



Tracey Boyce  
Director of Pharmacy  
C/O Southern Health and Social Care Trust  
Craigavon Area Hospital,  
68 Lurgan Road, Portadown,  
BT63 5QQ

26 September 2022

Dear Madam,

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

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

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

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

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

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

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant

information required to provide the witness statement required now or at any stage throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

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

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

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

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

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

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

in the Notice itself.

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

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

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

Yours faithfully

Personal Information redacted by the USI

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

Tel: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

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

**Chair's Notice**

**[No 100 of 2022]**

**Pursuant to Section 21(2) of the Inquiries Act 2005**

**WARNING**

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

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

**TO:**

**Tracey Boyce  
Director of Pharmacy  
Operational Support Lead  
C/O Southern Health and Social Care Trust  
Headquarters  
68 Lurgan Road  
Portadown  
BT63 5QQ**



## IMPORTANT INFORMATION FOR THE RECIPIENT

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

## WITNESS STATEMENT TO BE PRODUCED

**TAKE NOTICE** that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 24<sup>th</sup> October 2022**.

## APPLICATION TO VARY OR REVOKE THE NOTICE

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

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 17<sup>th</sup> October 2022**.

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

Dated this day 26<sup>th</sup> September 2022

Signed:

Personal information redacted by the USI

**Christine Smith QC**

Chair of Urology Services Inquiry

**SCHEDULE  
[No 100 of 2022]****SECTION 1 – GENERAL NARRATIVE****General**

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust’s Solicitor, or in the alternative, the Inquiry Solicitor.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.



If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

**Your role**

4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.
5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.
6. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.
7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?
8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.
9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?



10. What performance indicators, if any, are used to measure performance for your role?
11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?
12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.
13. What systems of governance do you use in fulfilling your role?
14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.
15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?
16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?
17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?
18. Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.

**Urology services**

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.
20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.
21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?
22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?
23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?
24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:
- (i) Waiting times
  - (ii) Triage/GP referral letters
  - (iii) Letter and note dictation
  - (iv) Patient care scheduling/Booking
  - (v) Prescription of drugs

- (vi) Administration of drugs
- (vii) Private patient booking
- (viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs
- (ix) Following up on results/sign off of results
- (x) Onward referral of patients for further care and treatment
- (xi) Storage and management of health records
- (xii) Operation of the Patient Administrative System (PAS)
- (xiii) Staffing
- (xiv) Clinical Nurse Specialists
- (xv) Cancer Nurse Specialists
- (xvi) Palliative Care Nurses
- (xvii) Patient complaints/queries

### **Concerns**

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.
26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, *or any other matter* regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.
27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.

28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?
29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?
30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?
31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.
32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?
33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?
34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.
35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?



**Staff**

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?
37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

**Learning**

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.
39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?
40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?
41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.



If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

**NOTE:**

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

**UROLOGY SERVICES INQUIRY**

**USI Ref:** Notice 100 of 2022

**Date of Notice:** 26 September 2022

**Note:** An addendum amending this statement was received by the Inquiry on 19 May 2023 and can be found at WIT-96617 to WIT-96637. Annotated by the Urology Services Inquiry.

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**Witness Statement of:** Tracey Boyce

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I, Tracey Boyce, will say as follows:-

**SECTION 1 – GENERAL NARRATIVE**

**General**

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.

- 1.1 From 1<sup>st</sup> April 2022 to the present day I have been working as an HSC Leadership Associate. Immediately prior to that my role was the Director of Pharmacy and Medicines Management in the Southern Health and Social Care Trust, until I took early retirement on 31<sup>st</sup> January 2022. From 1<sup>st</sup> February to the 31<sup>st</sup> March 2022 I worked for the Southern HSC Trust for 15 hours per week, assisting with the induction of the new Trust Director of Pharmacy and Medicines Management.



## Urology Services Inquiry

1.2 I have appended my curriculum vitae (*Attachment 1*) to detail my previous employments prior to starting my post in the Southern Trust on 2<sup>nd</sup> January 2006.

1.3 My duties and responsibilities as the Trust's Director of Pharmacy and Medicines Management are explained in more detail in my response to Question 4 below.

1.4 In my responses to Questions 26 - 28 below I have detailed the issues that I raised, the meetings that I attended and the actions and decisions that I took to address my concerns, in as much detail as I am able to recall.

*Attachment 1- Tracey Boyce CV Oct2022*

- 2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.**

2.1 Any documents referenced in this statement can be located in folder S21 100 of 2022 – Attachments.

2.2 I can confirm that, to the best of my knowledge, the relevant documents were previously provided by the SHSCT to the Inquiry team.

2.3 I have appended any additional documents that I have referenced to my answers to the questions below.



3. **Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.**

**If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.**

#### **Your role**

4. **Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.**

4.1 I was appointed as the Director of Pharmacy and Medicines Management for the four original Trusts in the Southern area on 2<sup>nd</sup> January 2006. I then became the Director of Pharmacy and Medicines Management for the Southern HSC Trust upon its establishment on 1<sup>st</sup> April 2007. I held this post until my retirement on 31<sup>st</sup> January 2022. This post was at the same organisational level as the Assistant Directors within the Trust.

4.2 My duties and responsibilities included:



## Urology Services Inquiry

- (a) Providing specialist advice to the Trust Board, Chief Executive and other Director colleagues and their teams on all areas of Pharmacy and Medicines Management across the organisation.
- (b) Responsibility for the delivery and clinical governance of the Pharmacy service and all aspects of the management of Pharmacy staff throughout the Trust including the hospitals and community sectors.
- (c) Responsibility for managing the procurement of medicines and associated pharmaceutical products to ensure pharmaceutical clinical effectiveness was in line with accepted best practice standards
- (d) Responsibility for research and development, quality improvement and clinical audit activity within the Pharmacy Department.
- (e) Achieving outcomes which improved patient and service user experience, provided safe services and improved the environment to provide excellent patient care.

4.3 I also held the position of Controlled Drug Accountable Officer for the Trust under the Controlled Drugs (Supervision of Management and Use) Regulations 2013. I was responsible for the management of controlled drugs, the related governance issues in the organisation and also compliance with the legislation in relation to production of quarterly Occurrence Reports and representing the Trust at the regional confidential Local Intelligence Network meetings.

4.4 In October 2014 I was asked by the then Director of Acute services, Mrs Deborah Burns, to manage the Acute Governance team for a few weeks while the Acute Governance Lead post was being recruited. This was because the previous post holder, Margaret Marshal, had moved into the Corporate Governance Lead role. I was asked to take this on as, out of the six Assistant Directors in the Acute Directorate, I had the most governance experience. I had set up the Northern Ireland Medicines Governance Pharmacist Team in a previous post and I also completed a post graduate Doctor of Pharmacy practice on the subject of medication related patient safety.



## Urology Services Inquiry

4.5 Shortly after this I was told at an Acute team meeting that the Acute Governance lead was not going to be replaced as the salary had been given up as a cost efficiency saving. I was not happy about this decision as I had been told that I would be managing the team on a temporary basis until the post had been filled. I already had an extremely large workload as Director of Pharmacy and Trust Accountable Officer.

4.6 In February 2016 the Director of Acute Services at the time, Esther Gishkori agreed to the replacement of the Acute Governance Lead (*Attachment 2*) and Trudy Reid was recruited into the role. She started this role on 4<sup>th</sup> April 2016.

4.7 Ms Gishkori was not prepared to take back direct responsibility for interfacing with the Acute Governance Lead despite it being part of her remit. I was told of this decision verbally at one of my 1:1 meetings with the Director. I do not believe that there is a note of what was said at this meeting. Therefore I continued to mentor and support the Governance Lead as they needed someone to facilitate their work. This involved meeting Trudy Reid every Tuesday morning to discuss any issues the team were having and accompanying her to brief Ms Gishkori on Governance issues once per week.

4.8 I put this weekly governance briefing meeting into Ms Gishkori's diary when I realised that she was not going to take back the Director's responsibility for Governance. I decided that the meetings were necessary as Ms Gishkori was attending Senior Management Team meetings where issues of governance and risk were being discussed. In my opinion she needed to be briefed to be able to represent the Acute Directorate position accurately. Unfortunately the meetings were often cancelled by Ms Gishkori. I do not have any notes of these meetings, as they would have been in my paper diary for the year which I no longer have in my possession. Ms Reid may be able to provide notes of these meetings.



## Urology Services Inquiry

4.9 During Ms Gishkori's time as Director, I was also often asked to chair the monthly Acute Governance meeting, the Acute Clinical Governance meeting and the twice monthly Standards and Guidelines meetings, in her place.

4.10 Around that time, Ms Eileen Mullen (Chair of the Trust Governance Committee) asked me to attend the full Trust Governance meetings in future, which I did. Up until that point I had only attended the beginning of the meeting in my role as Director of Pharmacy to present the Medicines Safety report. After I did this I left the meeting. This allowed me to assist Ms Gishkori, when necessary, with any Non-Executive Directors' questions about Acute Governance issues.

4.11 When the next Director of Acute Services (Melanie McClements) took up post in June 2019, she immediately took back her responsibility for Governance as the Director of Acute Services. I stopped the weekly briefing meetings as they were no longer necessary as she had scheduled 1:1 meetings with the Acute Governance Lead and routinely chaired the various Acute governance meetings each month.

*Attachment 2 Governance coordinators recruitment post email Feb2016*

- 5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.**

5.1 My operational line management was undertaken by the Director of Acute Services throughout my employment as the Director of Pharmacy and Medicines Management in the SHSCT and I reported directly to that role. My appraisals were carried out by the Director of Acute Services.

5.2 The Acute Directors that were my line managers were as follows:





# Urology Services Inquiry

Date	Name
01/04/2007 - 21/05/2008	Mr Jim McCall
01/04/2008 - 30/11/2009	Miss Joy Youart
01/12/2009 - 31/03/2013	Dr Gillian Rankin
01/04/2013 - 31/08/15	Mrs Deborah Burns
17/08/2015 - 06/06/2019	Mrs Esther Gishkori
01/07/2018 - 30/09/2018	Mrs Anita Carroll (acting to cover period of E Gishkori's <small>Personal information redacted by USt</small>
07/06/2019 - 31/01/22	Mrs Melanie McClements

5.3 I also reported to the Trust's Medical Director who dealt with any professional issues and provided me with professional support if required including when I was acting in my role as the Trust's Accountable Officer.

5.4 The Medical Directors that I worked under were:



## Urology Services Inquiry

Date	Name
April 2007 to July 2011	Dr Patrick Loughran
June 2011 to August 2015	Dr John Simpson
July 2015 to August 2018	Dr Richard Wright
April 2018 to December 2018	Dr Ahmed Khan (interim)
December 2018 to January 2022	Dr Maria O'Kane

5.5 My line management was described as a 'dotted line' on the Trust's organisational chart, meaning that my day-to-day line management was under the Acute Director (for example, dealing with issues such as my appraisals and annual leave requests) whilst any professional issues were managed under the Medical Director (for example, if I was investigating and reporting on staff malpractice).

5.6 Within my role I had responsibility for the provision of Pharmacy and Medicines Management in the Trust. I managed all of the staff who worked within the pharmacy team which included the pharmacists, the pharmacy technicians, the pharmacy assistants, the pharmacy administration staff and the Trust's Community Medicines Management Nurse. When I retired in January 2022 I was responsible for the management of 252 team members. Please find attached the last copy of the



## Urology Services Inquiry

Pharmacy Services staff in post report for November 2021, which I received before I retired (*Attachment 3*), which records the names and roles of the staff I was responsible for managing.

5.7 I used the following management methods:

- (a) Monthly meetings with senior pharmacy staff/team leads
- (b) Team meetings for each section within pharmacy
- (c) Monthly full staff meetings
- (d) Email briefings
- (e) Standard operating procedures
- (f) Appraisal/Personal Development Plans
- (g) Incident reporting and review meetings
- (h) Line management structures
- (i) Structured training plans for each section
- (j) Mentoring for junior staff

*Attachment 3 DAS PHARMACY DIR OF PHARMACEUTICAL SERVICES @ 30-11-2021 (TRACEY BOYCE)*

**6. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.**

6.1 Not applicable. I retired on 31<sup>st</sup> January 2022.

**7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?**



## Urology Services Inquiry

7.1 The systems in place to assure that the standards in the Trust Pharmacy service were being met by me were as follows:

- (a) Annual Controls Assurance assessment and associated evidence.  
(Attachment 4a and 4b)
- (b) Independent audit of the Pharmacy Aseptic Suite by the Regional Pharmaceutical Quality Assurance Service. (Attachment 5)
- (c) Four monthly audits of each wards' management. (Attachment 6)
- (d) Twice yearly assessment of compliance with the DHSS Standards for Medicines Management. (Attachment 7)
- (e) MHRA inspection of the Wholesaler Dealers Authorisation and Specials Manufacturing License held by the Trust Pharmacy Service. (Attachment 8)
- (f) Quarterly Occurrence reports and attendance at the regional Local Intelligence Network meetings to present the report to the other Accountable Officers. (Attachment 9)
- (g) Undertaking internal Audit inspections and devising reports and action plans, covering both pharmaceutical and financial control/fraud prevention aspects of the service. (Attachment 10)

*Attachment 4a Controls Assurance Statement 2021 22 Medicines Management final*

*Attachment 4b CAS Medicines Management self-assessment 202122*

*Attachment 5 Summary Report for the Audit of the Pharmacy Aseptic Unit CAH Dec2021*

*Attachment 6 Example of a four monthly ward CD*

*Attachment 7 Hospital Baseline Survey Medicines Optimisation SHSCT\_Dec2021*

*Attachment 8 MHRA INSPECTION-REPORT\_CAH\_FINAL Aug 2018*

*Attachment 9 Occurrence report SHSCT Dec 2021*

*Attachment 10 Internal Audit Pharmacy 2019-20 \_SHSCT Managers Response*



## Urology Services Inquiry

8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

8.1 Yes. My role was subject to appraisal which was carried out by my operational line manager, the Director of Acute Services. This was supposed to be on an annual basis but it was not carried out as regularly as this. Appraisals were undertaken in accordance with the Trust guidance in use at the time of each appraisal meeting and recorded on the standard Trust appraisal and Personal Development Plan documentation, in conjunction with the Job Description for the role of Director of Pharmacy and Medicines Management (*Attachment 11 & 12*)

8.2 Please find appended examples of my appraisals (Appendix 13a,b,c,d and e)

*Attachment 11 Director of Pharmacy Job description on appointment 2006*

*Attachment 12 Director of Pharmacy Job description Dec2021*

*Attachment 13a Dr Tracey Boyce PDP PART A and B April 17*

*Attachment 13b Tracey Boyce 2019 PDP Part A*

*Attachment 13c Dr Tracey Boyce PDP PART A and B April 17*

*Attachment 13d Tracey Boyce 2019 PDP Part B*

*Attachment 13e PDP May 2021 Tracey Boyce*

9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?



9.1 My role as Director of Pharmacy for the Trust was also governed by the following:

- (a) The Medicines Act 1968 and the Human Medicines Regulations 2012.
- (b) The Misuse of Drugs Regulations 2012.
- (c) Non-medical prescribing guidelines.
- (d) MHRA Medication Alerts, Recalls and Safety Notices.
- (e) Standing financial instructions for Public Procurement.
- (f) Trust Fraud prevention guidance.
- (g) Direct Award Contract guidance.
- (h) Control of Substances Hazardous to Health (CoSHH).
- (i) Trust Health and Safety at Work policies and guidance.
- (j) Health Technical Memorandum (HTM) 02 – Medical Gas Pipeline Systems (Part A - Design, Installation, Validation and Verification and Part B - Operational Management).
- (k) Royal Pharmaceutical Society Guide for Chief Pharmacists.
- (l) The national Standards for Quality Assurance of Aseptic Preparation Services.
- (m) MHRA Guidance for Good Manufacturing Practice for Specials Manufacturers
- (n) MHRA Guidance Note 6 for WDA holders.
- (o) Controlled Drugs (Supervision of Management and Use) Regulations 2013.

9.2 I was made aware of updates at meetings and via emails from the Trust's Standards and Guidance process, the Trust's Finance Accountants allocated to support Pharmacy, the Procurement and Logistics arm of the Business Services Organisation, the Regional Pharmaceutical Quality Assurance Service, MHRA, the Chief Pharmaceutical Officer Department of Health, the Department of Health's Medicines Inspectorate Team and the Pharmaceutical Society of Northern Ireland.



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### 10. What performance indicators, if any, are used to measure performance for your role?

10.1 The performance indicators used to monitor my performance as the Director of Pharmacy and Medicines management were split according to the area concerned.

10.2 For financial control my performance in leading my team's delivery of the regionally set pharmaceutical savings targets were measured using the "MORE reports," (*Attachment 14*) in conjunction with the quarterly Medicines Optimisation Resource Efficiency regional accountability meetings with the Department of Health officers.

10.3 Further, as part of the Pharmacy Section of the annual Trust Finance Controls Assurance Standards programme, I was required to report on several set key performance indicators in relation to procurement standards, such as the 'Value of Invoices Passed Within 30 days' and the 'Percentage of Order Lines Returned' (*Attachment 15a and b*).

10.4 For pharmacy and medicines management I was required to submit a Hospital Baseline Survey (*Attachment 7*) every six months and to undertake the 'Trust Annual Controls Assurance Standards Assessment' (*Attachment 4a and b*).

10.5 In relation to my responsibilities for medication related patient safety I was required to submit an activity report on a quarterly basis to the Trust's Governance Committee (*Attachment 16a and b*).

10.6 In relation to mandatory staff training, a regular report was circulated to managers and discussed at monthly human resources Directorate meetings. (*Attachment 17*).



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10.7 For Accountable Officer responsibilities I was required to submit an annual report to the Trust's Governance Committee for scrutiny. (*Attachment 18*)

*Attachment 4a Controls Assurance Statement 2021 22 Medicines Management final*

*Attachment 4b CAS Medicines Management self assessment 202122*

*Attachment 7 Hospital Baseline Survey Medicines Optimisation SHSCT\_Dec2021*

*Attachment 14 Regional MORE monitoring report Dec 2021*

*Attachment 15a PH12 KPI05\_2019-20\_Q2*

*Attachment 15b PH09 KPI02\_2019-20\_Q2*

*Attachment 16a Medicines Governance Report Sep 2021*

*Attachment 16b MST 67 SHSCT*

*Attachment 17 Acute Detailed CMT Compliance Report*

*Attachment 18 SHSCT AO annual report 2021*

**11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?**

11.1 To assure myself that the standards required of me within my role were being met I used a variety of methods. I had a number of senior managers reporting to me and, via their appraisal each year, I set objectives and goals that were in line with the service that I was required to deliver.

11.2 To ensure that I was aware of the standards that the pharmacy staff were working to, I read and approved each standard operating procedure (SOP) in use in





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the service. The only exception to this was in the aseptic services section of pharmacy, where I delegated this responsibility to the Quality Assurance pharmacist, Sandra Kilpatrick, who had the relevant experience in this field to ensure that quality service was being delivered.

11.3 Part of my assurance involved setting programmes for staff supervision, training and induction in each section and also providing foundation training and advanced practice programmes for the pharmacists on the team.

11.4 Carrying out audits was also part of my assurance. For example, the four monthly ward Controlled Drug audits and the audit of community facilities that were responsible for storing medicines (*Attachment 6*).

11.5 I also set out the medicines management standards required for all Trust employees in the 'Trust Medicines Code' (*Attachment 19*) and these were overseen by the Trust Drug and Therapeutics Committee which reported to the overarching Trust Governance Committee.

11.6 In relation to my finance and anti-fraud responsibilities, I used methods such as undertaking regular stock checks of the inventory held in the pharmacy stores and completing 'Drugs of Abuse' monitoring reports for Ward Managers. I physically controlled the stock control and ordering system which limited which staff could undertake the tasks and in what capacity (i.e. to which financial level). I also limited the finance approvers for overtime claims and sundries orders within pharmacy to myself and my deputy, the Assistant Director of Pharmacy (Procurement) John Carroll.

11.7 As a way of taking stock each year I completed the annual 'Medicines Governance Control's Assurance' Assessment myself rather than delegating it to another member of the pharmacy team.

*Attachment 6 Example of a four monthly ward CD*



**12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.**

12.1 I cannot think of a time when I, or others, bypassed the systems in place.

**13. What systems of governance do you use in fulfilling your role?**

13.1 I used the following governance methods in fulfilling my role in managing the pharmacy service:

- (a) Providing Departmental induction programmes for new staff members.
- (b) Providing Standard Operating Procedures for each section within the Pharmacy Service, that staff are required to sign once they have read them.
- (c) Providing standardised training programmes for each section of the pharmacy.
- (d) Providing staff mentoring and peer review.
- (e) Reporting incidents on Datix.
- (f) Carrying out incident reviews and learning groups led by the Medicines Governance Pharmacist.
- (g) Running a registration check on each pharmacist employed in the service in October each year to ensure that they were registered with the Pharmaceutical Society of Northern Ireland. This also gave me assurance that each pharmacist had successfully submitted their required 30 hours of continuing professional development each year.
- (h) Completing the 'Medicines Governance Control's Assurance' Assessment annually myself as a way of taking stock each year.
- (i) Undertaking staff appraisal/Personal Development Plans.



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- (j) Using the probationary assessment rules for newly employed staff as and when required.
- (k) Implementing Trust Disciplinary Policy if required.
- (l) Using robotics and overt CCTV cameras to prevent medicines theft and assure pharmacy staff safety.
- (m) Ensuring the separation of roles on the pharmacy stock management IT system in use, to prevent theft and/or fraud.
- (n) Regularly undertaking stock checks within the three pharmacy stores.

13.2 To fulfil my responsibilities for assuring safe and effective medicine management across all the Directorates within the Trust, I ensured to:

- (a) Produce and maintain the Trust Medicines Code (*Attachment 19*).
- (b) Report incidents using the Datix system.
- (c) Carry out incident review and learning groups led by the Medicines Governance Pharmacist.
- (d) I was a member of the Medicines Management Working group, set up to specifically address issues that arose in the community sectors of the Trust.
- (e) I was a member of the Trust non-medical prescribing committee, which was set up to oversee the governance of independent prescribing within the Trust.
- (f) I was the secretary for the Drug and Therapeutics/Medicines Optimisation Committee, which checks and approves any Trust guideline that involves the use of medicines, as well as managing the entry of new medicines to the Trust.

13.3 To fulfil my responsibilities as the Trust's Accountable Officer I ensured to undertake the following:

- (a) Implementing Controlled Drug standard operating procedures for both pharmacy and nursing/midwifery staff. (*Attachment 20*)
- (b) Undertaking a 4-monthly ward controlled drug audit. (*Attachment 6*).
- (c) Undertaking monthly 'Drugs of Abuse' reports for each ward manager.



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- (d) Investigating incident and concerns including the use of overt and/or covert CCTV cameras, involvement of Counter Fraud Officers, and PSNI as required.
- (e) Attending at the regional LIN and sharing of concerns in the 'Form of Occurrence Reports' quarterly. (*Attachment 9*)

*Attachment 6 Example of a four monthly ward CD*

*Attachment 9 Occurrence report SHSCT Dec 2021*

*Attachment 19 SHSCT Medicines Code 2021*

*Attachment 20 SHSCT Hospital CD procedures February 2019*

**14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.**

14.1 Yes. I was aware of the Trust's Quality Improvement support team and the associated training programmes that were available to me and my team.

14.2 Although I did not personally use these resources in my role, I encouraged the pharmacy team leads to use them when leading service changes, for example the 'Discharge Sticker Project' and the 'Discharge Pharmacist Team Project'.

*(Attachment 21a and b)*

*Attachment 21a Evaluation Case Study 250117*

*Attachment 21b QI Discharge Project Presentation*

**15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?**



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15.1 I understood that the responsibility for overseeing the quality of urology services was a joint responsibility between clinical and operational leaders of the Acute Services management team.

15.2 I understood that the medical side of the management team consisted of the urology consultants who reported to the Clinical Director ('CD') responsible for the specialty. I understood that the CD reported to the Associate Medical Director ('AMD') responsible for Surgery and Elective Care.

15.3 I understood that the operational side of management consisted of Ward Managers who reported to Lead Nurses who in turn reported to Heads of Service ('HOS'). The HOS reported to the Assistant Director ('AD') for Surgery and Elective Care.

15.4 I understood that the ADs were line managed by the Acute Services Director, whilst the AMDs reported to the Acute Director and the Medical Director who were both part of the Trust Senior Management Team

### **16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?**

16.1 In my experience clinical governance was led jointly by the operational and clinical leaders in the specialty under the management of their senior team leads, namely the Clinical Director for urology, the Head of Service for urology, the Associate Medical Director and the Assistant Director responsible for Surgery. In addition, I understood that the Chair of the Surgical Morbidity and Mortality meeting had a role in clinical governance.

16.2 The management team was supported in this by the members of the Acute Governance team who provided governance data reports, facilitated the weekly



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serious incident screening meetings, supported standards and guideline change leads and assisted with serious adverse incident reviews and answering complaints.

**17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?**

17.1 In my role as Director of Pharmacy and Medicines Management I did not provide specific services and support to urology services.

17.2 I was, however, responsible for ensuring adequate clinical pharmacy input to the wards where urology patients were cared for across the Trust. I felt that I provided the requisite service and support when carrying out this role. In 2016 I highlighted a deficit in clinical pharmacy provision to those wards, as part of my proposal to introduce a pharmacist led discharge prescription service within Acute Services. This proposal was funded in 2017. (*Attachment 22*).

*Attachment 22 Proposal to introduce pharmacist led discharge June 2016*

**18. Did you feel supported by staff within urology in carrying out your role?**

**Please explain your answer in full.**

18.1 Yes. Within my role as the Director of Pharmacy and Medicines Management I had limited direct contact with the urology staff. I do not recall feeling unsupported by staff within urology.



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18.2 The person on the urology staff that I had the most contact with was Mr Mark Haynes, Consultant Urologist. When he became the AMD for Surgery he joined the Acute Clinical Governance Committee, which I was also a member of.

18.3 When I was providing support to the Acute Clinical Governance team I became aware of some issues in relation to Mr Haynes's lack of attendance at the weekly surgical serious incident screening meetings and the Acute Clinical Governance monthly meetings. I understood that this was due to a lack of time in his job plans and conflicts with his clinical duties. As the consultants did not have protected time in their job plans for clinical governance activities such as screening, leading standards and guideline implementation and incident investigation, they often could not commit to attending these meetings and activities as their time was taken up with direct patient facing activity.

