool training-link in with clinical educator Ann Law. Spot checks on nursing books. Inform staff to use delirium pathways and update daily.	End of sept	Sr White	
Aug 20	FallSafe B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission	End of sept	Sr White	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			booklet! Checklist prompt to be added to nursing admission booklets.			
Aug 20	SKIN	Nutrition tool applied MUST recorded	Weights and MUST score has been allocated to be done at the weekends for weekly updates. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.	End of sept	Sr Stewart	
Aug 20	MUST	MUST assessment up to date	Weekly updates to be done at the weekend, staff to be made aware of this at safety briefs and huddles at the weekend especially. Carry out spot checks on nursing booklets to ensure it is being done. Quality improvement board displayed down both sides of the ward. Show staff how to record MUST if they are not familiar or unsure. Band 6 to book onto 'Must train the trainer'	End of sept	Sr Oneill	
Aug 20	Omitted Meds	No. 'blank' doses within previous 24 hour period (3)	Spot checks on drug kardex to be done at ward round each morning. Ensure agency/bank staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Using the 'above bed prompts for insulin.	End of sept	Sr Oneill	
Aug 20	Line	All lines labelled with an	Quality improvement plan	End of sept	Sr Toner	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

	Labelling	appropriate label in accordance with policy	displayed on each side of ward. Clinical educator Ann Law to source policy for display on ward. Spot checks daily. Remind staff at handovers and huddles daily.			
Aug 20	Line Labelling	All lines indicate time, date, initials, and label is clearly visible	Policy will be displayed on ward for all staff to see. Spot checks daily. Educate staff during spot checks.	End of sept	Sr Toner	
Aug 20	Line Labelling	Line label replaced within the timescale of SHSCT Peripheral Line Guidance	Policy to be displayed on ward for all staff to see. Spot checks on ward daily. Spot checks on staff awareness of policy and educate them and show them where to read the policy.	End of sept	Sr Toner	
Nov 20	NEWS A	Evidence of appropriate action	Quality improvement notice board displayed on ward. Ensure oxygen and aim saturations are prescribed in the kardex. Will be highlighted at daily staff huddles also. Spot checks to be carried out daily on charts by band 6s. Provide 1-1 teaching and education to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
		Frequency of observations recorded on chart	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same. Band 3 HCA staff utilised to ensure frequency adhered to.			
		Observations recorded to frequency	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same. Band 3 HCA staff utilised to ensure frequency adhered to.	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
	NEWS B	Documented evidence of appropriate escalation	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Ensure that when a elevated NEWS is identified during nursing handovers that the chart in checked promptly for completed documentation. Use reflections and supervision to review nursing management of elevated NEWS. Ensure staff all up to date with NEWS training and NEWS 2 to be	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			ward ready for same.			
		Frequency of observations amended to reflect the NEWS score	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Ensure that when an elevated NEWS is identified during nursing handovers that the chart in checked promptly for frequency amended. Ensure staff are handing over the frequency of the clinical observations during handovers Use reflections and supervision to review nursing management of elevated NEWS. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
	FallSafe A	Call bell working and in reach	Ensure nursing assistants are checking the call bells are working daily as part of their routine, same to be signed for daily. Identify any issues promptly and escalate to estates. Ensure added to safety brief that every patient given call bell.	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
		Safe footwear on feet	Nursing staff to assess patient footwear, where appropriate contact NOK to ensure safe footwear is brought up to ward when there is no visiting to ward	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			at present. Housekeeper to source totes socks to provide to patients who are at risk.			
	FallSafe B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to all staff members.	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
	SKIN	Nutrition tool applied MUST recorded	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
	MUST	MUST assessment up to date	Ensure MUST is completed on admission or transfer into ward. Weekly updates to be done at the weekend, staff to be made aware of this at safety briefs and huddles at the weekend	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			especially. Carry out spot checks on nursing booklets to ensure it is being done. Quality improvement board displayed down on ward. Show staff how to record MUST if they are not familiar or unsure.			
	Omitted Meds	No. 'blank' doses within previous 24 hour period (1)	Spot checks on drug kardex to be done at ward round each morning. Ensure all staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Using the 'above bed prompts for insulin. Note of concern raised with nurse bank over agency staff member with repeated omissions for investigation.	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
		No. 'blank' doses that were critical meds (1)	Spot checks on drug kardex to be done at ward round each morning. Ensure all staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Using the 'above bed prompts for insulin. Note of concern raised with nurse bank over agency staff member with repeated omissions for investigation.	End of Dec	Sr Crothers Sr O'Neill Sr Stewart	
Dec 20	None identified					
Jan 2021	FallSafe A	Urinalysis performed	Quality improvement board displayed on each side of ward. Spot checks on nursing booklet. Checklist prompt to be added to admission booklet. Advised	End of Feb	Sr Crothers Sr O'Neill Sr Stewart	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			housekeeper to order collection pads for those increasing numbers of incontinence patients and staff advised of same.			
Feb 2021	None identified					
Mar 2021	FallSafe A	Urinalysis performed	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients.	End of April	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart	
	FallSafe B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs	End of April	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart	
	Omitted & Delayed Medicines	No. 'blank' doses within previous 24 hour period (1)	Spot checks on drug kardex to be done at ward round each morning. Ensure all staff familiar with the layout of our drug kardex	End of April	Sr Crothers Sr White Sr Little Sr Taggart	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			and codes used. Critical meds section added to our handovers. Using the 'above bed prompts for insulin. Datix omitted medications. Staff to complete learning from medication error to enhance learning		Sr Stewart	
April 2021	NEWS A	Observations recorded to frequency	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles to encourage staff to utilise the white board on each side with times clinical observation due. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS2 training. Band 3 HCA staff utilised to ensure frequency adhered to and ensure staff nurses are prescribing frequency appropriately to NEWS score	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
	FallSafe A	Urinalysis performed	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients. Staff training for use of POCT urinalysis machine.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
	FallSafe B	Cognitive Screen	Delirium pathway in place for all patients admitted to acute ward.	End of May	Sr Crothers Sr White	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			Spot checks on nursing books. Inform staff to use delirium pathways and update daily		Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
	SKIN	Nutrition tool applied MUST recorded	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
	MUST	MUST assessment up to date	Ensure MUST is completed on	End of May	Sr Crothers	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			admission or transfer into ward. Weekly updates to be done at the weekend, staff to be made aware of this at safety briefs and huddles at the weekend especially. Carry out spot checks on nursing booklets to ensure it is being done. Quality improvement board displayed down on ward. Show staff how to record MUST if they are not familiar or unsure. Document if patient is too unwell to weigh if necessary, rather than omit weekly update.		Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
	Omitted Medicines	No. 'blank' doses within previous 24 hour period (3)	Spot checks on drug kardex to be done at ward round each morning. Ensure all staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Using the 'above bed prompts for insulin. Datix omitted medications. Staff to complete learning from medication error to enhance learning	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		No. 'blank' doses that were critical meds (1)	Spot checks on drug kardex to be done at ward round each morning. Ensure all staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Using the 'above bed prompts for insulin. Datix omitted medications. Staff to complete	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			learning from medication error to enhance learning			
	NOAT A	First language	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		Contact number	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		GP	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		Time critical medications	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		Summary of identified needs	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		Person's valuables	Daily spot check of nursing booklets. Gaps in documentation	End of May	Sr Crothers Sr White	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			identified to staff to complete. Trying to restart PACE training to capture new staff to ward.		Sr Little Sr Taggart Sr Stewart Sr O'Neill	
	NOAT C	are dated	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward. Educate staff to date every entry.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		signature and designation (at each entry)	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward. Reiterate at safety brief to include same.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
		made by a pre-registration student are countersigned by a registered nurse	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward. Ensure practice assessor and practice supervisors sign every entry by their students.	End of May	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill	
May 2021	NEWS A	Observations recorded to frequency	Quality improvement notice board displayed on ward. Ensure oxygen and aim saturations are prescribed in the kardex. Will be highlighted at daily staff huddles also. Spot checks to be carried out daily on charts by band 6s. Provide 1-1 teaching and education to staff who are not	Ongoing	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill All RN	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.			
	FallSafe A	Urinalysis performed	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients. Staff training for use of POCT urinalysis machine.	Ongoing	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill All RN	
	FallSafe B	Cognitive Screen	Education of staff on the importance of cognitive screen, delirium pathways in place at patient end of bed charts. Importance of admission baseline to monitor delirium. Staff awareness that if confused and cannot give appropriate response this needs documented.	Ongoing		
		Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to	Ongoing		

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			all staff members. Document in nursing admission if patient bed bound or unable to stand unaided Ongoing to ensure correct capture on NQIs			
	SKIN	Risk assessment recorded on admission, weekly or if condition changes	Ensure skin checks are completed on admission or transfer to ward within timeframe. Update body map with same. Hot topic board established in ward sister's office to raise awareness to staff. Sharing if ward acquired pressure damage PIR as learning to the team.	Ongoing		
		Nutrition tool applied MUST recorded	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.	Ongoing		
	MUST	MUST assessment up to date	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist	Ongoing		

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			prompt to be added to nursing admission booklets.			
	NOAT B	discharge planning commenced on admission	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward	Ongoing		
	NOAT C	are dated	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward	Ongoing		
		signature and designation (at each entry)	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward	Ongoing		
		made by a pre-registration student are countersigned by a registered nurse	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward	Ongoing		
June 2021	NEWS A	Observations recorded to frequency	Quality improvement notice board displayed on ward. Ensure oxygen and aim saturations are prescribed in the kardex. Will be highlighted at daily staff huddles also. Spot checks to be carried out daily on charts by band 6s. Provide 1-1 teaching and education to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2 to be ward	Ongoing	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill All RN	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			ready for same.			
	NEWS B	Documented evidence of appropriate escalation	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts daily. Provide 1-1 teaching to staff who are not familiar or are unsure. Ensure that when a elevated NEWS is identified during nursing handovers that the chart in checked promptly for completed documentation. Use reflections and supervision to review nursing management of elevated NEWS. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.	Ongoing		
	FallSafe A	Urinalysis performed	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients. Staff training for use of POCT urinalysis machine.	Ongoing	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill All RN	
	FallSafe B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs			
	SKIN	type of cushion recorded	Staff awareness for same if patient out to sit with risk of pressure damage.			
	MUST	MUST assessment up to date	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.			
July 2021	NEWS A	All vital signs recorded	Quality improvement notice board displayed on ward. Ensure oxygen and aim saturations are prescribed in the kardex. Will be highlighted at daily staff huddles also. Spot checks to be carried out daily on charts by band 6s. Provide 1-1 teaching and education to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS	Ongoing	Sr Crothers Sr White Sr Little Sr Taggart Sr Stewart Sr O'Neill DCN Murray All RN	

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			training and NEWS 2 to be ward ready for same.			
		Risk Score totalled	As above			
		NEWS score correct	As above			
		Frequency of observations recorded on chart	As above			
		Observations recorded to frequency	As above			
	FallSafe A	Asked about fear of falling				
		Asked about history of falls				
	FallSafe B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs			
	SKIN	Nutrition tool applied MUST recorded	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			and during any shift. Checklist prompt to be added to nursing admission booklets.			
	MUST	MUST assessment up to date	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets. Ensure MUST is complete on transfer from other ward.			
	Omitted & Delayed Medicines	No. 'blank' doses within previous 24 hour period (3)	Spot checks on drug kardex to be done at ward round each morning. Ensure agency/bank staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Learning from medication incident for nursing staff to raise awareness of medications			
Aug 2021	Falls A	Asked about fear of falling				
		Asked about history of falls				
		Urinalysis performed	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			incontinent patients. Staff training for use of POCT urinalysis machine.			
	FallSafe B	Cognitive Screen	Education of staff on the importance of cognitive screen, delirium pathways in place at patient end of bed charts. Importance of admission baseline to monitor delirium. Staff awareness that if confused and cannot give appropriate response this needs documented.			
		Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs			
	SKIN	Mattress recorded	Staff awareness for same if patient out to sit with risk of pressure damage.			
		Patient repositioning schedule recorded				
		Nutrition tool applied MUST	Weights and MUST score has			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

		recorded	been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.			
	MUST	MUST assessment up to date	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets. Ensure MUST completed on patients transferred from other wards.			
	Omitted & Delayed Medicines	No. 'blank' doses within previous 24 hour period (4)	Spot checks on drug kardex to be done at ward round each morning. Ensure agency/bank staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Learning from medication incident for nursing staff to raise awareness of medications			
Sept	NOAT A	First language	Daily spot check of nursing			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

2021			booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward			
		Contact Number	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward			
		GP	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward			
		Infection prevention and control risk assessment	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward			
		The person's story	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward			
		What matters to you to enable your discharge	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward			
		Malnutrition Universal Screening Tool (MUST)	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.			
		Summary of identified needs	Daily spot check of nursing booklets. Gaps in documentation identified to staff to complete. Trying to restart PACE training to capture new staff to ward			
	NEWS A	Risk Score totalled	Quality improvement notice board displayed on ward. Ensure oxygen and aim saturations are prescribed in the kardex. Will be highlighted at daily staff huddles also. Spot checks to be carried out daily on charts by band 6s. Provide 1-1 teaching and education to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.			
	FALLS A	Urinalysis performed	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients. Staff training for use of POCT urinalysis machine.			
	FALLS B	Cognitive Screen	Education of staff on the			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			importance of cognitive screen, delirium pathways in place at patient end of bed charts. Importance of admission baseline to monitor delirium. Staff awareness that if confused and cannot give appropriate response this needs documented.			
		Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. One team handover approach to ensure that patients identified as requiring lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs			
	SKIN	Type of cushion recorded	Staff awareness for same if patient out to sit with risk of pressure damage.			
		Nutrition tool applied MUST recorded	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates,			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.			
		Risk Assessment recorded on admission, weekly or if condition changes	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets. Ensure MUST completed on transfer from other wards			
		Food chart updated (if appropriate)	Identified on nursing handover, patients on food charts for appropriate reason.			
	MUST	MUST assessment up to date	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets.			
	Omitted & Delayed Medicines	No. 'blank' doses within previous 24 hour period (4)	Spot checks on drug kardex to be done at ward round each morning. Ensure agency/bank			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			staff familiar with the layout of our drug kardex and codes used. Critical meds section added to our handovers. Learning from medication incident for nursing staff to raise awareness of medications			
	Line Labelling	All lines labelled with an appropriate label in accordance with policy	Ensure all staff inclusive of transient workforce are aware of SHSCT line labelling policy. Provide supply of all labels. Poster displayed in treatment room to ensure staff aware of same.			
		All lines indicate time, date, initials, and label is clearly visible	Ensure all staff inclusive of transient workforce are aware of SHSCT line labelling policy. Provide supply of all labels. Poster displayed in treatment room to ensure staff aware of same.			
Oct 2021	FALLS A	Urinalysis performed	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients. Staff training for use of POCT urinalysis machine.			
	SKIN	Type of cushion recorded				
		Nutrition tool applied MUST recorded				
	MUST	MUST assessment up to date				

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

Nov 2021	No NQIs Identified (100%)					
Dec 2021	NEWS A	Observations recorded to frequency (2)	Quality improvement notice board displayed on ward. Ensure oxygen and aim saturations are prescribed in the kardex. Will be highlighted at daily staff huddles also. Spot checks to be carried out daily on charts by band 6s. Provide 1-1 teaching and education to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2.			
	FALLS A	Urinalysis performed (3)	Quality improvement board displayed on each side of ward. Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients. Staff training for use of POCT urinalysis machine.			
	FALLS B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. Team handover approach to ensure that patients identified as requiring			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs			
	NOAT A	Contact number (3)				
		Resuscitation Status				
		GP				
		Date & time of admission				
		Alerts				
		Person placement				
		The person's story				
		What matters to you to enable your discharge (3)				
		Falls assessment (2)				
		Summary of identified needs (2)				
Jan 2022	NEWS	Evidence of appropriate action	Quality improvement notice board displayed on ward. Ensure oxygen and aim saturations are prescribed in the kardex. Will be highlighted at daily staff huddles also. Spot checks to be carried out daily on charts by band 6s. Provide 1-1 teaching and education to staff who are not familiar or are unsure. Ensure staff all up to date with NEWS training and NEWS 2 to be ward ready for same.			
	FALLS A	Asked about fear of falling				
		Urinalysis performed	Quality improvement board displayed on each side of ward.			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

			Daily spot checks on nursing booklet. Checklist prompt to added to admission booklet. Collection pads available for incontinent patients. Staff training for use of POCT urinalysis machine.			
	FALLS B	Lying and standing blood pressure recorded	Educate ALL staff that ALL patients now need their LSBP recorded on admission as opposed to over 65yrs and falls risk as it says in the admission booklet! Checklist prompt to be added to nursing admission booklets. Band 3 staff utilised to assist with same. Team approach to ensure that patients identified as requiring lying and standing BP known to all staff members. Document in nursing admission if patient bed bound or unable to stand unaided to ensure correct capture on NQIs			
	Omitted Meds	No. 'blank' doses within previous 24 hour period (3)				
	NOAT A	Resuscitation Status				
		GP				
		Allergies/ sensitivities on admission				
		Infection prevention and control risk assessment				
		What matters to you to enable your discharge				
		Person's medications				

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

		Time critical medications (2)				
		Summary of identified needs (4)				
Feb 2022	No NQIs Identified (100%)					
March 2022	NEWS	Escalation box completed	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts. Provide 1-1 teaching to staff who are not familiar or are unsure. Ensure that when an elevated NEWS is identified during nursing handovers that the chart in checked promptly for completed documentation. Use reflections and supervision to review nursing management of elevated NEWS. Ensure staff all up to date with NEWS2 training.	End April	All staff	
		Scale 2 marked out, dated and signed by medical staff (ifN/A)	Quality improvement notice board displayed on ward. Will be highlighted at daily staff huddles also. Spot checks will be carried out on charts. Provide 1-1 teaching to staff who are not familiar or are unsure. Ensure medical staff are documenting aim target saturations. Use reflections and supervision to review nursing management of elevated NEWS. Ensure staff all up to date with NEWS2 training.			