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**19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.**

19.1 Not applicable. My role as Director of Pharmacy and Medicines Management did not have any aspects that were directly relevant to the operation, governance or clinical aspects of urology.

**20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.**



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20.1 Not applicable. My role did not have any aspects relevant specifically to urology, therefore I did not liaise directly with anyone in relation this.

20.2 I was a member of the Acute Directorate Governance Committee and the Acute Directorate Clinical Governance Committee, which met on a monthly basis, and the Acute Standards and Guidelines Committee, which met on a fortnightly basis. The membership of these groups also included the Assistant Director for Surgery and Elective Care. The Associate Medical Director responsible for Surgery and the Clinical Director with responsibility for urology attended the Acute Directorate Clinical Governance Committee each month.

**21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?**

21.1 Not applicable. As the Trust Director of Pharmacy and Medicines Management I did not have any input into the operational, clinical and/or governance aspects of the urology service.

**22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?**

22.1 Not applicable. As the Trust Director of Pharmacy and Medicines Management I did not have any input into the governance process and procedure within urology. I am not able to comment on their efficiency or effectiveness.





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**23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?**

23.1 Not applicable. As the Trust Director of Pharmacy and Medicines Management I did not have any involvement in performance metrics or any other patient or system data input within the urology service.

**24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:**

24.1. **Waiting times:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.

24.2. **Triage/GP referral letters:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.

24.3. **Letter and note dictation:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.

24.4. **Patient care scheduling/Booking:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.

24.5. **Prescription of drugs:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy apart from being responsible for the Trust's 'Medicines Code' (*Attachment 19*). The Code sets out the procedures and standards to be followed in the prescription of medicines within the Trust.

24.6. **Administration of drugs:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy apart from being



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responsible for the Trust's 'Medicines Code' (*Attachment 19*). The Code sets out the procedures and standards to be followed in the prescription of medicines within the Trust.

- 24.7. **Private patient booking.** Not applicable I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.
- 24.8. **Multi-disciplinary meetings (MDMs)/Attendance at MDMs:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.
- 24.9. **Following up on results/sign off of results:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.
- 24.10. **Onward referral of patients for further care and treatment:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.
- 24.11. **Storage and management of health records:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.
- 24.12. **Operation of the Patient Administrative System (PAS):** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.
- 24.13. **Staffing:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.
- 24.14. **Clinical Nurse Specialists:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy



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24.15. **Cancer Nurse Specialists:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.

24.16. **Palliative Care Nurses:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.

24.17. **Patient complaints/queries:** Not applicable. I had no responsibility or input into this in my role as the Trust's Director of Pharmacy.

*Attachment 19 SHSCT Medicines Code 2021*

### Concerns

25. **Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.**

25.1 If I had a concern about an issue of patient care, safety and/or governance I was expected to follow the Trust's Incident Management Procedure (October 2014) (*Attachment 23*).

*Attachment 23 Incident Management Procedure*

26. **Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, or any other matter regarding urology services? If yes,**



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**please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.**

26.1 Yes. I raised a concern that related to “triage in urology,” as set out in my response to Question 24 at 24.2., after it was brought to my attention by a member of the Acute Governance team on 9<sup>th</sup> November 2016. Please see my response to Question 27 27.10 to 27.18 for further details about this concern.

**27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.**

27.1 Yes. I had two concerns regarding Mr Aidan O’Brien during my employment in the Trust.

27.2 The first concern involved the prescribing and administration of gentamicin to urology patients. One of the experienced clinical pharmacists, who was based on the Craigavon Area Hospital (CAH) surgical wards, asked to speak to me about a clinical concern that she had not been able to resolve herself. She was aware of a number of patients who had been admitted for five or more days to receive an infusion of gentamicin, at Mr Aidan O’Brien’s request.

27.3 Gentamicin is an aminoglycoside antibiotic used to treat serious infections, such as sepsis and acute pyelonephritis. It has a number of serious side effects including ototoxicity and nephrotoxicity.

27.4 The pharmacist’s concerns were that the dose of gentamicin being prescribed was subtherapeutic and that she could not find any record or sig that



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the patient was being treated for an infection. The patients all appeared to be clinically well. She had spoken to the nursing and junior medical staff on the ward and they had confirmed that the admission and the dose to be used was specified by Mr O'Brien.

27.5 In my view her concerns were valid. Patients were being exposed to the side effects of the medicine unnecessarily, being cannulated for no reason and being put at risk of acquiring an infection whilst in hospital. Further, by giving low doses of the antibiotic, there was a risk that antimicrobial resistance could develop which would render that antibiotic ineffective if they actually needed it in the future. In addition to this, the Trust was under huge pressure for beds at the time and these patients were taking up a valuable resources unnecessarily.

27.6 I escalated this issue by raising it with Dr Patrick Loughran who was the Medical Director of the Trust at that time (2007 – 2011). I believe I escalated this concern sometime between January 2008 and December 2010. I apologise that I cannot give an exact date for this meeting and there are no notes of the meeting either, as it was raised as part of a conversation. Dr Loughran may be able to give a more accurate date.

27.7 I believe that Dr Loughran took the concern seriously. He asked me to leave the issue with him and he assured me that he would investigate it further.

27.8 A few weeks later Dr Loughran gave me an update about the actions he had taken. Again, as this was an informal conversation, I unfortunately do not have a record of the date or any meeting notes that I can share with the Inquiry. I recall that he told me that he had spoken to Mr O'Brien and told him that his practice of prescribing an infusion of gentamicin to patients was to cease immediately. He advised that he had also spoken to the Ward Managers to make them aware that Mr O'Brien was no longer allowed to admit such patients.



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27.9 Dr Loughran asked me to alert him if any of the pharmacists came across such an issue again. I asked the pharmacists to be vigilant and to escalate any concerns to me. Nothing was subsequently reported to me. As a result I believe

that the practice was successfully halted and the issue was sufficiently addressed.

27.10 The second issue occurred when I was coordinating the Acute Governance Team, on behalf of the Director at the time, Mrs Esther Gishkori.

27.11 On 9<sup>th</sup> November 2016 one of the lead nurses who had been transferred into the Acute Governance team in 2014, Connie Connelly, gave me a letter of concern (*Attachment 24*) about an SAI that she had been working on (*Attachment 25*). The SAI review was considering the case of Patient  
10. Ms Connolly was a panel member in the investigation which was being chaired by Mr Anthony Glackin, Consultant Urologist. The letter was unsigned.

27.12 The panel's concerns included:

- (a) That the root cause of the SAI was Mr O'Brien's lack of action in relation to the triage of Patient  
10's referral letter from her GP.
- (b) That there were 7 other patients' GP letters that were not triaged that week by Mr O'Brien.
- (c) That the secretaries appeared to be aware that triage was not being completed and were putting patients onto the routine appointment list as a way of ensuring that they were kept in the system. They had kept a record of those patients which revealed that 318 letters had not been triaged by a Consultant Urologist.
- (d) That some patients' notes were missing (despite being tracked to Mr O'Brien).
- (e) That there appeared to be delays in the dictation of Mr O'Brien's letters.



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27.13 That afternoon, I emailed Mrs Gishkori about the concern (*Attachment 26*) and I subsequently went to the Admin Floor to speak to her and Mr Ronan Carroll (AD for Surgery and Elective Care) about it.

27.14 I was then asked to attend an Oversight Meeting on 22<sup>nd</sup> December 2016 to explain the Acute Governance team's concerns. The meeting was with Dr Richard Wright (Medical Director), Vivienne Toal (Director of Human Resources), Malcolm Clegg (Medical Staffing Manager), Simon Gibson (AD Medical Director's Office) and Mr Ronan Carroll (AD Acute Services - on behalf of the Acute Director, Mrs Esther Gishkori). I created a summary of the concerns for the meeting (*Attachment 27*). Following the meeting I was copied into the email of the agreed actions to be taken (*Attachment 28*).

27.15 At Dr Wright's request, and following the Trust's SAI process, I contacted Mr Glackin (Chair of the Patient  
10 SAI panel) and asked him to share the report with the medical staff involved. Mr Glackin replied by email to say that he would not do this as he was Mr O'Brien's colleague and not his manager (*Attachment 29*). He also copied Mrs Gishkori, Ronan Carroll and Martina Corrigan (HOS for Urology) into the email. I apologise that I cannot recall or find any record of what I did when I received that response from Mr Glackin.

27.16 I was told by Mrs Gishkori (Director of Acute Services) that the management of the concern was being taken away from the Acute Governance team and was being passed over to the Medical Director's Office, under the Maintaining High Professional Standards process.

27.17 I attended a meeting on 10<sup>th</sup> January 2017 to brief the oversight committee members on the Governance team's concerns. Present at the meeting were myself, Dr Richard Wright (Medical Director), Mrs Esther




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Gishkori (Director of Acute Services), Mrs Vivienne Toal (Director of Human Resources), Mr Simon Gibson (AD Medical Directorate), Mrs Siobhan Hynds (Head of Employee Relations) and Ronan Carroll (AD Acute Services). After the meeting I was sent a copy of the minutes of the meeting (*Attachment 30*).

27.18 After the meeting on the 10<sup>th</sup> January 2017 I was not directly involved with the concerns again, however, for a number of weeks I was copied into some emails about follow up actions being taken by others. I believe the senders thought that I was still involved in managing the case.

27.19 Following a look back exercise in relation to Mr O'Brien's triage, I became aware that a number of further SAIs were being undertaken. These were chaired by an external consultant, Dr Julian Johnston, and they were recorded on the Acute Clinical Governance monthly reports. I assisted Trudy Reid in following up on any actions required, such a reading and commenting on drafts of letters to be sent to Mr O'Brien in relation to the further SAI reviews being chaired by Dr Johnston on behalf of the Trust.

*Attachment 24 SAI panels concerns letter*

*Attachment 25 20161222 E Re Final SAI* 

*Attachment 26 20162209 E re Screening of Partial SAI*

*Attachment 27 20161222 E re Missing Triage A4*

*Attachment 28 20161223 E re AOB Mtg with note A1*

*Attachment 29 Email from Mr Glackin 10Jan2017*

*Attachment 30 20170110 Action Note AOB A1*





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**28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?**

28.1 The concern that I was involved with related to the triaging of GP referral letters in the urology service which impacted on the provision of a safe services and treatment to patients. Triage is a key tool in ensuring the sickest and most at-risk patients are seen first so that treatment can be started as soon as possible. A failure to triage patients correctly can result in adverse outcomes for patients.

**29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?**

29.1 After I escalated the concerns to Mrs Gishkori, Director of Acute Services and then was asked to brief the Medical Director Dr Richard Wright and the other members of the Oversight Committee, their investigation and the resulting actions were led by someone else. I was not involved in, nor did I undertake, any risk assessment of the potential impact of the concerns raised.

**30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?**

30.1 As stated in my response to Question 28, the concern that I was involved with related to the non-triaging of GP referral letters in the urology service which impacted on the provision of a safe service for patients. I did consider that the concerns raised presented a risk to patient safety as triage is a key tool in ensuring the sickest and most at-risk patients are seen first, so that treatment can be started as soon as possible. A failure to triage patients correctly can result in adverse outcomes for patients.



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30.2 The only mitigation that I was aware of was that, as soon as this triage concern was raised, a look back exercise was commenced with the patients whose letters had not been correctly triaged and that this was kept under review by a consultant urologist. The outworking of this review led to a number of SAI cases being raised.

**31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.**

31.1 I can only reflect on the three concerns that I raised during my employment in the Trust, namely the two urology concerns that I have detailed in my response to Question 27 and one other unrelated patient safety concern involving a locum ENT consultant's opiate prescribing practice.

31.2 In relation to the concern that I raised about Mr O'Brien's prescribing of gentamicin, Dr Patrick Loughran (Medical Director) set up an oversight and monitoring system by asking the surgical Ward Managers and the clinical pharmacists to report any recurrence of that issue to him.

31.3 With regards to the urology GP letter triage concern, this was handled by the Medical Director's Office team using the Maintaining High Professional Standards process on investigation and, as a result, I have no knowledge of which systems of oversight and monitoring were put in place.

31.4 Finally, in relation to the concern relating to the prescribing of opiates by a locum ENT consultant, Dr Stephen Hall (Associate Medical Director covering the Medical Director's leave) immediately considered the facts of the case and suspended the ENT consultant that same day. His contract was then subsequently terminated and he was reported to the GMC. To that end, no



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oversight or monitoring of the consultant was required. The case progressed to a GMC hearing, in conjunction with a report from another Trust and I understand that the consultant concerned was removed from the register.

**32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?**

32.1 In two out of the three concerns that I raised (as referenced in my response to Question 31), I was informed of the outcome and actions being taken directly by the person that I first approached with the concern.

32.2 In the urology triage case, the only information that I was given was at the initial Oversight Meetings (as referred to in my response to Question 27, specifically at 27.14 and 27.16), namely that the concern was taken over by the team in the Medical Director's Office. I was aware that action was being taken as I was copied into emails (*Attachment 31*) outlining actions after the Oversight Meeting that I attended on the 22<sup>nd</sup> December 2016.

*Attachment 31 20170103 E re Mtg with Consultants 3*

**33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?**

33.1 As I did not work within the urology service, and I had no responsibility for it, I cannot comment as to whether concerns about governance, clinical care or issues



## Urology Services Inquiry

around risk were not being identified addressed or escalated as necessary within urology.

**34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.**

34.1 I am not aware about how Dr Loughran recorded the concerns that I raised in relation to the locum ENT consultant. I was not a member of the Trust Governance committee at the time and, as a result, I did not see the minutes from the meeting(s). I do not recall it being discussed or recorded at any of the Acute meetings that I attended.

34.2 As I was a member of the Trust Governance Committee at the time of the triage concern, in or around 2016/2017, I saw the case on the agenda for the confidential section of that meeting. However, as I was not a Director, I only joined the meeting once the confidential section was complete and therefore I was not aware of the detail of those discussions or any discussions about recording it on the corporate risk register.

**35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?**

35.1 From my experience I believe that there was a disconnect between the Acute Governance Team's role and the implementation of the Maintaining High Professional



## Urology Services Inquiry

Standards process by the Director's Office team. From what I understood at the time, they had to be kept totally separate, however, with the benefit of hindsight I think that a joint approach would have been more beneficial and may have reduced the time taken to complete the investigation.

35.2 For example, the engagement of Dr Julian Johnston, to chair the investigation of the SAIs that resulted from the 2017 look back exercise produced one report that covered all of the SAI cases. If the Acute Governance Team had been involved earlier in the process, their practical experience in such things may have influenced the commissioning of the work, in that a separate report for each person/family was stipulated as an output. The time taken to rewrite the final report into one for each person/family must have led to further delays for those families.

35.3 Further, if the Acute governance team had been brought into the MHPS process, they may have been able to assist with any monitoring arrangements put in place on Mr O'Brien's return to practice.

### Staff

**36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?**

36.1 I had no direct interaction with the members of the urology team until Mr Haynes became the AMD for Surgery and Elective Care within Acute Services.



## Urology Services Inquiry

36.2 When Mr Haynes became the AMD we attended the same Acute Clinical Governance meetings each month and, from my experience, we had a good working relationship.

**37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.**

37.1 My experience of their working relationship was limited to my observations during Acute Clinical Governance meetings, as this was the only time that I would have seen the senior clinical and operations managers responsible for the urology interacting.

37.2 I did not observe anything at those meetings that made me think there was a problem in their working relationships.

### Learning

**38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.**

38.1 Yes. I am now aware that Mr O'Brien was recommending the prescription of sub-therapeutic doses of bicalutamide for men diagnosed with prostate cancer. I became aware of this when Mr Mark Haynes, AMD, asked me for Trust pharmacy help in auditing these prescription recommendations.



## Urology Services Inquiry

38.2 I was not able to assist Mr Haynes with data for this audit as these prescription recommendations were being made at patient's outpatient clinic attendances. At the clinic the patient would be given a paper recommendation note to take to their GP, who would then prescribe the bicalutamide which was then dispensed by a community pharmacy. Therefore, the Trust pharmacy had no records of what had

been dispensed and prescribed. A clinic letter, addressed to a patient's GP, would then have been dictated at a later date and sent to the GP.

38.3 I thought that the audit could potentially be carried out by using data from the community pharmacy dispensing payment system, which is held by the Health and Social Care Board. Therefore I contacted Mr Joe Brogan, HSCB lead pharmacist, and put him in contact with Mr Haynes.

38.4 Given that the outpatient prescribing recommendation system in use within the Trust is largely paper based, it is not possible to run reports or audits to identify such problems earlier. In 2015/16 there was work ongoing to implement an electronic prescribing and administration system for medicines across all five of the Trusts. Unfortunately this work was halted as the "Encompass" project was being considered. Once the Encompass project is implemented in all five Trusts, it should be possible to set up electronic surveillance that could identify outliers in prescribing practice quickly.

**39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?**

39.1 In my opinion there was a combination of factors that I believe contributed to what went wrong within urology services:



## Urology Services Inquiry

- (a) Mr O'Brien was responsible for ensuring his own practice was of the highest standards. If something in the organisation was stopping him from doing this, in my opinion he should have escalated it through the correct channels, whilst continuing to do his best to ensure patient safety until it was resolved. He is a senior member of his profession and, like all registered clinical staff including myself, he is responsible for ensuring his practice was evidence based and in line with current best practice.
- (b) Mr O'Brien was a senior member of the medical staff, who had trained many of the other younger consultant staff who had become his colleagues. This led to a reluctance to critically review his practice and challenge him when abnormal practice was identified in my opinion.
- (c) Due to Mr O'Brien's seniority, he was well respected by other experienced consultants in specialities outside urology and within the Trust's senior executive team. I believe that those people may have discouraged others from challenging him.
- (d) The excessive workload of the clinical and operational managers/leaders within Acute Services meant that staff were often overwhelmed with keeping the service running, which may have given them limited time to focus on governance activities.
- (e) The turnover of the Medical Director's and the Director of Acute Services posts led to inconsistencies in experience, approach and the follow-up of concerns.

**40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?**

- 40.1. As I retired from the Trust on 31<sup>st</sup> January 2022, I am not party to the full extent of the more recent concerns and the associated learning in relation to





## Urology Services Inquiry

urology services or involving Mr O'Brien in particular. I was not made aware of the outcome of the ongoing investigations prior to my retirement.

- 40.2. In relation to the 2017 non-triage concern within urology, the learning that I am aware of is that such important parts of the patient care system, that rely on individual actions, should be made visible so that activity can be monitored regularly so that problems can be identified and addressed quickly. I understand that this was addressed by developing a report that shows triage activity against GP referral letters received for each speciality. The report allows clinical and operational managers to easily monitor such activity and then escalate as needed.
- 40.3. My personal learning from the urology gentamicin infusion issue was the importance of speaking up when you have a concern and not assuming that others will address it. That was the first time in my career that I had escalated a concern related to a colleague in another profession and I realise that other people working on the wards with that clinical pharmacist must also have known about the patients being admitted for the infusions, yet had not voiced concerns about the practice.
- 40.4. When Mr Haynes asked me to assist with the audit of bicalutamide in urology outpatient clinics I was not able to help him to collect data due to the paper based prescribing system in use in the Trust. I had to put Mr Haynes in contact with my HSCB colleagues so that they could extract data from the community pharmacy prescription payment database. This is a very cumbersome way of monitoring outpatient prescribing and the learning is that outpatient prescribing needs to be made visible within Trusts by the use of electronic prescribing that allows audit and monitoring. When 'Encompass' is implemented in every Trust this weakness in the system should be resolved.



## **Urology Services Inquiry**

**41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.**

**If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.**

41.1 Yes. In relation to the 2017 triage concern that I was involved in, I do think that there was a failure by the Medical Directors and the Director of Acute Services to engage fully with and address the problems identified at the time.

41.2 In my opinion, both roles (Medical Directors and the Director of Acute Services) had a leadership responsibility to ensure that a robust process and monitoring system were in place and to seek ongoing assurances.

41.3 In relation to the Director of Acute Services think this failure was related to a lack of governance experience of the post holder at that time, Mrs. Gishkori. My view of Mrs Gishkori's lack of governance experience came from my experiences of working with her, supporting her with governance issues and from attending the same Acute and Trust Governance meetings as she did.

41.4 For the Medical Director role, I understood that Dr Wright was very experienced in managing such problems however unfortunately his ill health meant that he was not always available and that he was subsequently required to step down from the post during this period. He was then replaced, on an interim basis, by Dr Khan, who, from my experience of working with him, appeared to be inexperienced in governance matters.

**42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were**



## **Urology Services Inquiry**

**properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?**

42.1 On reflection, I do not think that I could have done anything differently in relation to the two urology related concerns that I was involved in. Once I was aware of the

issues I escalated them in a timely way to my line managers (the Director of Acute Service and the Medical Director) and I ensured that I undertook the actions that they asked of me. The governance arrangements at the time meant that I was not involved beyond escalating the concerns.

42.2 In relation to my thoughts on mistakes made by others, I do believe that there were good intentions to address the concerns identified within urology, however the extreme workload experienced by the clinical and operational teams meant that they had limited time available to focus on these issues. In my opinion this, in conjunction with the personnel changes in the leader of the MHPS process, the Medical Director and the lack of Governance experience of the Director of Acute Services in 2017, led to a disjointed process, which allowed concerns to go unaddressed. Unfortunately Dr Wright had to step back from the Medical Director's role at a key point

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and he was replaced by an interim Medical Director, Dr Khan, who from my observations appeared to have very limited governance experience.

42.3 I also believe that some of the other senior consultants in the Trust saw Mr O'Brien as an excellent doctor whose practice and procedures should not have been challenged. This may have impeded the operational and clinical managers efforts to address the concerns within the service urology.

**43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what**



## Urology Services Inquiry

**were those concerns and with whom did you raise them and what, if anything, was done?**

43.1 Overall, in my opinion, the governance arrangements in the Acute Directorate where not fit for purpose. This was because the Acute Governance team was chronically under resourced for the size of the tasks expected of them.

43.2 The clinical staff also did not have protected time for governance activities. When they were under severe patient flow/bed pressures, as often experienced in the Southern Trust Acute Service, the governance activity had to be put on hold.

43.4 When I was asked to look after the Acute Governance team for a period of time in October 2014 I realised that there was a back a backlog of unopened incident reports on Datix (*Attachment 32*). This backlog had not been escalated before and was unknown to the Director (Debbie Burns). These incidents, once reviewed, led to a backlog of SAI reviews.

43.5 The fact that the Governance Lead post had been given up as a saving in 2014 also demonstrated a lack of understanding of the importance of good clinical governance in my opinion. It was impossible for me to take on the full role of the governance lead on top of my substantive post as the Director of Pharmacy. As my registration as a pharmacist could have been at risk if I did not ensure the safe running of the pharmacy service, the best I could do was to offer every Tuesday morning in my diary to assist the members of the Acute Governance team as best as I could.

43.6 The two Band 7 governance officers on the team at the time were very inexperienced as they had been redeployed at short notice after the lead nurse role was stood down at that time too. I had to identify training for them to try to get them up to speed with incident investigation and report writing skills as quickly as possible.



## Urology Services Inquiry

43.7 I raised my concerns with the Director of Acute Services throughout this period, as did the other Assistant Directors within the Acute Services team and we submitted a number of proposals to augment the Acute Governance team (*Attachments 33 to 42*) during this time.

43.8 Part of the proposals included protected paid time and additional governance training for a number of consultants, who could then develop experience in chairing SAIs and other governance activities, as it became increasingly difficult to engage the medical staff in such governance activities when it was not part of their job plans.

43.9 As outlined in my response to Question 5, at 4.7, funding was found to reinstate the Acute Governance Lead post in February 2016.

*Attachment 32 20141104 Governance Agenda and papers*

*Attachment 33 Acute Governance Structure email Oct 2014*

*Attachment 34 Acute Governance Structure proposal Oct 15*

*Attachment 35 Acute Governance structure email April 2016*

*Attachment 36 Acute Governance Structure proposal April 16*

*Attachment 37 Email re Governance structure proposals to Acute Director April 2016*

*Attachment 38 Acute Governance Structure proposal April 16*

*Attachment 39 Acute Governance Structure proposal Oct 17*

*Attachment 40 email re Acute governance structures Oct 2017*

*Attachment 41 Acute Governance Enhanced Structure proposal 31 May 2018*

*Attachment 42 Acute Governance Structure proposal Aug 2018*



## Urology Services Inquiry

**44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.**

44.1 I would like to add information about a telephone call that I inadvertently witnessed as it I think it may be evidence of some level of pressure on one of the Acute Services Directors who did not fully investigate Mr O'Brien's practice.

44.2 I cannot remember the date of the meeting and I did not make a note of the incident at the time. However, I know that it must have been after the concern in relation to Mr O'Brien's triage practice was identified, as I understood the context of the call without it having to be explained.

44.3 I was in a 1:1 meeting with Mrs Esther Gishkori, Director of Acute Services, in her office on the CAH Administration floor, updating her on my pharmacy responsibilities. The telephone rang and Mrs Gishkori answered it whilst I was in the room. I realised she was speaking to the Chair of the Trust (Mrs Roberta Brownlee) and, while I indicated to Mrs Gishkori that I would leave the room to give her privacy, she told me to stay.

44.4 I could not hear what Mrs Brownlee was saying however I recall that Mrs Gishkori did not say very much in response to Mrs Brownlee during the call and that she became very flustered.

44.5 When the call ended Mrs Gishkori told me that the Chair had asked her to "*leave Mr O'Brien alone*" as he was an excellent doctor and a good friend of hers who had saved the life of one of her friends.

44.6 I remember saying to Mrs Gishkori that I thought that the Chair's behaviour was unacceptable and that she should document the call and speak to the Chief Executive about it, as her line manager.



## Urology Services Inquiry

44.7 I do not know if Mrs Gishkori escalated the telephone call and it was never mentioned to me again.

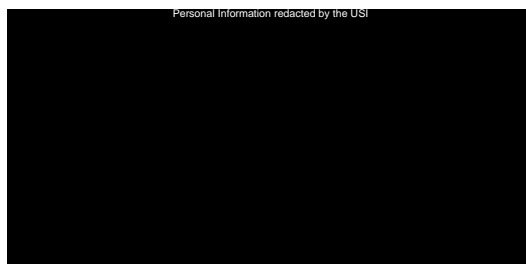
### **NOTE:**

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

### **Statement of Truth**

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

Signed:



Date: 18<sup>th</sup> November 2022

## S21 100 of 2022- Tracey Boyce

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**Dr Tracey Boyce**

Personal Information redacted by the USI

Email: Personal Information redacted by the USI

**Profile**

I am a practicing pharmacist with 33 years' experience in healthcare, in both hospital and community services. I am highly organised, hardworking and motivated by a challenge. I am an effective communicator with patients, professional and management colleagues and have well developed data analysis and problem solving skills. A major motivation in my career to date is to improve patient safety in healthcare.

**Employment history**

- 1<sup>st</sup> April 2022 to present day – HSC Leadership Centre Associate
- 1<sup>st</sup> June 2011 to 31<sup>st</sup> January 2022 – Accountable Officer, Southern Heath and Social Care Trust
- 2<sup>nd</sup> January 2006 to 31<sup>st</sup> – Director of Pharmacy and Medicines Management, Southern Heath and Social Care Trust, Craigavon Area Hospital
- 1<sup>st</sup> October 2014 to June 2019 – Coordinator/mentor for the Acute Governance Team, Southern Heath and Social Care Trust
- 1<sup>st</sup> April 2002 – 31<sup>st</sup> December 2006 – Team Leader, Northern Ireland Medicines Governance Team
- 1<sup>st</sup> June 1997 to 31<sup>st</sup> March 2002 – Assistant Director of Pharmacy, Ulster and Community Hospitals Trust, Dundonald
- 2<sup>nd</sup> January 1996 to 31<sup>st</sup> May 1997 - Dispensary Manager, Royal Hospitals Trust, Belfast
- 30<sup>th</sup> June 1994 to 31<sup>st</sup> December 1996 - Dispensary Manager, Belfast City Hospital Trust, Belfast
- 1<sup>st</sup> December 1993 to 31<sup>st</sup> May 1994 – Clinical Pharmacist (Renal), Belfast City Hospital Trust, Belfast
- 1<sup>st</sup> August 1989 to 30<sup>th</sup> November 1993 – Junior Pharmacist, Royal Hospitals Trust, Belfast

**Qualifications**

- 1988 – BSc (Hons) Pharmacy (2:1), Queens University, Belfast
- 1996 – MSc in Health Economics and Management, Queens University, Belfast
- 2007 – D Pharm in Patient Safety, University of Derby

**Awards and membership of professional bodies**

- Member of Pharmaceutical Society of Northern Ireland (first registration 1989)
- Winner of the UK Pharmacy Management Journal Essay Award, 2000
- Health Service Journal Award (Patient Safety category) 2004 - Northern Ireland Medicines Governance Team

**Membership of Regional and National Committees****Regional**

- Safety in Health and Social Care Committee, Department of Health and Social Services, Northern Ireland
- Medicines Safety Sub-group, Health and Social Care Board, Northern Ireland
- Local Intelligence Network for Accountable Officers in Northern Ireland

**National**

- Hospital Pharmacy Project, Rebalancing Medicines and Professional Regulation, Department of Health (UK) 2014
- Pharmacy Regulation and Leadership Oversight Group, 2008 to 2009
- NPSA Patient safety alert 22: Reducing the risk of hyponatraemia when administering intravenous infusions to children –Member of External Reference group 2005/06
- NPSA Work Plan Prioritisation Panel, 2005

## Boyce, Tracey

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**From:** Boyce, Tracey <[Personal Information redacted by the USI]>  
**Sent:** 10 February 2016 12:23  
**To:** Gishkori, Esther  
**Cc:** Stinson, Emma M; Walker, Helen; Donaghy, Gary  
**Subject:** Governance coordinators post

Hi Esther

I started the recruitment of the Gov Coordinator 8b this morning by requesting a new position for the post on HRPTS – you should get a request to approve it at your end shortly. Then I understand that it goes to Finance for approval.

Once that's done then I can start the ereq for the post.

Thanks for your help

Kind regards

Tracey

Dr Tracey Boyce  
Director of Pharmacy  
Southern HSC Trust

[Personal Information redacted by the USI]



Learn more about mental health medicines and conditions on the Choiceandmedication website <http://www.choiceandmedication.org/hscni/>

 please consider the environment before printing this e-mail

Received from SHSCT on 21/11/2022. Annotated by the Urology Services Inquiry.



[illegible]

Personal Information redacted by the USI				Personal Information redacted by the USI												
Permanent	Permanent		Pharmacist (8B)	7B1B	Pharmacist (8B)	8B	C0300D	CAH PHARMACY - CAH	0.88		X009	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (8B)	7B1B	Pharmacist (8B)	8B	C0300D	CAH PHARMACY - CAH	1.00		X009	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (8B)	7B1B	Pharmacist (8B)	8B	C0300D	CAH PHARMACY - CAH	1.00		X009	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Consultant Pharmacy Team Leader	7B1C	Pharmacist (8C)	8C	C0300D	CAH PHARMACY - CAH	1.00		X010	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (8C)	7B1C	Pharmacist (8C)	8C	C0300D	CAH PHARMACY - CAH	1.00		X010	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
							C0300D Total		184.52							
Permanent	Permanent		Assistant Technical Officer (2)	7T32	Assistant Tech Officer (2)	2	C0322D	CAH PHARMACY - DAISY HILL	0.74		X002	03	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Assistant Technical Officer (2)	7T32	Assistant Tech Officer (2)	2	C0322D	CAH PHARMACY - DAISY HILL	1.00		X002	08	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Sen Assist Technical Officer	7T33	Assistant Tech Officer (3)	3	C0322D	CAH PHARMACY - DAISY HILL	1.00		X003	07	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Sen Assist Technical Officer	7T33	Assistant Tech Officer (3)	3	C0322D	CAH PHARMACY - DAISY HILL	1.00		X003	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Sen Assist Technical Officer	7T33	Assistant Tech Officer (3)	3	C0322D	CAH PHARMACY - DAISY HILL	1.00		X003	03	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacy Technician (4)	7A64	Medical Technical Officer (4)	4	C0322D	CAH PHARMACY - DAISY HILL	1.00		X004	01	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacy Technician (4)	7A64	Medical Technical Officer (4)	4	C0322D	CAH PHARMACY - DAISY HILL	0.80		X004	07	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacy Technician (4)	7A64	Medical Technical Officer (4)	4	C0322D	CAH PHARMACY - DAISY HILL	1.00		X004	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacy Technician (4)	7A64	Medical Technical Officer (4)	4	C0322D	CAH PHARMACY - DAISY HILL	1.00		X004	07	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		TRF-Pharmacy Technician (4)	7S54	Pharmacy - Support (4)	4	C0322D	CAH PHARMACY - DAISY HILL	1.00		X004	07	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacy Technician (5)	7A65	Medical Technical Officer (5)	5	C0322D	CAH PHARMACY - DAISY HILL	1.00		X005	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Senior Pharmacy Technician	7A65	Medical Technical Officer (5)	5	C0322D	CAH PHARMACY - DAISY HILL	1.00		X005	03	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacy Technician (5)	7A65	Medical Technical Officer (5)	5	C0322D	CAH PHARMACY - DAISY HILL	0.40		X005	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent	X	Senior Pharmacy Technician	7A65	Medical Technical Officer (5)	5	C0322D	CAH PHARMACY - DAISY HILL	1.00		X005	05	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Medical Technical Officer (5)	7A65	Medical Technical Officer (5)	5	C0322D	CAH PHARMACY - DAISY HILL	1.00		X005	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Temp Higher Bd		Medical Technical Officer (5)	7A65	Medical Technical Officer (5)	5	C0322D	CAH PHARMACY - DAISY HILL	1.00		X005	04	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent	X	Pharmacy Technician (5)	7A65	Medical Technical Officer (5)	5	C0322D	CAH PHARMACY - DAISY HILL	0.60		X005	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Temporary	Temporary		Foundation Trainee Pharmacist (5)	7S55	Pharmacy - Support (5)	5	C0322D	CAH PHARMACY - DAISY HILL	1.00		X005	01	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Rotational Pharmacist (6)	7B16	Pharmacist (6)	6	C0322D	CAH PHARMACY - DAISY HILL	1.00		X006	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (6)	7B16	Pharmacist (6)	6	C0322D	CAH PHARMACY - DAISY HILL	1.00		X006	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (6)	7B16	Pharmacist (6)	6	C0322D	CAH PHARMACY - DAISY HILL	0.80		X006	01	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Clinical Pharmacist	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	0.40		X007	07	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	0.90		X007	01	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	0.50		X007	07	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		TRF-Clinical Pharmacist	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	03	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	01	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	03	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Clinical Pharmacist	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	04	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	03	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		TRF-Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	0.56		X007	07	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	01	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0322D	CAH PHARMACY - DAISY HILL	1.00		X007	05	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (8A)	7B1A	Pharmacist (8A)	8A	C0322D	CAH PHARMACY - DAISY HILL	0.61		X008	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (8A)	7B1A	Pharmacist (8A)	8A	C0322D	CAH PHARMACY - DAISY HILL	1.00		X008	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (8A)	7B1A	Pharmacist (8A)	8A	C0322D	CAH PHARMACY - DAISY HILL	0.59		X008	04	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Lead Clinical Pharmacist	7B1A	Pharmacist (8A)	8A	C0322D	CAH PHARMACY - DAISY HILL	1.00		X008	02	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Temp Higher Bd		Lead Clinical Pharmacist	7B1A	Pharmacist (8A)	8A	C0322D	CAH PHARMACY - DAISY HILL	1.00		X008	01	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
Permanent	Permanent		Pharmacist (8C)	7B1C	Pharmacist (8C)	8C	C0322D	CAH PHARMACY - DAISY HILL	1.00		X010	06	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
							C0322D Total		37.90							
Permanent	Permanent		Pharmacist (7)	7B17	Pharmacist (7)	7	C0425D	CAH PHARMACY - LURGAN HOSP	1.00		X007	03	DAS	Pharmacy Services	Tracey Boyce	Dir Of Pharmaceutical Services
							C0425D Total		1.00							
							Grand Total		223.42							

## Controls Assurance – Assurance Statement

### Assurance Statement

*In respect to **Medicines Management** I confirm that my organisation has controls in place to enable it to meet the requirements of all extant statutory obligations upon it, that it complies with all standards, policies and strategies set by the Department and all applicable guidance set by other parts of government. Any significant control divergences are reported below together with an outline of actions in place to address these divergences.*

### Supporting Evidence

In support of this assurance statement, I have submitted a completed self-assessment which is a true and fair reflection of the baseline assessment of the **Medicines Management** submitted to the Board Assurance Manager by the due date of **12<sup>th</sup> March 2022**.

A **green** RAG rating has been achieved<sup>1</sup>.

The evidence to support the baseline assessment is available on SharePoint, should it be required for the purposes of Internal audit and/or other purposes.

### Significant control divergences lists

Criteria	Action To Be Taken	By When	Responsible Officer
4.Evidence of audits of compliance with an up to date Medicines Code/Policy which covers medicines relevant to the organisation.	The number of Medicines Code Audits needs will be increased Beyond those associated with ward Controlled Drug use as resources allow. Foundation Practice pharmacist audits could be directed to address this.	31/12/2022	Head of Pharmacy
3.Performance against agreed Northern Ireland Medicines Optimisation outcome measurements relating to Patient/client experience	Further work will be undertaken to collect evidence in relation to patient/client experience re the regional Medicines Optimisation Framework in the Trust. Pharmacy is participating in Care Opinion to assist with this.	31/12/2022	Head of Pharmacy

<sup>1</sup> Delete as appropriate

I can confirm that the above standard is not required to be submitted to the named DoH Policy Lead. I am responsible for this submission and will copy this information to the Board Assurance Manager, for information.

**Lead Assessor**

<b>Name/s:</b>	Dr Tracey Boyce	Personal Information redacted by the USI
<b>Designation/s:</b>	Director of Pharmacy	
<b>Date:</b>	31 <sup>st</sup> January 2022	

**Peer Reviewer**

<b>Name/s:</b>	Peter Douglas (Chair) Warren Lees Nigel McClelland James Wylie Malcolm Sloane	Personal Information redacted by the USI
<b>Designation/s:</b>	Peer review group 3	<i>Sustainability Manager</i>
<b>Date:</b>	8/03/2022	8/03/2021

**Approved by Lead Director/s for the named standard**

<b>Name/s:</b>	Melanie McClements	Personal Information redacted by the USI
<b>Designation/s:</b>	Director of Acute Services	
<b>Date:</b>	15/03/2022	



# Controls Assurance – Medicines Management

Self-Assessor

Tracey Boyce

Date

10/02/2022

Trust

SHSCT

on-Compliant  
In Progress  
Compliant



## Accountability

Assurance Statement –	Examples of Supporting Evidence	RAG Rating	Action required where the RAG rating is not achieved or in progress		
			Action	Owner	Due Date
1. Board level responsibility for the safe, secure and cost effective handling of medicines and medicines optimisation is clearly defined and there are clear lines of accountability throughout the organisation, leading to the board.	<ul style="list-style-type: none"> <li>A current organisational accountability arrangements chart (<a href="#">Evidence Link</a>)</li> <li>Job description of Trust Director of Pharmacy and Medicines Management or senior official responsible for medicines (<a href="#">Evidence Link</a>)</li> <li>Minutes (<a href="#">Evidence Link</a>) and terms of reference (<a href="#">Evidence Link</a>) of The Drug and Therapeutics Committee/ Medicines Optimisation Committee and/or equivalent committees responsible for medicines management and optimisation</li> <li>A Medicines Code within the organisation, has been approved by the board and is reviewed and reported every three years as a minimum (<a href="#">Evidence Link</a>)</li> <li>Adequate resources are maintained to deliver the organisation's responsibility for the safe, secure and cost effective handling of medicines and medicines optimisation (<a href="#">Evidence Link</a>)</li> </ul>	C			

# Controls Assurance – Medicines Management

## Processes

Assurance Statement . –	Examples of Supporting Evidence	RAG Rating	Action required where the RAG rating is not achieved or in progress		
			Action	Owner	Due Date
2. The organisation demonstrates that systems and processes relating to medicines management and optimisation are kept up to date, in line with all legislative requirements, professional standards and good practice guidance.	<ul style="list-style-type: none"> <li>A suite of Standard Operating Procedures (SOPs) are maintained which cover the scope of medicines practice within the organisation which includes an SOP describing the actions required to keep systems and processes up to date. (<a href="#">Evidence Link</a>)</li> <li>Evidence that SOPs comply with all relevant legislation and are reviewed at least 2 yearly, or earlier if triggered by a near miss, adverse incident, new guidance or legislation. (<a href="#">Evidence Link1</a> <a href="#">Evidence Link2</a>)</li> </ul>	C			

# Controls Assurance – Medicines Management

Assurance Statement . –	Examples of Supporting Evidence	RAG Rating	Action required where the RAG rating is not achieved or in progress		
			Action	Owner	Due Date
4. All medicines management (storage, distribution, handling, prescribing, dispensing, supply, administration and destruction) processes are safe and secure and conducted by appropriately qualified, trained and competent staff and in compliance with all legislative requirements, professional standards and good practice guidance.	<p>A Medicines Code and/or Policies are in place which are developed and agreed on behalf of the Board and kept up to date with legislation, policy and best practice. The Code and/or Policies should reflect the scope of medicines used by the organisation and may include guidance on:</p> <ul style="list-style-type: none"> <li>○ Staff responsibility for medicines, whether it may be delegated and how far it extends</li> <li>○ Procurement</li> <li>○ Ordering, stock control and receipt</li> <li>○ Transport</li> <li>○ Storage, security, distribution and handling</li> <li>○ Prescribing of medicines and authorisation to administer or supply</li> <li>○ PGDs</li> <li>○ Non-medical prescribers</li> <li>○ Pharmaceutical Clinical Effectiveness, compliance with e.g. NI Formulary, generic prescribing, cost effective choices</li> <li>○ Patients' Own Medicines</li> <li>○ Administration of medicines</li> <li>○ Supply of medicines at discharge</li> <li>○ Returns and disposal of medicines</li> <li>○ Controlled Drugs</li> <li>○ Medicines reconciliation</li> <li>○ Medication review for inpatients</li> <li>○ Medicines Optimisation at discharge</li> <li>○ Investigational Medicinal Products</li> <li>○ Clinical Trials</li> <li>○ Management of illicit substances</li> <li>○ Protocol for communication and transfer of patient information relating to medicines, prescribing and medication history</li> <li>○ Medical Gases</li> <li>○ Defective Medicines</li> <li>○ Antidotes</li> <li>○ Medication Incidents, ADE, ADR reporting, SAI reporting</li> <li>○ Others relevant to the organisation's practice</li> </ul>	C			

## Controls Assurance – Medicines Management

Assurance Statement . –	Examples of Supporting Evidence	RAG Rating	Action required where the RAG rating is not achieved or in progress		
			Action	Owner	Due Date
	<ul style="list-style-type: none"> <li>○ Management of illicit substances</li> <li>○ Protocol for communication and transfer of patient information relating to medicines, prescribing and medication history</li> <li>○ Medical Gases</li> <li>○ Defective Medicines</li> <li>○ Antidotes</li> <li>○ Medication Incidents, ADE, ADR reporting, SAI reporting</li> <li>○ Others relevant to the organisation's practice (<a href="#">Evidence Link</a>)</li> <li>● Evidence of audits of compliance with an up to date Medicines Code/Policy which covers medicines relevant to the organisation. (<a href="#">Evidence Link1</a>, <a href="#">Evidence Link2</a>, <a href="#">Evidence link3</a>)</li> <li>● Staff training records show that staff have received the relevant training associated with their medicines related duties (<a href="#">Evidence Link</a>)</li> </ul>	IP	Currently, due to availability of resources, only a small number of audits are completed annually and these tend to be associated with ward CD use. The number of Medicines Code Audits needs to be increased.	HPMM	

## Controls Assurance – Medicines Management

Assurance Statement . –	Examples of Supporting Evidence	RAG Rating	Action required where the RAG rating is not achieved or in progress		
			Action	Owner	Due Date
6. Unlicensed aseptic dispensing in hospital pharmacies complies with Circular HSSE (OCE) 1/97.	<ul style="list-style-type: none"> <li>Audits by Regional Pharmaceutical Quality Assurance Service with evidence of remedial actions taken where needed (<a href="#">Evidence Link2</a>)</li> <li>Evidence of a programme of capacity planning for equipment and staff (<a href="#">Evidence Link</a>)</li> <li>Robust systems in place for high risk procedures e.g. vinca alkaloids and intrathecal injections (<a href="#">Evidence Link 1</a>, <a href="#">Evidence Link 2</a>, <a href="#">Evidence Link 3</a>)</li> <li>Range of products prepared linked to risk assessment of hospital usage of medicines (<a href="#">Evidence Link</a>)</li> </ul>	C			

# Controls Assurance – Medicines Management

Capability

Assurance Statement –	Examples of Supporting Evidence	RAG Rating	Action required where the RAG rating is not achieved or in progress		
			Action	Owner	Due Date
3. The organisation demonstrates compliance with the Northern Ireland regional model for medicines optimisation and the related medicines optimisation quality standards and best practices.	<ul style="list-style-type: none"> <li>Evidence of baseline assessment, action planning and quality improvement activities being undertaken to increase compliance with the regional Medicines Optimisation model. (<a href="#">Evidence Link 1</a> <a href="#">Evidence Link2</a>)</li> <li>Performance against agreed Northern Ireland Medicines Optimisation outcome measurements relating to:               <ul style="list-style-type: none"> <li>-Safety (<a href="#">Evidence Link</a>)</li> <li>-Clinical and cost effectiveness (<a href="#">Evidence Link 1</a>)</li> <li>-</li> <li>-Patient/client experience (<a href="#">Evidence Link</a>)</li> </ul> </li> </ul> <p>The organisation has a designated lead for Medicines Optimisation and a Medicines Optimisation Committee and/or equivalent committees responsible for medicines management and optimisation. (<a href="#">Evidence Link</a>)</p>	IP	<p>Due to pandemic response the 2021/22 updated regional action plan has not yet been released</p> <p>Although regionally a number of questions were included in the last DoH Patient Experience Survey, further work is required to collect evidence in relation to patient/client experience re the regional Medicines Optimisation Framework. The Pharmacy team are also participating in the Care Opinion project.</p>	HPMM	31/12/22

## Controls Assurance – Medicines Management

Assurance Statement –	Examples of Supporting Evidence	RAG Rating	Action required where the RAG rating is not achieved or in progress		
			Action	Owner	Due Date
5. Manufacturing / production of medicines (sterile / non sterile) is carried out under MHRA “Specials” Licence by appropriately qualified, trained and competent staff in compliance with all legislative requirements, professional standards and good practice guidance.	<ul style="list-style-type: none"> <li>Manufacturer’s Licence (<a href="#">Evidence link</a>) and/or Wholesale Dealer’s Licence (WDA(H))</li> <li>MHRA inspection reports and evidence of remedial actions taken where needed (<a href="#">Evidence Link 1</a>, <a href="#">Evidence Link 2</a>)</li> <li>Maintenance and retention of relevant manufacturing/wholesaling records (<a href="#">Evidence Link</a>)</li> <li>Relevant SOPs are present and reviewed in accordance with GMP guidance (<a href="#">Evidence Link</a>)</li> <li>Staff training records show relevant staff have received GMP training (<a href="#">Evidence Link</a>)</li> </ul>	C	<p>The Trust is no longer involved in significant Wholesale Dealing therefore the MHRA WDL was terminated in 2018 (<a href="#">Evidence Link</a>)</p> <p>There has not been an MHRA inspection since August 2018.</p> <p>SOPs to be reviewed by April 2022 – however still remain current.</p>		



Belfast Health and  
Social Care Trust

Regional Pharmaceutical Quality Assurance Service (RPQAS)  
Plenum Building  
Royal Victoria Hospital  
Belfast Health and Social Care Trust  
BT12 6BA

Tel:  
Fax:

Personal Information redacted by the  
USI

17<sup>th</sup> December 2021

Mr Shane Devlin  
Trust Chief Executive  
Trust Headquarters, College of Nursing  
Craigavon Area Hospital  
Southern Health & Social Care Trust  
68 Lurgan Road  
Portadown  
BT63 5QQ

CHAIRMAN/CHIEF  
EXECUTIVES OFFICE

23 DEC 2021

SD

4548

to Melaine

Dear Mr Devlin

Unlicensed aseptic dispensing facilities undergo regular inspections by the Regional Quality Assurance Service, as described in the Medicines Management Controls Assurance Standard Criterion 9. The standards used in Northern Ireland are also used in other parts of the NHS and consistency of approach in the NHS is ensured by holding annual audit training sessions and by the use of an audit aide memoire. Part of the reporting arrangements includes making results known to Trust Chief Executives.

Please find enclosed the Summary Report for the audit of the pharmacy aseptic unit within Craigavon Area Hospital.

A copy of the summary has also been provided to the Trust Head of Pharmacy and the Assistant Director of Commissioning – Pharmacy & Medicines Management for the H&S Care Board. Sandra Kilpatrick, QA Pharmacist, has received the full report and has been asked to provide a remedial action plan.

Yours sincerely

Personal Information redacted by the USI

Don Wallace  
Regional QA Pharmacist





## INSPECTION OF UNLICENSED ASEPTIC PREPARATION SUMMARY OF RESULTS

**Region:** N Ireland      **Hospital Trust:** Southern Health and Social Care Trust  
**Hospital Site:** Craigavon Area Hospital, Pharmacy Aseptic Unit

To confirm compliance with the standards published in the 5<sup>th</sup> Edition of 'Quality Assurance of Aseptic Preparation Services' NHS Pharmaceutical QA committee 2016 as required by HSSE(OCE) 1/97 and Controls Assurance Standards for Medicines Management; Criterion 9.

Date of Audit	: 5 <sup>th</sup> October 2021
Date of Previous Audit	: 12 <sup>th</sup> March 2020
Date of Proposed Re-audit	: March 2023

**Overall Risk  
Assessment  
to Patient Safety:**

High/ **Significant** /Low

Deficiencies	Action
Critical	Critical deficiencies that require immediate action
Major	Major deficiencies that require action within three months
Other / Minor	Other / Minor deficiencies that need to be addressed within twelve months
Satisfactory	Complies with standards

Category	Audit Result	Summary of Comments / Action Required (see full report for details)
Minimising Risk with Injectable Medicines	Other	Catalogue of aseptic products required.
Prescribing, Clinical Pharmacy and Aseptic Services Verification	Satisfactory	
Management	Major	According to the organisational chart, the accountable pharmacist does not have direct or indirect line management for all technical staff. Regular daily huddles are occurring but formal PQS meetings are not happening.
Formulation, Stability & Shelf-Life	Satisfactory	
Facilities and Equipment	Major	Re-validation of clean room reports are not being signed to show that they have been reviewed. Where there has been a failure with the physical testing of the facilities or equipment, the continued use of the facilities or equipment should be fully documented to include justification for continued use and remedial action to put right again ASAP. However, mitigation measures for the continued use of the isolator had been put in place (See full report for more detail).
Pharmaceutical Quality Systems	Other	There is a need for the Technical Specification for the clean rooms to be signed by the required parties.
Personnel, Training & Competency Assessment	Other	Evidence of completion of aspects of training should be contained within the trainee's training file.
Aseptic Processing	Satisfactory	
Monitoring	Other	Sessional settle plates should be sited close to where preparation is occurring. Manned particle counts are required. Process validations should be performed every 6 months. For process simulations and other validations/testing the use of different LAFs/Isolators should be rotated.
Cleaning & Sanitisation	Major	The person sanitising items entering the clean rooms was not wiping the folds of paper for syringes or the bungs of vials. The domestic cleaners still require GMP training. There is no chemo residue testing performed.
Starting Materials, Components & Consumables	Satisfactory	
Product Approval	Satisfactory	
Storage & Distribution	Major	The fridges require temperature mapping. The transport of items to Daisy Hill Hospital by cold chain requires checks to ensure cold chain is maintained.
Internal & External Audit	Other	There is a need for an annual intrathecal audit.

## Overall Comments:

The new facilities and associated equipment have ensured that issues raised at previous audits are now closed out. However, regular maintenance and servicing, as well as prompt rectification of any problems should be actioned promptly to ensure these excellent facilities and equipment are maintained for many years to come.

The workings within the unit are showing continued improvements but there may be a need for additional resource to maintain and improve the current PQS.

The overall risk will still remain as significant at this time.