Audits with 0-94% compliance included in plan

Quality Improvement Plan – 3 South

	SKIN	MUST carried out within 24 hrs from admission	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets. Patients transferred from others wards who do not have MUST completed within 6 hours of admission, escalated to their ward manager as impacting on 3S figures.			
	MUST	MUST assessment up to date	Weights and MUST score has been allocated to be done at the weekends for weekly updates, all staffing bands informed of same. Spot checks on nursing notes to ensure admission MUST score done as well as weekly updates, checks can be done at handover and during any shift. Checklist prompt to be added to nursing admission booklets			

Audits with 0-94% compliance included in plan

Southern Health and Social Care Trust

Monthly Ward Assurance Audit

Ward/ Area	Completed By	Date
3 south	Paula McKay and Laura White	27 th Jan 2022

Ward Environment	Yes	No	NA	Area Of Non Compliance	Action Required	Completed
Ward Entrance						
1) Handgel is stocked and Step by Step Guide Displayed	X					
2) Door Signage Appropriate/ No Sticky Tape	X					
3) Paint Work Intact		x		Some areas of chipped paint	Same actioned with house keeper , this area has frequent chipped paint due to numerous trollies and beds in same that often bang against the walls	On going
4) Floor Intact and Dust Free Corners	x					
5) Clear and Clutter Free		x		Domestic trollies sitting in ward entrance	Spoken with domestics on the ward today and asked them to please keep their trollies in the domestic cupboards when they are not using them	27th Jan 2022
Main Corridor (s)						
1. Clear and Clutter Free	X					
2. Danicentres Stocked and Dust Free	X					
3. Bins Rust Free, Labelled and Not Under Danicentres	X					
4. Paint Work Intact	X					
5. Floor Intact and Dust Free Corners	X					
6. Handgel is stocked and Step by Step Guide Displayed	X					
7. Nurse in Charge/Duty DNO/Meal Supervisor Displayed	X					
Notice Boards						
1) Audit Results Up to Date and laminated	X					
2) If Hypo Na Ward Correct Fluid Management Flow Chart Displayed			X			

3) Ward Sister/ Clinical Sisters Displayed	X					
4) Ward Statement/ Sisters Charter Displayed	X					
5) We Welcome Your Views Information Displayed	X					
6) Patient Information Leaflets Available and Holder Dust Free	X					
7) No Sticky Tape	X					
Patient Bay (x2)						
1) Clear and Clutter Free	X y					
2) Clear Screens in Use Between Patients	X y					
3) Curtains Visibly Clean and Dated	X y					
4) Sink and Taps Clean	X y					
5) Hand Soap and Towels Stocked	X y					
6) 7 Steps To HandWash Signage Displayed	X y					
7) Danicentres Stocked and Dust Free	X y					
8) Bins Rust Free, Labelled and Not Under Danicentres		X y		Bin required in Bay 1 in both front and back of ward	Ward sister to follow up with house keeper if there is any spare bins if not same to be ordered	February 2022
9) Paint Work Intact	Xy					
10) Floor Intact and Dust Free Corners	Xy					
11) Handgel is stocked and Step by Step Guide Displayed	Xy					
12) Oxygen and Suction Equipment Stored Appropriately and labelled if in use	X	y		Back bay one requires a new wall holder	Ward sister and house keeper to order and get fixed to wall	
13) Bedframes Clean and Damage Free	Xy					
14) Chairs, Stools and Over Bed Tables Damage Free	Xy					
15) Locker Tops Clear	Xy					
16) PODS Locked (Check All PODS in Bay)	Xy					
17) Call Bell within patient reach	Y	x		Patients did not have access to call bell	Ward sister gave patient her call bell and reinforced same with all nursing staff	27th Jan 2022
18) IDDSI Alert Signage	Y		X			
19) Falls Risk Signage	Y		x			
20) Single use BP cuffs in use	Xy					
21) High Level Dusting Satisfactory	Xy					
22) Daily Oxygen and Suction Checks Completed	Xy					
23) Daily Bay Cleaning Checklist Completed	Xy					
24) Sliding Entry Doors Closed (if appropriate)	Xy					

Side Room (x2)						
1. Clear and Clutter Free	X y					
2. Sink and Taps Clean	X y					
3. Hand Soap and Towels Stocked	X y					
4. 7 Steps To HandWash Signage Displayed	X y					
5. Bins Rust Free and Labelled	X y					
6. Paint Work Intact	X y					
7. Floor Intact and Dust Free Corners	X y					
8. Handgel is stocked Outside Room and Step by Step Guide Displayed	X y					
9. Oxygen and Suction Equipment Stored Appropriately	X y					
10. Bedframes Clean and Damage Free	X y					
11. Chairs, Stools and Over Bed Tables Damage Free	X y					
12. Locker Tops Clear		X y		Personal belongings on top of each locker	Same put into patients locker at time of audit, one patient did ask for some personal belongings to remain on top of locker phone charger	27th Jan 2022
13. POD Locked			X y	No medication in same		27th Jan 2022
14. High Level Dusting Satisfactory	X y					
15. Daily Oxygen and Suction Checks Completed	X y					
16. Daily Side Room Cleaning Checklist Completed	X y					
17. Side Room Door Closed (if appropriate)		X	Y	Side room door could not be closed due to patients confusion	Patient was not at risk of walking however was at risk of falling	27th jan 22
18. IPC Room Signage Appropriate		x	Y	Appropriate signage not in place	Same put in place at time of audit by nursing staff	27th jan 22
Nurses Station (s)						
1. Clean and Clutter Free	X					
2. Equipment dust free (inc PCs)	X					
3. Emergency Blood Loss/ Cardiac Arrest Numbers Displayed	X					
4. No Sticky Tape on Signage	X					
5. Medical & Nursing Notes trolley dust free and stored in secure location	X					
Patient Toilets						
1. Clean and Clutter Free	X					
2. Paint Work Intact	X					

3. Floor Intact and Dust Free Corners	X					
4. Bins Rust Free and Labelled	X					
5. Hand Soap ,Hand Towels & Toilet Roll Stocked	X					
6. Sink and Taps Clean	X					
7. 7 Steps To HandWash Signage Displayed	X					
8. Toilet Bowls / Seats Clean & Damage Free	X					
9. No Cleansing Creams Left In Toilets	X					
Patient Showers						
1. Clean and Clutter Free	X					
2. Shower Chairs Clean & Damage Free	X					
3. Floor Intact and Dirt/ Mould Free Corners	X					
4. Paint Work/ Waterproof Panels Intact	X					
5. No Cleansing Products Left in Showers	X					
Sluice (Check all if more than 1)						
1. Clean and Clutter Free	X					
2. Paint Work / Waterproof Panels Intact	X					
3. Floor Intact and Dust Free Corners	X					
4. Bins Rust Free and Labelled & Not Stored Under Danicentres	X					
5. Danicentres Stocked and Dust Free	X					
6. No Washing Supplies Stored in Sluice	X					
7. Bedpans & Bottles Clean &Damage Free (if reuseable items stocked)	X					
8. Commodes Clean, Damage Free and Labelled "I Am Clean"	X					
9. Toilet Brush is Clean			x			
10. Laundry Skips Empty/ Under Half Filled	X					
11. Sink and Taps Clean	X					
12. 7 Steps To HandWash Signage Displayed	X					
13. Hand Soap & Hand Towels Stocked	X					
14. Daily BedPan Washer Checks Completed	X					
15. Daily Sluice Checks / Cleaning Schedule Completed	X					
COSHH						
1. Cupboard is Locked	X					
2. Actichlor Bottle Dated for Todays Use	X					
3. Stocked appropriately	X					

Point Of Care Testing Devices (Blood Glucose, Urinalysis/ Pregnancy and Blood Gas Analyser)						
1. Meters and boxes clean, damage free	X					
2. Solutions Dated on Opening	X					
3. No Ketone Strips in Box	X					
4. No Used Testing Strips In Box	X					
5. Urinalysis/ Pregnancy Meter Clean & Damage Free	X					
Fridge						
1. Clean & Tidy	X					
2. Twice Daily temperature Checks Completed	X					
3. Opening Dates Recorded on Insulin Vials	X					
4. Fridge Locked	X					
Clinical Preparation Room						
1. Entrance Door Locked	X					
2. Clean and Clutter Free	X					
3. No Stock On Floor	X					
4. Paint Work Intact		x		Paint behind the bin chipped	Averil organising White rocking same daily	27th jan 2022
8. Floor Intact and Dust Free Corners	x					
9. All Drugs Appropriately Stored		x				
10. IV Trays Clean & Damage Free	X					
11. Sink and Taps Clean	X			Drugs on counter	Pharmacy Tech on ward putting same away	27th Jan 2022
12. 7 Steps To HandWash Signage Displayed	X					
13. Hand Soap & Hand Towels Stocked	X					
Controlled Drug/Epidural Cupboards						
1. Twice daily checks completed	X					
2. Double signatures at each entry	X					
3. H&C recorded for each entry	X					
4. Discrepancies recorded and evidence of action taken	X					
5. Stock levels appropriate	X					
6. PODs recorded correctly	X					
7. Signature list in place	X			Same in pharmacy		
8. Keys held by NIC	X					

9. Complete	x					
Hypo/ Hyper K+ Boxes						
1. Daily checks completed	X					
2. Hyperkalaemia box sealed and in date	X					
3. Hypoglycaemia box	X					
• In date	X					
• Box clean and tidy	X					
Emergency Trolley						
1. Daily checks completed	X					
2. Weekly stock/expiry date completed	X					
3. Trolley clean, tidy and dust free	X					
4. Trolley sealed	X					
5. Defib charging	X					
6. Sharps box empty and temporary closure in place	X					
7. Oxygen tank 'full'	X					
Equipment Store						
1. Clean and tidy	X					
2. RQIA signage in place	X					
3. Stored appropriately (no items on floor)	X					
4. 'I am clean' labels in use	X					
5. O2 and medical air stored separately & labelled	X					
6. Equipment charging where appropriate	X					
7. Designated area for faulty equipment and escalated for repair	X			Store room 1		
8. Equipment on loan recorded	X			Yes a book for same		
9. Is there a named equipment controller	X			Averil housekeep and Cathy band 6 clinical sister		
10. Drip stands/monkey poles stored on beds	X					
11. Clinical trollies clean and rust free	X					
12. Pressure relieving devices appropriately stored	X					
Consumables Store (s)						
1. Clean and tidy	X			Required tidying	Same on going	
2. RQIA signage in place	X					
3. Stocked appropriately (no items on floor and not over stocked)	X					
4. Bereavement bags in stock	X					

Linen Store						
1. Clean and tidy	X			Required tidying	Same ongoing	
2. RQIA signage in place	X					
3. Stocked appropriately (no items on floor)	X					
Disposal Area						
1. Clean and tidy/door closed	X					
2. Appropriate signage for waste disposal/segregation	X					
3. Magpie box insitu and in tack	X					
4. Sharps boxes signed as closed, tagged and stored safely	X					
5. Bins closed	X					
6. Dirty laundry stored on cages	X					
Fire Exits						
1. All fire doors closed	X					
2. Alarms activated and damage free	X					
3. Ward floor plan displayed	X					
4. Last fire/drill inspection documented	X					
Infection Control						
1. Full PPE Worn By Staff	X					
2. Correct Donn & Doff Procedure Followed (observe 1 staff member)	X					
3. Patient Access to Face Mask and Hand Sanitizer	X					
4. Steps of Hand Was/ Hand Rub Followed (observe 1 staff member)	X					
Risk Assessment's						
1. Date of last environmental audit with IPC/Estates and ward sister	X					
2. Ward H&S risk assessment up to date/date of review	X					
3. Fire risk assessment up to date/date of review	X					
4. Ligature risk assessment/date of review				ongoing		

Southern Health and Social Care Trust

Monthly Ward Assurance Audit Action Plan

Area for Improvement	Action Required	Person Responsible	Date for Completion	Progress Comments RAG Rating
1.	1.	1. Ward Sister 2. Band 6s 3. All levels of staff B5/ 3 & 2		
2.	1.	1. Ward Sister 2. Band 6s 3. All levels of staff B5/ 3 & 2		
3.	1.	1. Ward Sister 2. Band 6s 3. Band 5 SN		
4.	1.	1. Ward Sister 2. Band 6s 3. Band 5 SN 4.		
5.	1.	1. Ward Sister		

		2. Band 6s		

RAG Rating

Not actioned	
In progress	
Completed	

Clayton, Wendy

From: Clayton, Wendy <[redacted]>
Sent: 13 January 2021 12:28
To: Carroll, Ronan; Kelly, Brigeen
Subject: Urgent 3South Staffing

Importance: High

Helen

3 South
Band 5 available currently is 5.57wte, deficit of 18.85wte

70% of 3 South band 5 workforce is vacant based on posts unfilled. This doesn't include the vacancies caused by LTS, Mat leave etc. With the available agency staff and the core team including band 6's and band 7, band 2& 3 (including housekeeper), we are sitting with a total staffing complement of 49.6%.

I appreciate normative is now not the model and we work within the 1:6 NPR and higher normally on the late shift when we often find ourselves pushing 1:8 or 1:9.
Pre this surge based on an average of the staffing we had across a week we could manage 24 beds at a push

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

Southern Health and Social Care Trust

Service Delivery Plans 2021/2022
SMT EXECUTIVE SUMMARY

WIT-33209

SMT Executive Summary provides an overview of the Service Delivery Plans 2021/2022 with:

- 10 service delivery plan areas (containing 48 individual service areas) with comparison between actual activity versus projected volumes, based on HSCB monitoring template (Appendix 1); and
- Performance RAG assessed as: 'Green' -4.9% and above ; 'Amber' -5% to -9.9%; Red' -10% (and below); and 'White' unable to assess.

70%
Of Plan Areas On Track / Partially on Track

70%
(7 out of 10 Plan Areas)
Out-Patients; IPDC/Endoscopy; AHP's; Community Dental; Diagnostics; Cancer Services, Mental Health.

0%
(0 out of 10 Plan Areas)

20%
(2 out of 10 Plan Areas)
, Day Care & Day Opportunities, Community Paediatrics

10%
(1 out of 10 Plan Areas)
Health Visiting

** CHALLENGES Highlighted for SMT Consideration **

- Whilst collectively **70%** of the summary level plan areas are on track / partially on track ('Green' or 'Amber'), there are 12 **(25%)** individual service areas (out of 48) demonstrating under performance equal to or in excess of **-10%**. Please note that 1 (2%) out of the 48 individual service areas cannot be assessed (for FY2021/2022) due to outstanding information.
  - **Inpatients -11% (-397)**
  - **Occupational Therapy New -11% (-847)**
  - **Orthoptics New -29% (-909)**
  - **Speech and Language Therapy New -20% (-503)**
  - **Adult Mental Health (Non Inpatient) New -11% (-416)**
  - **CAMHS Review -11% (-1,984)**
  - **Dementia New -44% (-1,253)**
  - **Autism Adults New Intervention -40% (-6)**
  - **Day Care Elderly -29% (-3,876)**
  - **Learning Disability Day Opps -33% (-4,622)**
  - **Physical Disability Day Opps -64% (-123)**
  - **Community Paediatrics Review -21% (-1,043)**
- Services have noted performance impacted by: New appointments displaced by clinically urgent reviews; Vacancies / sick leave / absences due to Covid isolation requirements; Elective surgery affected by pandemic responses; Day care and day opportunities affected by lower level of uptake (compared to the level of offers) associated with Covid fears / social distancing impacting the volume of clients that can attend and can avail of transport.

Service Delivery Plans 2021/2022 -Actual Versus Projected

Overview of Fiscal Year 2021/22 Service Delivery Plans, actual versus projected

Out-Patients: *(Face to Face & Virtual)*

- **New :** Actual **63,859** versus **66,716** Projected
  -4% / -2857 below projected
- **Review:** Actual **132,845** versus **122,835** Projected
  +8% / +10,101 above projected
- **Total:** **196,704** versus **189,551** Projected
  +4% / + 7,153 above projected

Cancer Services:

- **14 Day:** Actual **36%** versus **21%** Projected
  +15% above projected
- **31 Day:** Actual **85%** versus **81%** Projected
  +4% above projected
- **62 Day:** Actual **36%** versus **37%** Projected
  -1% below projected

Diagnostics:

- **MRI:** Actual **12,330** versus **12,035** Projected
  +2% / +295 above projected
- **CT:** Actual **37,304** versus **36,670** Projected
  +2% / +634 above projected
- **NOUS:** Actual **37,276** versus **34,723** Projected
  +7% / +2553 above projected
- **Echo:** Actual **10,573** versus **9,909** Projected
  +7% / +664 above projected
- **Total:** Actual **97,483** versus **93,337** Projected
  +4% / +4,146 above projected

In-Patients and Day Cases & Endoscopy:

- **In-Patients:** Actual **3,095** versus **3,492** Projected
  -11% / -397 below projected
- **Day Cases & Endoscopy**:** Actual **27,237** versus **22,747** Projected ***+20% / +4,490 above projected***
- **Total:** Actual **30,332** versus **26,239** Projected
  +16% / +4093 above projected

*** Note: Day Cases and Endoscopy must be considered collectively due to the timelag for clinical coding associated with Endoscopy.*

Service Delivery Plans 2021/2022 -Actual Versus Projected

Overview of Fiscal Year 2021/22 Service Delivery Plans, actual versus projected

Allied Health Professionals:

- **New:** Actual **34,611** versus **36,904** Projected
  -6% / -2293 below projected
- **Review:** Actual **131,901** versus **124,306** Projected
  +6% / +7595 above projected
- **Total:** **166,512** versus **161,210** Projected
  +3% / +5302 above projected

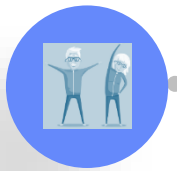
Mental Health:

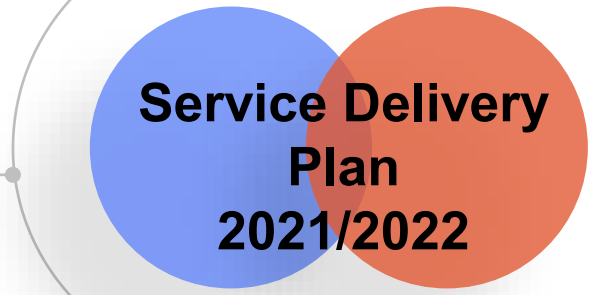
- **New:** Actual **10,358** versus **11,928** Projected
  -13% / -1570 below projected
- **Review:** Actual **103,443** versus **102,553** Projected
  +1% / +890 above projected
- **Total:** **113,801** versus **114,481** Projected
  -1% / -680 below projected

Day Care and Day Opportunities:

- **Day Care:** Actual **49,421** versus **51,739** Projected
  -4% / -2318 below projected
- **Day Opportunities:** Actual **9,478** versus **14,223** Projected
  -33% / -4,745 below projected
- **Total:** Actual **58,889** versus **65,962** Projected
  -11% / -7,063 below projected

****Notes: Day Opportunity figures available from Jul'21 onwards.*





Community Dental:

- **New:** Actual **1,712** versus **1,449** Projected
  +18% / +263 above projected
- **Review:** Actual **6,704** versus **5,828** Projected
  +15% / +876 above projected
- **Total:** **8,416** versus **7,277** Projected
  +16% / +1139 above projected

Community Paediatrics:

- **New:** Actual **1,293** versus **1,371** Projected
  -6% / -78 below projected
- **Review:** Actual **3,860** versus **4,903** Projected
  -21% / -1043 below projected
- **Total:** **5,153** versus **6,274** Projected
  -18% / -1,121 below projected

Health Visiting:

Q3 - December performance is available – final of quarter figures are not available

- **Contacts:** **43,358** contacts versus **44,970** projected
  -4% / -1,612 below projected