**Auditor:** Don Wallace, Regional QA Pharmacist **Signature:**

Personal Information redacted by the USI

**Date:** 17/12/21

**PHARMACY DEPARTMENT, SOUTHERN HEALTH AND SOCIAL CARE TRUST  
4 MONTHLY REVIEW OF CONTROLLED DRUGS**

Ward / Clinical Area: <b>1 NORTH</b>	Date: <b>17/11/21</b>			Comments and action agreed with ward/clinical area manager
Assessment Criteria	Yes	No	NA	
1. The controlled drug cabinet keys are held separately from the other medicine keys	✓			
2. The controlled drug cabinet key is kept on the person of the registered nurse/ midwife/ ODP in charge	✓			
3. Only one set of controlled drug cabinet keys is held on the ward	✓			
4. The spare set of controlled drug cabinet keys is held in pharmacy	✓			
5. The controlled drug requisition book is stored in the locked controlled drug cabinet	✓			
6. The controlled drug register is stored in the locked controlled drug cabinet or in a designated place which is secure and has restricted access	✓			
7. Where an error occurs in the controlled drug requisition book a line is drawn through the entry and initialed by the practitioner who made the error. Any amendments to an order for a controlled drug are endorsed by the person ordering the item in both words and figures and initialed. When the pharmacy department amends an order for a controlled drug when supplying the controlled drug the member of pharmacy staff brackets the original quantity ordered, writes the quantity supplied in words and figures and signs and prints his/her name beside the new quantity.	✓			
8. Controlled drug requisitions are correctly filled in: <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Ward</li> <li>▪ Name, quantity, strength and form of drug</li> <li>▪ One drug per requisition</li> <li>▪ Registered nurse/ midwife/ ODP signature for 'ordered by'</li> <li>▪ Pharmacist / Authorised Technician signature for 'supplied by'</li> <li>▪ Pharmacist / ACPT signature for 'issued / checked by'</li> <li>▪ Registered nurse / midwife / ODP / HCA signature for 'accepted for delivery'</li> <li>▪ ID checked Y/N</li> </ul>	✓			

**PHARMACY DEPARTMENT, SOUTHERN HEALTH AND SOCIAL CARE TRUST  
4 MONTHLY REVIEW OF CONTROLLED DRUGS**

Assessment Criteria	Yes	No	NA	Comments and action agreed with ward/clinical area manager
<ul style="list-style-type: none"> <li>Registered nurse / midwife / ODP signature for 'received by'</li> <li>The signatures for 'accepted for delivery' and 'received by' are two different people</li> </ul>				
9. Last date record of specimen signatures for; <ul style="list-style-type: none"> <li>Registered nurses/ midwives / ODPs permitted to order controlled drugs (held in pharmacy) is up to date.</li> <li>Healthcare assistants permitted to collect controlled drugs (held in pharmacy) is up to date.</li> </ul>	✓			ward manager updating.
10. Receipt of controlled drugs correctly entered in controlled drug register (this must be checked against controlled drug requisitions) <ul style="list-style-type: none"> <li>Date</li> <li>Amount</li> <li>Hospital and Requisition number</li> <li>'Received from pharmacy'</li> <li>Entry signed by registered nurse/ midwife/ ODP and messenger or second nurse/ midwife/ ODP</li> </ul>	✓			
11. Top of page in controlled drug register states the name, form and strength of drug	✓			
12. Administration of controlled drugs correctly recorded in controlled drug register: <ul style="list-style-type: none"> <li>Date</li> <li>Time</li> <li>Patient's name</li> <li>Patient's health and care number (unit number if H&amp;CN unavailable)</li> <li>Amount of drug given / Amount discarded</li> <li>Signature of two practitioners one of which must be a registered nurse/ midwife/ ODP</li> <li>Stock correctly subtracted</li> </ul>	✓ mostly see notes -			missing time pg 17, 24 missing signature pg 39
13. The destruction of partially PCAs, epidurals, syringe drivers is correctly recorded in the controlled drug register: <ul style="list-style-type: none"> <li>Date</li> <li>Amount discarded</li> <li>Signature of two practitioners one of which must be a registered nurse/ midwife/ ODP</li> </ul>			✓	
14. Does one practitioner administer controlled drugs more frequently than other practitioners?		✓		

**PHARMACY DEPARTMENT, SOUTHERN HEALTH AND SOCIAL CARE TRUST  
4 MONTHLY REVIEW OF CONTROLLED DRUGS**

Assessment Criteria	Yes	No	NA	Comments and action agreed with ward/clinical area manager
15. Where an error occurs in the recording of the administration of a controlled drug 'entered in error' is written beside the entry, signed by the two practitioners and the stock balance is corrected.	✓			
16. The stocks of all controlled drugs are correct with the stock levels as recorded in the controlled drug register (the volumes of oral liquids must be checked using a graduated measure).	✓			
17. All the controlled drugs in stock are in date.	✓			
18. The 'Official Handing Over of Controlled Drugs' sheets are completed at the 0730 and 2030 nursing staff changes. <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Time</li> <li>▪ Signature of two registered nurses/ midwives/ ODP</li> <li>▪ Any stock discrepancies recorded in the remarks section</li> </ul>	✓			
19. Where any controlled drugs have been returned to pharmacy this is correctly entered in the controlled drug register: <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Amount returned</li> <li>▪ Signed by pharmacist</li> <li>▪ Countersigned by registered nurse/ midwife/ ODP</li> <li>▪ Stock adjusted correctly</li> <li>▪ Reason for return</li> <li>▪ The entry in the controlled drug register corresponds with the CD return requisition</li> <li>▪ Return entered in pharmacy controlled drug register</li> </ul>	✓			
20. Where any controlled drugs have been out of date they have been correctly entered in the controlled drug register: <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Amount returned</li> <li>▪ Recorded 'out of date' in register</li> <li>▪ Signed by a pharmacist</li> <li>▪ Countersigned by a registered nurse/ midwife/ ODP</li> <li>▪ Stock adjusted correctly</li> <li>▪ The entry in the controlled drug register corresponds with the CD return requisition</li> </ul>			✓	

**PHARMACY DEPARTMENT, SOUTHERN HEALTH AND SOCIAL CARE TRUST  
4 MONTHLY REVIEW OF CONTROLLED DRUGS**

Assessment Criteria	Yes	No	NA	Comments and action agreed with ward/clinical area manager
<ul style="list-style-type: none"> <li>Return entered in pharmacy controlled drug destruction book</li> </ul>				
21. The ward has a copy of the most recent controlled drug procedures.			✓	Available on sharepoint.
22. Does the ward hold 30mg or higher morphine and/ or diamorphine ampoules?		✓		
23. If 30mg or higher morphine and/ or diamorphine ampoules are in stock are they in use. Return to pharmacy if not in use			✓	
24. Is there a record of any controlled drugs having been given to or borrowed from another ward? If yes was this authorised by pharmacy?		✓		
25. Patients own controlled drugs retained on the ward are correctly entered into the Patients Own Controlled Drugs (PODCD) Register: <ul style="list-style-type: none"> <li>Date of entry</li> <li>Patient's name and health and care number (unit number if H&amp;CN unavailable)</li> <li>Drug name, form and strength</li> <li>Number of dosage units in figures</li> <li>Name and signatures of two registered nurses/ midwives receiving the drug and the name and signatures of two registered nurses/ midwives witnessing receipt of the drug</li> <li>Drug(s) stored in PODCD tamper evident sealed plastic bag</li> <li>Details on bag complete</li> <li>Bag sealed</li> </ul>			✓	Returned to pharmacy for destruction before audit.
26. If the patient was transferred to another ward their own controlled drugs were transferred with them and this is recorded in both ward / clinical area's PODCD Register.			✓	



**PHARMACY DEPARTMENT, SOUTHERN HEALTH AND SOCIAL CARE TRUST  
4 MONTHLY REVIEW OF CONTROLLED DRUGS**

Assessment Criteria	Yes	No	NA	Comments and action agreed with ward/clinical area manager
27. If the patient's own controlled drugs were returned to a relative or carer prior to discharge or at discharge to the patient/relative or carer this is recorded in the PODCD Register: <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Amount returned in figures</li> </ul> Signature of two registered nurses/ midwives		✓		Quantity returned not completed for all entries
28. If the patient's own controlled drugs were returned to pharmacy for destruction this is recorded in the PODCD Register: <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Amount returned in figures</li> <li>▪ Signature of two registered nurses/ midwives</li> <li>▪ Return entered in pharmacy controlled drug destruction book</li> </ul>	✓			
29. Where any patient's own controlled drugs used for administration? <ul style="list-style-type: none"> <li>▪ Was the drug not stocked by pharmacy?</li> <li>▪ Did a pharmacist assess the drug prior to its use?</li> <li>▪ Is the administration of the patients' own controlled drug recorded in the PODCD Register?</li> </ul>	✓			
30. Send a copy of the completed Controlled Drug Audit form to. <ul style="list-style-type: none"> <li>▪ Ward / Clinical Area Manager</li> <li>▪ Ward / Clinical Area Head of Service</li> <li>▪ Ward / Clinical Area Assistant Director</li> <li>▪ Director of Pharmacy</li> </ul>	✓			
Pharmacist's signature: <small>Personal Information redacted by the UST</small>	Sister/ charge nurse/ registered nurse/ midwife/ ODF <small>Personal Information redacted by the UST</small>			

Medicines Optimisation in Northern Ireland Baseline Survey for Trusts – 1<sup>st</sup> December 2021

1	On Admission	1	2	3	4	5
1.1	Patients bring their medicines to hospital so that they can be checked and used where possible.					
1.2	Within 24 hours of admission or sooner if clinically necessary, patients have their medicines reconciled by a trained and competent healthcare professional, ideally by a pharmacist.					
1.3	Within 24 hours of admission, a clinical management plan is developed which includes discharge planning to help prevent delays on discharge.					
1.4	If patients move from one ward to another within a hospital, medicines reconciliation occurs again, when necessary.					

2	Following Medical Assessment/Accurate Diagnosis	1	2	3	4	5
2.1	Patients are involved in decisions about their current and any new medicines, their needs, preferences and values taken into account.					
2.2	Patients receive appropriate, tailored information about new medicines and the expected health outcomes.					
2.3	Patients have the opportunity to speak to a healthcare professional and ask questions about their medicines.					
2.4	During the inpatient stay, prescription charts are monitored by a pharmacist and reviewed in conjunction with medical notes and relevant medical laboratory results					
2.5	Patient responses to medication therapy are monitored and best practices relating to 'high risk medicines' are followed.					

3	Administration of Medicines	1	2	3	4	5
3.1	On some wards patients may be able to administer their own medicines.					
3.2	If self-administration is not possible medicines are administered on time following a check that the direction to administer is appropriate and other related factors are taken into consideration.					



Medicines Optimisation in Northern Ireland Baseline Survey for Trusts – 1<sup>st</sup> December 2021

4	On Discharge	1	2	3	4	5
4.1	Prior to discharge the medicines reconciliation process is repeated.					
4.2	Patients receive an appropriate supply of their prescribed medicines which may be a combination of inpatient and discharge medicines dispensed as a single supply labelled for discharge.					
4.3	Patients are provided with accurate, up-to date information about their on-going treatment where necessary.					
4.4	Patients are educated to ensure that they can use their medicines and devices for example inhalers appropriately.					
4.5	Patients know who to contact if they have a query about their medicines after discharge.					
4.6	Accurate and up-to date information about medicines is shared with healthcare professionals and communicated in the most effective and secure way such as electronically, ideally within 24 hours of discharge.					
4.7	Following discharge from hospital, patients are followed up to ensure that they are completely clear about their medicine regimens.					

Medicines Optimisation in Northern Ireland Baseline Survey for Trusts – 1<sup>st</sup> December 2021

5	Outpatient Clinics	1	2	3	4	5
5.1	Patients attending outpatient clinics are involved in decisions about their medicines with their needs, preferences and values taken into account.					
5.2	Patients attending outpatient clinics have their response to medicines reviewed					
5.3	Patients attending outpatient clinics have the opportunity to speak to a healthcare professional and ask questions about their medicines.					
5.4	Patients attending outpatient clinics receive appropriate, tailored information about new medicines and the expected health outcomes.					

## Other Hospital/Trust Services

6	On Admission to Intermediate Care Setting (step up/step down beds)	1	2	3	4	5
6.1	Patients bring their medicines so that they can be checked and used where possible.					
6.2	Within 24 hours of admission or sooner if clinically necessary, patients have their medicines reconciled by a trained and competent healthcare professional, ideally by a pharmacist.					
6.3	Within 24 hours of admission, a clinical management plan is developed which includes discharge planning to help prevent delays on discharge.					
6.4	If patients move from one ward to another, medicines reconciliation occurs again, when necessary.					

7	Following Medical Assessment/Accurate Diagnosis	1	2	3	4	5
7.1	Patients are involved in decisions about their current and any new medicines, their needs, preferences and values taken into account.					
7.2	Patients receive appropriate, tailored information about new medicines and the expected health outcomes.					
7.3	Patients have the opportunity to speak to a healthcare professional and ask questions about their medicines.					
7.4	During the inpatient stay, prescription charts are monitored by a pharmacist and reviewed in conjunction with medical notes and relevant medical laboratory results					
7.5	Patient responses to medication therapy are monitored and best practices relating to 'high risk medicines' are followed.					

Medicines Optimisation in Northern Ireland Baseline Survey for Trusts – 1<sup>st</sup> December 2021

8	Administration of Medicines	1	2	3	4	5
8.1	On some wards patients may be able to administer their own medicines.					
8.2	If self administration is not possible medicines are administered on time following a check that the direction to administer is appropriate and other related factors are taken into consideration.					

9	On Discharge from Intermediate Care	1	2	3	4	5
9.1	Prior to discharge the medicines reconciliation process is repeated.					
9.2	Patients receive an appropriate supply of their prescribed medicines which may be a combination of inpatient and discharge medicines dispensed as a single supply labelled for discharge.					
9.3	Patients are provided with accurate, up-to date information about their on-going treatment where necessary.					
9.4	Patients are educated to ensure that they can use their medicines and devices for example inhalers appropriately.					
9.5	Patients know who to contact if they have a query about their medicines after discharge.					
9.6	Accurate and up-to date information about medicines is shared with healthcare professionals and communicated in the most effective and secure way such as electronically, ideally within 24 hours of discharge.					
9.7	Following discharge patients are followed up to ensure that they are completely clear about their medicine regimens.					

10	Specialist Outreach Services/Other Services at the Interface	1	2	3	4	5
10.1	Links are established between specialist secondary care clinical teams and primary care for patients receiving specialist outreach/other services at the interface					
10.2	Patients are followed up in primary care					
10.3	Patients have clinical medication reviews carried out					

# Medicines Optimisation in Northern Ireland Baseline Survey for Trusts – 1<sup>st</sup> December 2021

Level and Scoring*	Descriptor
Negligible 0	<ul style="list-style-type: none"> <li>No compliance anywhere in the organisation</li> </ul>
Minimal 1-39	<ul style="list-style-type: none"> <li>A low degree of organisation-wide compliance</li> <li>Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation.</li> <li>Low percentage of compliance by professional people as part of the self-assessment process</li> </ul>
Moderate 40-69	<ul style="list-style-type: none"> <li>A moderate degree of organisation-wide compliance</li> <li>Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance, although some directorates or departments may be in the very early stages of compliance.</li> <li>Medium percentage of compliance by professional people as part of the self-assessment process.</li> </ul>
Substantive 70-99	<ul style="list-style-type: none"> <li>Substantive organisation-wide compliance</li> <li>Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the standard.</li> <li>Only minor non-compliance issues requiring, in the main, minor action(s).</li> <li>High percentage of compliance by professional people as part of the self-assessment process.</li> </ul>
Full 100	<ul style="list-style-type: none"> <li>Full compliance across the whole organisation.</li> </ul>
Not applicable	<ul style="list-style-type: none"> <li>Service not provided by the Trust</li> </ul>

\*Based on the assessment criteria for Controls Assurance Standards

Baseline scores June 2016						
Column	Trust	Number of Applicable standards	Green	Amber	Red	Not scored
1	Belfast					
2	Northern					
3	South Eastern					
4	Southern	43	22	16	5	0
5	Western					

**Medicines Optimisation in Northern Ireland Baseline Survey for Trusts – 1<sup>st</sup> December 2021**

Baseline compliance rates for CPD target				
Column	Trust	Number of applicable standards	% compliance at +70% Substantive level (CPD target)	% compliance rate at +40%
1	Belfast			
2	Northern			
3	South Eastern			
4	Southern	43	51	37
5	Western			



## **INSPECTION REPORT**

### **Craigavon Area Hospital**

68 Lurgan Road  
Portadown  
Craigavon  
BT63 5QQ

**Head Office:**  
**Inspection, Enforcement & Standards Division, MHRA**  
**10 South Colonnade**  
**Canary Wharf**  
**London**  
**E14 4PU**  
**United Kingdom**

Telephone:

Personal Information redacted by the USI

Email:

Personal Information redacted by the USI

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**Section A    Inspection Report Summary**

**Inspection requested by:** MHRA

**Scope of Inspection:** Routine Re-Inspection

**Licence or Reference Number:** MS 33400

**Licence Holder/Applicant:** Southern Health and Social Care Trust

**Details of Product(s)/ Clinical trials/Studies:** A small range of patient packs are prepared. This primarily involves the breaking down or overlabelling of licensed packs for supply out of hours within the Trust.

<b>Activities carried out by company:</b>	<b>Y/N</b>
Manufacture of Active Ingredients	N
Manufacture of Finished Medicinal Products – Non-sterile	N
Manufacture of Finished Medicinal Products – Sterile	N
Manufacture of Finished Medicinal Products – Biologicals	N
Manufacture of Intermediate or Bulk	N
Packaging – Primary	N
Packaging – Secondary	Y
Importing	N
Laboratory Testing	N
Batch Certification and Batch Release	Y
Sterilisation of excipient, active substance or medicinal product	N
Broker	N
Other: <i>Specials</i>	Y

**Name and Address of site(s) inspected (if different to cover):** As cover page

**Site Contact:** Dr Tracey Boyce, Pharmacy Director

(Personal Information redacted by the USI)

Sandra Kilpatrick, QA Pharmacist

(Personal Information redacted by the USI)

**Date(s) of Inspection:** 22<sup>nd</sup> August 2018

**Lead Inspector:** Alan Moon

**Accompanying Inspector(s):** Norman Gray

**Case Folder References:** Insp GMP 33400/3408-0019

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**Section B    General Introduction****B1    Background information**

The Craigavon Area Hospital Pharmacy holds an MS licence for the preparation of patient packs to be supplied within the Southern Health and Social Care Trust. Activities consisted primarily of secondary packaging, with larger licensed packs are broken down into smaller patient packs for supply to GP out of hours clinics and other service providers. It was noted that MS33400 did not in fact include secondary packaging activities and only covered primary packaging of various dosage forms and a deficiency was raised as a review of the licensed activities had been advised at the previous inspection in 2014.

The site held a WDA(H), however this had not been used in some time and a termination request for this to be cancelled had been submitted prior to this inspection.

**Previous Inspection Date(s):**            23 September 2015

**Previous Inspectors:**                    Ian Ramsay and Michelle O'Gorman

**B2    Inspected Areas**

Deviations, complaints, recalls, CAPA, change control  
Rejected batches  
Monitoring of storage and packing area  
Documentation and procedures  
Control of batch record cards  
Repacking and overlabelling  
Release process  
Operator training and qualification  
Self-inspection

**Limitations / exclusions to inspected areas**

Capacity planning was not reviewed due to the low level of activity undertaken.

Bona fide checks of suppliers were not included in this inspection as this is managed for the Northern Ireland region as a whole and covered as part of the inspection of the Belfast Royal Victoria Hospital.

WDA(H) activities were not reviewed at this inspection. See B1

**B3    Key Personnel met/contacted during the inspection**

<b>Name</b>	<b>Initials</b>	<b>Position</b>
Dr Tracey Boyce	TB	Director of Pharmacy
Sandra Kilpatrick	SK	QA Pharmacist
Sian Taylor	ST	Pharmacy Technician



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**B4 Documents submitted prior to the inspection**

Document	Version /Date of document	Reflected activities on site?
Site Master File	August 2018	Yes
Compliance Report	Dated 14 <sup>th</sup> August 2018	Yes
Comments: Not applicable.		

**Section C Inspector's Findings****C1 Summary of significant changes**

Detailed changes are recorded in the pre-inspection compliance reports held in the case folder.

**Changes since previous inspection which are of particular relevance to compliance / risk rating, or which relate to inspection deficiencies are listed below:**

A request had been submitted to terminate the WDA(H) licence.

**Future planned changes which are of particular relevance to compliance / risk rating, or which relate to inspection deficiencies are listed below:**

None relevant.

**C2 Action taken since the last inspection**

The action to review and update the licence for named personnel had not been completed. It was discussed that a new person to be responsible for production had been appointed and that this would be updated once the person was in post. Refer to comments in section D.

**C3 Starting Materials****General**

Licensed products were used as the starting materials therefore this section is not applicable.

Products were sourced via the central procurement process for Northern Ireland and required stock was placed on the 'order board' for the production area to try and ensure that only one manufacturer's batch number was used for each repacking operation.

Skillets [cartons] were sourced through the pharmacy.

**Compliance with TSE Guidelines**

N/A

**API Compliance**

N/A

**C4 Pharmaceutical Quality System**

A basic quality system was in place which was generally fit for purpose and included procedures for deviations/errors, change control and recall. A spreadsheet had been implemented in 2018 to track items raised within the PQS as previously documents such as deviations had been filed with the respective batch record cards (BRCs) and were therefore difficult to track or trend.

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SOP PRO22/2 described how errors and incidents were managed and was linked to QA/28/A for performing investigations. The procedures were high level but did include reference to the use of investigation techniques such as '5-whys' and root cause analysis. Effectiveness checks after implementation of actions were also detailed.

In 2018 there had been ten incidents raised, seven of which were related to being unable to appropriately photocopy the patient information leaflets (PILs) from licensed packs when repackaging to smaller quantities. Two had been raised as planned deviations for changing the size of skillet described in the BRC and one where the labeller had not been checked for a sufficient quantity of labels prior to printing for a batch.

A change control had been raised to permit the option to print PILs from eMC when this was difficult to achieve via photocopying. This was not sufficiently robust in that there was no requirement to document a justification of the equivalence of the PILs if the dates of issue differed. An example was observed during the inspection for a repackaged batch of Diclofenac 50mg tablets (02080218) where the PIL from the licensed pack was dated August 2016 but the printed PILs from eMC were dated July 2017.

It was noted that the procedure for release did not include sufficient detail regarding the number of packs to be checked by the releasing officer, taking into account for example whether a combination of original and copied or printed PILs had been used.

#### **C5 Personnel**

The staff met during the inspection were knowledgeable of the procedures and processes and were an established team, particularly those in management positions.

In addition to the person named as responsible for QC on MS33400, one further individual was permitted to release batches of repacked product.

#### **C6 Premises and Equipment**

The packaging area and ambient storage area for products to be repacked consisted of a single room with dividers in place between three distinct bench areas, with the label printer being located in one of these. A deficiency was raised for temperature monitoring within this room as although a maximum/minimum thermometer was in use, only single point readings were recorded daily within a logbook. The room was adjacent to the main pharmacy store where refrigerated storage was also available however it was indicated that no products requiring refrigeration were routinely subject to the repackaging operations at the time of inspection.

#### **C7 Documentation**

There was no overarching procedure relating to management and control of documents within the quality system and aspects such as version control and generation and control of master templates. It was also noted that BRCs included a space for approval by the head of production however these were not routinely completed.

BRCs were photocopied from master templates held within the packaging room.

PILs were photocopied on one of two copiers located in the pharmacy store. A check was included in the BRCs to confirm the printer was clear of materials prior to starting and at the end of the printing process however this was not sufficiently clear to confirm for example both sides of the paper in the feeder had been checked.

Labels were printed from master templates managed within MS Word, with appropriately locked documents, permitting only the variable information to be edited when printing.

#### **C8 Production**

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Repacking activities primarily consisted of either overlabelling licensed packs or packing whole or partial blisters of products in the required quantities for out of hours supply and packing these into labelled skillets with PILs included.

An overlabelling batch of Co-codamol (batch 01100818) had been completed and was awaiting release at the time of inspection. It was noted that the braille on the pack was partially obscured by the labels applied which was not in accordance with procedure PRO/15/4. It was discussed that a decision was taken to cover the braille rather than other key information however this was not formally documented. The warning included on the applied labels were confirmed against the current BNF and found to comply.

Emergency trays and kits were also prepared by processing several items on separate BRCs and then combining them into a kit. This activity was described in SOP PRO/06/6 however there was no clear instruction included to ensure that the shortest expiry date of the items included should be used for the kit expiry. These kits were also returned for replacement of expired or expiring items. This was tracked using an Excel spreadsheet however it was noted that there were no clear records to ensure traceability of the previous packaging batch number assigned. The example reviewed of an emergency neonatal pack included different details on the spreadsheet from those on the paper record (it was noted that traceability was possible on further review of the paper records, however the discrepancy may have hindered gathering of information in a recall scenario).

SOP PRO/24/2 was in place for managing rejected, recovered and returned materials and adequately covered key points including details of storage conditions.

**C9 Quality Control**

Not applicable.

**C10 Outsourced Activities**

Not applicable.

**C11 Complaints and Product Recall**

No complaints had been received.

SOP QA/01/F detailed the procedure for recalls and was generally acceptable. A simulated recall had been conducted however there was no requirement within the quality system to ensure that the effectiveness of the system in place was periodically challenged.

**C12 Self Inspection**

It had been noted by the site that the self-inspection programme of quarterly audits described in SOP PRO/20/2 had not been complied with. A schedule had been generated to address this.

**C13 Distribution and shipment (including WDA activities if relevant)**

Repacked products were primarily used within the hospital with a small quantity distributed within the Trust to the South Tyrone hospital.

**C14 Questions raised by the Assessors in relation to the assessment of a marketing authorisation**

None.

**C15 Annexes attached**

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## Annex 1 site risk rating

**Section D** List of Deficiencies**1. CRITICAL**

None

**2. MAJOR**

None

**3. OTHER**

- 3.1 Preparation of patient information leaflets (PILs) was deficient in that:**
- 3.1.1** There was no documented justification for the equivalence of the current PIL version printed from eMC when the PIL in the licensed pack could not be used for technical reasons. For example, batch 02080210 had used some PILs from licensed packs with a date of Aug 2016 but the additional PILs from eMC were dated Jul 2017 and no confirmation of acceptability was documented.
- 3.1.2** The procedure for generation of PILs was not explicit regarding the checks to be performed, for example ensuring that both sides of the paper in the printer were clear from previous use.
- EU GMP C4.2, C4.3
- 3.2 Processes relating to preparation of kits / packs were deficient in that:**
- 3.2.1** There was no clear record to ensure traceability of the previous batch number assigned to emergency neonatal packs that were reworked when expiring or expired items were replaced. It was also noted that the information on the Excel spreadsheet differed from the paper records.
- 3.2.2** There was no instruction to ensure that the shortest expiry date was used when preparing kit labels.
- EU GMP Chapter 5 Principle, C1.8(viii), C4.8
- 3.3 Aspects of document control were deficient in that:**
- 3.3.1** There was no procedure to describe the management, version control, access control and issuance of master documents or labels.

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3.3.2 Batch record cards did not include a signature for production management despite there being a box for this.

EU GMP Chapter 4 Principle, C4.1, C4.3

3.4 **Simulated recalls to periodically evaluate the effectiveness of the arrangements in place were not formally described within the quality system.**

EU GMP C8.30

3.5 **Only single point temperature readings were taken from the production room, with no record of maximum or minimum temperatures to ensure that the conditions did not adversely affect the products during repackaging and storage.**

EU GMP C1.4(xvi), C3.3, C3.12, C3.19

3.6 **The SOP for release did not include sufficient detail regarding the number of packs to be checked by the releasing officer, for example there had been no consideration of ensuring appropriate checks where both original and photocopied PILs had been used.**

EU GMP C1.4(viii), C4.3

#### 4. **COMMENT**

4.1 It was discussed that a variation to MS33400 would be submitted once the new person responsible for production started in post. If there are further personnel changes then an alternative solution may need to be considered. This variation should also add secondary packaging activities and remove those activities no longer performed.

#### **Section E Site Oversight Mechanism**

Site referred or to be monitored by:	Tick (✓)	Referral date	Summary of basis for action
Risk Based Inspection Programme	✓		
Compliance Management Team			
Inspection Action Group			

#### **Section F Summary and Evaluation**

##### **F1 Closing Meeting**

**OFFICIAL – COMMERCIAL**  
Version 1 / 22 Aug 2018

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The closing meeting was held with individuals listed in B3 and the deficiencies were verbally accepted in a positive manner. The company committed to addressing the issues.

**F2 Assessment of response(s) to inspection report**

A response was received on 19 Sep 2018 which was generally satisfactory. Additional clarification for several points was requested from the company on 08 Oct 2018 and further responses were received on 22 Oct 2018 which were deemed to be satisfactory.

**F3 Documents or Samples taken**

None.

**F4 Final Conclusion/Recommendation, Comments and Evaluation of Compliance with GMP and GDP**

The site operates in general compliance with the requirements of:

Compliance statement	Tick all statements that apply
Directive 2001/83/EC, Directive(s) 2003/94/EC and 2011/62/EU	N/A
GMP as required by HMR 2012 (as amended)	✓
Directive 2001/20/EC	N/A
Directive 2001/82/EC	N/A
Article 84 and Article 85b(3) of Directive 2001/83/EC (GDP) and 2011/62/EU	N/A

and is acceptable for the products in question.

**Name of Inspector (s):**

**Name:** Alan Moon

**Dated:** 31 Oct 2018

**Accompanying Inspector:** Norman Gray

**Dated:** 31 Oct 2018

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## Annex 1

**GMP Site Risk Rating****(a). Inspection Findings**

Critical deficiencies this inspection:	0	Last inspection:	0
Major deficiencies this inspection:	0	Last inspection:	0
Other deficiencies this inspection:	6	Last Inspection:	6

**(b). Provisional Rating based on Inspection Output (✓ applicable box)**

Risk rating level	Input from current Inspection Findings (last inspection findings applicable to rating V only)	Provisional rating – this assessment	Final rating last assessment
0	Serious triggers outside the inspection cycle		
I	Critical finding		
II	>= 6 Major findings		
III	<6 Major findings		
IV	No critical or Major findings	✓	✓
V	No critical or Major findings from current or previous inspection and <6 other findings on each.		

**(c). Risk Assessment Inputs – discriminatory factors (✓ applicable box)**

✓	None relevant (default)
	Significant concern over robustness of quality system to retain adequate control
	Significant failures to complete actions to close previous deficiencies raised at the last inspection
	Complex site
	Significant changes reported in Compliance Report
	Significant mitigating factors applied by the site
	Higher risk rating identified by other GxP and considered relevant to the GMP site
	Relevant site cause recalls, notifications to DMRC or rapid alerts since last inspection
	Nature of batch specific variations submitted since the last inspection give concern over the level of control
	Regulatory action related to the site
	Failure to submit interim update and/or failure to notify MHRA of significant change or slippage in commitments from post inspection action plan
	First Inspection by MHRA (does not require counter-signature for RR II)
	Other discriminatory factor (record details and justify below)



GMP/GDP Inspection of Craigavon Area Hospital	MHRA GMP 33400/3408-0019	PAGE 11 of 12
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**(d). Inspectors Comments Related to Discriminatory Factors**

Not applicable.

**(e). Risk Rating Result Incorporating Discriminatory factors (✓ applicable box)**

Risk rating level	Inspection Frequency	Inspector Proposed Risk Rating (✓)
0	Immediate (as soon as practicable)	
I	6 monthly	
II	12 months	
III	24 months	
IV	30 months	✓
V	30 months with 50% reduction in duration of the next inspection	

**(f). Basis for risk-based acceptance of specific matters arising during the inspection**

Not applicable

**(g). GMP or GDP certificate conditioning remarks required as a result of risk-based decisions noted in section (f) above****GMP Certificate:**

Not applicable.

**GDP Certificate:**

Not applicable.

**(h). Conclusions****Inspectors comments on risk rating:**

30 months is an appropriate inspection frequency.

**(i). Expert/ Operations Manager / Compliance Management Team (CMT) Comments (Risk rating level 0, I, II):**

Expert / Operations Manager / CMT (delete as appropriate)

Risk Rating:

Comments:

Not applicable.

Name:

Date:

(signature has intentionally not been inserted)

**(j). Confirm Agreed Risk rating following this inspection:**

Risk Rating:	Next Inspection target date:
IV	Feb 2021



***Notes regarding re-inspection and GMP certificate validity***

1. The inspection schedule is based upon risk and resource. This date may change at any time due to factors not pertaining to your site.
2. The GMP certificate does not 'expire' it is provisionally assigned 3 year validity date. For external questions regarding your validity thereafter; please advise that this can be confirmed by contacting the inspectorate at [gmpinspectorate@mhra.gov.uk](mailto:gmpinspectorate@mhra.gov.uk)

**Occurrence Report – Controlled Drugs Concerns**

This template should be used by Accountable Officers to submit their quarterly reports to the Chair of the Local Intelligence Network in accordance with Regulation 29 of The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009.

Name of Designated Body	Southern HSC Trust
Name of Accountable Officer	Dr Tracey Boyce
Reporting three month period	1 <sup>st</sup> Aug to 31 <sup>st</sup> Oct 2021

I confirm that my Designated Body have the following concerns regarding its management or use of controlled drugs during this period.

Accountable Officer signature	Personal Information redacted by the USI
Date signed	23 <sup>rd</sup> November 2021

Description of concern <sup>1</sup>	Date aware <sup>2</sup>	Actions taken <sup>3</sup>
Patient asked for the return of her POD supply of Longtec and Shortec that she claimed to have handed to nursing staff on arrival in CAH ED.	6/08/21	Staff spoken to in ED and also admission ward, as patient was vague about who the staff member was. No one remembered taking PODs or seeing the patient with them. On discharge GP pharmacist alerted in case needed to reorder sooner. Since found out that the time the patient reordered was consistent with having all tablets with no loss.
One Tapentadol SR 100mg missing Stroke ward, DHH	18/10/21	Kardexs checked, bins and floor in cupboard area searched, staff spoken to, statements taken.
31mls of shortec missing from medical ward DHH	18/10.21	Register recalculated, staff statements, nursing team reminded of importance of use of oral syringe and bung for dose measurements. Ongoing monitoring

**Notes**

The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 came into operation on 1 October 2009.

Regulation 29 refers to occurrence reports and is shown in full below. In brief, regulation 29 requires Accountable Officers to given an occurrence report to the Chair of the Local Intelligence Network. This should contain details of concerns that their designated body has regarding its management or use of controlled drugs (or confirmation that it has no concerns to report).

<sup>1</sup>Short description of cause of concern, including dates(s). Details may be attached in a separate document. Please include type of healthcare professional, where appropriate. Note regulations 25 and 26 regarding the disclosure of patient identifiable information.

<sup>2</sup>Date the Accountable Officer of the Designated Body became aware of the concern.

<sup>3</sup>Action already taken (if any) within or outside the Designated Body eg as part of the internal incident investigation process. To include the reference number of the internal incident investigation process (where relevant), and whether the incident is closed or still open.

This document will be held securely by the Chair of the LIN in accordance with the LIN agreed locally policies for handling information.

Occurrence Reports to be completed in accordance with agreed LIN procedures and should be **received 2 weeks before** the date of the LIN meeting.

Reports completed electronically may be forwarded to Personal Information redacted by the USI or posted to:

Mrs Shona Coy  
Principal Pharmaceutical Officer  
Room D4.3  
Castle Buildings  
Stormont Estate  
BELFAST BT4 3SQ

## Occurrence Reports

1. (1) All accountable officers shall give, on a quarterly basis, an occurrence report to the chair of the local intelligence network.
- (2) The occurrence report may contain the following information –
  - (a) details of any concerns that his designated body has regarding its management or use of controlled drugs; or
  - (b) confirmation by his designated body that it has no concerns to report regarding its management or use of controlled drugs.
- (3) Nothing in this regulation requires or permits any disclosure of information which is prohibited by or under any other enactment.
- (4) In determining for the purposes of paragraph (3) whether disclosure is not prohibited by reason of being a disclosure of personal data which is exempt from the non-disclosure provisions of the Data Protection Act 1998 by virtue of section 35(1) of that Act (disclosure required by law or made in connection with legal proceedings etc), it is to be assumed that the disclosure is required by this regulation.

## Update on previously reported concerns

Previous LIN reference	Details
significant theft of CDs from a GP led Covid centre	Independent SAI chair appointed and panel being constituted.

## Learning Points

Where possible, please cross-reference to Occurrence Report entry.

Incident	Learning Points



# **Southern Health & Social Care Trust**

## **Pharmacy Procurement and Contract Management 2019/20**



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## Acknowledgement

Internal Audit wishes to thank management and staff at the Southern Health & Social Care Trust for their assistance and co-operation during the course of the audit engagement.

## Control Log

Exit Meeting Held On: Not held  
 First Draft Issued On: 19 December 2019  
**Management Actions Due By: 10 January 2020**  
 Management Actions Received:  
 Final Report Issued On:

## Distribution List

Shane Devlin	Chief Executive (Final Report)
Melanie McClements	Interim Director of Acute Services
Tracey Boyce	Director of Pharmacy
John Carroll	Contract / Procurement / IT Manager Pharmacy
Helen O'Neill	Director of Finance Procurement & estates
Alison Rutherford	Assistant Director of Finance

## Introduction

In accordance with the 2019/20 annual internal audit plan, BSO Internal Audit carried out an audit of Pharmacy Procurement and Contract Management during October and November 2019. The last Internal Audit of this topic was performed during 2013/14 when limited assurance was provided.

During the 2018/19 year, the SHSCT placed 14,228 orders (68,616 order lines) totaling £29.2m for pharmacy related items such as drugs, vaccines and medical equipment. Orders are processed via a stock management system (JAC) by pharmacy staff based at 2 sites, Craigavon and Daisy Hill Hospitals.

A Regional Pharmaceutical Contracting Executive Group (RPCEG) oversee the tendering, evaluation and adjudication of pharmacy contracts used by all HSC Trusts. This Group is supported by the Standing Group for Contract Evaluation (SGCE) whose remit includes tender evaluation and contract monitoring. A Regional Pharmaceutical Procurement Service (RPPS) is also in place. This is a team hosted within the Northern Health and Social Care Trust (NHSCT). The RPPS is made up of Pharmacists with expertise in specialist fields such as product safety. It provides pharmaceutical advice and input (on behalf of HSC Trusts) to BSO PaLS Regional Pharmaceutical Contracts, NHS Commercial Medicines Unit Contracts and Childhood Vaccines Procurement. The service provides information and support to facilitate and co-ordinate (on a Regional basis) the safe, therapeutic and cost effective procurement of contract and non-contract pharmaceuticals.

## Scope of Assignment

The scope of this audit was to review the robustness of systems the Trust has in place for the pharmacy procurement and contract management. The audit covered the period from April 2018 to March 2019.

The audit was based on the following risks:

- Ineffective control over the ordering, receipting and payment of pharmacy related expenditure resulting in loss to the Trust.
- Inability to demonstrate value for money and adherence to Public Procurement Regulations.

The objectives of this audit were to ensure that:

- The process for the ordering, receipting and payment of pharmacy related expenditure are appropriate.
- There are robust systems access controls in place for the stock management system (JAC) and ensuring that users have roles in line with the principle of least privilege.
- Payments are being made in accordance with contracted or pre-agreed prices where no contract is in place.
- Expenditure is appropriately monitored and that contracts / Direct Award Contracts (DAC's) are in place where appropriate.
- Potential cost savings (efficiencies) with the procurement process are appropriately identified and explored.

*Note: We report by exception only, and where no issues and recommendations are made, the result of our work indicates that the key objectives and risks are being managed and that procedures are being adequately adhered to.*

## Level of Assurance

## Satisfactory

Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.

## Executive Summary

Internal Audit can provide satisfactory assurance in relation to Pharmacy Procurement and Contract Management. Satisfactory assurance has been provided on the basis that appropriate systems are in place for the ordering, receipting and payment of pharmacy related items. Items are appropriately procured and contract management is in place. 95% of all pharmacy spend for 2018/19 was either on contract, covered by a DAC or below the procurement threshold (£5k). The remaining £1.4m (5%) of non-contract spend related to 92 items. In 16 of these 92 items, efforts to procure had been taken; however a procurement exercise had not been successful. Management undertakes annual reviews of non-contract expenditure; however this needs to take place on a more regular basis. Whilst providing satisfactory assurance, further work is required by the Trust to ensure that where off contract spend is identified that action is taken on a timely basis to ensure that there is appropriate procurement. DACs must be raised on a timely basis before spend is incurred.

Improvements are needed at a regional level to identify non-contract spend promptly and take action to procure these products. Controls over price increases and surcharging opportunities also need to be strengthened.

There are no significant findings in this audit, impacting on the assurance provided.

The key findings of the audit are:

1. The Regional Pharmaceutical Procurement Service (RPPS), hosted by the NHSCT, on an annual basis reviews expenditure on individual products ordered by each of the 5 HSC Trusts to identify and quantify non-contract spend where expenditure exceeds the threshold (£5k) at which competitive tendering should occur. This analysis informs the regional procurement plan. The following was noted:
  - BSO PaLS and RPPS have both advised of capacity issues which pose a risk going forward to their ability to procure/renew pharmacy contracts on a timely basis, increasing the risk of regulations not being adhered to and the need for DACs to be put in place as an interim measure.
  - RPPS's analysis of non-contract expenditure does not consider whether the aggregate of product spend across all 5 HSC Trusts exceeded the procurement threshold (£5k)
2. In 2018/19, the SHSCT incurred £2.38m on 1,031 non-contracted items, 92 of which exceeded the £5k threshold. These 92 items accounted for £1.4m or 5% of the total annual spend of £29.2m. At the time of audit fieldwork, it was established that 16 items with a value of £292k had been tendered regionally but no award was made. However, none of these 16 had a DAC in place. The remaining 76 items with a value of £1.11m have not yet been competitively tendered and do not have a DAC in place.
3. There are occasions when it is appropriate for invoices prices to differ from that recorded in JAC, for example due to pricing fluctuation in drugs, unavailability of contracted drugs, shortages or where the product is not on contract. However, evidence is not retained to support the rates agreed and rationale for the decision made at one of the 2 pharmacy offices (CAH) and evidence was not always retained for review at the other office (DHH). In 2018/19, price differences were accepted on 5,065 occasions.
4. There is risk that fraudulent requests to amend a suppliers bank account will be processed in the absence of appropriate checks with suppliers to verify that any requested change to bank details is genuine.
5. Deficiencies were noted in relation to system administrator privileges within JACs; system administrator activity and discipline over user accounts, consistency of privileges across staff roles and prompt removal of leavers.

The other findings of the audit are:

6. The regionally arranged drugs contracts permits Trusts to apply a surcharge to contracted suppliers in the event that the supplier is unable to fulfil an order within 14 days of receipt of the order. It is unclear whether this contract condition is being utilised.

7. Control over placing orders and checking deliveries need to be strengthened.

### Summary of Findings and Recommendations

Finding		Number of Recommendations		
		Priority 1	Priority 2	Priority 3
1.	Regional approach to procurement	-	3	-
2.	Local approach to procurement	-	2	-
3.	Control Over Price Increases	-	2	-
4.	Supplier Amendments	-	1	-
5.	User Access (JAC Systems)	-	2	-
6.	Surcharges	-	1	-
7.	Control Over JAC Orders	-	1	1



## Detailed Findings and Recommendations

## 1 Regional approach to procurement

## Finding

The main objective of the Regional Pharmaceutical Procurement Service (RPPS), hosted by the NHSCT, is to provide information and support to facilitate and co-ordinate (on a Regional basis) the cost effective procurement of contract and non-contract spend. Annually, the RPPS develops a regional procurement plan for pharmacy related items used by HSC Trusts; this involves reviewing expenditure on individual products ordered by each of the 5 HSC Trusts through their stock management systems (JAC) to identify and quantify non-contract spend where expenditure exceeds the threshold at which competitive tendering should occur. In 2018/19 the threshold was £5k. Once developed, the plan is then shared with the Regional Pharmaceutical Contracting Executive Group (RPCEG) for approval and onward submission to BSO PaLS to be incorporated into the BSO PaLS maintained 5 year rolling plan (populated at present to 2022/23). The RPCEG monitor progress against the plan on a quarterly basis, receiving updates on progress, difficulties, actions and forthcoming opportunities which may or may not impact on keeping the programme on track.

However:

- BSO PaLS and RPPS have both advised of capacity issues which pose a risk going forward to their ability to procure/renew pharmacy contracts on a timely basis; increasing the risk of regulations not being adhered to and the need for DACs to be put in place as an interim measure. There is a small proportion of expenditure that remains non-contract (see Finding 2).
- RPPS's analysis of non-contract expenditure only consider whether £5k limits have been exceeded in each individual Trust but does not consider whether the product has exceeded £5k across all HS.

## Implication

Risk that procurement regulations are not adhered to and value for money not obtained if non-contract spend is not reviewed on a timely basis or product spend not reviewed in the context of overall use across HSC.

<b>Recommendation 1.1</b>	<i>This recommendation is being reported in all Trusts Pharmacy Procurement &amp; Contract Management 2019/20 Audit reports. However, the NHSCT, as the host of RPPS will lead on the implementation of this recommendation.</i>  RPPS should review, identify and take action to procure non-contract spend items on a timely basis to ensure compliance with PGNs.
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b> The regional non-contract compliance reports will be piloted to report and analyse Trust purchase spend every six months. This will then inform the regional procurement work-plan as agreed via RPCEG.
<b>Responsible Manager</b>	Dr Tracey Boyce, as Southern Trust representative on RPCEG.
<b>Implementation Date</b>	30 April 2020

<b>Recommendation 1.2</b>	<i>This recommendation is being reported in all Trusts Pharmacy Procurement &amp; Contract Management 2019/20 Audit reports. However, the NHSCT, as the host of RPPS will lead on the implementation of this recommendation.</i>  The risk associated with capacity of procuring and renewing pharmacy contracts in a timely manner should be recorded and managed.
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b> RPCEG reviews the work-plan at each quarterly meeting. It will develop a formal risk register to formally record the risks associated with capacity of

	procuring and renewing pharmacy contracts in a timely manner. This will include an associated management action plan which will be monitored at each RPCEG meeting.
Responsible Manager	Dr Tracey Boyce, as Southern Trust representative on RPCEG.
Implementation Date	30 June 2020

Recommendation 1.3	<p><i>This recommendation is being reported in all Trusts Pharmacy Procurement &amp; Contract Management 2019/20 Audit reports. However, the NHSCT, as the host of RPPS will lead on the implementation of this recommendation.</i></p> <p>RPPS should review total HSC expenditure on individual product lines with the aim of promoting further savings across HSC.</p>
Priority	2
Management Action	<p><b>ACCEPTED</b></p> <p>RPPS will continue to review HSC expenditure on individual product lines with the aim of promoting further savings across HSC.</p> <p>We note that contract compliance exceeds 90% for all Trusts. Also the Medicines Optimisation Regional Efficiency (MORE) Programme has evidence that the secondary care work-streams including procurement have delivered over £36m of efficiencies from 2016/17 to 2018/19.</p> <p>The Trust Pharmacy Procurement Leads currently review project scope with RPPS including the opportunity to propose additional lines not originally identified.</p> <p>Trust Pharmacy Procurement leads will pilot additional reporting methodology each month to review those new products and associated expenditure added to the Pharmacy system to inform the regional work-plan.</p>
Responsible Manager	Dr Tracey Boyce, as Southern Trust representative on RPCEG.
Implementation Date	30th April 2020

## 2 Local Approach to Procurement

### Finding

The Trust reviews pharmacy related expenditure on an annual basis with the aim of identifying non-contract spend. In line with PGN 03/11 and 04/12, as per above, this should be carried out on a more timely basis to ensure compliance with procurement regulations. Retrospective DAC are then put in place for this spend, where it is identified that procurement is not appropriate.

In 2018/19, the SHSCT incurred £2.38m on 1,031 non-contracted items, 92 of which exceeded the £5k threshold. These 92 items accounted for £1.4m or 5% of the total annual spend of £29.2m. At the time of audit fieldwork, it was established that 16 items with a value of £292k had been tendered regionally but no award was made. However, none of these 16 had a DAC in place. The remaining 76 items, with a value of £1.11m have not yet been competitively tendered and do not have a DAC in place. Internal Audit understands that the review of non-contract expenditure occurs annually after year end. This is not considered sufficient and has not been completed for 2018/19

### Implication

Risk that procurement regulations are not adhered to and value for money not obtained if non-contract spend is not reviewed on a timely basis.

<b>Recommendation 2.1</b>	Each Trust should review their non-contract spend on a timely basis to ensure compliance with procurement regulation. DACs must be put in place <u>before</u> non-contract expenditure is incurred.  The Trust should also formally communicate to RPPS their spend incurred which should be subject to procurement going forward
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b>  Pharmacy works to ensure a medicine is available in a timely way to meet patient need. This may require the unplanned and urgent purchase of medicines prior to a DAC being put in place.  Trust Pharmacy Procurement leads will pilot additional reporting methodology each month to review those new products and associated expenditure added to the Pharmacy system to inform the regional work-plan. This new process will allow DACs to be put in place in a more timely way and will allow the Trust to formally communicate to RPPS the spend incurred but not before non-contract expenditure is incurred.  Additionally, RPCEG strongly recommends that current guidance on management of DACs particularly in relation to those products with exclusive rights and for those medicines reviewed by NICE requires a refined approach to reduce the administrative burden to then allow a greater focus on <i>true</i> value for money activities.
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	30 April 2020.

<b>Recommendation 2.2</b>	DACs should be put in place for the 92 items referred to above.
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b> Management accepts this recommendation. Due to vacant posts and long term absences, implementation may take longer than expected due to other competing tasks such as achieving efficiency savings.

Responsible Manager	John Carroll, Lead Procurement Pharmacist
Implementation Date	30 June 2020.

DRAFT

### 3 Price Increases

#### Finding

When invoices are received from suppliers, administration staff are required to input the invoice rates for each product into JACS. JACS then compares rates charged per invoices to contractual rates or, where a contract is not in place, to the rate charged in a recently paid invoice. Where invoice rates exceed contract rates or there is a differential of + / - 5% for non-contract spend, pharmacy staff are required to conduct a review to determine the appropriateness of the invoice rate being charged. There are occasions whether it is appropriate for invoices prices to differ from that recorded in JAC; for example, where a drug is on contract but unavailable at short notice but urgently required and therefore there is a need to go off contract or where the product is not on contract. Pharmacy Technicians are required to agree these rates as part of the ordering process demonstrating value for money and that actions should be recorded (database in place for contracted items / copy invoice with notations retained for contract and non-contracted items) to support the rates agreed and the rationale for the decision made. Internal Audit noted however during fieldwork that this system is not in place at 1 of the 2 pharmacy offices (CAH) and that evidence was not always retained for review at the other office (DHH) as detailed below.

Internal Audit identified that there were 5,065 products in 2018/19 (3375 at CAH and 1690 at DHH) where pricing differentials were accepted (by entering a password into JACs). A review of 10 password override transactions identified 4 (40%) instances, the unit cost had increased. These price increases ranged from £0.20 (20.20%) to £18.84 (1624%). In all 4 (40%) instances a record of actions taken was not made (ie no entry on database and the copy invoice did not note the change).

The tolerance level for price variations in relation to non-contract products is set at + / - 5% Tolerance levels vary across Trusts ranging from 3% to 7%, with the most common being 5%.

#### Implication

Inability to demonstrate value for money has been achieved and the accurate price has been paid in these circumstances.

<b>Recommendation 3.1</b>	The Trust should implement a robust system to ensure that all price increases in excess of the agreed tolerance are supported by a documented audit trail that evidences actions taken prior to ordering to achieve the best price possible.
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b>  The Trust will review its processes for approving price increases to ensure that evidence exists to show that the best possible price and value for money has been achieved.
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	Implemented

<b>Recommendation 3.2</b>	The Trust, in conjunction with other Trusts, should implement an appropriate tolerance level for price variations. There should be a balance between financial control and the administrative burden required to administer the system in place.
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b>  Trust Procurement Leads agree that a 5% tolerance level will be implemented.
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	Implemented

DRAFT

## 4 Supplier Amendments

### Finding

DoH Circular 51/2011 (re-issued in October 2013) highlighted the serious fraud risk posed by the absence of robust controls over requests to change suppliers bank account details. Specifically, the circular requires that;

- Appropriate procedures should be in place for authenticating and approving requests for changes to suppliers' bank account details, before actioning them
- Suppliers should be independently contacted to verify that any change of bank details or contact details is genuine.
- Verification should not be made using the document / letter which has been received requesting the change as this may contain false information but instead carried out using existing contact details held on file or information obtained from directory enquiries.