SEC PERFORMANCE REPORT - AS AT 21/03/2016

			MARCH 2015 - YEAR END							Mar-16								Apr-16						
Speciality	Division	OP/IP/DC	Expected SBA - April - End of March	Expected Activity	ACTUAL	Actual Variance- Patients	Actual % Variance	Projected Access	15/16 SBA tbc	Expected SBA - March	Expected Capacity March	Capacity - ROTT 5%	*Expected Activity*	Variance- Patients	% Variance	Projected Access	NOTES - 21/03/2016	Expected SBA - April	Expected Capacity April	Capacity - ROTT 5%	*Expected Activity*	Variance- Patients	% Variance	Projected Access
UROLOGY	**SEC**	**NOP**	**3949**	**3454**	**3514**	**-435**	**-11.02%**	**Cons - 46 weeks (SWAH) ICATS - 46 weeks 1172 > 9 weeks**	**3949**	**3949**	**250**	**238**	**3513**	**-437**	**-11.05%**	**17 CAH Cons x 9 NOP = 153 11 CAH Reg x 6 NOP = 66 1 SWAH x 4 NOP = 4 9 UDS x 3 NOP = 27 2 STC x 5 NOP = 10 4 Haem x 4 NOP = 16 TOTAL NOP available = 276 Longest waiter by end March = 71 weeks Urgent = 35 weeks**	**Total NOP** Waiting List = 2662 patients 826 **Urgent** -99 with dates, 727 no dates **Cluster at 30 weeks** 20 > 30 weeks 1836 **Routine - 56** with dates, 1780 no dates **Longest Waiter - 72 weeks** **1651 > 18 weeks** **NOP Activity** April = 322 May = 284 June = 263 July = 186 Aug = 240 Sept = 350 Oct = 330 Nov = 333 Dec = 301 Jan = 320 Feb = 360	**329**	**305**	**290**	**290**	**-39**	**-11.95%**	**Based on available NOP sessions on rota and virtual activity trend in 2015/2016**
UROLOGY - submitted SBA	**SEC**	**NOP**							**3591**	**3591**	**250**	**238**	**3513**	**-79**	**-2.19%**			**299**	**305**	**290**	**290**	**-10**	**-3.17%**	
UROLOGY	**SEC**	**ROP**	**5405**		**4787**	**-618**	**-11.43%**		**4787**	**4787**								**399**		**0**	**0**	**-399**	**-100.00%**	
UROLOGY	SEC	IP	571	1086	1056	497	87.04%		**571**	**571**	**65**	**62**	**915**	**344**	**60.20%**			**48**	**78**	**74**	**74**	**27**	**55.73%**	
UROLOGY	SEC	DC	4385	3087	3574	-1262	-28.78%		**4385**	**4385**	**170**	**162**	**3133**	**-719**	**-16.39%**	**39 IP sessions x 3 patients = 117 6 CAH DSU x 4 patients = 24 7 CAH Flexi x 8 patients = 56 3 STH GA/flexi x 5 patients = 15 4 Haem x 6 patients = 24 6 STC Treatments x 4 patients = 24 Chemo/TROC x 7 per week = 28 TOTAL = 288 patients + OPwP (ave 25/mont) = 313 Longest waiter at end March = 119 weeks Urgent = 113 weeks (PCNL of MY)**	**Total** Elective Waiting List = 997 patients **474 Urgent** - 72 booked, 402 not booked **Urgent Longest Waiter = 113 weeks (MY)** 92 urgent patients > 52 weeks **523 Routine** - 31 with dates, 492 with no dates **Longest waiter = 121 weeks** **385 > 26 weeks** **228 > 52 weeks**	**365**	**270**	**257**	**300**	**-65**	**-17.85%**	**Based on average out-turn in 2015/16 to date**
UROLOGY	SEC	OPwP Patient activity						**84 weeks 272 > 26 weeks**			**25**	**24**	**534**						**46**	**44**				
UROLOGY (no OPP)	**SEC**	**IP/DC**	**4956**	**4173**		**-765**	**-15.44%**		**4956**	**4956**	**235**	**223**	**4047**	**-909**	**-18.34%**			**413**		**0**	**0**	**-413**	**-100.00%**	
UROLOGY (with OPP)	**SEC**	**IP/DC**	**4956**	**4880**	**4630**	**-326**	**-6.58%**		**4956**	**4956**	**260**	**247**	**4581**	**-375**	**-7.57%**			**413**		**0**	**0**	**-413**	**-100.00%**	
UROLOGY (with OPP) PROPOSED NEW SBA	**SEC**								**4630**	**4630**			**4581**	**-49**	**-1.06%**			**386**	**394**	**374**	**374**	**-12**	**-2.99%**	

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

SEC PERFORMANCE REPORT - AS AT 28/3/17

				Mar-17								April 17 M01							
Speciality	**Division**	**OP/IP/DC**	**15/16 & 16/17 SBA tbc**	**Expected SBA - Mar 17**	**Expected Capacity Mar 17**	**Expected Capacity - ROTT 5%**	***Expected Activity***	**Variance- Patients**	**% Variance**	**Projected Access**	**Comment**	**Expected SBA - April 17**	**Expected Capacity April 17**	**Expected Capacity - ROTT 5%**	***Expected Activity***	**Variance- Patients**	**% Variance**	**Projected Access**	**Comment**
UROLOGY - submitted SBA	**SEC**	**NOP**	**3591**	**3591**	**405**	**385**	**4427**	**836**	**23.27%**	**Routine LW = 78 weeks Urgent LW = 58wks** 209 pts > 52wks 1529 pts > 18wks 1868 pts > 9 wks	**Based on available NOP sessions on rota and virtual activity trend in 2015/2016** LOST ACTIVITY **New Locum Mr Jacob, Mr Brown + 3 Regs**	**299**	**320**	**304**	**304**	**5**	**1.59%**	**Routine LW = 82 weeks Urgent LW = 58wks**	**Based on available NOP sessions on rota** LOST ACTIVITY **24days AL & 3days SL**
UROLOGY	SEC	IP	**1056**	**1056**	**80**	**76**	**799**	**-257**	**-24.34%**	**Daycases** Routine LW = 152wks Urgent LW = 127 wks **Inpatients** Routine LW = 165wks Urgent LW = 151wks **335pts > 52wks 602pts > 26wks 913pts > 13wks**	**Based on average out-turn in 2015/16 to date and available sessions on theatre rota. Incl DC Flexi x7pts, Stone Tx 5p, Haem 5pts, Chemo 7p/wk, Flexi in thorndale ave 30p/mth** **Using Submitted SBA awaiting approval** **Lost capacity** Elective cancelled: due to trauma =71pts due to norovirus = 13 total = 74pts	**88**	**82**	**78**	**78**	**-10**	**-11.48%**	**Daycases Routine LW = 157wks Urgent LW = 127 wks Inpatients Routine LW = 170wks Urgent LW = 151wks**	**Draft rota for April 17** **Based on average out-turn in 2015/16 to date and available sessions on theatre rota. Incl DC Flexi x7pts, Stone Tx 5p, Haem 5pts, Chemo 7p/wk, Flexi in thorndale ave 30p/mth** **Using Submitted SBA awaiting approval** **Lost capacity** **24days AL & 3days SL**
UROLOGY	SEC	DC	**3142**	**3142**	**280**	**266**	**3483**	**341**	**10.85%**			**262**	**200**	**190**	**190**	**-72**	**-27.43%**		
UROLOGY	SEC	OPwP Patient activity	**432**	**432**	**42**	**40**	**490**	**58**	**13.36%**			**36**	**40**	**38**	**38**	**2**	**5.56%**		
Urology (IP/DC only combined)	SEC	**IP/DC**	**4198**	**4198**	**360**	**342**	**3813**	**-386**	**-9.18%**			**350**	**282**	**268**	**268**	**-82**	**-23.42%**		
UROLOGY (with IP/DC/OPP)	**SEC**	**IP/DC/OPPC**	**4630**	**4630**	**402**	**382**	**4772**	**142**	**3.06%**			**386**	**322**	**306**	**306**	**-80**	**-20.72%**		

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

2019/20 PERFORMANCE IMPROVEMENT TRAJECTORY

Delivery of Core - New Outpatients

Trust: Southern

PIT Lead: Ronan Carroll, Assistant Director ATICS & SEC; Barry Conway, Assistant Director CCS & IMWH; Anne McVey, Assistant Director MUSC; Julie McConville, Assistant Director CYPS; Roisin Toner, Assistant Director OPPC

Date Submitted (HSCB): 14 June 2019

Comments/escalations: Cumulative performance for the total OP trajectory (23 specialties) demonstrates +1% (+486) above the projected levels of activity: 2 specialties (9%) are assessed as Red - **Cardiology** demonstrates -21% (-353) against the projected levels to date; **Chemical Pathology** (single-handed Consultant clinic) demonstrates underperformance of -12% (-10 patients). **1 specialty (17%) is assessed as Amber** - **Pain Management** demonstrates cumulative underperformance of -8% (-50 patients) - this has been quantified by the service and includes loss of clinics due to Consultant-on-call (on-site overnight, so OPD cancelled next day) in August & September; also more Consultant A/L taken in August and September; higher patient DNAs than anticipated. However, the trajectory shows significant improvement in Octonber, and the service advise that they envisage pulling back the trajectory before year-end.
ACTIONS: For those trajectories which are currently underperforming, Operational Teams have been requested to advise of the actions being taken to ensure the trajectories get back on track. **Cardiology** previously advised they had identified actions to be undertaken to improve the trajectory including - reworking specialty doctors job plans to optimise capacity at clinics, and confirmed 1 additional NOP clinic per week for Arrhythmia - effective November 2019. The Head of Service anticipates that this trajectory will be pulled back by the end of the year. **Chemical Pathology** - the service had advised that they were looking at options to increase capacity, including nurse-led clinics due to commence in January 2020. The Head of Service has also confirmed that a Specialty Doctor has been appointed to fill the gap left by the GP with Specialtist interest who left the Trust in Qtr 1 of 2019/20. the service anticipate being back on track by March 2020. **Geriatrics** - there are 4 sub-specialties, of which 3 are underperforming: *Ortho-Geriatrics* (ASD) advised that they will pull back by end of the year as 2 additional clinics have been set up for a period of 3 months initially from September. *Geriatric Medicine* (OPPC) and *Geriatric Acute* (ASD) had indicated that it is unlikely that the trajectories will recover by the end of the year - responses remain outstanding.

Reduce the percentage of funded activity associated with elective care services that remains undelivered

Month: 7 (Oct. 2019)

Specialty	SBA		2018/19 outturn against SBA			2019/20 Forecast Activity to be Delivered v Outturn (Actual)													Performance Against Trajectory Volume					Performance Against Agreed SBA Volume				
	2018/19	2019/20	Delivered 2018/19 (nn)	Variance 2018/19 (nn)	Variance 2018/19 (%)	2019/20 SHSCT Operational Trajectory Volume	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20 Cumulative Volume (to date)	2019/20 Cumulative Expected Volume (to date)	Variance	% Variance	RAG status	2019/20 Cumulative SBA (to date)	2019/20 cumulative expected SBA	Variance	% Variance	RAG status
Breast Family History	218	218	215	-3	-1%	210	0	24	20	13	15	20	18	20	16	21	22	21										
Breast Family History Actual activity							**0**	**25**	**27**	**8**	**13**	**28**	**24**						**125**	**110**	**15**	**14%**		**125**	**127**	**-2**	**-2%**	**Y**
Breast Surgery	4,205	4,205	4,035	-170	-4%	3965	321	364	319	354	337	254	373	342	256	361	352	332										
Breast Surgery actual activity							**374**	**369**	**343**	**332**	**269**	**326**	**317**						**2330**	**2322**	**8**	**0%**		**2330**	**2453**	**-123**	**-5%**	**A**
Cardiology	2,415	2,415	2,693	278	12%	2739	223	251	247	205	170	261	297	280	177	200	211	217										
Cardiology actual activity							**179**	**231**	**212**	**120**	**110**	**214**	**235**						**1301**	**1654**	**-353**	**-21%**		**1301**	**1409**	**-108**	**-8%**	**A**
Chemical Pathology	140	140	175	35	25%	140	10	15	14	8	8	15	15	10	8	15	10	12										
Chemical Pathology							**8**	**12**	**13**	**4**	**9**	**15**	**14**						**75**	**85**	**-10**	**-12%**		**75**	**82**	**-7**	**-8%**	**A**
Dermatology (Cons-Led only)	7,322	7,322	8,337	1,015	14%	8066	560	750	800	630	630	550	850	830	495	814	597	560										
Dermatology (Cons-Led only) actual activity							**583**	**609**	**630**	**641**	**630**	**637**	**835**						**4565**	**4770**	**-205**	**-4%**		**4565**	**4271**	**294**	**7%**	**G**
Diabetology	418	418	507	89	21%	470	36	37	40	38	37	41	40	44	35	40	42	40										
Diabetology actual activity							**42**	**37**	**31**	**43**	**32**	**37**	**46**						**268**	**269**	**-1**	**-0.4%**		**268**	**244**	**24**	**10%**	**G**
Endocrinology	537	537	815	278	52%	725	63	65	69	40	59	62	60	65	60	65	57	60										
Endocrinology							**102**	**84**	**94**	**87**	**104**	**72**	**91**						**634**	**418**	**216**	**52%**		**634**	**313**	**321**	**102%**	**G**
ENT	9,463	9,463	9,170	-293	-3%	8828	603	653	688	383	731	794	850	1,021	733	816	806	750										
ENT actual activity							**774**	**710**	**821**	**633**	**685**	**843**	**776**						**5242**	**4702**	**540**	**11%**		**5242**	**5520**	**-278**	**-5%**	**A**
Gastroenterology	2,006	2,006	2,129	123	6%	2020	160	186	140	180	120	174	200	200	172	200	158	130										
Gastroenterology actual activity							**161**	**177**	**166**	**150**	**115**	**168**	**192**						**1129**	**1160**	**-31**	**-3%**		**1129**	**1170**	**-41**	**-4%**	**Y**
General Medicine	487	487	326	-161	-33%	216	17	17	16	15	20	20	18	19	17	18	19	20										
General Medicine							**17**	**25**	**21**	**28**	**30**	**31**	**30**						**182**	**123**	**59**	**48%**		**182**	**284**	**-102**	**-36%**	**R**
General Surgery	9,839	9,839	7,096	-2,743	-28%	7159	543	639	607	535	610	555	745	605	500	575	600	645										
General Surgery Actual activity							**589**	**643**	**507**	**435**	**349**	**732**	**912**						**4167**	**4234**	**-67**	**-2%**		**4167**	**5739**	**-1572**	**-27%**	**R**
Geriatric Medicine (combined)	1,912	1,912	2,231	319	17%	2190	166	200	188	170	162	193	218	181	142	217	172	181										
Geriatric Medicine actual activity							**164**	**186**	**179**	**163**	**158**	**174**	**220**						**1244**	**1297**	**-53**	**-4%**		**1244**	**1115**	**129**	**12%**	**G**
Gynae Colposcopy	1,354	1,354	974	-380	-28%	960	70	90	95	80	50	80	105	85	80	75	80	70										
Gynae Colposcopy							**98**	**67**	**88**	**84**	**54**	**93**	**96**						**580**	**570**	**10**	**2%**		**580**	**790**	**-210**	**-27%**	**R**

Gynae Fertility	137	137	210	73	53%	145	10	10	10	10	10	20	20	15	10	10	10	10								
Gynae Fertility							**19**	**14**	**13**	**10**	**13**	**12**	**9**						**90**	**90**	**0**	**0%**		**90**	**80**	**10**	**13%**	**G**
Gynae Urodynamics	400	400	123	-277	-69%	129	0	0	12	6	6	12	12	12	9	18	24	18								
Gynae Urodynamics							**3**	**10**	**9**	**9**	**7**	**9**	**10**						**57**	**48**	**9**	**19%**		**57**	**233**	**-176**	**-76%**	**R**
Neurology	2,790	2,790	3,006	216	8%	2806	233	234	220	240	260	264	233	260	240	212	190	220								
Neurology Actual activity							**258**	**231**	**288**	**209**	**244**	**249**	**316**						**1795**	**1684**	**111**	**7%**		**1795**	**1628**	**168**	**10%**	**G**
Obs and Gyn (Gynaecology)	6,853	6,853	6,792	-61	-1%	6445	517	517	650	470	530	601	570	640	470	570	420	490								
Obs and Gyn (Gynaecology) actual activity							**496**	**561**	**514**	**664**	**339**	**545**	**622**						**3741**	**3855**	**-114**	**-3%**		**3741**	**3998**	**-257**	**-6%**	**A**
Paediatrics	2,600	2,600	2,763	163	6%	2550	185	195	199	185	201	215	231	231	227	227	227	227								
Paediatrics actual activity							**219**	**226**	**232**	**155**	**223**	**287**	**274**						**1616**	**1411**	**205**	**15%**		**1616**	**1517**	**99**	**7%**	**G**
Pain Management	1,190	1,190	1,138	-52	-4%	1138	80	90	88	72	102	108	123	111	72	80	104	108								
Pain Management actual activity							**78**	**86**	**95**	**94**	**51**	**90**	**119**						**613**	**663**	**-50**	**-8%**		**613**	**694**	**-81**	**-12%**	**R**
Rheumatology	1,692	1,692	1,648	-44	-3%	1692	125	139	157	120	111	147	164	164	125	149	141	150								
Rheumatology actual activity							**127**	**133**	**151**	**130**	**126**	**139**	**154**						**960**	**963**	**-3**	**-0.3%**		**960**	**987**	**-27**	**-3%**	**Y**
Thoracic Medicine	1,724	1,724	1,809	85	5%	1782	140	160	169	130	135	162	157	169	133	145	145	137								
Thoracic Medicine actual activity							**158**	**199**	**158**	**113**	**147**	**166**	**177**						**1118**	**1053**	**65**	**6%**		**1118**	**1006**	**112**	**11%**	**G**
Trauma and Orthopaedics (Orthopaedics)	2,872	2,872	2,598	-274	-10%	2247	146	225	217	119	133	112	216	247	181	253	199	199								
Trauma and Orthopaedics (Orthopaedics)actual activity							**147**	**221**	**231**	**143**	**92**	**197**	**236**						**1267**	**1168**	**99**	**8%**		**1267**	**1675**	**-408**	**-24%**	**R**
Urology	3,591	3,591	3,841	250	7%	2866	292	361	364	202	251	157	289	260	157	239	147	147								
Urology actual activity							**347**	**239**	**240**	**242**	**265**	**355**	**264**						**1952**	**1916**	**36**	**2%**		**1952**	**2095**	**-143**	**-7%**	**A**
Total	**64,165**	**64,165**	**62,631**	**-1,534**	**-2%**	**59,488**	**4,500**	**5,222**	**5,329**	**4,205**	**4,688**	**4,817**	**5,804**	**5,811**	**4,315**	**5,320**	**4,733**	**4,744**								
TOTAL ACTUAL ACTIVITY							***4,943***	***5,095***	***5,063***	***4,497***	***4,065***	***5,419***	***5,969***	***0***	***0***	***0***	***0***	***0***	***35051***	***34565***	***486***	***1%***		***35051***	***37430***	***-2379***	***-6%***	**A**

Key:

Await response from Services RE: underperformance

RAG Status:

	Operational trajectory on track or better
	Underperformance of up to 5% against operational trajectory
	Underperformance of 5% - 10% against operational trajectory
	Underperformance of 10% or more against operational trajectory/behind plan

RAG status:

G	• SBA at 0% and above
Y	• SBA underperformance between -0.1% & -4.9%
A	• SBA underperformance between -5% & -9.9%
R	• SBA underperformance of -10% or more

KEY RISKS AND MITIGATIONS TO DELIVERY OF PLAN

Risk Description	Risk Rating	Mitigations	Risk Owner

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Trust	**Southern**
PIT Lead	**ATICS & SEC - Ronan Carroll; CCS & IMWH - Barry Conway; MUSC - Anne McVey; CYPS - Julie McConville OPPC - Roisin Toner**
Date Submitted (HSCB):	**June 2019**

Outturn against SBA		
2017/18	2018/19	2019/20 (planned)
-10.0%	-5.2%	-8.5%

Comments/escalations: Whilst cumulative performance for the total IP/DC trajectory (15 specialties) demonstrates +8% (+1129) above the projected levels of activity:
- **2 specialties (13%) are assessed as Red** - **General Medicine** demonstrates -18% (-203) against the projected levels of activity - though this should be considered along with Gastroenterology which demonstrates an over-performance of 53% associated with inpatient coding backlog. *Operational response for this underperformance remains outstanding* ; **Orthopaedics** demonstrates -11% (-124 patients) against the projected levels of activity - the service have quantified the underperformance which is primarily attributed to an increase in trauma cases being undertaken in Ortho lists during the first 7 months of 2019/20, with elective orthopaedic slots displaced during the first half of the year due to an influx of trauma cases, but more significantly in September and October when more slots were lost than predicted. April to September demonstrated 69 slots lost due to an increase in trauma cases; Consultant sick leave in May; performance impacted by more A/L being taken in August than was originally anticipated. However, 52 slots were lost in October alone - there were more trauma cases undertaken in ortho elective lists (40) than in any other month, resulting in a loss of 25 elective slots. In addition, 4 elective sessions were converted to trauma all-day sessions to meet trauma demand; 4 sessions were lost due to inability to backfill 4 middle grades; 2 Consultants were on sick leave resulting in a loss of 4 further elective sessions during October. **ACTIONS: All Operational Teams have been asked to review their assumptions where the trajectory has gone off-track. If trajectories are underperforming, the service is requested to inform the Performance Team in writing of the quantified reasons and the estimated timescales and actions to be taken to ensure that this gets back on track. Services are also to advise urgently if there is anything which was not previously considered as part of their projections which may have an impact on the ability to deliver the 2019/20 volumes - with a view to re-submission to HSCB if necessary before the window of opportunity to do this closes.**
***Early alert*: the Orthopaedics service advised (in November) that performance against the trajectory will be further impacted as there will be no elective activity on the CAH site in December due to the reduction in theatre nursing staff. This will result in a loss of 107 elective patients.**