All 5 Trusts use the same pharmaceutical suppliers to supply contracted items ordered. Consequently if 1 of the 5 Trusts receives and processes a fraudulent request to amend a suppliers' bank account, payments approved for payment by that Trust or any of the other 4 Trusts' pharmacy departments will be made to the fraudulent bank account until the fraud is identified. This means that effective control can only be assured if all 5 Trusts have robust controls in place as outlined by the circular.

Internal Audit confirmed, following discussions with pharmacy staff across the 5 Trusts, that robust controls are not consistently applied across the region i.e. there is a risk that fraudulent requests to amend suppliers' bank account will be processed which will impact on all 5 Trusts. The following was noted for the Southern HSC Trust

- The pharmacy department does not have procedures in place for authenticating and approving requests for changes to suppliers' bank account details, before actioning them.
- Suppliers are independently contacted using existing contact details held but details of actions taken to evidence the independent check are not maintained.

### Implications

The risk of supplier bank account fraud is increased in the absence of a robust control environment.

<b>Recommendation</b> 4.1	Documented procedures should be developed. An audit trail of the independent checks performed should be maintained for all changes requested
<b>Priority</b>	3
<b>Management Action</b>	<p><b>ACCEPTED</b></p> <p>Shared Services Supplier creation and amendment SOP is held on pharmacy sharepoint and always followed. Any changes to bank details are always followed up by Procurement Lead who independently contacts supplier by telephone. Confirmation of supplier creation/amendment is retained by Procurement Lead. However, the actual recording of independent checks and who is spoken to is not carried out and will be enforced going forward. A log will be kept of independent verification steps taken, how contact was made and names of individuals spoken to.</p>
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	1st February 2020

## 5 User Access (JAC System)

### Finding

The following was noted in relation to user privileges and activities on JAC:

#### System Administrators

System administrator privileges (ACCESS and ACCESSW) which allow the holder to add user accounts etc. are not appropriately restricted, with 9 staff currently holding 1 (2) or both (7) of these privileges.

#### System Administrator Activity

A full audit trail is maintained by JAC of all changes to user accounts made by system administrators. However, this is not monitored.

#### Adding / Removing Users to / from JAC

Formal approval is not required to add new users to JAC or amend current users' privileges. New starts are added as part of the induction process and any changes to users privileges are communicated verbally or via email. Similarly, there is no formal process in place for suspending or terminating users' privileges on JAC.

#### User Privileges

There is a need to implement discipline over assigned privileges in line with an employee's role and the principle of least privilege as there is no consistency across staff grades / area of responsibility. For example, there is no consistency across the 7 employees that hold both system administration privileges, with 4 holding all of the key JAC privileges. It is acknowledged that 7 pre-set user roles exist, identifying those programs commensurate with users roles, although further programs may be added or removed on request.

#### User Listing Maintenance

A reconciliation of all 224 pharmacy staff listed on SAP to JAC user listings highlighted that:

- 8 Leavers remained active on JACS
- 1 user had 2 accounts (duplicate).

### Implications

Inappropriate activity may go unnoticed. User privileges are not in line with the principle of least privilege. User listings are not being appropriately maintained

<b>Recommendation</b> 5.1	Management should review system administrator access for appropriateness. Access to these privileges should be reduced in line with principle of least privilege. Going forward, system administrator activity should be reviewed for appropriateness on a regular basis and evidence retained. This review should be performed by an employee independent from the process.
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b> The number of system admins has been reviewed and reduced to four. Using AUDITL, ACCESS and ACCESSW activity will be monitored on a quarterly basis.
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	31st March 2020

<b>Recommendation</b> 5.2	A formal process should be developed to manage additions, amendments, removals of user accounts on JAC. This should include documented approval, regular reviews of user accounts for appropriateness, creation of standard user roles with privileges commensurate with an employee's role and in line with the principle of least privilege.
<b>Priority</b>	2



<b>Management Action</b>	<p><b>ACCEPTED</b></p> <p>A formal system is being developed to manage user accounts. All pharmacy staff have been reviewed and leavers deactivated. Going forward a formal process will exist for managers to advise system manager of all leavers as part of their exit checklist.</p> <p>Generic accounts that exist will be reviewed to ensure that user privileges are commensurate with an employee's role and in line with the principle of least privilege.</p> <p>Management of nursing staff is more challenging as they make up 1,800 of 2,000 users. A Crystal Report has been devised that lists users and last login date. 1,000 nurses who have not logged in last 6 months are in process of being deactivated and this will be completed by 28<sup>th</sup> February 2020. The impact of this on pharmacy resources will be monitored with a view to removing accounts that haven't been logged into in 3 months on a quarterly basis. The crystal report will be run on a quarterly basis to identify these users.</p>
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	31st March 2020

## 6 Surcharges

### Finding

The terms and conditions of regionally arranged drugs contracts permit Trusts to apply a surcharge to contracted suppliers in the event that the supplier is unable to fulfil an order within 14 days of receipt of the order. However, in most instances, the Trust cannot wait 14 days and most therefore source the product from an alternative supplier, generally at a higher cost. In such instances, the supplier is obliged to pay the difference between the contracted price and the price actually paid by the Trust if it is agreed at the time that they cannot provide it within the 14 day timeframe. If agreement is reached, the supplier will issue the Trust with a surcharge authorisation number. This is then recorded on the official off-contract claim form which is then submitted to the supplier for payment. Payment is either paid by BACS or cheque.

Internal Audit identified that records are not maintained however to evidence whether appropriate action was taken in all instances where a surcharge was permissible and therefore whether all income due is appropriately identified and pursued. By way of comparison, the total collected across the region in 2018/19 was £66.7k from 31 surcharges. This was collected by 4 of the 5 Trusts. The Southern Trust received £27k by way of 5 surcharges in 2018/19, the highest across the region. However, despite being the highest, the frequent use of the password override (used for 5,065 (7%) of items ordered in 2018/19), specifically in instances where the unavailability of a contracted item results in the need to go off contract at a higher unit cost, may indicate that the Trust is not always actively identifying and pursuing surcharge opportunities.

### Implication

Loss to the Trust where surcharges due are not raised.

<b>Recommendation 6.1</b>	The Trust should implement a robust system to ensure that all surcharge opportunities are appropriately identified and pursued to include a record of surcharges raised for reconciliation purposes.
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b> A surcharge register is already maintained. The trust is pleased that its surcharges claims were the highest across the region. We will review current processes and examine additional ways to provide assurances that all possible surcharges are pursued e.g. record instances where surcharges not feasible e.g. prior order placed less than 14 days, replacement product's price does not justify pursuing surcharge.
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	30th April 2020

## 7 Control Over JAC Orders

### Finding

JACS generated orders should be reviewed for reasonableness by designated staff prior to orders being placed with suppliers. The Trust does not have an authorisation framework, listing those staff authorised to review and approve orders to be placed although testing established that all orders sampled that were available for review were approved by pharmacists. Internal Audit understands that:

- Orders should be approved before being placed with a supplier.
- The authorising officer evidences this review on a hard copy of the order by signing and dating the order.
- Delivery dockets are matched to items ordered upon receipt and then forwarded on to administration staff to complete the order on JAC to allow payment to be made to the supplier.

A review of a sample of 35 orders processed on JAC highlighted:

### Orders

- In 6 (17%) from 35 instances, assurance that goods were checked for appropriateness before ordering was not available as the hard copy order could not be located.

### Delivery Dockets

- In 4 (12%) from 35 instances, assurance that goods ordered and paid for were actually received was not available as the delivery notes could not be located. 2 of these 4 did not have a signed order on file either (see finding above).

### Implications

Risk that items are not appropriately reviewed for reasonableness prior to orders being placed. Non-compliance with standing operating procedures.

<b>Recommendation 7.1</b>	An authorisation framework should be developed for JAC orders, documenting staff with the delegated authority to review and approve pharmacy orders. Pharmacy administrative staff should be advised that orders should not be processed without appropriate approval..
<b>Priority</b>	2
<b>Management Action</b>	<b>ACCEPTED</b> An authorisation framework is in the process of being developed. Admin staff will be advised not to process orders without appropriate approval and will be re-trained re: filing documentation for easy retrieval. Filing system has been reviewed and all documentation has been re-labelled and forwarded to external contractor for storage as previous storage area was not fit for purpose. Ultimate goal is paperless office.
<b>Responsible Manager</b>	John Carroll, Lead Procurement Pharmacist
<b>Implementation Date</b>	30th April 2020

<b>Recommendation 7.1</b>	Orders should not be processed on JAC in the absence of a signed order / delivery docket
<b>Priority</b>	3
<b>Management Action</b>	<b>ACCEPTED</b> Admin staff have been advised that orders should not be processed on JAC in absence of a signed order/delivery docket and regular spot checks will be carried out on orders to ensure that they have been signed. Evidence of spot checks will be retained.

Responsible Manager	John Carroll, Lead Procurement Pharmacist
Implementation Date	30th April 2020

DRAFT

## Appendix A - Definition of Levels of Assurance and Priorities

## Level of Assurance

<b>Satisfactory</b>	Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.
<b>Limited</b>	There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
<b>Unacceptable</b>	The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

## Recommendation Priorities

<b>Priority 1</b>	Failure to implement the recommendation is likely to result in a major failure of a key organisational objective, significant damage to the reputation of the organisation or the misuse of public funds.
<b>Priority 2</b>	Failure to implement the recommendation could result in the failure of an important organisational objective or could have some impact on a key organisational objective.
<b>Priority 3</b>	Failure to implement the recommendation could lead to an increased risk exposure.

**Note to Report**

This audit report should not be regarded as a comprehensive statement of all weaknesses that exist. The weaknesses and other findings set out are only those which came to the attention of Internal Audit staff during the normal course of their work. The identification of these weaknesses and findings by Internal Audit does not absolve Management from its responsibility for the maintenance of adequate systems and related controls. It is hoped that the audit findings and recommendations set out in the report will provide Management with the necessary information to assist them in fulfilling their responsibilities.

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TEL 028 95363828

**Internal Audit Service – Armagh Office**  
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73 Loughgall Road  
ARMAGH  
BT61 7PR  
TEL 028 95361629

**CRAIGAVON AREA HOSPITAL GROUP TRUST****JOB DESCRIPTION**

<b>JOB TITLE:</b>	Director of the Area Pharmaceutical Service
<b>GRADE:</b>	Pharmacist Grade G plus 1 discretionary point
<b>BASE:</b>	Pharmacy Department, Craigavon Area Hospital
<b>REPORTS TO:</b>	Chief Executive, Craigavon Area Hospital Group Trust

**JOB PURPOSE**

The postholder is the professional head of service, holding corporate accountability for compliance with legislative, professional and ethical requirements, including clinical governance, for all aspects relating to medicines use.

He/She is responsible to the Chief Executive, for the management and forward planning of pharmaceutical services to Craigavon Area Hospital Group Trust, ensuring that the services are delivered in line with contracts, within budget and in accordance with agreed quality standards.

He/She is also responsible for the provision of an area pharmaceutical service to other Trusts in the SHSSB, in line with established service level agreements.

**STRATEGIC AND CORPORATE RESPONSIBILITY****Key Accountability**

- ◆ To be responsible and accountable for clinical and corporate governance for the Area Pharmaceutical Service.

**Main Tasks**

- Accountable to the Chief Executive to ensure that systems are in place to appropriately address all aspects of the safe and secure handling of medicines within the organisation.
- Trust lead for medicines management, ensuring compliance with legislation and the controls assurance standard and ongoing improvement in collaboration with clinical staff.
- Responsible for the management of the pharmacy section of the Trust's risk register.
- Responsible for the investigation of medication-related errors, incidents and complaints.
- Responsible for the investigation of unauthorised access to, or theft of, ward medicines stock in accordance with the departmental guidance within the Use and Control of Medicines document.
- Ensure practice is patient-focused and evidence-based
- Develop the pharmacy service to proactively influence safe and effective drug therapy

**PROFESSIONAL RESPONSIBILITIES****Key Accountability**

- ◆ To ensure that all pharmaceutical services are delivered to an agreed quality standard and strategic pharmaceutical developments are implemented and monitored.

**Main Tasks**

- Professional head of the pharmaceutical service in the Trust, and registered as the named Superintendent Pharmacist with the Pharmaceutical Society of Northern Ireland, ensuring the Pharmacy Department is registered and operates in accordance with relevant pharmaceutical legislation.
- Responsible for actively managing and delivering the pharmaceutical service across the Trust and to other healthcare providers in accordance with established service level agreements.
- Ensure the effective management of the following areas:
  - dispensing, distribution, aseptics and production services;
  - clinical pharmacy services to wards including integrated medicines management;
  - monitoring and documentation of service to all wards and departments;
  - information technology;
  - drug utilisation;
  - medicines information;
  - procurement of medicines and clinical pharmacy technologies.
- Play a key role in the Trust's Drug and Therapeutics Committee and actively progress its business.
- Play a key role in the Southern Board Area Prescribing Forum and sub-committees.
- Sit on the Area Pharmaceutical Advisory Committee at the SHSSB.
- Ensure compliance, subject to the resources available, with published professional pharmaceutical standards.
- Actively promote the safe, effective and economic use of pharmaceutical products in the Area Pharmaceutical Service.
- Identify practice research needs and promote links with the School of Pharmacy, Queen's University Belfast. Promote and co-ordinate research and development activity in medicines management.
- Develop and review audit processes within the Pharmaceutical Service, to ensure that all legal, professional and service requirements are met.
- Accountable for ensuring the pharmaceutical aspects of clinical trials using medicines are fully compliant with legislation and good practice.
- Take part in the supervision of Pre-Registration Pharmacists and be a registered tutor with the Pharmaceutical Society for Northern Ireland.
- Manage the Pharmacy Managers of the area service.
- Advise on pharmaceutical matters and sit on strategic medicines management committees of appropriate Trusts and Local Health and Social Care Groups.
- Review service provision to other Trusts with reference to service level agreements and advise on appropriate action.



**STAFF MANAGEMENT****Key Accountability**

- ◆ To ensure that all reporting staff are recruited, managed and developed in such a way as to maximise their effectiveness.

**Main Tasks**

- Review the use of all staff to identify opportunities for more cost effective use of resources. Develop plans for achieving any agreed adjustment in skill mix and ensure these are fully implemented.
- Formally review the performance of staff.
- Ensure that staff training, education and development needs are identified and met.
- Encourage and apply best management practice.
- Ensure all pharmaceutical staff are registered with the appropriate professional body.
- Promote and facilitate a culture of lifelong learning within the service.
- Ensure all Trust policies and procedures are adhered to at all times.

**BUSINESS PLANNING & CONTRACTS****Key Accountability**

- ◆ To take responsibility for the actioning of all business planning activity within the Area Pharmaceutical Service, ensuring that contract obligations are met in terms of activity, cost and quality.

**Main Tasks**

- Develop a draft business plan for the Pharmaceutical Service to Craigavon Area Hospital Group Trust and the Area Pharmaceutical Service.
- Develop action plans to ensure the implementation of agreed Business Plan.
- Monitor performance against the plan and take action on all variances in areas of immediate control.
- Monitor service level agreements between the Area Service and Regionally provided services.
- Ensure that any pharmacy implications arising from business plans in other services are identified, and appropriate action taken.

**INFORMATION MANAGEMENT****Key Accountability**

- ◆ To assess information requirements and ensure the provision of accurate and timely information to meet those requirements.

**Main Tasks**

- Ensure a high standard of accuracy in respect of data input and analysis.
- Ensure the effective use, maintenance and development of pharmaceutical computer systems and software.
- Monitor the use of pharmaceutical products within the Trust's Services by the Area Pharmaceutical Service and co-ordinate the provision of drug utilisation statistics.

**FINANCIAL MANAGEMENT****Key Accountability**

- ◆ To ensure the effective management of the annual budget.

**Main Tasks**

- Monitor and report on actual financial performance against budgeted performance and in agreement with the Chief Executive implement corrective measures to ensure the achievement of financial budgets.
- Identify and implement opportunities for rationalisation and saving without adversely affecting the quality of the service or product.
- Proactively identify and advise on the management of cost pressures relating to the use of medicines and associated clinical pharmaceutical technologies.
- Responsible for the procurement of all pharmaceuticals for use within the Trust in accordance with the Trust's standing financial instructions and government procurement policy.
- Represent the Trusts in the Area Pharmaceutical Service and actively contribute to the Regional Pharmaceutical Contracting Executive Group.

**COMMUNICATIONS****Key Accountability**

- ◆ To ensure continual improvement in communications within the Area Pharmaceutical Service.

**Main Tasks**

- Organise and play an active role in staff meetings. Ensure all staff are kept fully informed about developments within the Area Pharmaceutical Service and where relevant within the organisation as a whole.
- Implement any Trust initiatives in respect of team briefing. Encourage feedback from staff and ensure issues raised by them are resolved quickly or fed upwards for resolution.

**HEALTH & SAFETY****Key Accountability**

- ◆ To ensure that a risk management plan is developed for the Area Pharmaceutical Service.

## **Main Tasks**

- Ensure that a risk identification and assessment survey is undertaken and that recommendations for risk prevention and controls are prioritised.
- Accountable for effective security arrangements for the buildings, contents and staff within the Pharmaceutical Service.
- Ensure that all staff are aware of their responsibilities in respect of health and safety.

## **PERSONAL DEVELOPMENT**

- ◆ The post holder will be expected to be professionally up-to-date at all times, participate in continuing professional development appropriate to the post and actively be aware of Trust-wide issues and trends.

## **GENERAL REQUIREMENTS**

The post holder must:

- Carry out his/her duties with full regard to the Trust's Equal Opportunities Policy.
- Co-operate fully with the implementation of the Trust's Health and Safety arrangements and take appropriate remedial action on reports of any accidents/incidents, defects with work equipment or inadequate safety arrangements.
- Accept legal responsibility for all records held, created or used as part of his/her duties (including manual or electronic).
- Comply with the Trust's policy on smoking.
- Treat those whom he/she comes into contact with in the course of work, in a courteous manner.
- Accept that this job description will be subject to review in the light of changing circumstances and should be regarded as providing guidance within which the individual works rather than something which is rigid and inflexible.

*October 2005*

**EMPLOYEE PROFILE**

POST: Director of the Area Pharmaceutical Service

FACTORS	ESSENTIAL	DESIRABLE
<b>Skills/Abilities</b>	<p>High level of managerial ability:</p> <ul style="list-style-type: none"> <li>- to plan and co-ordinate;</li> <li>- to develop teamworking;</li> <li>- to coach and motivate staff;</li> <li>- to delegate.</li> </ul> <p>Excellent oral and written communication skills.</p> <p>High level of analytical ability.</p> <p>Drive and ability to initiate and implement change, and move things forward effectively.</p> <p>Computer literate.</p> <p>Ability to establish and maintain professional credibility with all staff.</p> <p>Ability to establish good working relationships at all levels.</p>	
<b>Experience</b>	<p>Minimum of 10 years' post-registration pharmacy experience by 1<sup>st</sup> August 2005, including at least 5 years hospital experience at E Grade or above.</p> <p>Significant experience of managing staff.</p>	<p>Experience of influencing managers and staff in a multi professional environment.</p> <p>Acute hospital experience</p>
<b>Qualifications/ Training, etc.</b>	<p>M Pharm degree, or equivalent.</p> <p>Member of the Pharmaceutical Society of Northern Ireland or eligible to register.</p> <p>A relevant post-graduate management or pharmacy-related qualification</p>	
<b>Knowledge</b>	<p>A thorough understanding and knowledge of:</p> <ul style="list-style-type: none"> <li>- the pharmaceutical service;</li> <li>- information technology;</li> <li>- current trends in the DHSS&amp;PS;</li> <li>- quality assurance/quality control processes.</li> </ul>	<p>Knowledge of business planning and marketing.</p>
<b>Other Requirements/ Work Related Circumstances</b>	<p>Be flexible with regard to working arrangements.</p> <p>Either a full current driving licence and access to a car or access to a form of transport which will permit the full requirements of the post to be met.</p> <p>Able to travel to the hospital within 30 minutes when on call.</p>	

October 2005

# HEAD OF PHARMACY & MEDICINES MANAGEMENT BAND 9

**Closing Date:** Monday 6th December 2021 at 4pm



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**BE PROUD.  
BE PART OF IT.**



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# Welcome

from the Director Of Acute Services, Melanie McClements

## Dear Applicant

Thank you for your interest in the role of Head of Pharmacy & Medicines Management in the Southern Health & Social Care Trust. The Southern Trust is an organisation of talented people of all disciplines who care, work hard and live up to our values.

We are seeking to recruit a high-calibre Head of Pharmacy & Medicines Management to join our Trust, providing specialist advice to the Trust Board, Chief Executive and other Director Colleagues on all areas of Pharmacy and Medicines Management across the organisation.

The successful applicant will have responsibility for clinical governance of the Pharmacy service and all aspects of the management of Pharmacy staff throughout the Trust. The role will require the individual to provide specialist expertise for pharmaceutical services as well as having responsibility for managing the procurement of medicines and associated pharmaceutical products to ensure pharmaceutical clinical effectiveness in line with accepted best practice standards. In addition the role will require you to be responsible for research and development, quality improvement and clinical audit activity within the Pharmacy Department. Your focus will be on achieving outcomes which improve patient and service user experience, provide safe services and improve the environment to provide excellent patient care. We seek a highly motivated individual with strong interpersonal skills and an inclusive leadership style who will ensure the interests of services users and carers are at the heart of all decision making and focus will be on improving the quality of care to our service users.

You will be results driven and have a proven track record of building strategic relationships and leading teams to deliver against challenging performance programmes.

Across Health & Social Care, healthcare is being reimagined and we want to play our part in leading the way in creating a healthy workplace for our employees and clinicians while delivering outstanding outcomes for the people we serve. If you feel you can contribute significantly to our journey and have:

- the drive, ambition and influencing ability to keep the Southern Health & Social Care Trust at the forefront of developments in health and social care;
- the passion and expertise to make a real contribution to our journey of continual improvement;
- the ability to think strategically; and,
- a strong value base of service to our patients, clients and community,

I look forward to receiving your completed application form.

For an informal Discussion about this post please contact: Julia Tolan at Personal information redacted by USI

Melanie McClements  
Director of Acute Services

Personal information redacted by USI

# PROFILE OF THE TRUST

**BE PROUD.  
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The Southern Health & Social Care Trust provides integrated patient / client centred services to a population of c.380,000 people in the local areas of Armagh, Banbridge, Craigavon, Dungannon, South Tyrone, Newry and Mourne (see Figure 1).

The Trust provides a wide range of hospital, community and primary care services. General acute in-patient hospital services are located at Craigavon Area Hospital and Daisy Hill Hospital and acute mental health and learning disability in-patient hospital services are located in the Bluestone Unit also on the Craigavon Area Hospital site.

Working in collaboration with GPs and other agencies, Trust staff provide locally based health and social care services in Trust premises, in people's own homes and in the community. The Trust purchases some services, such as domiciliary, residential and nursing care and day care from private and voluntary organisations.

The Trust employs approximately 14,000 staff. Our geographical area covers in whole or in part, three of the new super councils – Armagh, Banbridge and Craigavon; Newry, Mourne and Down; Mid-Ulster.

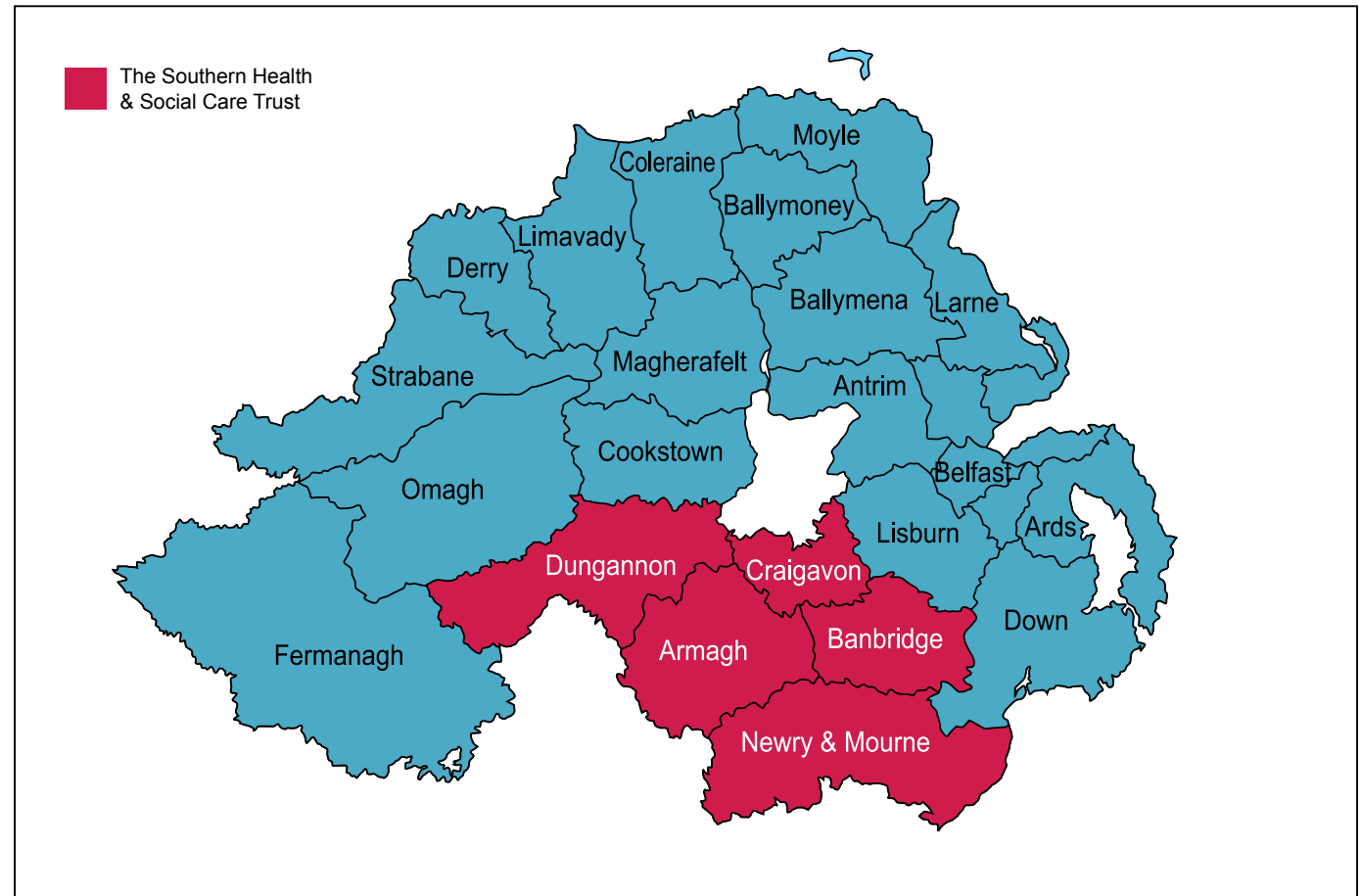


Figure 1: Map of the Southern Health and Social Care Trust



## KEY FACTS: YEAR END OF 2020

BE PROUD.  
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our capital allocation, known as Capital Resource Limit, (CRL)

**£500m**

spent on employing our staff; this is approximately £1.4m every day.