Reduce the percentage of funded activity associated with elective care services that remains undelivered

Month: 7 (Oct 2019)

Specialty	SBA Volume		2018/19 Outturn against SBA			2019/20 Forecast Activity to be Delivered v Outturn (Actual)													Performance Against Trajectory Volume						Performance Against Agreed SBA Volume					
	2018/19 SBA	2019/20 SBA	Delivered 2018/19 (nn)	Variance 2018/19 (nn)	Variance 2018/19 (%)	2019/20 SHSCT Operational Trajectory Volume	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20 Cumulative Volume (to date)	2019/20 Cumulative Expected Volume (to date)	Variance	% Variance	RAG status		2019/20 Cumulative SBA (to date)	2019/20 cumulative expected SBA	Variance	% Variance	RAG status	
Breast Surgery	400	400	449	49	12%	410	37	32	34	33	31	32	32	36	32	40	35	36												
Breast Surgery Actual activity							***39***	***25***	***33***	***50***	***28***	***41***	***31***						***247***	***231***	***16***	***7%***			***247***	***233***	***14***	***6%***	G	
Dermatology (Cons Led only)	1,066	1,066	1,253	187	18%	1263	98	96	94	86	119	129	129	90	127	102	97	96												
Dermatology Cons-Led only actual activity							***105***	***88***	***95***	***118***	***103***	***104***	***110***						***723***	***751***	***-28***	***-4%***			***723***	***622***	***101***	***16%***	G	
Dermatology (Nurse Led only)	328	328	505	177	54%	483	33	37	55	30	30	50	48	48	30	44	39	39												
Dermatology Cons-Led only actual activity							***40***	***38***	***41***	***51***	***33***	***43***	***57***						***303***	***283***	***20***	***7%***			***303***	***191***	***112***	***58%***	G	
ENT (Ear, Nose & Throat)	2,850	2,850	1,990	-860	-30%	1706	101	143	154	79	163	172	192	172	124	149	135	122												
ENT Actual activity							***158***	***177***	***192***	***131***	***143***	***188***	***193***						***1,182***	***1,004***	***178***	***18%***			***1,182***	***1,663***	***-481***	***-29%***	R	
Gastroenterology (Non-Scopes)	205	205	1,164	959	468%	991	68	107	90	75	77	58	69	70	65	113	100	99												
Gastroenterology (Non-Scopes) Actual activity							***105***	***89***	***93***	***108***	***97***	***93***	***245***						***830***	***544***	***286***	***53%***		GMED & Gastro should be considered together	***830***	***120***	***710***	***594%***	G	
General Medicine	1,855	1,855	1,839	-16	-1%	1906	139	152	158	148	174	172	181	162	157	177	136	150												
General Medicine Actual activity							***142***	***134***	***125***	***132***	***118***	***126***	***144***						***921***	***1,124***	***-203***	***-18%***			***921***	***1,082***	***-161***	***-15%***	R	
General Surgery	5,830	5,830	4,127	-1,703	-29%	4013	268	343	326	234	275	368	394	364	298	535	303	305												
General Surgery Actual activity							***301***	***334***	***323***	***296***	***300***	***367***	***663***						***2,584***	***2,208***	***376***	***17%***			***2,584***	***3,401***	***-817***	***-24%***	R	
Geriatric Medicine combined	10	10	60	50	500%	12	1	1	1	1	1	1	1	1	1	1	1	1												
Geriatric Medicine combined - Actual activity							***16***	***8***	***11***	***5***	***10***	***6***	***3***						***59***	***7***	***52***	***743%***			***59***	***6***	***53***	***911%***	G	
Obs and Gyn (Gynaecology)	2,593	2,593	2,024	-569	-22%	1842	150	155	155	155	155	155	155	155	150	150	150	157												
Obs and Gyn (Gynaecology) - Actual activity							***131***	***136***	***147***	***185***	***170***	***150***	***184***						***1,103***	***1,080***	***23***	***2%***			***1,103***	***1,513***	***-410***	***-27%***	R	
Paediatrics	120	120	113	-7	-6%	132	11	11	11	11	11	11	11	11	11	11	11	11												
Paediatrics actual activity							***15***	***18***	***17***	***17***	***20***	***25***	***10***						***122***	***77***	***45***	***58%***			***122***	***70***	***52***	***74%***	G	

Pain Management	550	550	525	-25	-5%	511	60	54	54	30	30	45	40	42	30	42	42	42								
Pain Management actual activity							***61***	***47***	***54***	***41***	***22***	***53***	***50***						***328***	***313***	***15***	***5%***		***328***	***321***	***7***	***2%***	G
Rheumatology	2,909	2,909	3,074	165	6%	3062	271	288	300	224	224	283	243	278	214	239	245	253								
Rheumatology actual activity							***253***	***281***	***268***	***290***	***238***	***339***	***243***						***1,912***	***1,833***	***79***	***4%***		***1,912***	***1,697***	***215***	***13%***	G
Thoracic Medicine	500	500	442	-58	-12%	443	40	32	42	28	34	40	37	39	36	40	38	37								
Thoracic Medicine actual activity							***38***	***47***	***39***	***43***	***60***	***51***	***60***						***338***	***253***	***85***	***34%***		***338***	***292***	***46***	***16%***	G
Trauma and Orthopaedics	1,968	1,968	1,777	-191	-10%	1956	135	168	198	112	133	160	195	201	128	172	172	182								
Trauma and Orthopaedics actual activity							***124***	***154***	***164***	***132***	***120***	***144***	***139***						***977***	***1,101***	***-124***	***-11%***		***977***	***1,148***	***-171***	***-15%***	R
Urology	4,198	4,198	4,717	519	12%	4501	342	333	407	286	426	374	445	402	302	421	381	382								
Urology actual activity							***421***	***464***	***373***	***403***	***406***	***439***	***416***						***2,922***	***2,613***	***309***	***12%***		***2,922***	***2,449***	***473***	***19%***	G
Total - trajectory volume submitted	**25,382**	**25,382**	**24,059**	**-1,323**	**-5%**	**23,231**	**1,754**	**1,952**	**2,079**	**1,532**	**1,883**	**2,050**	**2,172**	**2,071**	**1,705**	**2,236**	**1,885**	**1,912**						**14,551**	**14,806**	**-255**	**-2%**	
Actual activity							***1,949***	***2,040***	***1,975***	***2,002***	***1,868***	***2,169***	***2,548***	***0***	***0***	***0***	***0***	***0***	***14,551***	***13,422***	***1,129***	***8%***		***14,551***	***14,806***	***-255***	***-2%***	y

Key:

RAG Status:

- **Operational trajectory on track or better**
- **Underperformance of up to 5% against operational trajectory**
- **Underperformance of 5% - 10% against operational trajectory**
- **Underperformance of 10% or more against operational trajectory/behind plan**

RAG status:

- **G** • SBA at 0% and above
- **Y** • SBA underperformance between -0.1% & -4.9%
- **A** • SBA underperformance between -5% & -9.9%
- **R** • SBA underperformance of -10% or more

KEY RISKS AND MITIGATIONS TO DELIVERY OF PLAN

Risk Description	Risk Rating	Mitigations	Risk Owner

OUTPATIENT REFERRALS RECEIVED (GP & OTHER)

Covid-19 pandemic from 13/3/2020

	April	May	June	July	August	Sept	October	Nov	Dec	January	Feb	March	TOTAL	Mthly SBA	Yrly SBA
General Surgery 15/16	1695	1666	1868	1778	1566	1706	1911	1845	1541	1648	1638	1613	20475	865	10384
General Surgery 16/17	1251	1191	1328	1095	1190	1242	1194	1238	996	1215	996	1272	14208	820	9839
General Surgery 17/18	1209	1021	1220	1348	1159	1307	1234	1263	944	1178	1034	1117	14034	820	9839
General Surgery 18/19	1082	1255	1241	1140	1204	1137	1282	1292	926	1266	1176	1150	14151	820	9839
General Surgery 19/20	1162	1331	1224	1303	1167	1241	1287	1156	903	1214	1036	757	13781	820	9839
General Surgery 20/21	370	537	757	829	817	888	922	896	906	724	825		8471	820	9839
General Surgery 21/22	1067	1122	1138	845	879								5051	820	9839
Variance	697	585	381	16	62										
% Variance	188.4%	108.9%	50.3%	1.9%	7.6%										

	April	May	June	July	August	Sept	October	Nov	Dec	January	Feb	March	TOTAL	Mthly SBA	Yrly SBA
ENT 15/16	1267	1237	1442	1286	1113	1241	1313	1308	1113	1248	1402	1317	15287	759	9106
ENT 16/17	1333	1278	1219	1091	1219	986	1065	1139	904	1227	1063	1362	13886	759	9106
ENT 17/18	1123	1012	1267	1360	1119	1204	1217	1168	827	1196	1115	1140	13748	759	9106
ENT 18/19	1081	1180	1176	974	1016	975	1190	1106	768	1103	1027	1030	12626	759	9106
ENT 19/20	1085	1105	1099	1058	997	1069	1237	1107	890	1179	1080	650	12556	759	9106
ENT 20/21	238	453	566	643	690	748	763	772	642	629	761		6905	759	9106
ENT 21/22	866	956	972	773	734								4301		9106
Variance	628	503	406	130	44	-748	-474	-335							
% Variance	263.9%	111.0%	71.7%	20.2%	6.4%	-70.0%	-38.3%	-30.3%							

	April	May	June	July	August	Sept	October	Nov	Dec	January	Feb	March	TOTAL	Mthly SBA	Yrly SBA
Urology 15/16	400	401	484	438	383	425	443	447	412	401	455	455	5144	329	3949
Urology 16/17	456	436	490	451	428	433	452	461	406	533	373	202	5121	299	3591
Urology 17/18	473	421	476	537	438	500	533	565	444	502	511	565	5965	299	3591
Urology 18/19	490	563	565	464	586	510	618	566	468	544	514	539	6427	299	3591
Urology 19/20	507	560	537	543	506	505	555	511	485	559	505	363	6136	299	3591
Urology 20/21	211	305	363	416	411	398	381	421	430	389	389		4114	299	3591
Urology 21/22	466	452	484	396	394								2192		3591
Variance	255	147	121	-20	-17	-107	-174	-90							
% Variance	120.9%	48.2%	33.3%	-4.8%	-4.1%	64.1%	-31.4%	-17.6%							

	April	May	June	July	August	Sept	October	Nov	Dec	January	Feb	March	TOTAL	Mthly SBA	Yrly SBA	
Orthopaedics 11/12	135	250	232	180	184	195	198	176	159	181	220	203	2313	220		
Orthopaedics 12/13	197	233	223	215	201	249	243	241	193	234	221	228	2678	220	2645	80% conversion
Orthopaedics 13/14	247	271	228	211	202	255	273	266	194	280	231	217	2875	220	2645	
Orthopaedics 14/15	250	253	259	257	217	289	306	212	208	268	229	275	3023	220	2645	
Orthopaedics 15/16	227	213	230	227	213	234	223	244	189	189	204	167	2560	220	2645	
Orthopaedics 16/17	171	175	316	249	255	292	293	281	230	279	218	290	3049	220	2645	
Orthopaedics 17/18	312	231	317	318	205	280	339	370	247	314	311	277	3521	220	2645	
Orthopaedics 18/19	312	325	346	265	267	286	301	296	247	277	251	197	3370	220	2645	
Orthopaedics 19/20	293	333	338	317	258	303	286	291	254	281	215	196	3365	220	2645	
Orthopaedics 20/21	66	78	158	162	194	241	247	201	186	200	163		1896	220	2645	
Orthopaedics 21/22	255	241	252	178	172								1098		2645	
Variance	189	163	94	16	-22											
% Variance	286.4%	209.0%	59.5%	9.9%	-11.3%											

Covid-19 pandemic from 13/3/2020

RED FLAD REFERRALS														
Referral Reason Description	**Referral Reason**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	2909
SUS BC (Breast) FOLLOWING TRIAGE 17/18	BC	213	244	254	234	225	245	311	246	171	252	242	272	3226
SUS BC (Breast) FOLLOWING TRIAGE 18/19	BC	254	255	250	258	262	250	336	292	209	307	265	288	3137

SUS BC (Breast) FOLLOWING TRIAGE 19/20	BC	268	304	265	285	258	259	302	270	196	289	245	196	3137
SUS BC (Breast) FOLLOWING TRIAGE 20/21	BC	159	257	304	329	270	285	326	310	266	252	293		3051
SUS BC (Breast) FOLLOWING TRIAGE 21/22	BC	291	270	314	233	273								1381
Variance		-109	-47	39	44									104.9%
% Variance		-40.7%	-15.5%	14.7%	15.4%									
														2867
SUS LGC (LGI) FOLLOWING TRIAGE 17/18	LGC	203	230	276	235	260	238	255	261	206	230	206	267	3513
SUS LGC (LGI) FOLLOWING TRIAGE 18/19	LGC	257	300	278	284	289	285	271	302	280	336	325	306	3870
SUS LGC (LGI) FOLLOWING TRIAGE 19/20	LGC	324	337	346	366	357	345	383	309	247	324	290	242	3870
SUS LGC (LGI) FOLLOWING TRIAGE 20/21	LGC	118	200	264	302	285	322	290	294	330	229	302		2936
SUS LGC (LGI) FOLLOWING TRIAGE 21/22	LGC	357	385	391	280	309								1722
Variance		-206	-137	-82	-64									83.6%
% Variance		-63.6%	-40.7%	-23.7%	-17.5%									
														1879
SUS UGC (UGI) FOLLOWING TRIAGE 17/18	UGC	152	126	178	132	147	160	195	194	129	164	136	166	2116
SUS UGC (UGI) FOLLOWING TRIAGE 18/19	UGC	158	172	181	196	178	165	194	186	147	196	153	190	2244
SUS UGC (UGI) FOLLOWING TRIAGE 19/20	UGC	205	220	184	199	172	177	203	184	170	232	178	120	2244
SUS UGC (UGI) FOLLOWING TRIAGE 20/21	UGC	68	99	166	179	173	176	177	192	194	163	178		1765
SUS UGC (UGI) FOLLOWING TRIAGE 21/22	UGC	225	218	255	199	209								1106
Variance		-137	-121	-18	-20									93.9%
% Variance		-66.8%	-55.0%	-9.8%	-10.1%									
														2017
SUS URC (Urology) FOLLOWING TRIAGE 17/18	URC	152	152	171	143	159	147	193	190	156	161	192	201	2382
SUS URC (Urology) FOLLOWING TRIAGE 18/19	URC	176	193	192	177	229	192	227	216	211	199	190	180	2082
SUS URC (Urology) FOLLOWING TRIAGE 19/20	URC	163	199	204	177	165	175	186	155	184	186	152	136	2082
SUS URC (Urology) FOLLOWING TRIAGE 20/21	URC	71	114	126	159	156	162	138	154	185	153	138		1556
SUS URC (Urology) FOLLOWING TRIAGE 21/22	URC	165	178	208	156	158								865
Variance		-92	-85	-78	-18	-9	-13	-48	-1					77.1%
% Variance		-56.4%	-42.7%	-38.2%	-10.2%	-5.5%	-7.4%	-25.8%	-0.6%					
														1149
SUS ENT FOLLOWING TRIAGE 17/18	HNC	93	106	109	104	104	108	84	86	65	103	84	103	1259
SUS ENT FOLLOWING TRIAGE 18/19	HNC	84	95	128	94	115	94	138	123	75	121	84	108	1231
SUS ENT FOLLOWING TRIAGE 19/20	HNC	114	110	103	111	96	108	123	100	88	100	102	76	1231
SUS ENT FOLLOWING TRIAGE 20/21	HNC	33	66	83	95	97	102	101	93	78	85	102		935
SUS ENT FOLLOWING TRIAGE 21/22	HNC	131	130	125	123	98								607
Variance		-81	-44	-20	-16	1	-6	-22	-7					81.4%
% Variance		-71.1%	-40.0%	-19.4%	-14.4%	1.0%	-5.6%	-17.9%	-7.0%					

Total Suspect RF FOLLOWING TRIAGE 19/20	All SEC	1074	1170	1102	1138	1048	1064	1197	1018					
Total Suspect RF FOLLOWING TRIAGE 20/21	All SEC	449	736	943	1064	981	1047	1032	1043					
Variance	All SEC	-625	-434	-159	-74	-67	-17	-165	25					
% Variance	**All SEC**	**-58.2%**	**-37.1%**	**-14.4%**	**-6.5%**	**-6.4%**	**-1.6%**	**-13.8%**	**2.5%**					

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Urology Team Departmental Meeting
16th December 2021 at 12:45

NOTES OF MEETING

Present:

Wendy Clayton	Michael Young	Mr Glackin
John O'Donoghue	Laura McAuley	Leanne McCourt
Kate O'Neill	Mr. Khan	Matthew McAlinden
Jason Young	Jenny McMahon	

Apologies	Mark Haynes, Patricia Thompson
Covid Update	CAH Covid positive = 44 (clinical covid – 4) ICU vented – 4 – number of covid patients ICU – 6 DHH 15 resp ward, 1 on route to resp ward from CAH Next Covid 19 Surge Number of clinical covid patients – 0 Wendy and Michael attended meeting this morning, situation at present is not good. Possible need for cancellation of elective admissions. Staff causing problems, January will be very challenging. •
Elective/Outpatient activity update	Theatres- - CAH Sessions confirmed - Tuesday and Friday theatre lists completed, day surgery on Tuesday AM - Need for list to be planned – in the even a major case is admitted this will cause a block on beds for 2 weeks - Advised our turn around will be relatively short - Sessions confirmed for 1st January for main theatres – all day list – Mr. Glackin - Daisy Hill – Thursday sessions and usual Tuesday and Friday IS contracts - IS Contract – 50 per month with Totally Healthcare – 5 Consultants – 10 each per month (all being done in batches of 10) (a) Performance- - Matthew discussed performance as per attachment - Red flags – 12 weeks - Haematuria – 3 weeks - 800 new urgent – info uploaded to NIECR, red flags – given to trackers and then Consultants - Re. Stone treatment - discussion made regarding converting back to CAH from Totally Healthcare – discussed how this can be done, which Consultant will be involved and how it will be split evenly between Consultants - Michael Young advised – re. stone treatment – information from IS will be processed then plan of action needs to be made. Matthew will record this - Wendy in conversations with Lagan Valley Hospital regarding

	urology procedures at LVH – unable to take TURP patients at present (refer to attachment)
Pump clinic	
Staffing	
Urology CNS update	• Nurse specialists – Cancer pathways discussed all going ahead and renal in a good position too
Any other business	
Date of next meeting	