**£190m**

spent on the purchase of goods and services – this equated to almost £521k per day.

**£40m**

Annual budget approx.



Approx. 135,000 discharge prescription medicines and 334,000 stock items supplied per annum



Managed c.250 Charitable Trust Funds.



225 pharmacy staff, providing services 24 hours a day across five hospital sites, mental health inpatient unit and support to community services.

# VISION AND VALUES

**BE PROUD.  
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## Trust Vision:

### Quality Care – for you, with you

Our vision encompasses our core commitment to deliver safe, high quality care that is co-produced and co-designed in partnership with service users and staff who deliver our services. This vision is underpinned by the Trust's Values which shape what we do and how we do it. The Trust is committed to its values in all our interactions with each other including colleagues, patients, carers and service users.

### Working Together



We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

### Excellence



We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.

### Openness & Honesty



We are open and honest with each other and act with integrity and candour.

### Compassion



We are sensitive caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

# CORPORATE OBJECTIVES

Our Corporate Objectives reflect our priorities for the delivery of health and social care services to our local population. Achieving our objectives and delivering safe, quality care and services which are accessible and responsive to our patients and carers will remain our central focus.



# Head of Pharmacy & Medicines Management

Band 9 £91,004 - £104,927 (Under Review)



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*

We are seeking to recruit a high-calibre Head of Pharmacy & Medicines Management to join our Trust, providing specialist advice to the Trust Board, Chief Executive and other Director Colleagues on all areas of Pharmacy and Medicines Management across the organisation.

The successful applicant will have responsibility for clinical governance of the Pharmacy service and all aspects of the management of Pharmacy staff throughout the Trust. The role will require the individual to provide specialist expertise for pharmaceutical services as well as having responsibility for managing the procurement of medicines and associated pharmaceutical products to ensure pharmaceutical clinical effectiveness in line with accepted best practice standards. In addition the role will require you to be responsible for research and development, quality improvement and clinical audit activity within the Pharmacy Department.

Your focus will be on achieving outcomes which improve patient and service user experience, provide safe services and improve the environment to provide excellent patient care. We seek a highly motivated individual with strong interpersonal skills and an inclusive

leadership style who will ensure the interests of services users and carers are at the heart of all decision making and focus will be on improving the quality of care to our service users.

You will be results driven and have a proven track record of building strategic relationships and leading teams to deliver against challenging performance programmes.

**Do you believe you have the passion and ambition to deliver in this critical role?**

If so, please visit [jobs.hscni.net](https://jobs.hscni.net) to get further information and apply online, or email [recruitment.services@southerntrust.hscni.net](mailto:recruitment.services@southerntrust.hscni.net).

Informal Discussion about this post please contact:

**Julia Tolan** at Personal information redacted by USI

The closing date for receipt of completed applications is  
**Monday 6th December 2021 at 4.00pm.**

It is currently anticipated that shortlisted candidates will be invited for interview/assessment week commencing 13th December 2021. These are provisional dates which may be subject to change

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

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[jobs.hscni.net](https://jobs.hscni.net)

# JOB DESCRIPTION

BE PROUD.  
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## Head of Pharmacy and Medicines Management Band 9

**Initial Location:** The post will be based in Craigavon Area Hospital. In order to meet the needs of the service you will be required on occasions to work outside your normal place of work.

**Accountable to:** Director of Acute Services

### Job Summary

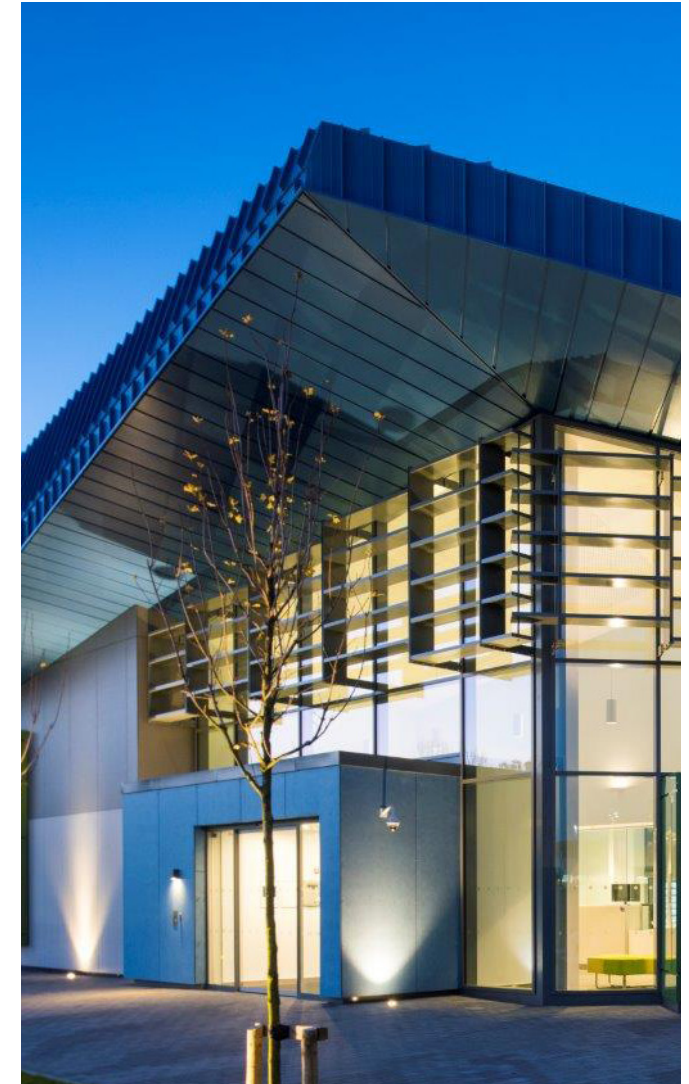
The Head of Pharmacy and Medicines Management will lead the strategic and operational development of Pharmacy, pharmaceutical services and medicines optimisation within the Trust.

He / she will be the senior manager/Chief Pharmacist within Pharmacy with responsibility for clinical governance of the Pharmacy service and all aspects of the management of Pharmacy staff throughout the Trust. He / she will be responsible to the Trust Board, through the Director of Acute Services, for professional leadership and advice on Pharmacy, pharmaceutical services and medicines optimisation. He/she will provide specialist expertise for pharmaceutical services and medicines optimisation, including Controls Assurance Standards, and other Department of Health (DoH) performance management arrangements. He/she will ensure that all pharmaceutical processes within the Trust are in line with the requirements laid down by the DoH in the Medicines Optimisation Quality Framework (MOQF) and by the Regulation & Quality Improvement Authority (RQIA). He/she will be the point of liaison with agencies external to the Trust with regards to matters concerned with Pharmacy and medicines optimisation.

He / she will manage the procurement of medicines and associated pharmaceutical products to ensure pharmaceutical clinical effectiveness in line with accepted best practice standards. He / she will be responsible for research and development, quality improvement and clinical audit activity within the Pharmacy Department. He / she will perform the role of the Superintendent Pharmacist/Chief Pharmacist for the Trust.

He / she will act as the Trusts Accountable Officer for controlled drug management.

### Service Delivery

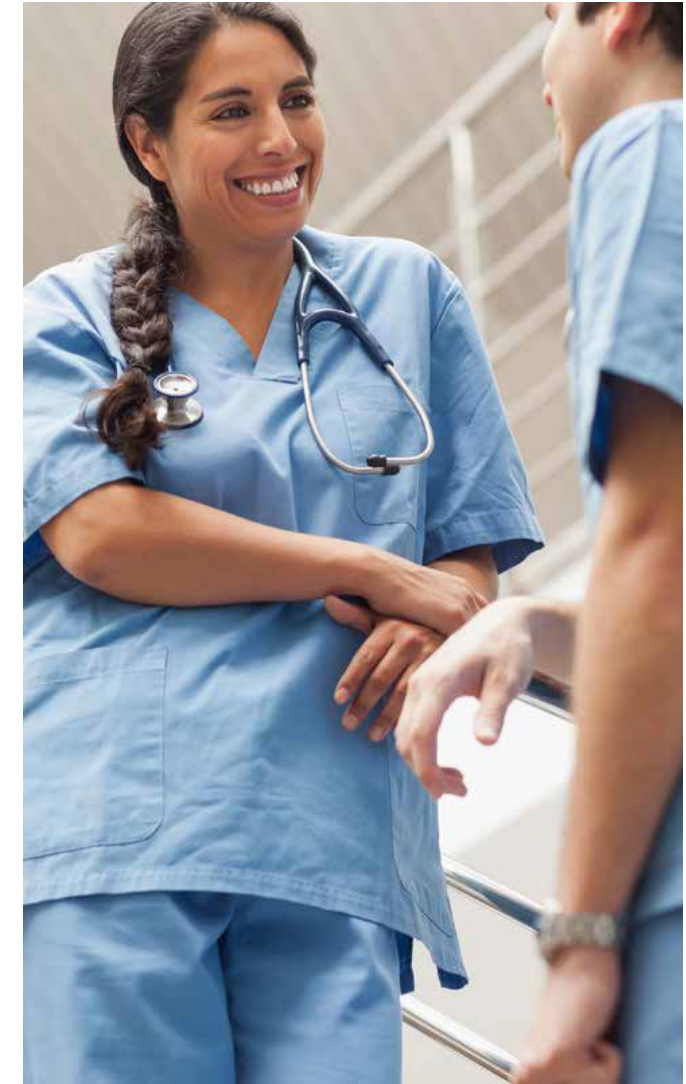




# JOB DESCRIPTION: KEY RESULT AREAS

**BE PROUD.  
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1. Provide professional pharmaceutical leadership of the Pharmacy service within the Trust and ensure that the service complies with the policies of the Trust and the DoH, and other relevant professional standards
2. Responsible for all medicines optimisation activities within the Trust, including associated Controls Assurance Standards and clinical governance of pharmaceutical services, and provide appropriate advice to the Trust Board
3. Interpret broad clinical professional policies and general guidance from within the DoH and the Health and Social Care Board (HSCB), and translate these into arrangements to support the development and delivery of Pharmacy, pharmaceutical services and medicines optimisation within the Trust
4. Develop the Pharmacy services, in conjunction with clinical staff, to promote the safe and cost-effective use of all pharmaceutical products within the Trust
5. Implement new developments in clinical practice, professional guidance and DoH policy, ensure compliance with clinical governance standards in medicines optimisation across the Trust
6. Lead the Pharmacy non-medical prescribing strategy and ensure that Patient Group Directions (PGDs) are developed and maintained
7. Contribute to the Trust leadership and processes around the governance of non-medical prescribing within the organisation
8. Act as the liaison person within the Trust for contact will all external agencies with regard to matters related to Pharmacy, pharmaceutical services and medicines optimisation issues, and to represent the Trust on appropriate external groups at both regional and national level
9. Ensure effective liaison with community professionals, particularly locality pharmacy groups, GP Federations, Integrated Care Partnerships (ICPs), Southern Area Prescribing and Medicines Management Committee in relation to pharmaceutical services and medicines optimisation
10. Take responsibility for the procurement, control of supply and distribution of all medical gases, ensuring that all legal and safety requirements are met
11. Ensure that clear, safe and legal protocols are in place for the prescribing, storage, dispensing and transport of pharmaceuticals
12. Ensure that all the legal and safety requirements applicable to radioactive pharmaceutical substances are complied with
13. Ensure that the management of controlled drugs complies with all legislative and best practice requirements, and be the Accountable Officer in this regard, representing the Trust on the Local Intelligence Network (LIN)
14. Lead the establishment, maintenance and ongoing development of a Trust Medicines Code



# JOB DESCRIPTION: KEY RESULT AREAS

**BE PROUD.  
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15. Contribute to all relevant Trust committees, including Drug and Therapeutics/Medicines Optimisation, Clinical Governance, Antimicrobial, Clinical Audit, ICT, Surgical and Wound Dressings procurement, research and development and others as deemed appropriate by the Director of Acute Services
16. Work closely with senior staff within and outside the Trust (including Primary Care) to realise the opportunities and benefits from joint working
17. Set and encourage the achievement of standards of excellence in managerial practice and lead the promotion of a management ethos in which high standards of performance and quality are the norm
18. Promote a culture which focuses on the provision of high quality safe, effective care, promotes continuous improvement, allows staff to maximise their potential and is underpinned by honest, open communication and team working across disciplines
19. Develop appropriate mechanisms / forums for accessing the views of, and engaging with staff, service users and their carers, and use this information to inform the development, planning and delivery of services
20. Liaise with service users, families and carers in respect of adverse incidents or sub- standard quality in pharmacy if required.

## Quality, Governance & Performance

1. Ensure that the needs of the patients and their carers are at the core of the way the Trust delivers pharmaceutical services
2. Ensure that practice and service development is underpinned by the most up to date evidence and research
3. Ensure high standards of governance for the Pharmacy function, ensuring that systems are in place to identify, assess and manage exposure to risk, including the establishment and maintenance of a risk register and action plan for Pharmacy, pharmaceutical services and medicines optimisation across the Trust
4. Develop and implement audit processes within the Pharmacy Department to ensure that all legal, professional and service requirements are met and that the highest standards of pharmaceutical care can be provided throughout the Trust
5. Lead on research & development and audit programmes for pharmacy and ensure Pharmacy staff participate in clinical audit, clinical trials and research and development.
6. Monitor all research activities within, and involving the Pharmacy Department, ensuring that all such activity complies with the Trust's research governance framework
7. Ensure the Trust's pharmaceutical services comply with all professional regulatory and other requisite standards and the discharge of statutory functions





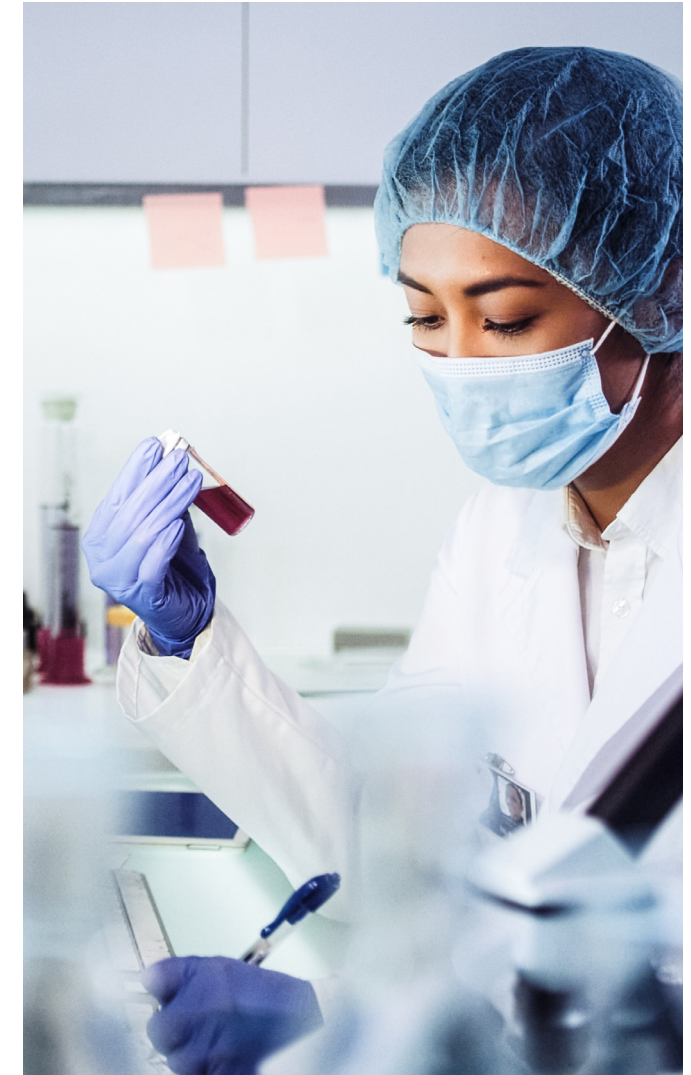
## JOB DESCRIPTION: KEY RESULT AREAS

**BE PROUD.  
BE PART OF IT.**

8. Ensure that robust performance management arrangements are developed and implemented within the remit of responsibility
  9. Work with the full range of staff groups, lead innovation and change to underpin modernisation, within the remit of responsibility
  10. Monitor and support the use of clinical guidelines and protocols for clinical and other staff
  11. Implement and monitor regional and national initiatives and directives, including those from bodies such as NICE
  12. Ensure that the pharmaceutical aspects of all clinical trials are in line with relevant legislation and best practice guidelines
  13. Ensure that the relevant Trust Director is made aware of any circumstances that would, or may, militate against safe standards of practice and ensure corrective action is taken
  14. Participate in quality initiatives such as Investors in People, HSCQI projects and standards
  15. Ensure full participation in the Trust Quality Improvement Programme
2. Work closely with the Trust Senior Management Team/Directors to secure the commitment and involvement of commissioners and relevant internal and external stakeholders in the implementation of strategic planning initiatives and targets
  3. Develop Pharmacy related service plans within Trust Directorates and Divisions, so that they can be incorporated into overall business plans and the necessary resources identified for the Division/ Directorate
  4. Ensure the development of a Pharmacy Departmental Delivery Plan in line with the Trust's overarching plan to meet DoH and HSCB requirements
  5. Develop medicines optimisation across the primary / secondary care interface to optimise the contribution that medicines make to producing informed and desired outcomes of patient care
  6. Ensure the application of modern technologies (eg IT, Robotics), to support a more effective pharmaceutical service
  7. Ensure that all relevant aspects of the ongoing Medicines Optimisation Resource Efficiency Programme (MORE) are actioned
  8. Ensure robust effective links with the regional Medicines Optimisation Innovation Centre (MOIC)

### Strategic Planning & Development

1. Lead the development of the strategic plan for the delivery of Pharmacy, pharmaceutical services and medicines optimisation on behalf of the Trust Senior Management Team in line with regional strategies, DoH and HSCB priorities





# JOB DESCRIPTION: KEY RESULT AREAS

**BE PROUD.  
BE PART OF IT.**

## Financial & Resource Management

1. Implement arrangements to ensure strong financial management of all budgets within the remit of responsibility, ensuring financial viability is maintained, best value achieved and all financial targets are met
2. Manage drug expenditure and provide pharmaceutical advice to enable informed decisions to be taken on appropriate and effective drug therapy within the allocated resource
3. Advise and negotiate with commissioning bodies on contracts for specialised high cost drugs, taking into account guidance from regional and national bodies such as National Institute for Health & Care Excellence (NICE)
4. Ensure the economical purchasing, appropriate storage and distribution of pharmaceuticals in accordance with good medicines optimisation practice and value for money
5. Ensure that medicines procurement is managed and controlled to ensure pharmaceutical clinical effectiveness, financial probity and appropriate cost control
6. Promote cost reduction initiatives in close co-ordination with senior staff to ensure full value for money, whilst ensuring the quality of care provided
7. Work closely with Directorate Management Teams to identify cost pressures within Divisions and advise on ways of dealing with such pressures

8. Manage, develop and implement Service Level Agreements, Policies and Contracts that relate to the Pharmacy service
9. Work to ensure that all DoH efficiency targets relating to pharmaceutical products are achieved
10. Represent the Trust at all regional pharmaceutical contract meetings
11. Assist with the identification of cash releasing schemes and meet financial savings as outlined by the Trust Senior Management Team

## Leadership & People Management

1. Provide clear and strategic leadership to all staff and ensure the Pharmacy and medicines optimisation function has a highly skilled, flexible and motivated workforce to provide high quality pharmaceutical and medicines optimisation services
2. Develop and lead a Senior Pharmacy Management Team and ensure that they are supported in developing and delivering their specific objectives
3. Contribute to good industrial relations within the Trust by ensuring effective communication and working relationships with all staff for whom he / she is responsible, as well as relevant trade unions / staff organisations
4. Lead the development and implementation of workforce modernisation initiatives within the overall Pharmacy service



## JOB DESCRIPTION: KEY RESULT AREAS

**BE PROUD.  
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5. Ensure that management structures and practices support a culture of effective team working, continuous improvement and innovation
6. Ensure full engagement of all professional staff working in the Pharmacy, pharmaceutical services and medicines optimisation functions
7. Continually review staffing levels and skill mix within the Pharmacy Department, ensuring that these are appropriate for service needs and professional standards
8. Ensure that Pharmacy staff have adequate supervision and manage any poor performance within the Trust's Policies and Procedures
9. Ensure that all Pharmacy staff (where relevant) are registered with the appropriate professional bodies and that they comply with any mandatory CPD requirements imposed by these bodies
10. Develop links with academic Departments to develop undergraduate and postgraduate Pharmacy education
11. Ensure that there is appropriate Pharmacy staff involvement in the education and training of other Trust staff in relation to all aspects of pharmaceutical product use

### Information Management

1. Ensure maintenance of all records required for legal, financial, clinical, benchmarking and other

purposes for the designated area, using available hospital / pharmacy software programmes.

2. Responsible for the collation of Pharmacy performance indicators, dissemination of information and directing appropriate action to be taken.
3. Provide highly complex medicines and pharmaceutical information to medical, nursing staff, managers and patients within the Trust and external organisations as appropriate.
4. Produce and submit reports to relevant groups and committees utilising spreadsheets, word processing and databases.

### Research and Development

1. Ensure that appropriate research, audit and benchmarking of Trust pharmacy services takes place against regional and national standards and legislative framework and use this data to address deficiencies.
2. Responsible for auditing the Trust's medicines optimisation and pharmaceutical clinical technology policies, ensuring compliance with local, regional and national standards, Health and Social Care Board (HSCB), DH Directives and statutory and regulatory requirements.
3. Responsible for drawing up the Pharmacy long-term strategy plans for service provision, service development, marketing, audit, research and development in conjunction with the Assistant



# JOB DESCRIPTION: KEY RESULT AREAS

**BE PROUD.  
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## Human Resource Management Responsibilities

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

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

## Raising Concerns: Responsibilities

1. The post holder will promote and support effective team working, fostering a culture of openness and transparency.
2. The post holder will ensure that they take all concerns raised with them seriously and act in accordance with the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and their professional code of conduct, where applicable.

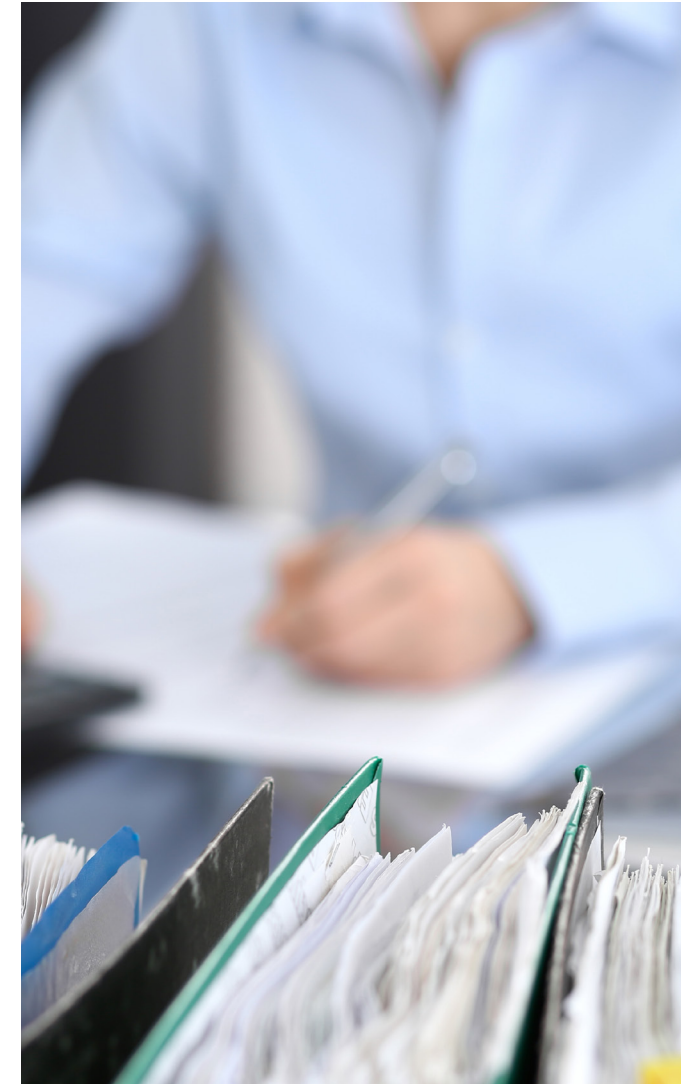
3. The post holder will, in the event of a concern being raised with them, ensure that it is managed correctly under the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and ensure feedback/learning is communicated at individual, team and organisational level.

## Emergency Planning & Business Continuity

1. To work proactively with the Trust's Emergency planner and other internal and external stakeholders to develop appropriate emergency response and business continuity plans to ensure the pharmacy service can maintain a state of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption.

## Personal & Public Involvement Responsibilities (PPI)

1. Lead on and be responsible for the co-ordination of the Trust's PPI Strategy within the Division or other sphere of responsibility. This will include supporting active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.





# JOB DESCRIPTION: KEY RESULT AREAS

**BE PROUD.  
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## General Requirements

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also

including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the SHSCT policy and procedures on records management and to seek advice if in doubt.