ACUTE GOVERNANCE CURRENT COMPLAINTS RECORD					
Ref	**Record name**	**Date Received**	**DAYS OVER**	**Awaiting**	**Comments / Also Sent to...**
Personal Information redacted by the USI		05/05/2021	**305**	Amie Nelson	Drafted - Awaiting Amie / Mr Yousaf. Amie reminded 22/2/22
		21/05/2021	**290**	Amie Nelson	Amie to respond - reminder 20/01/22
		12/11/2021	**117**	Amie Nelson	Awaiting response from Amie Nelson and Mr Hewitt
		05/01/2022	61	Amie Nelson	Response needed regarding attitude of staff
		12/01/2022	54	Amie Nelson	Sent to Tracey McGuigan 22/2/22
		20/01/2022	46	Jane Scott	To Wendy Clayton 24/2/22
		31/01/2022	34	Brigeen Kelly	Gary Rainey, Jonathan Bunn, Anita Carroll
		31/01/2022	35	Jane Scott	Investigation Sent
		01/02/2022	34	Amie Nelson	Katherine Robinson has responded. Awaiting Dr Hamad and Amie Nelson re waiting time to be seen and referral to vascular.
		08/02/2022	26	Amie Nelson	Jane Scott
		16/02/2022	19	Wendy Clayton	Investigation email sent
		21/02/2022	13	Wendy Clayton	Mr McNaboe
		21/02/2022	13	Amie Nelson	Investigation email sent
		28/02/2022	12	Amie Nelson	Dr Campbell, Caroline Hopps,
		02/03/2022	4	Amie Nelson	Mr Epanomeratakis, Lisa Frazer
		03/03/2022	3	Wendy Clayton	Investigation email sent
		24/03/2022	-21	Brigeen Kelly	David McMurray
		31/03/2022	-29	Brigeen Kelly	Investigation email sent

REOPENED COMPLAINTS					
Ref	**Record name**	**Re-Opened**	**Overdue**	**Loc (Exact)**	**Response or Meeting**
Personal Information redacted by the USI		26/05/2021	**285**	Amie Nelson	Amie to provide wording for draft response - nothing further to add from original
		07/09/2021	**181**	Amie Nelson	Further reminders sent to Amie, Ronan and Mr Hewitt. Only waiting on response from Mr Hewitt & 4 North. **Complainant phoning every week**
		11/10/2021	**147**	Amie Nelson	Further reminders sent to Amie & Ronan. Awaiting meeting date. **Complainant phoning every week.**
			140		Drafted - sent to Mr Haynes / Ronan - awaiting approval.
			108		
		13/01/2022	53	ICU	Sent to Tracey McGuigan and Helena Murray
		14/01/2022	52	Brigeen Kelly	Sent to Brigeen and Mr Bunn. Carla Lockhart to be provided with reopened response.
		16/04/2022	4	Amie Nelson	Sent to Tracey McGuigan / Emma McCann for further response

Clayton, Wendy

From: Clayton, Wendy
Sent: 28 April 2022 09:47
To: ODonoghue, JohnP; Connolly, Carly
Subject: RE: DatixWeb feedback message

Thanks john

From: ODonoghue, JohnP <[redacted]>
Sent: 28 April 2022 09:42
To: Clayton, Wendy <[redacted]>; Connolly, Carly <[redacted]>
Subject: RE: DatixWeb feedback message

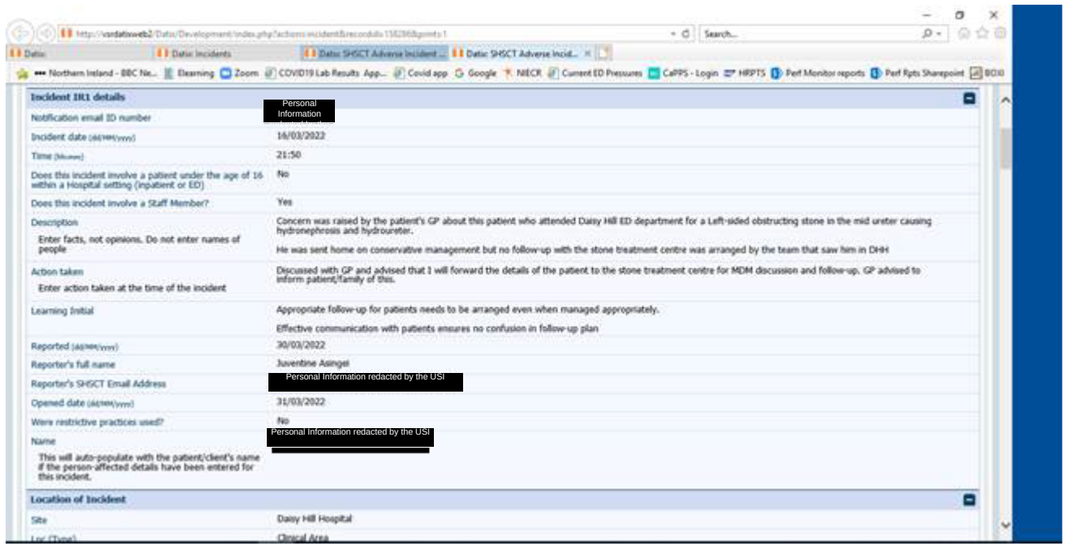
Hi Wendy,

I will put it down for discussion at PSM,
J

John P. O'Donoghue
Consultant Urological Surgeon
Craigavon Area Hospital,
[redacted]
[redacted]
68 Lurgan Road, Portadown, BT63 5QQ,

From: Clayton, Wendy <[redacted]>
Sent: 28 April 2022 08:57
To: ODonoghue, JohnP <[redacted]>; Connolly, Carly <[redacted]>
Subject: FW: DatixWeb feedback message

John – does below Datix need discussed at PSM?



Incident IR1 details

Notification email ID number	[redacted]
Incident date (dd/mm/yyyy)	16/03/2022
Time (hh:mm)	21:50
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	No
Does this incident involve a Staff Member?	Yes
Description Enter facts, not opinions. Do not enter names of people	Concern was raised by the patient's GP about this patient who attended Daisy Hill ED department for a Left-sided obstructing stone in the mid ureter causing hydronephrosis and hydroureter. He was sent home on conservative management but no follow-up with the stone treatment centre was arranged by the team that saw him in DHH
Action taken Enter action taken at the time of the incident	Discussed with GP and advised that I will forward the details of the patient to the stone treatment centre for MDM discussion and follow-up. GP advised to inform patient/family of this.
Learning Initial	Appropriate follow-up for patients needs to be arranged even when managed appropriately. Effective communication with patients ensures no confusion in follow-up plan
Reported (dd/mm/yyyy)	30/03/2022
Reporter's full name	Juventine Asingel
Reporter's SHSCT Email Address	[redacted]
Opened date (dd/mm/yyyy)	31/03/2022
Were restrictive practices used?	No
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	[redacted]

Location of Incident

Site	Daisy Hill Hospital
Loc (Type)	Clinical Area

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

-----Original Message-----
From: Carly Connolly <Personal Information redacted by the USI>
Sent: 28 April 2022 08:47
To: Clayton, Wendy <Personal Information redacted by the USI>
Subject: DatixWeb feedback message

This is a feedback message from Carly Connolly. Incident form reference is Personal Information redacted by the USI.
The feedback is:
Hi Wendy

Can you review datix incident. Patient was reviewed by urology at time of ED presentation. No follow up aranged.

Regards

Carly

Regards

Carly
Please go to http://vsrdatixweb2/Datix/Development/index.php?action=incident&recordid=Personal Information redacted by the to view the incident

Clayton, Wendy

From: Clayton, Wendy < Personal Information redacted by the USI >
Sent: 05 May 2021 13:48
To: Kingsnorth, Patricia; Carroll, Ronan
Cc: Connolly, Connie
Subject: RE: Datix Incident Report Number Personal Information redacted by the USI
Attachments: RE: Personal Information redacted by the USI (39.0 KB)

See attached from Mr O'Donoghue

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

-----Original Message-----
From: Kingsnorth, Patricia
Sent: 30 April 2021 09:01
To: Clayton, Wendy
Cc: Connolly, Connie
Subject: FW: Datix Incident Report Number Personal Information redacted by the USI

Hi Wendy
See datix below completed by John O'Donaghue.
Can you advise if what the cause of death was and if there are any issues whereby conversations are required with the Coroner's office please.
Many thanks
Patricia

Patricia Kingsnorth
Acting Acute Clinical Governance Coordinator Governance Office Room 53 The Rowans Craigavon Area Hospital Personal Information redacted by the USI

-----Original Message-----
From: datix Personal Information redacted by the USI [mailto: Personal Information redacted by the USI]
Sent: 29 April 2021 18:12
To: Connolly, Connie
Subject: Datix Incident Report Number Personal Information redacted by the USI

An incident report has been submitted via the DATIX web form.

The details are:

Form number: Personal Information redacted by the USI

Description:

Patient admitted with high pressure chronic urinary retention 02/11/20.
He died suddenly Personal Information redacted by the USI. Death certificate incorrectly stated cause of death was cardiac arrest due to hypovolaemia due to urinary retention.
Patient safety meeting recommended I fill out a Datix

Please go to http://vsrdatixweb2/Datix/Development/index.php?action=incident&recordid=[redacted] to view and approve it.

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Clayton, Wendy

From: ODonoghue, JohnP <[redacted]>
Sent: 05 May 2021 13:33
To: Cardwell, David
Cc: Clayton, Wendy
Subject: RE: [redacted]

Dear David,

The PSM felt they couldn't sign off on Mr [redacted] as the death certificate wasn't accurate.
He was a gentleman with a considerable number of co-morbidities who was admitted initially with ? CVA.
The CT showed no evidence of an infarct and as he was in urinary retention (HPCR), he was transferred to Urology.
He unexpectedly arrested the following morning, presumably from an MI.

The death certificate was inaccurate as it was filled out by an F1 who didn't discuss with the registrar [redacted]).
The death certificate stated death was due to cardiac arrest due to hypovolaemia due to acute urinary retention and associated diuresis.

Regards,
J

John P. O'Donoghue
Consultant Urological Surgeon
Craigavon Area Hospital,
[redacted]
[redacted]
68 Lurgan Road, Portadown, BT63 5QQ

From: Cardwell, David
Sent: 05 May 2021 10:19
To: ODonoghue, JohnP
Cc: Farrell, Roisin
Subject: [redacted]

Dear Mr O'Donoghue, thank you for reporting this datix incident which was discussed at the Surgical Screening meeting this morning.

I have been asked to obtain some more information in relation to the discussions which were had at the PSM and would be grateful for an update if possible before the next meeting of this group which is next Wednesday.

Kind Regards

David Cardwell

Southern Health and Social Care Trust

Clinical Governance Manager | Acute Services Clinical and Social Care Governance Team |
Room 54 | The Rowans | Craigavon Area Hospital | 68 Lurgan Road | Portadown BT63 5QQ |
Tel: [redacted] | Email: [redacted]

Working together Excellence Openness & Honesty Compassion

Urology Team Departmental Meeting
Thursday 31st March 2022 at 12:45

Notes of meeting

Present: Wendy Clayton, Sarah Ward, Michael Young, Jenny McMahon, Leanne McCourt, Jeventine Asingei, John O'Donoghue, Sabahat Hasnain, Anthony Glackin, Laura McAuley, Kisnain, Hafs, Fiona Griffin, Susie Call

Apologies	Kate O'Neill
Covid update	Level 4 North & South covid outbreak Currently 31 covid inpatients and no patients in ICU
Public Inquiry update	• Being monitored keep on Agenda each month – meeting tonight at 5 p.m. • Wendy will keep everyone updated • Family interviews beginning in June • Work to be completed in relation to Section 21 questions • Better guidance on what is required and how we can support
NIECR sign off for speciality doctors	• Patient 91 – SAI action plan complete • Patient 107 – General Surgeons difficult to answer phone, juniors to get handover but nothing to handover. Needed for ward round – Wendy will speak with Amie • 3 South – juniors are not advised if bloods taken no FY1 Susie Cull – discussed training possibly as causing problems re. handover. • Protected review slots – Ronan circulated a recommendation re having a procedure for protected review slots (PR's). Each consultant has PR slots on their clinics, majority are used for MDM pts (cancer and stones) or pts returning after being seen at the HOT clinics However, everyone's clinics different depending on service
Elective/Outpatient activity update	**Hermitage** - Saba reqested to be sent a list of TURP patients that were not sent to Hermitage for TURP Saba will then confirm suitable as LVH day case – Sabahat will speak with Michael **Kingsbridge** – good Contract but having some amendments **352 –** successful – ok for next financial year **Flex cyst contract** – Wendy to investigate the possibility of a new flex cyst contract to include procedure, imaging, review, cystodiathermy **Susie Cull** – slow turnaround in the emergency theatre has been experienced over the last number of week. Mr Glackin also voiced concerns regarding communication problems – pathway needs to be clearly understood Wendy will speak with Emma Jane
Governance a. MDT Improvement plan/Urology SAI recommendations (Sarah Ward) MDT SAI recommendations w b. SAI action plans	- Sarah gave an overview of the MDT improvement recommendations as per attached document - Tumour sites – 11 in total - Discussed MDT SAI recommended work plan - Working alongside Mary Haughey – hoping to have finished Mary or June at latest - Sarah invited staff to look over and advise if they have queries (continued work being done)

i.	**SAI Action plan** Wendy included other SAI's sheet - Discussed SEC action plans 30/3/ c. Wendy to meet with Joanne regularly, these are discussed at patient safety meetings **Complaints / Complements** 1 Pers – waiting times 2 Persc – waiting times (Enniskillen patients)
Staffing	**Staffing** – concerning – recruitment ongoing for Urology Consultant, once Mr Young retires will be down to 3.5 permanent consultants and 1 locum Wendy to chase up recruitment with HSC elocum and Medical staffing teams
Urology CNS Update	• Leanne & Mary Haughey - working with National Cancer Control Programme Dublin re. prostrate review clinic – share experience • Typing backlog and lack of staff causing issues – need for solution as this will get worse – Catherine works 18 ¾ hrs Becky was typing – backlog to 28/2 • Lux service – Leanne will keep team updated • Jenny/Saba – female & male LUTS meetings – rearrange admin meeting re. PAS • Red beds/contact wards - Turnaround is slow - Emergency theatre is slow - Communication problem in recovery/theatre/ward – lack of communication – re covid status not communicated from ward and pathway
AOB	**None**
Next meeting	**Thur 7/4/22 at 12:45pm**

MDT SAI Recommendations Work Plan

Rec	From SAI Report
1	The Southern Health and Social Care Trust must provide high quality urological cancer care for all patients.
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
3	The SHSCT must promote and encourage a culture that allows all staff to raise concerns openly
	How This Will Achieved From SAI Report
	This will be achieved by - Ensuring a culture primarily focused on patient safety and respect for the opinions of all members. 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 fortnightly agenda. There must be action on issues escalated.
Rec	***From SAI Report***
4	The Trust must ensure that patients are discussed appropriately at MDM and by the appropriate professionals.
	How This Will Achieved From SAI Report
	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).
Rec	**From SAI Report**
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
	How This Will Achieved From SAI Report

MDT SAI Recommendations Work Plan

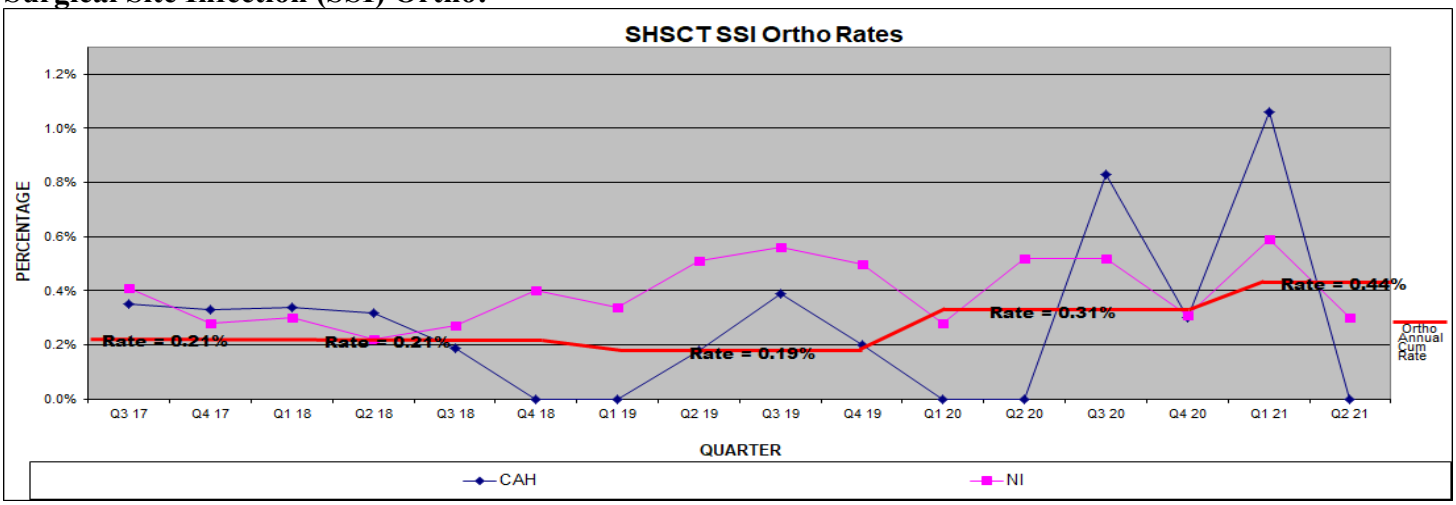
	This will be achieved by - Appropriate resourcing of the MDM tracking team to encompass a new role comprising whole pathway tracking, pathway audit and pathway assurance. This should be supported by fail-safe mechanisms from laboratory services and Clinical Nurse Specialists as Key Workers A report should 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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	**From SAI Report**
8	All patients should receive cancer care based on accepted best care Guidelines (NICAN Regional Guidance, NICE Guidance, Improving Outcome Guidance).
	How This Will Achieved From SAI Report
	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.
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	**From SAI Report**
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.

MDT SAI Recommendations Work Plan

	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	**From SAI Report**
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.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report

Patient Safety Report for Acute Governance Meeting Nov 2021

Surgical Site Infection (SSI) Ortho:



- Q2 2021 SSI Rates have been released by the PHA. CAH Rate was **0%** (0/394 procedures). NI Rate was **0.30%** (7/2,357 procedures). CAH Rate (last 8 quarters i.e. Q3 2019 → Q2 2021) was **0.33%** (10/3,003). NI Rate (last 8 quarters i.e. Q3 2019 → Q2 2021) was **0.44%** (74/16,745).
- The Cumulative Rate for 2021 stands at **0.44%**, up from **0.31%** in 2020
- The Annual SSI Audit, which was due to be undertaken in Sept 21 has been suspended due to Covid-19

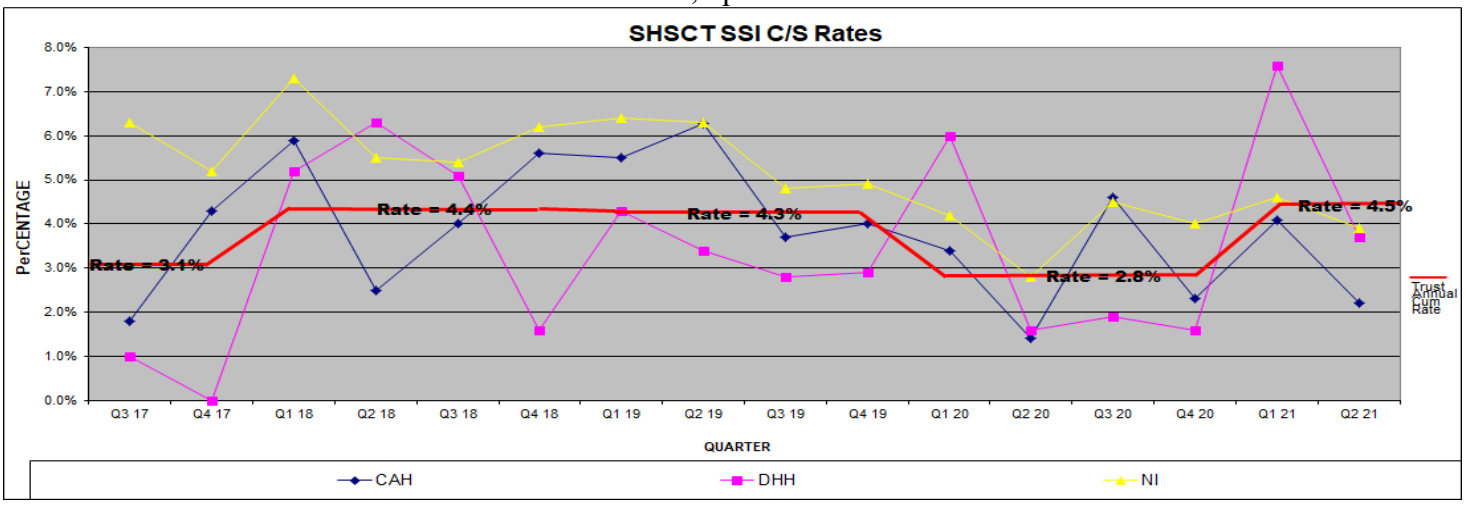
Surgical Site Infection (SSI) C/Section:

- Q2 2021 SSI rates have been released by the PHA. A summary of the data is as follows:

SSI Rates:
CAH **2.20%** **(4)** down from **4.08%** **(8)** in Q121
DHH **3.74%** **(7)** down from **7.62%** **(16)** in Q121
TRUST **2.98%** **(11)** down from **5.91%** **(24)** in Q121
NI Average **3.95%** **(56)** down from **4.60%** **(72)** in Q121

Surveillance Forms Returned to the PHA:
CAH **85.8%** up from **83.1%** in Q121
DHH **84.6%** down from **90.9%** in Q121
TRUST **85.2%** down from **86.9%** in Q121
NI Average **80.1%** down from **86.5%** in Q121

- CAH SSI Rate has been below the NI Average since Q4 20
- DHH SSI Rate back below the NI Average
- Trust's SSI Rate back below the NI Average
- Of the **8** Units in NI, CAH had the **4th** lowest SSI Rate in Q2 21 with DHH the **5th** lowest
- The Cumulative Rate for 2021 stands at **4.5%**, up from **2.8%** in 2020



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

Overall Bundle Compliance at CAH **90%** (18/20 patients audited), up from **60%** in June 21

Non-compliant element:

- Glucose Control (Diabetic patients only) – In 2 of 3 cases audited the mother's Serum Glucose Level was not measured/recorded/monitored Day 1 & or Day 2 post C/Section.

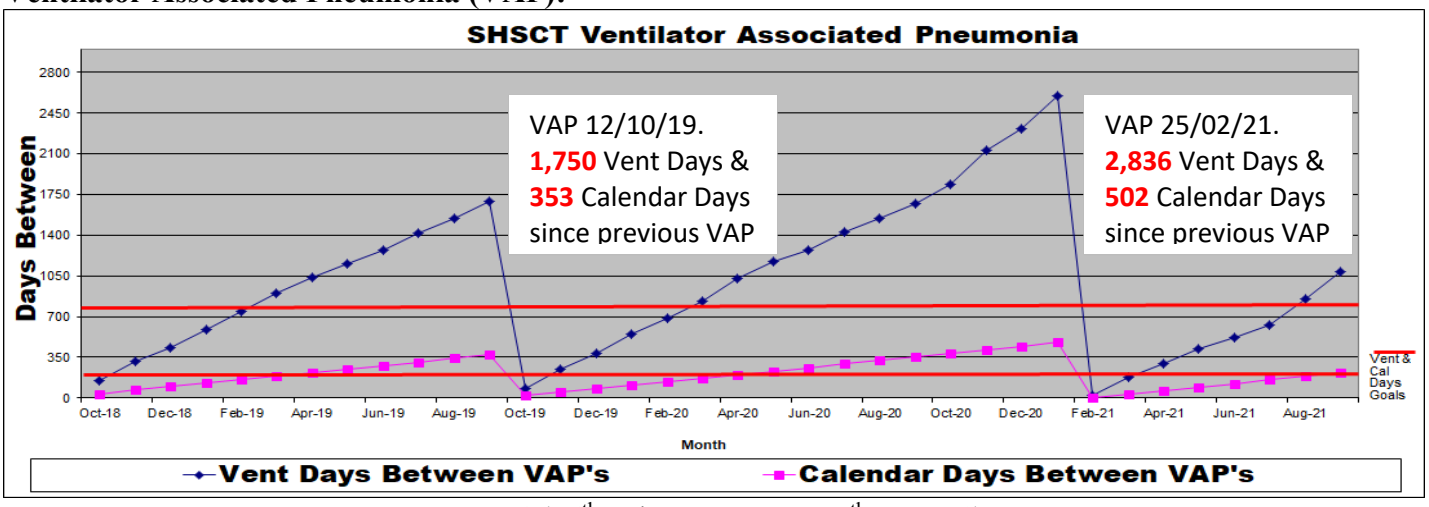
Overall Bundle Compliance at DHH **85%** (17/20 patients audited) – up from **80%** in June 21

Non-compliant element:

- Appropriate Hair Removal - In 3 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.

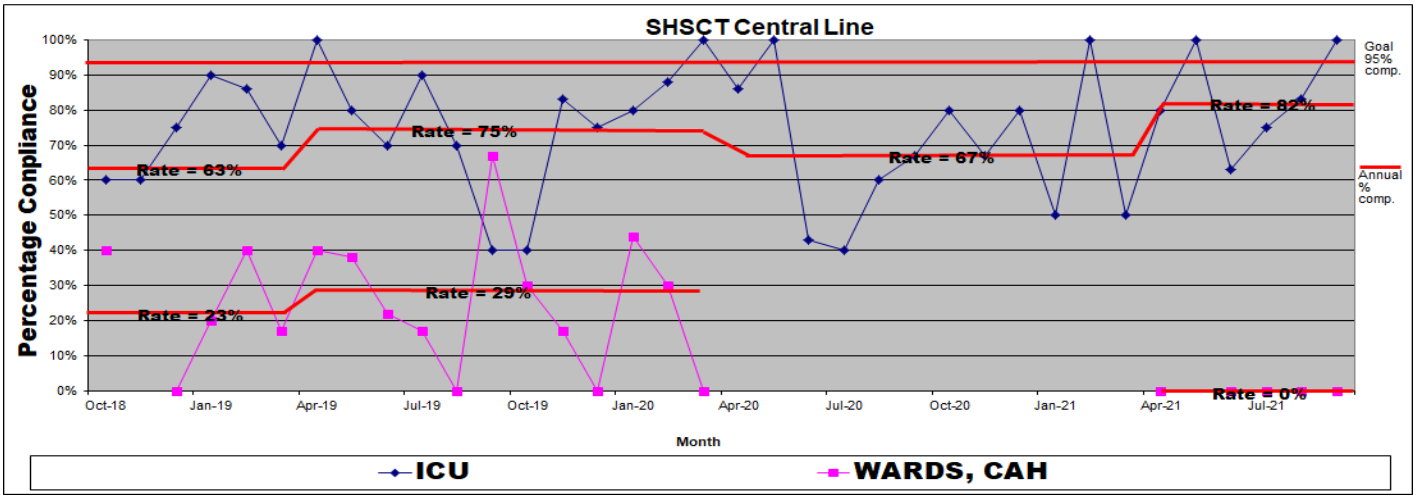
- As per revised NICE Guidelines, Appropriate use of Antibiotics is now "Knife to Skin" as opposed to "Prior to the Administration of Anaesthesia", which has led to an improvement in compliance with this element of the Bundle & hence Overall Bundle Compliance
- The next quarterly Audits will take place in Dec 2021

Ventilator Associated Pneumonia (VAP):



- Vent Days Between VAP's **1084** (26th February 21 → 30th Sept 21)
- Calendar Days Between VAP's **217** (26th February 21 → 30th Sept 21)

Central Line:



- Overall Bundle Compliance Sept 21, ICU **100%** (6/6 cases audited), up from **83%** (5/6 cases audited) in Aug 21
- Cumulative Compliance 21/22 stands at **82%**, up from **67%** in 20/21

- Overall Bundle Compliance Sept 21, Wards, CAH **0%** (0/3 cases audited)
- Cumulative Compliance 21/22 stands at **0%**, down from **29%** in 19/20 (audit not undertaken 20/21 due to Covid)

- Non-Compliant Cases:

  - In 1 of 3 cases audited the method of Hand Hygiene used was not recorded on the Central Line Insertion Record & Monitoring Form
  - In 2 of 3 cases audited the Jugular was used with no contraindication documented as to why the subclavian site was not used.
  - In 2 of 3 cases audited there were gaps in the monitoring of the Daily Review of the Line (1 case 2 days missed & 1 case 1 day missed)

- Results shared with Lead Clinician, Lead Nurse & Wards for this QI work to address areas of non-compliance. Dr. Chris Clarke has also agreed to review the evidence in respect of the use of the Subclavian in preference to the Jugular

NEWS/NEWS2:

- 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	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21
ACUTE	92% (509/554)	91% (619/682)	95% (365/384)	94% (422/451)
TRUST	91% (637/700)	91% (767/842)	93% (494/531)	93% (554/596)

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	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21
ACUTE	88% (436/496)	91% (558/614)	89% (317/356)	90% (365/406)
TRUST	88% (615/695)	91% (702/770)	91% (453/498)	92% (502/548)

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:

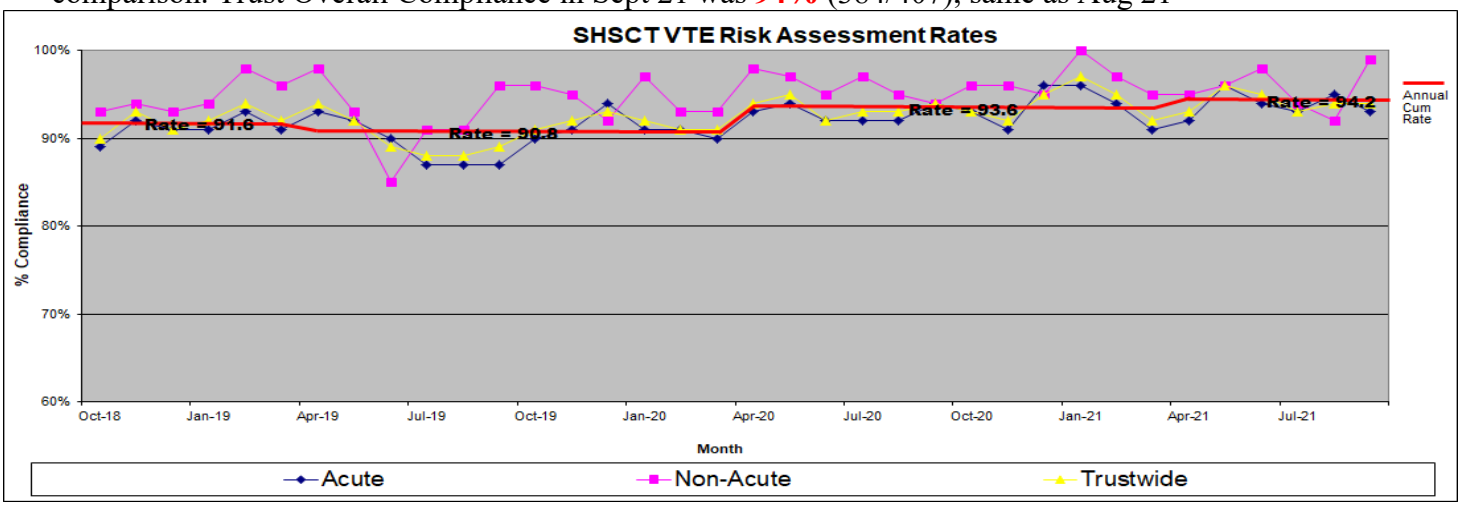
Quarter	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21
ACUTE	0 (494)	1 (615)	1 (357)	1 (405)
TRUST	1 (806)	2 (775)	1 (500)	4 (549)

Sept 21 (Week Commencing 06/09/21 → Week Commencing 27/09/21)							
Division	**Site**	**Ward**	**Number of Weekly Audits not done**	**Charts with Fully Completed VTE Risk Assessment**	**Number of Charts Audited**	**Monthly Percentage Compliance**	**Quarter 2 21/22 Percentage Compliance**
S&EC	CAH	3 South	0	17	19	89% ↓	95% ↔
		4 North CESW	1	13	14	93% ↓	98% ↑
		4 South	0	18	19	95% ↓	92% ↓
		Elective Adm.	0	17	18	94% ↑	95% ↔
		Orthopaedic	0	18	18	100% ↔	100% ↑
		Trauma	4	N/A	N/A	N/A	100% ↔
	DHH	F/male Surg.	0	20	20	100% ↔	100% ↔
		MSW/HDU	N/A	N/A	N/A	N/A	N/A
M&UC	CAH	1 South	0	21	23	91% ↑	91% ↑
		1 North	0	16	19	84% ↓	81% ↓
		2 North Resp.	0	16	20	80% ↓	80% ↓
		Haematology	1	7	7	100% ↔	100% ↔
		3 North	0	15	17	88% ↑	92% ↓
		2 North Med	0	19	19	100% ↑	92% ↑
		AMU	0	18	19	95% ↑	89% ↓
		Frailty Ward	0	15	15	100% ↔	100% ↔
	DHH	F/male Med.	0	18	19	95% ↑	92% ↓
		CCC/MMW	0	17	19	89% ↓	95% ↑
		Stroke/Rehab	0	19	19	100% ↔	98% ↑
		Respiratory L3	0	19	19	100% ↔	100% ↑
IMWH	CAH	Gynae	2	6	8	75% ↓	90% ↔
TOTAL			**8↓(13)**	**309**	**331**	**93.4% ↓**	**94.1% ↑**

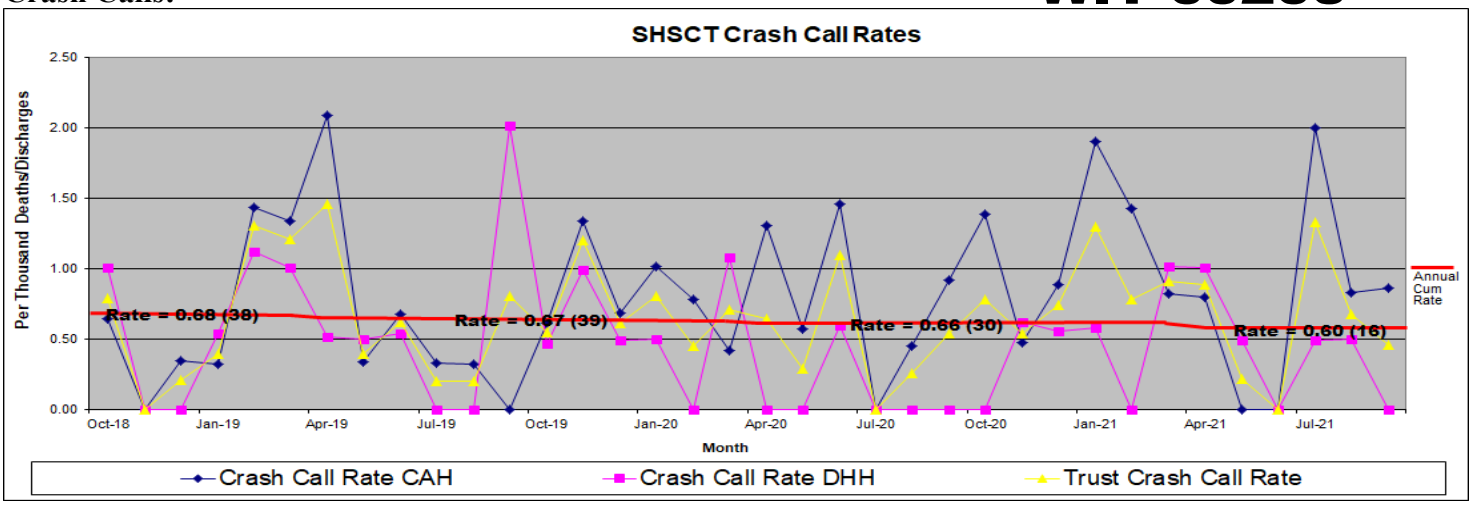
Key: Red – Under 85% compliance, Amber – Compliance between 85% & 94%, Green – Above 95% (Reg. target)

- In summary Overall Compliance with fully completed Risk Assessment on the Acute Wards was **93.4%** (309/331 charts audited) down from **94.6%** (368/389 charts audited) in Aug 21
- Total number of weekly audits not completed in Sept 21 was **8** down from **13** in Aug 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 Sept 21 was **94%** (384/407), same as Aug 21



Crash Calls:

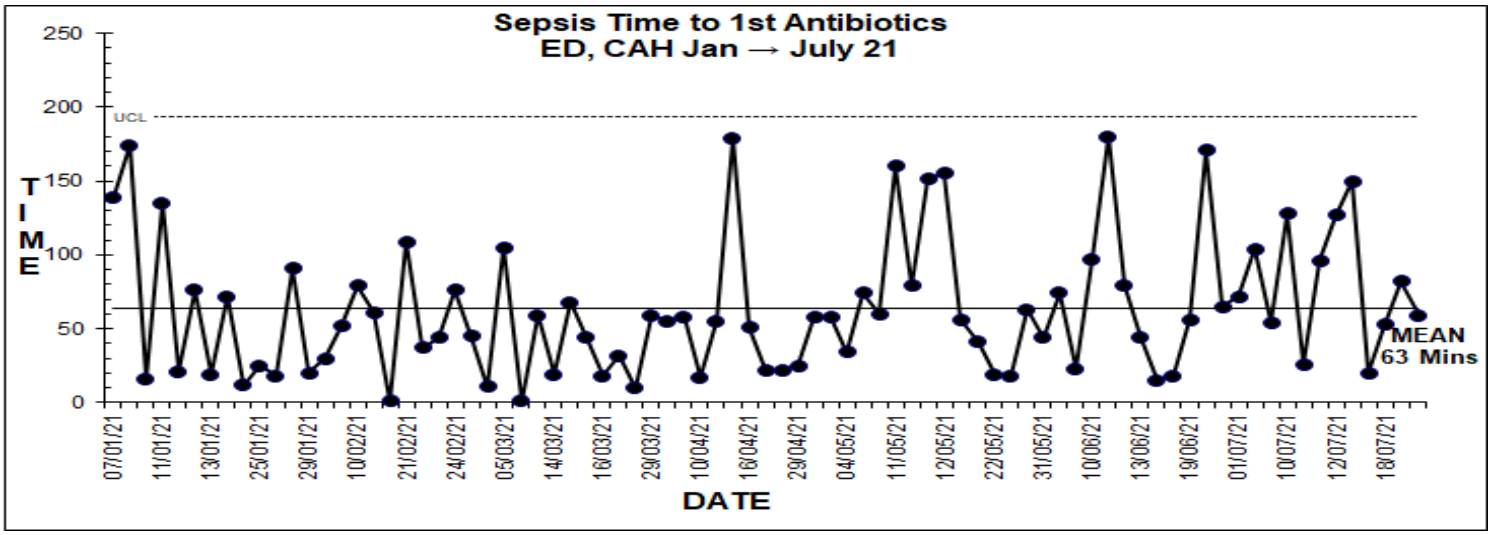


- CAH Rate **0.86** per 1,000 deaths/discharges (**2** Crash Calls) up from **0.83** (**2** Crash Calls) in Aug 21
- DHH Rate **0** per 1,000 deaths/discharges (**0** Crash Calls) down from **0.50** (**1** Crash Call) in Aug 21
- Trust Rate **0.46** per 1,000 deaths/discharges (**2** Crash Calls) down from **0.68** (**3** Crash Calls) in Aug 21
- Trust cumulative Crash Call Rate for 21/22 stands at **0.60 (16)** per 1,000 deaths/discharges, down from **0.66 (30)** in 20/21

Emergency Care QI Work: Sepsis 6 CAH & DHH:

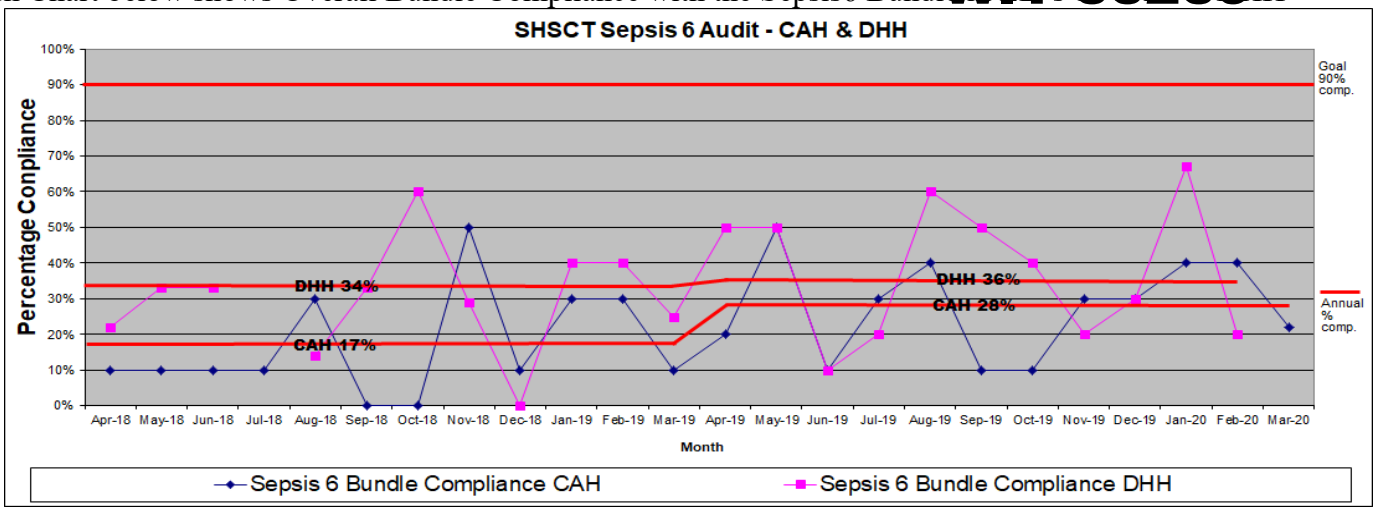
- The new Regional Sepsis QI initiative has been ongoing from Oct 19. The Regional Agreed aim is to improve the time to 1st antibiotics "In Hours" i.e. Mon → Fri 9:00am → 5:00pm. Work is underway in 3 Pilot Areas ED, CAH, (Oct 19 – Dr. Suzie Budd, Clinical Lead), AMU, CAH (Dec 19 – Dr. Emily Hannah, 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



- July 21 compliance in-hours stands at **50%** (1/2 cases audited), up from **40%** (2 of 5 cases audited) in June 21. Cases outside target timeframe by **67** mins.
- July 21 compliance out-of-hours stands at **40%** (4/10 cases audited), down from **50%** (3/6 cases audited) in June 21. Cases outside target timeframe ranged between **12** mins & **90** mins
- **Late July 21, Aug 21 & Sept 21 cases have not been audited yet due to a significant delay in Coding**
- Mean Time Jan 21 → July 21 = **63** mins, just outside Regional target timeframe of **60** minutes.
- In 2020 Mean Time = **76** minutes
- Auditing in ED, DHH due to recommence in Nov 21, while AMU remains suspended due to Covid-19

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

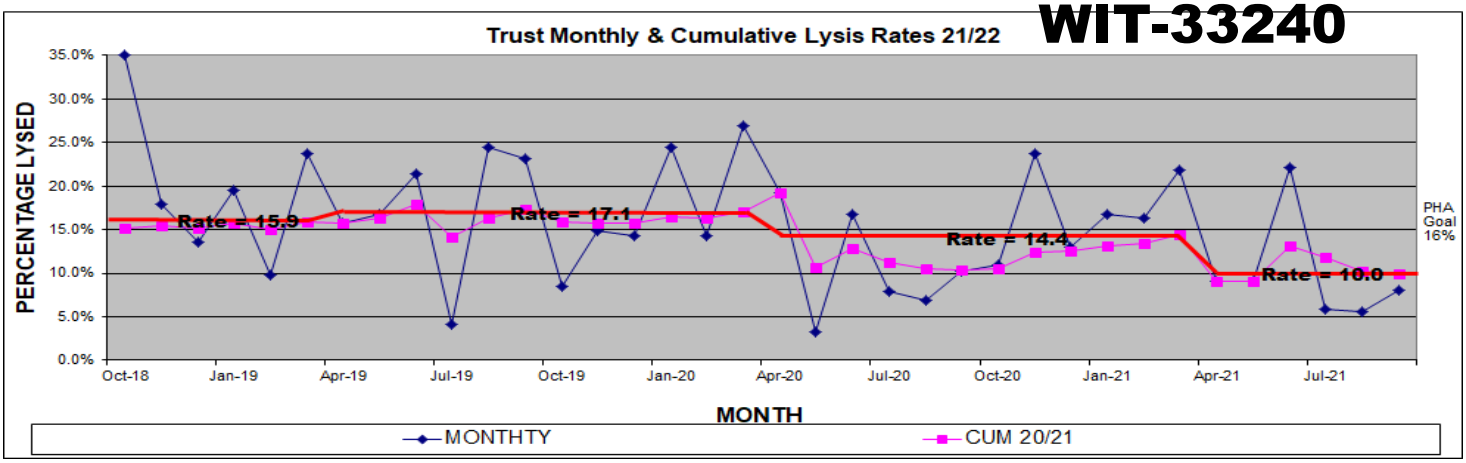


- Auditing has been suspended due to Covid-19

Stroke Collaborative:

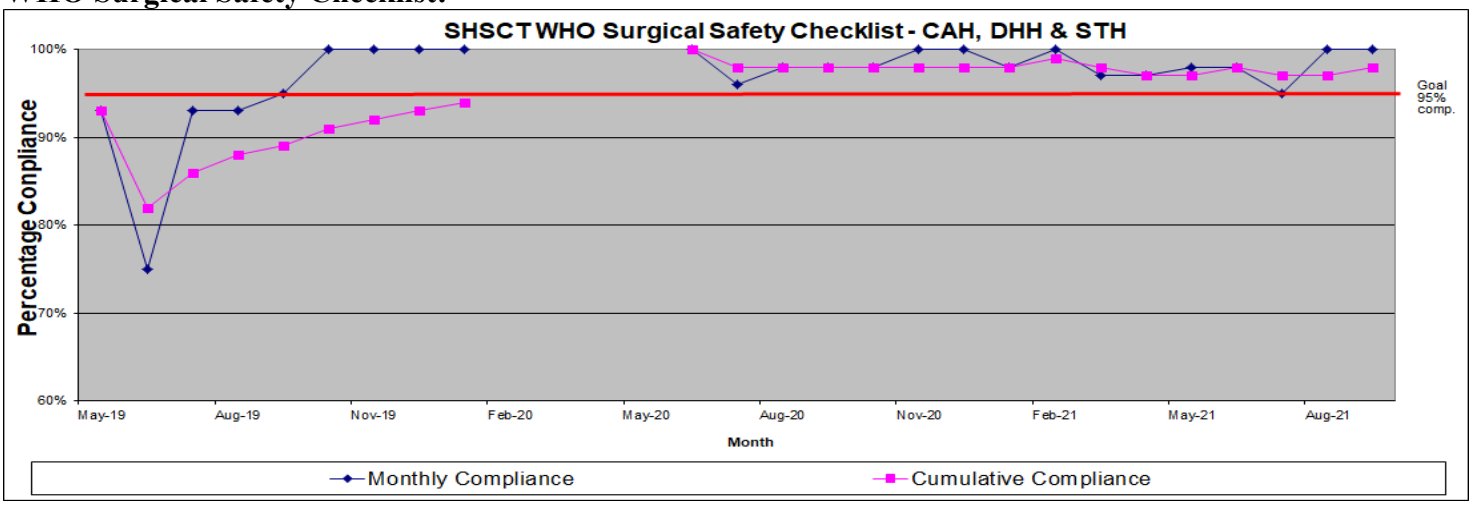
- Regional agreement to collect data on the following, however only Lysis Data will be reported to the PHA/DHSSPS on a quarterly basis:

	CAH		DHH		TRUST		
Measure		**Sept 21**		**Sept 21**		**Sept 21**	**Commentary Sept 21**
Patients who are potentially eligible for thrombolysis are assessed by Acute Stroke Team within 30 minutes of arrival	19/20 99% 20/21 100%	**100% (35/35)**	19/20 99% 20/21 100%	**100% (24/24)**	19/20 99% 20/21 100%	**100% (59/59)**	-
Patients who are potentially eligible for thrombolysis receive CT scan within 45 minutes	19/20 99% 20/21 100%	**100% (13/13)**	19/20 98% 20/21 98%	**100% (24/24)**	19/20 99% 20/21 99%	**100% (37/37)**	-
Patients deemed suitable for thrombolysis receive first bolus within 60 minutes	19/20 78% 20/21 90%	**0% (0/1)**	19/20 75% 20/21 73%	**50% (1/2)**	19/20 77% 20/21 86%	**33% (1/3)**	CAH: Patient presented out-of-hours. Outside target timeframe by 13 mins. Reason for delay not recorded DHH: Patient presented out-of-hours. Outside target timeframe by 25 mins. Reason for delay not recorded
Patients transferred to Hyper Acute Stroke Unit (or appropriate environment) within 90 mins	19/20 98% 20/21 100%	**100% (1/1)**	19/20 96% 20/21 93%	**100% (2/2)**	19/20 98% 20/21 98%	**100% (3/3)**	-
	CAH		**DHH**		**TRUST**		**AIM 21/22 (Based on Commissioning Plan) To ensure that the proportion of thrombolysis administration 16%**
Outcome Measure	**2019/20**	**Sept 21**	**2019/20**	**Sept 21**	**2019/20**	**Sept 21**	
Monthly Thrombolysis Rate		**3.8% (1/26)**		**18.2% (2/11)**		**8.1% (3/37)**	
Thrombolysis Rate (Yearly)	17.6% (58/329)	**10.0% (19/190)**	16.1% (28/174)	**10.1% (8/79)**	15.9% (69/435)	**10.0% (27/269)**	



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
- Sept 21 Compliance **100%** (30/30), same as Aug 21, Cumulative Compliance 21/22 stands at **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:

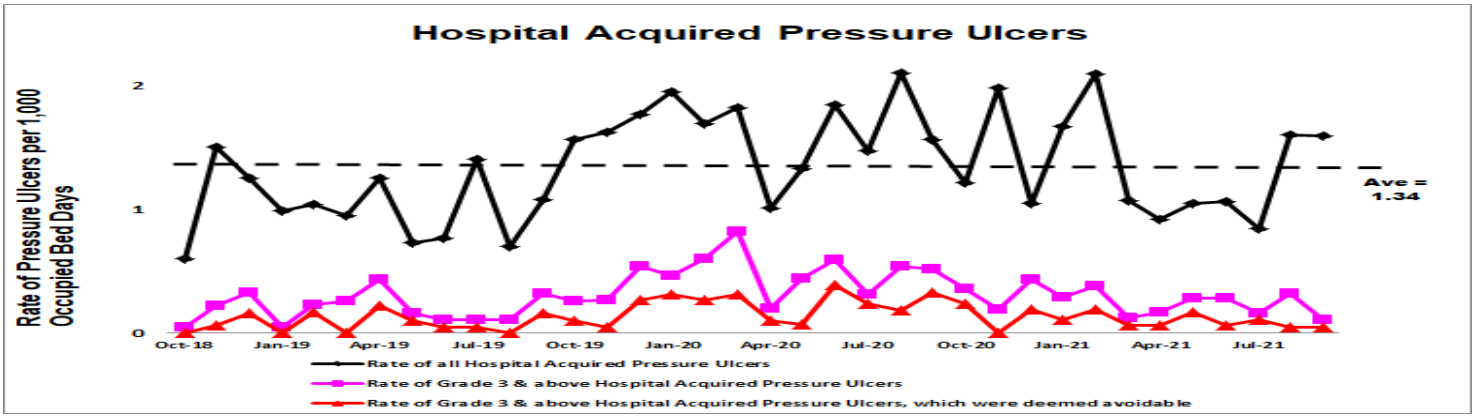
Quarter	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21
ACUTE	86% (243/283)	83% (320/386)	85% (194/227)	88% (224/256)
TRUST	87% (336/387)	84% (420/499)	89% (294/331)	89% (324/366)

- There were **29** Hospital Acquired Pressure Ulcers reported in Sept 21. Of these, **2** were Stage 3/4 U or DTI's, (2 South Medical & Ward 4 North, CAH)

- In 21/22 Post Incident Reviews have been carried out on **22** cases to date with **9** deemed to have been avoidable. This represents **7%** of all Ward Acquired Pressure Ulcers reported in 21/22, down from **11%** in 20/21. The outstanding Post Incident Reviews (**2**) will be carried out in due course.

Ward Acquired Pressure Ulcers & Rate per 1,000 Occupied Bed Days 2021/22

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 21/22	Rate & No 20/21
CAH															
Ward 4 South	1	2	1	0	0	0							4	0.70	1.16 (9) ↓
Ward 4 North	0	2	0	1	0	2							5	0.87	0.71 (6) ↑
Ward 3 South	3	2	3	2	5	1							16	2.69	3.50 (32) ↓
Trauma Ward	1	1	0	1	2	0							5	1.39	1.66 (12) ↓
Orthopaedic Ward	0	0	0	0	0	2							2	0.72	2.81 (13) ↓
Gynae Ward	0	2	2	0	0	0							4	2.26	1.84 (5) ↑
ICU	3	2	3	4	8	7							27	19.99	15.14(41) ↑
Ward 3 North Medicine	1	2	0	0	2	1							6	2.30	4.69 (24) ↓
Ward 3 North Stroke	1	0	0	0	0	2							3	1.04	0.77 (4) ↑
Ward 2 North	0	1	1	0	0	1							3	0.84	1.28 (12) ↓
Ward 5 Haematology	0	0	1	1	1	0							3	2.25	2.49 (6) ↓
Ward 1 South	0	2	0	0	1	0							3	0.49	1.19 (13) ↓
Ward 1 North	0	1	1	0	0	0							2	0.38	0.63 (6) ↓
AMU	0	1	1	2	0	1							5	0.96	1.07 (10) ↓
2 South Medical	1	0	1	0	0	2							4	0.70	1.90 (20) ↓
CEAW	0	0	0	0	0	0							0	0	0.95 (2) ↓
Emergency Department	0	0	1	1	1	6							7	N/A	N/A (16)
Ramone 4	2	0	0	1	1	0							4	1.47	1.24 (3) ↑
Other Areas e.g. Recovery	0	0	0	0	0	1							1	N/A	N/A (8)
DHH															
Male Surgical/DEAW/Resp.	0	0	1	0	0	1							2	0.89	0.60 (2) ↓
Female Surg/Gynae	0	0	0	0	0	0							0	0	0.67 (4) ↓
HDU	0	0	1	0	1	0							2	1.57	1.91 (4) ↓
Stroke/Rehab	0	0	0	1	2	1							4	0.80	0.43 (4) ↑
Male Med/CCU	0	0	0	0	2	0							2	0.35	0.31 (3) ↑
Female Medical	2	0	0	0	1	0							3	0.45	0.73 (8) ↓
Emergency Department	0	0	0	0	1	1							2	N/A	N/A (1)
Lurgan															
Ward 1	1	0	0	1	0	1							3	1.24	0.80 (3) ↑
Ward 2 Stroke	0	0	1	0	0	0							1	0.33	0.41 (2) ↓
Ward 3	0	0	0	1	2	0							3	1.08	0.69 (3) ↑
STH															
Ward 1 STH	0	0	0	0	0	1							1	0.36	1.21 (6) ↓
Ward 2 STH	0	1	1	0	0	0							2	0.76	0.42 (1) ↑
MHLD															
Gillis	0	0	0	0	0	0							0	0	0.91 (5) ↓
Willows	0	0	0	0	0	1							1	0.27	0 (0) ↑
TOTAL	16	19	19	16	30	29							129		
RATE	0.92	1.05	1.06	0.84	1.60	1.59								1.18	1.55 (288)↓



- The Trust's Monthly Hospital Acquired Pressure Ulcer Rate for Sept 21, based on **30** Wards was **1.59** (**29**/18,287) per 1, 000 Occupied Bed Days down from **1.60** (**30**/18,719) per 1,000 Occupied Bed Days in Aug 21

- The Trust's 21/22 Hospital Acquired Pressure Ulcer Rate, based on **30** W[illegible] **3 (42)** per 1,000 Bed Days, down from **1.55 (288)** in 2020/21.

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:

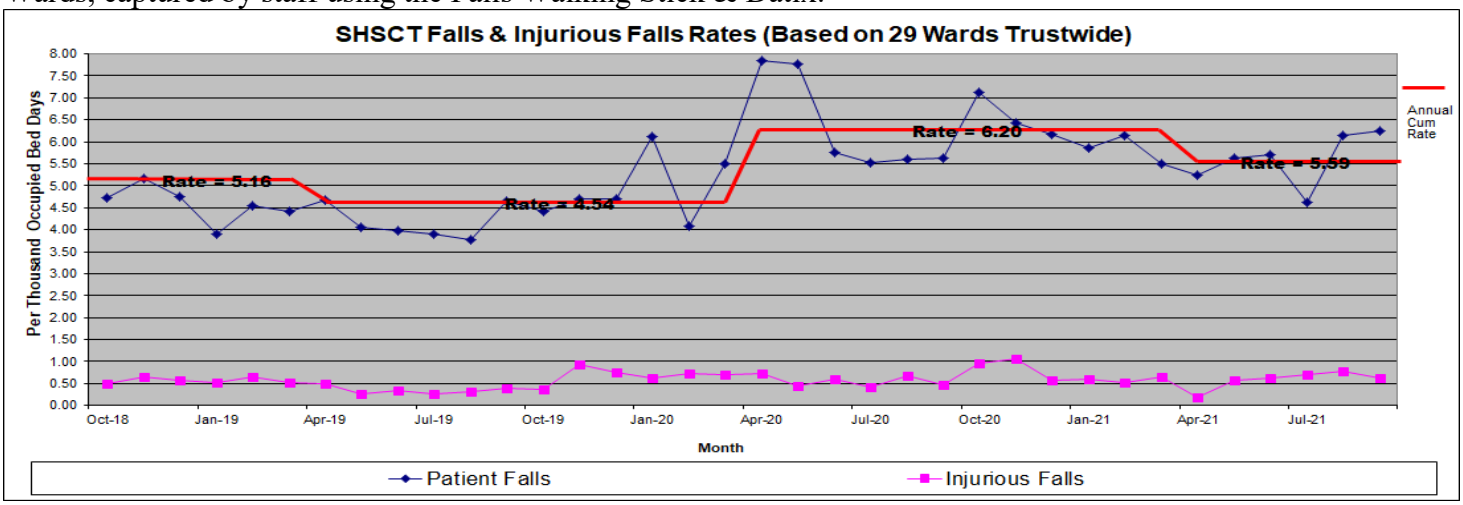
Quarter	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21
Acute Bundle A Compliance	79% (391/495)	80% (498/619)	82% (291/355)	79% (321/405)
Trust Bundle A Compliance	84% (583/694)	83% (643/778)	84% (420/500)	81% (445/550)

Quarter	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21
Acute Bundle B Compliance	81% (337/415)	81% (434/534)	79% (236/300)	82% (289/352)
Trust Bundle B Compliance	87% (533/613)	84% (578/688)	82% (359/437)	83% (412/495)

The table below gives details of individual Ward's Falls Numbers & Falls Rate 21/22:

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 21/22	Rate 20/21
CAH															
Ward 4 South	0	2	2	3	1	6							14	2.46	2.32 (18) ↑
Ward 4 North	3	2	3	1	4	2							15	2.62	5.06 (43) ↓
Ward 3 South	9	3	9	2	4	7							34	5.72	8.10 (74) ↓
Trauma Ward	7	2	5	1	7	10							32	8.91	7.59 (55) ↑
Orthopaedic Ward	2	1	2	2	4	9							20	7.16	11.01 (51) ↓
Gynae Ward	0	2	3	1	1	2							9	5.09	4.42 (12) ↑
Ward 3 North Medicine	2	3	1	3	3	3							15	5.75	11.32 (58) ↓
Ward 3 North Stroke	1	2	1	1	2	2							9	3.11	7.46 (39) ↓
Ward 2 North	0	1	4	1	1	1							8	2.23	4.25 (40) ↓
Haematology Ward	1	0	0	0	0	1							2	1.50	2.49 (6) ↓
Ward 1 South	5	6	11	3	9	4							38	6.17	5.15 (56) ↑
Ward 1 North	1	1	3	2	5	4							16	3.06	2.82 (27) ↑
AMU	5	5	5	10	15	4							44	8.44	10.28 (96) ↓
2 South Medicine	7	2	2	6	3	3							23	4.00	5.69 (60) ↓
CEAW	0	0	0	1	0	0							1	0.68	0.48 (1) ↑
Ramone 4	3	5	2	1	3	4							18	6.64	6.19 (15) ↑
DHH															
Male Surgical/Resp	2	3	4	0	2	0							11	4.92	3.62 (12) ↑
Female Surg/Gynae	2	5	1	0	3	2							13	3.78	1.67 (10) ↑
HDU	1	1	0	0	0	0							2	1.57	1.91 (4) ↓
Stroke/Rehab	6	6	5	8	2	3							30	5.99	5.09 (47) ↑
Male Med/CCU	5	6	2	2	5	7							27	4.69	8.38 (82) ↓
Female Medical	6	9	10	10	11	6							52	7.75	6.38 (70) ↑
Lurgan															
Ward 1	1	3	2	4	1	2							13	5.38	9.02 (34) ↓
Ward 2 Stroke	1	4	1	1	6	3							16	5.33	4.46 (22) ↑
Ward 3	0	5	1	5	2	3							16	5.74	3.94 (17) ↑
STH															
Ward 1 STH	0	0	0	2	2	2							6	2.18	3.03 (15) ↓
Ward 2 STH	2	1	0	1	1	2							7	2.66	3.33 (8) ↓
MHLD															
Gillis	13	8	10	7	6	4							48	21.84	14.02 (77) ↑
Willows	4	12	12	8	9	15							60	15.92	9.84 (71) ↑
TOTAL	89	100	101	86	112	111							599		
RATE	5.23	5.62	5.70	4.63	6.14	6.25								5.59	6.20 (1120) ↓

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



- Falls Rate **6.25** (**111**/17,755 Occupied Bed Days) up from **6.14** (**112**/18,229) in Aug 21
- Injurious Falls Rate **0.62** (**11**/17,755 Occupied Bed Days) down from **0.77** (**14**/18,229) in Aug 21
- Cumulative Falls Rate for 21/22 stands at **5.59**, compared to **6.20** in 20/21

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 (Sept 21)	100% (15/15)	100% (2/2)	100% (2/2)
3 North Med (Aug 21)	100% (20/20)	100% (10/10)	100% (10/10)
3 South (Dec 20)	100% (5/5)	100% (1/1)	N/A (0/0)
4 North (May 21)	95% (19/20)	100% (2/2)	100% (1/1)
4 South (Sept 21)	100% (20/20)	100% (7/7)	N/A (0/0)
Ramone 4 (Sept 21)	100% (20/20)	100% (6/6)	50% (1/2)
Stroke/Rehab (Sept21)	100% (20/20)	100% (7/7)	N/A (0/0)
Female Surg. (Sept 21)	100% (20/20)	N/A (0/0)	N/A (0/0)

- Audits received from Wards highlighted in red. Wards in blackaudit suspended due to Covid-19 or Audit not received in time to be included in this Report.

Southern Health and Social Care Trust

Quality Care - for you, with you

Date: Tuesday 26th October 2021
Time: 9:00 a.m. – 10:00 a.m.
Venue: Ronan's MySpace

Present: Ronan Carroll, Wendy Clayton, Amie Nelson, Marti McKenna, Elaine Murphy
Apologies: Jane Scott

Issue	Discussion	Action
1.0. Welcome and Apologies	Ronan welcomes everyone.	
2.0. Chair's Business:		
3.0. Matters Arising - Notes of the last meeting (attached) - Matters arising		
4.0. Impact of Pandemic plan implementation		
5.0 Elective Additionality 2021/22 - Q1 / Q2 Activity – o Escalation of Risk o Scope list utilisation at SET - update - Q3 / Q4 Bids Update (copy attached)	• Referring to spreadsheet for activity and funding allocation - Endoscopy UHD services in red • Overspend to date £80k to date	• Further discuss with Ronan, SMT to provide update
6.0 Service Delivery Plans - Rebuild monitoring (attached) - Integrated Winter, Surge & Delivery Plan – end of August - Rebuild projections for Q3/Q4	• Q4 fund IS – need funding • Hermitage – 20 (bid for Q4 Orthopaedics) confirm funding needed • Discussed in house initially - details on shared folder • July – Sept – inpatient- below projections – ENT & urology – breakdowns in shared folder	• Elaine to speak with Jane re. Orthoderm • Need for outpatient review, no huge concerns
7.0 Elective Care Framework Actions (Action Plan) - update - Increase Virtual Clinic activity – Project update - Megaclinics - Update - Text Reminders – Project update RPOG role	• Hermitage clinic – Saturday F2F, 2 Consultants, 2 Nurses, Healthcare staff and admin – 36 patients • Flexible Endoscopy – 50 patients per month each Wednesday @ Lagan Valley • Totally Healthcare – biopsies 6 – 7 • Orthaoderm – possible 50 places • Offer from Kingsbridge this morning	• Need to confirm capability of delivering • Gary to cost Hermitage • Wendy consulting with Chris
8.0 Performance Issues/Update - Performance Scorecard - Areas/Issue of Escalation o Breast Cancer Target o Year end performance assessment	• ENT – 1815 over in reviews • Q4 Chronic pain F2F – 68%, • General surgery – 4% over – reviews – OK – virtual not recorded only F2F 70% virtual	

Issue	Discussion	Action
- Unscheduled Care Performance o ED performance o Discharge performance - Theatre Capacity - RF cancellations	• Breast, Urology, ENT, Trauma & Ortho – ok • Pain management – 23% • General surgery – 53% • Urology, all red, reasons known • Cancer performance discussed • Discussed rebuild – no real concerns	
9.0 Any other business	• Ambulatory refurb works to be complete by end of March, pre-fab building arriving not until end of Dec 21 • Covid – outbreak – IPC no response to email • ECG form required by 26/11/2021 • Endoscopy – email sent to Lesley & Chris • Outpatients - Wendy & Andrea and Josie did walkabout re. solution for pre-op. Rachel to discuss further with the pre-op team	- Ronan will speak with Martina
10. Date of next meeting		

Clayton, Wendy

From: Toman, Chrissy
Sent: 04 April 2022 17:34
To: Carroll, Ronan; Davis, Anita; Nelson, Amie; Kelly, Brigeen; Clayton, Wendy; McGuigan, Tracey; Scott, Jane M; Murray, Helena
Cc: McCaul, Collette; ClientLiaison, AcutePatient
Subject: R Carroll Governance Record.xlsx
Attachments: R Carroll Governance Record.xlsx

Dear All,

Please see attached updated record for tomorrow's meeting.

If anything is incorrect, please just let me know and I will amend.

Many Thanks

Chrisy

Kind Regards

Personal Information redacted by the USI
Clinical Governance Officer
The Maples
CAH
SHSCT
Ext: Personal Information redacted by the USI

ACUTE GOVERNANCE CURRENT COMPLAINTS RECORD					
Ref	**Record name**	**Date Received**	**DAYS OVER**	**Awaiting**	**Comments / Also Sent to...**
Personal Information redacted by the USI		05/05/2021	**305**	Amie Nelson	Drafted - Awaiting Amie / Mr Yousaf. Amie reminded 22/2/22
		21/05/2021	**290**	Amie Nelson	Amie to respond - reminder 20/01/22
		12/11/2021	**117**	Amie Nelson	Awaiting response from Amie Nelson and Mr Hewitt
		05/01/2022	61	Amie Nelson	Response needed regarding attitude of staff
		12/01/2022	54	Amie Nelson	Sent to Tracey McGuigan 22/2/22
		20/01/2022	46	Jane Scott	To Wendy Clayton 24/2/22
		31/01/2022	34	Brigeen Kelly	Gary Rainey, Jonathan Bunn, Anita Carroll
		31/01/2022	35	Jane Scott	Investigation Sent
		01/02/2022	34	Amie Nelson	Katherine Robinson has responded. Awaiting Dr Hamad and Amie Nelson re waiting time to be seen and referral to vascular.
		08/02/2022	26	Amie Nelson	Jane Scott
		16/02/2022	19	Wendy Clayton	Investigation email sent
		21/02/2022	13	Wendy Clayton	Mr McNaboe
		21/02/2022	13	Amie Nelson	Investigation email sent
		28/02/2022	12	Amie Nelson	Dr Campbell, Caroline Hopps,
		02/03/2022	4	Amie Nelson	Mr Epanomeratakis, Lisa Frazer
		03/03/2022	3	Wendy Clayton	Investigation email sent
		24/03/2022	-21	Brigeen Kelly	David McMurray
		31/03/2022	-29	Brigeen Kelly	Investigation email sent

REOPENED COMPLAINTS					
Ref	**Record name**	**Re-Opened**	**Overdue**	**Loc (Exact)**	**Response or Meeting**
Personal Information redacted by the USI		26/05/2021	**285**	Amie Nelson	Amie to provide wording for draft response - nothing further to add from original
		07/09/2021	**181**	Amie Nelson	Further reminders sent to Amie, Ronan and Mr Hewitt. Only waiting on response from Mr Hewitt & 4 North. **Complainant phoning every week**
		11/10/2021	**147**	Amie Nelson	Further reminders sent to Amie & Ronan. Awaiting meeting date. **Complainant phoning every week.**
		18/10/2021	**140**	Wendy Clayton	Drafted - sent to Mr Haynes / Ronan - awaiting approval.
		19/11/2021	**108**	Eyes	Sent to Brigeen Kelly to respond
		13/01/2022	53	ICU	Sent to Tracey McGuigan and Helena Murray
		14/01/2022	52	Brigeen Kelly	Sent to Brigeen and Mr Bunn. Carla Lockhart to be provided with reopened response.
		16/04/2022	4	Amie Nelson	Sent to Tracey McGuigan / Emma McCann for further response

Ref	ID	Date Received (Complainants - All dates)	Type Of Complaint	Record name	Division	Site	Location	Loc (Exact)	Specialty (primary)	Description	Outcome	Subject Of Complaint	Staff type (primary)
[redacted]		20/01/2021	FORMAL	[redacted]	SEC	CAH		Urology Clinic	SEC	Patient unhappy with the length of time he has been waiting on surgery. He states he has only been contacted twice in the 7 years he has been on the waiting list, once to get scans carried out and another time to see if he wanted the operation. Seen consultant privately and is now awaiting MRI scan. Wants to know if he goes private for the operation will the NHS reimburse him the money. Also wants to know if operation is still the best treatment option for him.		COMINF	TC8
		11/10/2021	ENQUIR		SEC	CAH				Patient has been waiting almost 5 year for urgent prostate operation advised back in 2016 operation would be a 6 to 9 month wait - having an overall impact on patients health.	Advised regarding waiting time and was advised during outpatient appointment advised patient is on priority list		
		12/10/2021	ENQUIR		SEC	CAH				Care provided to patient by particular consultant	Pers onal phone mla and asked for more information and the patient came back to say patient isn't sure of dates. gents records as they have not been used from 1996 have been destroyed as per records policy		
		15/10/2021	INFORM		SEC	CAH		3 South	SEC	patient complaint regarding care and treatment he received whilst in 3 south by ward sister, manager and staff on 2 occasions whilst in hospital	patient passed away on Personal Information redacted by the USI . Family contacted informed office pt had passed away and want to withdraw complaint at this stage. May contact in future. stored in enquiries folder	SAB	TC5
		07/12/2021	AWAIT		SEC	CAH		4 South	SEC	Father admitted 4 South 13 March 2021 under Urology. Not happy with treatment and care, staff behaviour or communication. Re-admitted 29th May - discharged home with excessive pain and sweating. Brought back to ED by daughter.	MDM on 15th April 2022 it was agreed that he should continue on hormonal therapy. Urology Doctor telephoned patient's daughter on 19 March 2021. There is a letter dictated with his account of the telephone call. Discharge plans are discussed with NOK, if deemed necessary district nursing can be offered, care in the community is offered and arranged.	QUALTC	TC5
		14/12/2021	ENQUIR		SEC	CAH		Thorndale Unit	CCS	MLA seeking update on Patients care who is on a waiting list to receive an operation.	no change no elective surgery taking place currently.	WLOPT	NON
		17/12/2021	ENQUIR		SEC	CAH		Urology Clinic	SEC	has large kidney stone and is on for surgery when will it be carried out	placed on urgent bookable list	WLPAH	NON
		24/12/2021	ENQUIR		SEC	CAH		Urology Clinic	SEC	patient waiting urology surgery .	patient was admitted and discharged with his nephrostomy changed. He was referred to Belfast City in September for cystoprostatectomy so belfast need to input	WLPAH	NON
		13/01/2022	ENQUIR		SEC	CAH		General Surgery Clinic	SEC	MLA enquiry on behalf of constituent who is awaiting stoma reversal	Unfortunately at this time we are not operating on any routine patients. Due to the Covid 19 pandemic we are currently working to the Department of Health & Royal College's Guidance with regards to surgical prioritisation during the coronavirus pandemic; essentially only emergency and some clinically urgent cases are being undertaken at present.	WLPAH	NON
		17/01/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	gent has been waiting on an urgent appointment since 2020 relating to his changes in prostate.	appointment offered for the 25th January 2022	WLOPT	NON
		15/02/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Reopened - MLA has been in contact regarding patient. She advises that the Health Minister has informed her that plans are in place to reduce waiting times, i.e. transferring patient to IS or SET. MLA wanting to know if patient can be included in transfers. gent was diagnosed wit bladder cancer in September awaiting appointment for surgery.	Gentleman had procedure done 17th February 2022. I was added to the urology waiting list for RF Cystoscopy & Bladder BX following LVH attendance on the 18/9/21 and is on the priority elective waiting list. I have copied Mr Personal s consultant into the response so they are aware of this anxiety. At present I am unable to confirm a surgery date I do apologise for the stress this is causing and hopefully he will be called for his procedure in due course.	WLPAH	NON
		15/02/2022	FORMAL		SEC	CAH		3 South	MUC	Family submitted complaint relating to 2 admissions to hospital. They have various issues they wish to be addressed. Lack of communication, staff attitude, not listening to family, issues with treatment and care and delays with treatment.		SAB	TC8
		15/02/2022	ENQUIR		SEC	CAH				Patient required urgent red-flag Urology surgery - wanting a timeframe for this happening.			
		28/02/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	prostate cancer patient red flag procedure needed so he can commence chemo when is it to be	procedure booked for 7th March 2022.	WLPAH	NON
		03/03/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Patient wanting to know when he will have his Urology appt	regrettably an appointment cannot be offered. significant waits for appointments	WTOPT	NON
		18/03/2022	INFORM		SEC	CAH		Urology Clinic	SEC	awaiting a phone call from Dr regarding his MRI and is anxious re cancer	patient contacted by doctor and secretary	COMINF	TC8
		21/03/2022	INFORM		SEC	CAH				Patient with terminal cancer waiting on biopsy result of liver. Has been told there is a 4 week wait due to Covid	awaiting the meeting with 31st March 2022 with Mr Haynes. CMCC Governance Manager did follow up email to wife on the 08th April to see if anything is to be progressed. Get got his biopsy on 10th March discussed at MDM on 27th March and consult with family on 31st March		
		23/03/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Awaiting TURP procedure	gent has been waiting 14 weeks and longest waiter is 380 weeks. each trust regionally is clinically reviewing longest waiters with the TURP patients potentially being transferred to Hermitage Independent Sector in Dublin for surgery. This patient would not be in this cohort of patients currently as he is only waiting 14 weeks.	WLPAH	NON
		29/03/2022	INFORM		SEC	CAH				Patient daughter called to complain that her father had fasted and arrived for scheduled surgery on 24 March only to be told there was a mistake and he was not on the list. His surgery was rescheduled for 8 April and has since been told the machine for surgery is no longer available and that his surgery has been cancelled	08/04/2022- CMcC Governance Manager contacted daughter and offered appointment for 14th April 2022. Patient may be eligible for IS transfer. Governance Manager apologised and explained the green laser fibre situation and stated if they had just been straight with regards the issues it would have been better. Daughter happy with explanation and given contact details if any further issues arise.		

Ref	ID	Date Received (Complainants - All dates)	Type Of Complaint	Record name	Division	Site	Location	Loc (Exact)	Specialty (primary)	Description	Outcome	Subject Of Complaint	Staff type (primary)
Personal Information redacted by the USI		07/04/2022	FORMAL	Personal Information redacted by the USI	SEC	CAH		Urology Clinic	SEC	Patient advised he was to be sent to england for surgery however referral was not made. Patient not informed of this until he contacted hospital to enquire re waiting time. Patient wanting to know if he can be sent to ROI to receive surgery.		WLPAH	NON
		22/04/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	MLA enquiry on behalf of constituent who has been waiting on a Urology appointment.		WTOPT	NON
		25/04/2022	ENQUIR		SEC	CAH		Urology Clinic	SEC	Complaining regarding "unacceptable backlog/waiting list" for Urology and specifically mens prostate biopsies		WLPAH	NON
		26/04/2022	INFORM		SEC	CAH		Urology Clinic	SEC	Patient on Urology waiting list since 2019 to have a kidney removed. GP and patient have contacted Consultant's secretary who informs them both that patient is on the urgent waiting list but that patient won't be seen in the near future. Patient is willing to travel to Dublin for surgery but has received no update on this.	Patient is on list for transfer to Dublin from Southern Trust. Belfast Trust will hopefully be in contact with patient in near future. Head of Service advises that patient is on the waiting list for review with Urology and an appointment will be offered in due course as they are currently working through backlog reviews from 2019.	WLPAH	NON
		27/04/2022	FORMAL		SEC	CAH		Urology Clinic	SEC	Patient referring to letter received in December 2021. He claims Consultant was not at his operation and hadn't marked him down for any medication after his operation. He feels he was discharged too early and had to get a taxi home costing £100. He states that he was bleeding the whole way home and had to be rushed to Enniskillen due to this.		QUALTC	TC8
		04/05/2022	FORMAL		SEC	CAH		3 South	SEC	Patient's son complaining about issues when trying to contact the ward and speak to his mother. He is unhappy with the lack of access, responsiveness and visitation. He states that even during Covid things were not this bad. He feels CAH has a very big problem on their hands with this ward.		COMINF	TC5
		05/05/2022	INFORM		SEC	CAH		3 South	SEC	Patient had been in 3 South CAH from 22/04/22-24/04/22. During her stay a health worker "detached something" from her cannula and didn't close the lid of the cannula. The patient states later that she only caught onto this when she saw blood all over her sheets and her pyjamas. She states she was able to get this sorted as she caught on early but asked if it had been an elderly patient or someone sleeping would the outcome have been as minimal.	Passed to ward for their information.	QUALTC	TC5
		05/05/2022	FORMAL		SEC	CAH		3 South	SEC	Patient is complaining of being denied painkillers during admission to Ward. States Sister implied she was annoying other patients. Claims she was offered no sympathy and staff were unresponsive and unsympathetic.		QUALTC	TC5