7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

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

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



# PERSONNEL SPECIFICATION

**BE PROUD.  
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**Job Title:** Head of Pharmacy & Medicines Management Band 9

## ESSENTIAL CRITERIA

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

Factor	Criteria	Method of Assessment
Experience / Qualifications/ Registration	<ul style="list-style-type: none"> <li>Minimum of 5 years' proven hospital management experience at Chief Pharmacist / Deputy Chief Pharmacist level or a leadership role at band 8B or above</li> <li>MPharm Degree or equivalent</li> <li>Member of the Pharmaceutical Society of Northern Ireland or eligible to register</li> <li>Post-graduate qualification in an area relevant to the practice of Pharmacy to at least Masters level</li> </ul>	Shortlisting by Application Form
Other	<ul style="list-style-type: none"> <li>Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</li> <li>In addition to the working week you may be required to participate in extended working hours if required, there may be a requirement to work Saturdays / Sundays and public holidays as per rota if applicable</li> </ul>	Shortlisting by Application Form

**SECTION 2:** The following are **ESSENTIAL** criteria which will be measured during the interview/ selection stage:

Skills/Abilities	<ul style="list-style-type: none"> <li>Excellent written and oral communication skills</li> <li>High level of analytical ability</li> <li>Drive and ability to initiate and implement change</li> <li>Ability to establish and maintain professional credibility with staff</li> <li>Ability to coach and motivate staff</li> <li>Ability to develop team working</li> </ul>	Interview
Knowledge	<ul style="list-style-type: none"> <li>Knowledge of current trends in HSC</li> <li>Knowledge of the pharmaceutical service</li> <li>Knowledge of business planning</li> <li>Knowledge of current trends in information technology and data analysis</li> </ul>	

# PERSONNEL SPECIFICATION

**BE PROUD.  
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**Job Title:** Head of Pharmacy & Medicines Management Band 9

Notes to applicants:

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

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

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

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

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER



# TERMS & CONDITIONS OF SERVICE

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## Hours: Full-Time

The set hours of work are 37.5 hours per week however the number and pattern of hours will reflect the demands of the post.

## Remuneration: Level 4 range

£91,004 - £104,927

## Annual Leave and Statutory / Public holidays

The Trust offers excellent provision for annual leave and Public / Statutory Holidays. In addition to 10 statutory/public holidays, the annual leave allowance will be between 27 and 33 days.

## HSC Pension Scheme

One of the leading pension schemes available, Trust staff are automatically enrolled in the Health & Social Care Pension Scheme upon taking up employment within the HSCNI.

Further information may be obtained from the HSC Pension Service Website at:  
[www.hscpensions.hscni.net](http://www.hscpensions.hscni.net).

Pensionable Pay from (£)	Pensionable Pay to (%)	Employee Contribution Tier %
-	15,431.99	5%
15,432	21,477.99	5.6%
21,478	26,823.99	7.1%
26,824	47,845.99	9.3%
47,846	70,630.99	12.5%
70,631	111,376.99	13.5%
111,377	and above	14.5%

## Human Resources Policies

The Trust offers a wide range of Human Resource Policies to underpin the value that is placed on its staff such as:

- A range of Work Life Balance / Flexible Working Policies;
- Special Leave;
- Cycle to Work Scheme;
- Access to savings on Social and Leisure Activities;

The HSC Code of Conduct is available on request.

## Committed to Equality of Opportunity

The Trust recognises and values the diversity of its workforce and the population it serves. The Trust is committed to a working environment free from intimidation of any kind. Through a systematic and objective recruitment & selection process the Trust is committed to ensuring that appointment decisions are taken solely on the basis of merit.



# COMPLETING YOUR APPLICATION FORM

**BE PROUD.  
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The application form is designed to ensure that applicants provide the necessary information to determine how they meet the essential criteria. We strongly encourage all applicants to complete their application online at [jobs.hscni.net](https://jobs.hscni.net). For those who wish to complete an offline application, please note that in order to ensure Equality of Opportunity for all applicants:

- The space available on the application form is the same for all applicants and must not be altered;
- We will not accept CVs, letters, additional pages or any other supplementary material in place of, or in addition to completed application forms;
- Applicants must complete the application form in either typescript font size 12, or legible block capitals using black ink;
- Applicants must not reformat electronic application forms;
- Information in support of your application will not be accepted after the closing date and time for receipt of applications;
- Applications will not be examined by the selection panel until after the closing deadline;

## Completing the Criminal Convictions / Offences Section

The application form requires you to confirm your understanding that the Trust's positions fall under the Rehabilitation of Offenders Exceptions (NI) Order 1979 as amended.

Within the Health Service, criminal convictions are never regarded as spent and therefore if you are offered a post with the Trust you must tell us about all previous or pending convictions or offences (including motoring convictions), even if they happened a long time ago (other than protected convictions).

The Trust is committed to the equality of opportunity for all applicants, including those with criminal convictions. We will undertake to ensure an open, measured and recorded discussion on the subject of any offences or other matters that might be considered relevant for the position concerned e.g. the individual is applying for a driving job but has a conviction history of driving offences.

This will be conducted following the selection process if this applies to the successful candidate. Whilst the disclosure of information will not automatically prevent an individual from obtaining employment, it is essential that all convictions (other than protected convictions) are disclosed to allow the Trust to adequately consider their relevance to the post in question. The Trust considers failure by applicants to declare complete and accurate information about convictions to be a serious breach of trust.

## Access NI Disclosure

The Trust operates in line with the Access NI Code of Practice. Further details can be obtained from: [www.accessni.gov.uk](https://www.accessni.gov.uk)

It should be noted that some posts will fall within the definition of 'Regulated Activity'. Further information on Regulated Activity can be obtained on request. Any post falling within the definition of Regulated Activity will be subject to an Access NI Enhanced Disclosure check with Barred list check.

## Completing the Medical History Section

The application form requires you to confirm your understanding that you must be in a fit state of health to render regular and reliable service in the post you are applying for. If successful, you will be asked to tell us about any periods of sickness you have had in the last 3 years, whether you have been in employment or not. Your sickness absence record will be verified through the reference checking process; therefore it is important that you give full and accurate information when requested.

## Meeting the Criteria set out in the Personal Specification

- Always refer to the Job Description and Personnel Specification when completing your application form.
- Clearly demonstrate on your application form how you meet the essential shortlisting criteria as detailed in the Personnel Specification. Failure to do so will result in you not being shortlisted for interview. Please remember that selection panels cannot make assumptions on whether or not you meet the essential shortlisting criteria.



# COMPLETING YOUR APPLICATION FORM

**BE PROUD.  
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## Completing the Reference Section

We will want to seek references which cover the previous 3 years to the date of application in relation to your employment / training / education.

## Completing your Current/ Previous Employment Details

- Ensure that full details are provided.
- Be specific about all the dates that you provide, in the format DD.MM.YYYY.
- Explain any gaps between periods of employment and include reasons for leaving each post.
- Provide a list of key duties that you have been responsible for in current post / previous posts.

## Disability Requirements

We ask on the application form if you require any reasonable adjustments, due to disability, to enable you to attend the interview or undertake the duties of the post. Details of any disability are only used for this purpose and do not form any part of the selection process.

If you require any reasonable adjustments to be made during the Recruitment Process please contact Edel Quinn, Head of Resourcing by email, who will be happy to discuss your requirements:

**E:** Personal information redacted by USI  
**T:** Personal information redacted by USI

## Completing the Personal Declaration

It is important to remember that when signing the personal declaration section or submitting your form via email you are stating that the information is true, complete and accurate, and confirming your understanding that giving wrong information or leaving information out could lead to the withdrawal of an offer of employment, or dismissal if you take up a post.

## Data Protection

The information you provide the Trust will be processed in accordance with the Data Protection Act 2018.

## Completing the Equal Opportunity Monitoring Form

Please note that this information is regarded as part of your application and you are strongly encouraged to complete this section. This information is treated in the strictest confidence and is for monitoring/statistical purposes only. Selection panels do not have any access to this information at any stage of the recruitment process.

## Advising us if you are not available to attend for Assessment / Interview

If you have any planned holidays, it is useful to tell us about this by detailing it on your application form. However please note that the selection panel are under no obligation to take these into account when arranging assessment / interview dates.

## Submitting your Completed Form

Forms must be received by the stated closing date and time, as late applications will not be accepted. Please remember that the Trust's standard Application Form is the only acceptable method of application to the Trust.

**The closing date for receipt of completed applications is Monday 6th December at 4pm.**

Applications can be submitted via [jobs.hscni.net](https://jobs.hscni.net) or in hard copy format to:

Miss Lynn Magee  
HR Resourcing Team  
Hill Building, St Luke's Hospital site  
Loughgall Road, Armagh, BT61 7NQ

## Assessment / Interview Arrangements

For shortlisted applicants it is currently anticipated that interview/assessment will take place week commencing **13th December 2021**. These are provisional dates which may be subject to change.

**Please note the Trust will not accept any late, incomplete or reformatted application forms received after the closing date and time.** Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to the address above by the stated closing date and time. Existing Health & Social Care staff should not rely on the internal postal system.

# SELECTION PROCESS

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A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and skills are relevant to this post and the extent to which they satisfy each criterion specified. This includes demonstrating how they meet the definitions of 'major complex organisation', 'senior management' and 'significant' as defined within the Personnel Specification. Please note this should be detailed under each appropriate criterion heading on your application form. Only those applicants who clearly demonstrate on their application form how they meet the essential criteria, and if applied, the desirable criteria, will be shortlisted. Failure to demonstrate clearly how you meet each element of the essential criteria will result in you not being shortlisted for the further stages in the assessment process.

Candidates who are shortlisted following a review of their application form will then be invited to the further stages in the assessment process. The Trust reserves the right to incorporate additional shortlisting stages dependent on the number of applications received.

Throughout the assessment process applicants will need to demonstrate that they have the required competencies to be effective in this demanding leadership role. It is therefore intended that applicants who meet the essential criteria will be assessed against the criteria stated in this specification, linked to the Dimensions set out in the NHS Healthcare Leadership Model.

In accordance with best practice all appointments within the Trust are made under the 'merit principle' where the best person for any given post is selected in fair and open competition.

Candidates may be contacted by telephone following each stage of the assessment process to confirm onward arrangements. This method, if used, is to ensure those being invited to the next stage have as much time available for preparation as possible. Candidates are therefore asked to ensure that mobile telephone numbers are provided where possible and that in any event the contact telephone numbers stated provide for ease of contact. All such communication will be followed up in writing.

Please note that the Trust is under no obligation to take account of your planned holiday arrangements.

**WIT-87766**

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**[www.southerntrust.hscni.net](http://www.southerntrust.hscni.net)**

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



Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Director of Pharmacy and Med Management

Staff Number: Personal Information redacted by the USI

Is Professional Registration up to date? Yes

KEY ISSUES & OUTCOMES	COMMENTS
<p><b>Have you read and understood your Post Outline?</b> Post Outlines can be accessed via Trust Intranet (KSF link)</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Have Post Outline levels been achieved:</b></p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, record below what action to be taken:</p>	<p><b>Staff members comments on his/her performance over past year:</b></p> <ul style="list-style-type: none"> <li>- Plans for aseptic unit well progressed</li> <li>- Financial target achieved</li> <li>- New working time agreements for weekends and BH in CAH and DHH.</li> <li>- Governance team working well but still behind due to staffing issues.</li> </ul> <p><b>Line Manager's Feedback on staff members performance over past year:</b></p> <p><i>Tracey is a completer/finisher who can be trusted emphatically to do any job she signs up to. She is very capable and more than able to manage both the pharmacy and governance teams. An asset to any team or directorate.</i></p>
<p><b>Objectives for Next Year:</b></p> <ul style="list-style-type: none"> <li>- Work towards 17/18 financial target</li> <li>- Progress the discharge prescription writing work</li> <li>- Get the governance SAI backlog cleared</li> <li>- Implement the Medicines Optimisation for Older People programme</li> <li>- Implement the community mental health clinical pharmacist</li> <li>- Commence build of the aseptic suite (June 17)</li> </ul>	

Reviewee Staff Name (Print) Tracey Boyce, Signature Personal Information redacted by the USI

Date 21/4/17

Reviewer Manager/Supervisor (Print) Esther GSW, Signature Personal Information redacted by the USI

Date 10.5.17

**Part B**

**ANNUAL PERSONAL DEVELOPMENT PLAN**

Tracey Boyce

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

Staff Number:

Personal Information  
redacted by the USI

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction	Mar 2006	
	Departmental Induction/Orientation	Jan 2006	
	Fire Safety	23/08/16	
	Record Keeping/Data Protection	10/12/15	
	Moving and Handling	27/06/14	
Corporate Mandatory Training ROLE SPECIFIC	Infection Prevention Control	09/12/15	
	Safeguarding People, Children & Vulnerable Adults	09/12/15	
	Waste Management	21/10/11	
	Right Patient, Right Blood (Theory/Competency)	n/a	
	Control of Substances Hazardous to Health (COSHH)	21/10/11	
	Food Safety	n/a	
	Basic ICT	n/a	
Essential for Post	MAPA (level 3 or 4)	n/a	
	Professional Registration	1 <sup>st</sup> June 2016	Renewal 1 <sup>st</sup> June 2017
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)	Responsible Person in GDP	21 <sup>st</sup> & 22 <sup>nd</sup> March 17	

Reviewee Staff Name (Print)

Tracey Boyce

Signature

Date

21/4/17

Reviewer Manager/Supervisor (Print)

Esther Gislwyn

Signature

Date

28-4-17

PLEASE SEND COMPLETED **PART B** TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ

OR EMAIL TO:

**Part A**

**KSF PERSONAL DEVELOPMENT REVIEW FORM**

Post Title, Pay Band: Director of Pharmacy

Staff Number:

Personal Information redacted by  
the USI

Is Professional Registration up to date? YES

KEY ISSUES & OUTCOMES	COMMENTS
<p>Have you read and understood your Post Outline? <b>Post Outlines can be accessed via Trust Intranet (KSF link)</b></p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Have Post Outline levels been achieved:</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, record below what action to be taken:</p>	<p>Staff members comments on his/her performance over past year:</p> <ul style="list-style-type: none"> <li>• Completion, validation and opening of the new aseptic unit</li> <li>• Staff engagement process</li> <li>• Regional financial savings contribution for MORE programme – targets met</li> </ul> <p>Line Manager's Feedback on staff members performance over past year:</p> <p>I have not had the pleasure of line managing Tracey until recently. Over the past 12 weeks she has shown high level, self-initiating management of Pharmacy and is an active AD working across the operational brief in Acute. Excellent in all domains.</p>
<p>Objectives for Next Year:</p> <ul style="list-style-type: none"> <li>• Pick up and lead the RPCEG workplan regionally</li> <li>• Attend Regional Procurement Board and represent NI at National Pharmacy Procurement Committee</li> <li>• Re-structure the Pharmacy workforce, including skill mix review</li> <li>• Pilot ED Pharmacy idea</li> <li>• Get DHH discharge prescribing team up and running</li> </ul>	

Reviewee Staff Name (Print) Tracey Boyce

Signature

Date 02/09/2019

Reviewer Manager/Supervisor (Print) Melanie McClements

Signature

Date 02/09/2019



Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Director of Pharmacy and Med Management

Staff Number: [REDACTED]

Personal Information redacted by the USI

Is Professional Registration up to date? Yes

KEY ISSUES & OUTCOMES	COMMENTS
<p><b>Have you read and understood your Post Outline?</b> Post Outlines can be accessed via Trust Intranet (KSF link)</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Have Post Outline levels been achieved:</b></p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, record below what action to be taken:</p>	<p><b>Staff members comments on his/her performance over past year:</b></p> <ul style="list-style-type: none"> <li>- Plans for aseptic unit well progressed</li> <li>- Financial target achieved</li> <li>- New working time agreements for weekends and BH in CAH and DHH.</li> <li>- Governance team working well but still behind due to staffing issues.</li> </ul> <p><b>Line Manager's Feedback on staff members performance over past year:</b> Tracey is a completer/finisher who can be trusted emphatically to do any job she signs up to. She is very capable and more than able to manage both the pharmacy and governance teams. An asset to any team or directorate.</p>
<p><b>Objectives for Next Year:</b></p> <ul style="list-style-type: none"> <li>- Work towards 17/18 financial target</li> <li>- Progress the discharge prescription writing work</li> <li>- Get the governance SAI backlog cleared</li> <li>- Implement the Medicines Optimisation for Older People programme</li> <li>- Implement the community mental health clinical pharmacist</li> <li>- Commence build of the aseptic suite (June 17)</li> </ul>	

Reviewee Staff Name (Print) Tracey Boyce, Signature [REDACTED]

Date 21/4/17

Reviewer Manager/Supervisor (Print) Esther Gswode, Signature [REDACTED]

Date 10.5.17

**Part B**

**ANNUAL PERSONAL DEVELOPMENT PLAN**

Tracey Boyce

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

Staff Number:

Personal Information  
redacted by the USI

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction	Mar 2006	
	Departmental Induction/Orientation	Jan 2006	
	Fire Safety	23/08/16	
	Record Keeping/Data Protection	10/12/15	
	Moving and Handling	27/06/14	
Corporate Mandatory Training ROLE SPECIFIC	Infection Prevention Control	09/12/15	
	Safeguarding People, Children & Vulnerable Adults	09/12/15	
	Waste Management	21/10/11	
	Right Patient, Right Blood (Theory/Competency)	n/a	
	Control of Substances Hazardous to Health (COSHH)	21/10/11	
	Food Safety	n/a	
	Basic ICT	n/a	
Essential for Post	MAPA (level 3 or 4)	n/a	
	Professional Registration	1 <sup>st</sup> June 2016	Renewal 1 <sup>st</sup> June 2017
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)	Responsible Person in GDP	21 <sup>st</sup> & 22 <sup>nd</sup> March 17	

Reviewee Staff Name (Print) Tracey Boyce Signature

Date 21/4/17

Reviewer Manager/Supervisor (Print) Esther Gislwyn Signature

Date 28-4-17

PLEASE SEND COMPLETED **PART B** TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ

OR EMAIL TO:



**Part B**

**ANNUAL PERSONAL DEVELOPMENT PLAN**

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

Staff Number: \_\_\_\_\_

Personal Information  
redacted by the USI

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training <b>ALL STAFF</b>	Corporate Induction	March 2006	
	Departmental Induction/Orientation	January 2006	
	Fire Safety	20/08/2018	DNO booked for October 19
	Information Governance Awareness	15/07/2017	
	Equality & Human Rights		
	Moving and Handling	15/07/2017	
	Infection Prevention Control	10/07/2017	
	Equality, Good Relations and Human Rights – Making A Difference		
Corporate Mandatory Training <b>ROLE SPECIFIC</b>	Safeguarding People, Children & Vulnerable Adults	15/07/2017	
	Waste Management	21/10/11	
	Right Patient, Right Blood (Theory/Competency)	N/A	
	Control of Substances Hazardous to Health (COSHH)	01/08/2014	
	Food Safety	N/A	
	IT Security	07/07/2014	
	MAPA (level 3 or 4)	13/06/2015	Personal Safety Leaflet
	Professional Registration	01/06/2020	
Essential for Post	Recruitment and Selection	15/07/2017	
	Records Management	09/07/2014	
	Data Protection	30/06/2014	
Best practice/ Development (Coaching/Mentoring) <b>(Relevant to current job role)</b>			

**Reviewee Staff Name (Print)** Tracey Boyce

**Signature**

**WIT-87773**

Date 02/09/2019

**Reviewer Manager/Supervisor (Print)** Melanie McClements

**Signature**

Date 02/09/2019

**PLEASE SEND COMPLETED PART B TO: KSE DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ OR EMAIL TO: -**

Irrelevant redacted by the USI

**Part A**

**KSF PERSONAL DEVELOPMENT REVIEW FORM**

Post Title, Pay Band: Director of Pharmacy

Staff Number:

Personal Information  
redacted by the USI

Is Professional Registration up to date? YES

KEY ISSUES & OUTCOMES	COMMENTS
<p>Have you read and understood your Post Outline? <b>Post Outlines can be accessed via Trust Intranet (KSF link)</b></p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Have Post Outline levels been achieved:</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, record below what action to be taken:</p>	<p>Staff members comments on his/her performance over past year:</p> <ul style="list-style-type: none"> <li>Regional financial savings contribution for MORE programme – targets just missed due to altered biologics treatment during pandemic response.</li> <li>Prescribing pharmacist team active in DHH</li> <li>Opening and ongoing support of various vaccine clinics including SLLC.</li> <li>Team response with Estates to manage the oxygen supply risk to the Trust.</li> </ul> <p>Line Manager's Feedback on staff members performance over past year:</p> <p>Tracey is an autonomous Director of Pharmacy who works both locally and regionally on her own initiative and collaboratively. She has delivered against all agreed work plans to a very high level.</p> <p>She has been extremely innovative in developing, embedding and supporting new ways of working. In addition she has led on the Covid-19 mass vaccination programme from a Pharmacy perspective, working across all teams and Directorates.</p> <p>She has delivered against very challenging financial targets and was also a key player in the complex oxygen risk management and installation of the new works. Her expertise enabled patient safety to be central and concerns to be fully addressed.</p> <p>She is a very valued member of Acute SMT and contributes personally to the Governance sub-committee of Trust Board. Her input to the AD team is very positive, supportive and balanced. I really value her as a colleague and team player, on both a personal and professional level and have massively benefitted from her wisdom and expertise. I look forward to 21/22.</p>

**Objectives for Next Year:**

- **Lead the RPCEG work plan regionally in relation to the EU Exit risks to medicines supply/regional contracts**
- **MORE programme savings target of £8mill between the 5 Trusts**
- **Re-structure the Pharmacy workforce, including skill mix review – increased use of band 3 pharmacy assistants in dispensing processes**
- **Pilot ED Pharmacy idea – prescribing pharmacists**

**Reviewee Staff Name (Print)** Tracey Boyce

**Signature**

Personal Information redacted by the UST

**Date** 04/05/2021

**Reviewer Manager/Supervisor (Print)** Melanie McClements

**Signature**

**Date** 04/05/2021

**Part B**

**ANNUAL PERSONAL DEVELOPMENT PLAN**

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

Staff Number: Personal Information redacted by the USI

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training <b>ALL STAFF</b>	Corporate Induction	March 2006	-
	Departmental Induction/Orientation	January 2006	-
	Fire Safety	28/01/2020	DNO booked 8/06/21
	Information Governance Awareness	10/09/2020	(Exp:10/09/23)
	Moving and Handling	18/09/2020	(Exp:18/09/23)
	Infection Prevention Control	30/09/2020	(Exp:30/09/22)
	Equality, Good Relations and Human Rights – Making A Difference	11/05/2021	(Exp:11/05/23)
Corporate Mandatory Training <b>ROLE SPECIFIC</b>	Safeguarding People, Children & Vulnerable Adults	30/09/20	(Exp:30/09/23)
	Waste Management	21/10/11??	Course booked
	Right Patient, Right Blood (Theory/Competency)	N/A	
	Control of Substances Hazardous to Health (COSHH)	01/08/2014	Course Booked
	Food Safety	N/A	
	IT Security/Cyber security	-	Course booked
	MAPA (level 3 or 4)	13/06/2015	Personal Safety Leaflet
Essential for Post	Professional Registration	01/06/2020	(Exp:31/05/21)
	Recruitment and Selection	30/5/2018	Course booked
	Fraud Awareness	19/08/19	(Exp: 18/8/22)
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)			

Reviewee Staff Name (Print) Tracey Boyce

Signature

Personal Information redacted by the USI

Date 04/05/2021

Reviewer Manager/Supervisor (Print) Melanie McClements

Signature

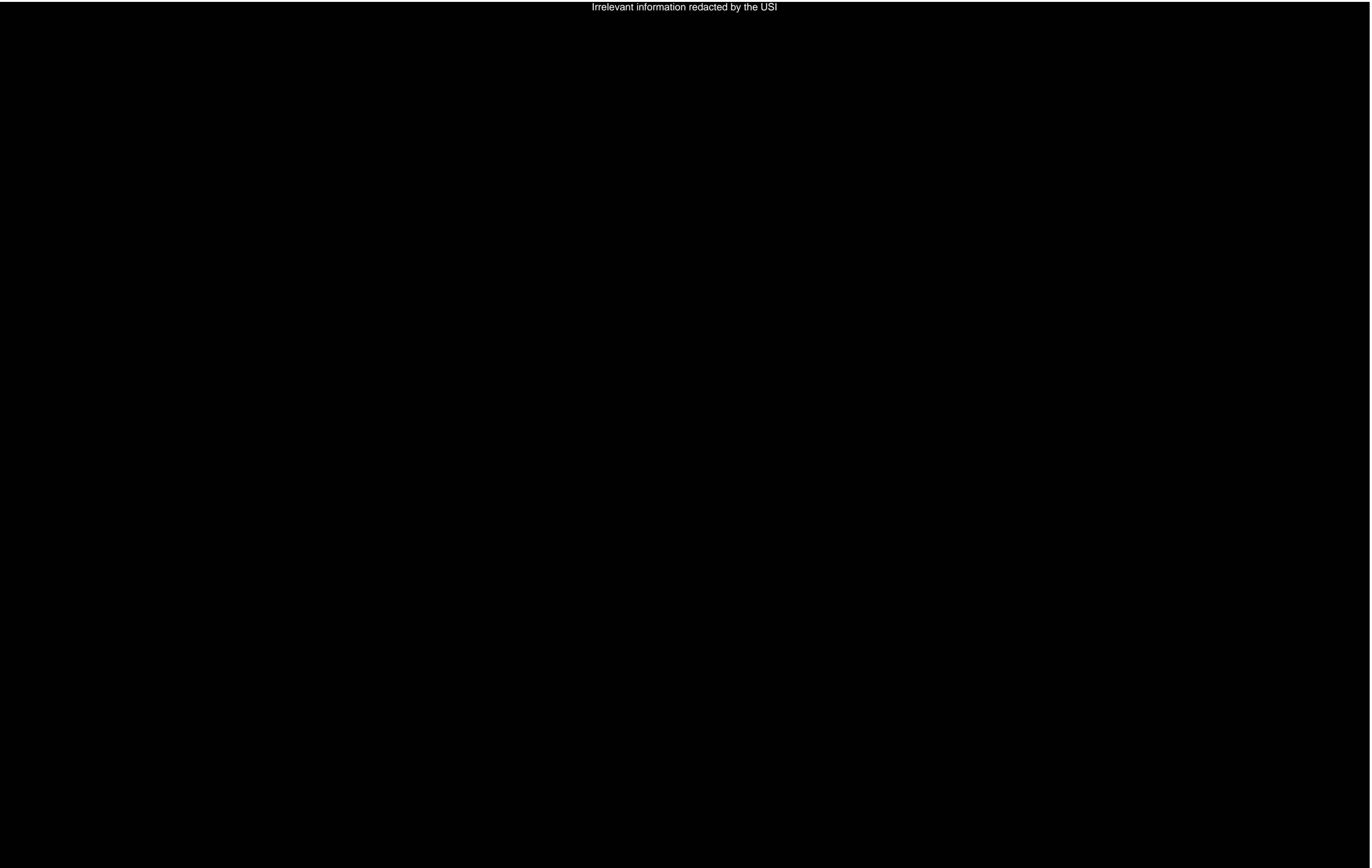
Personal Information redacted by the USI

Date 04/05/2021

**PLEASE SEND COMPLETED PART B TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ OR EMAIL TO: -**

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Irrelevant information redacted by the USI

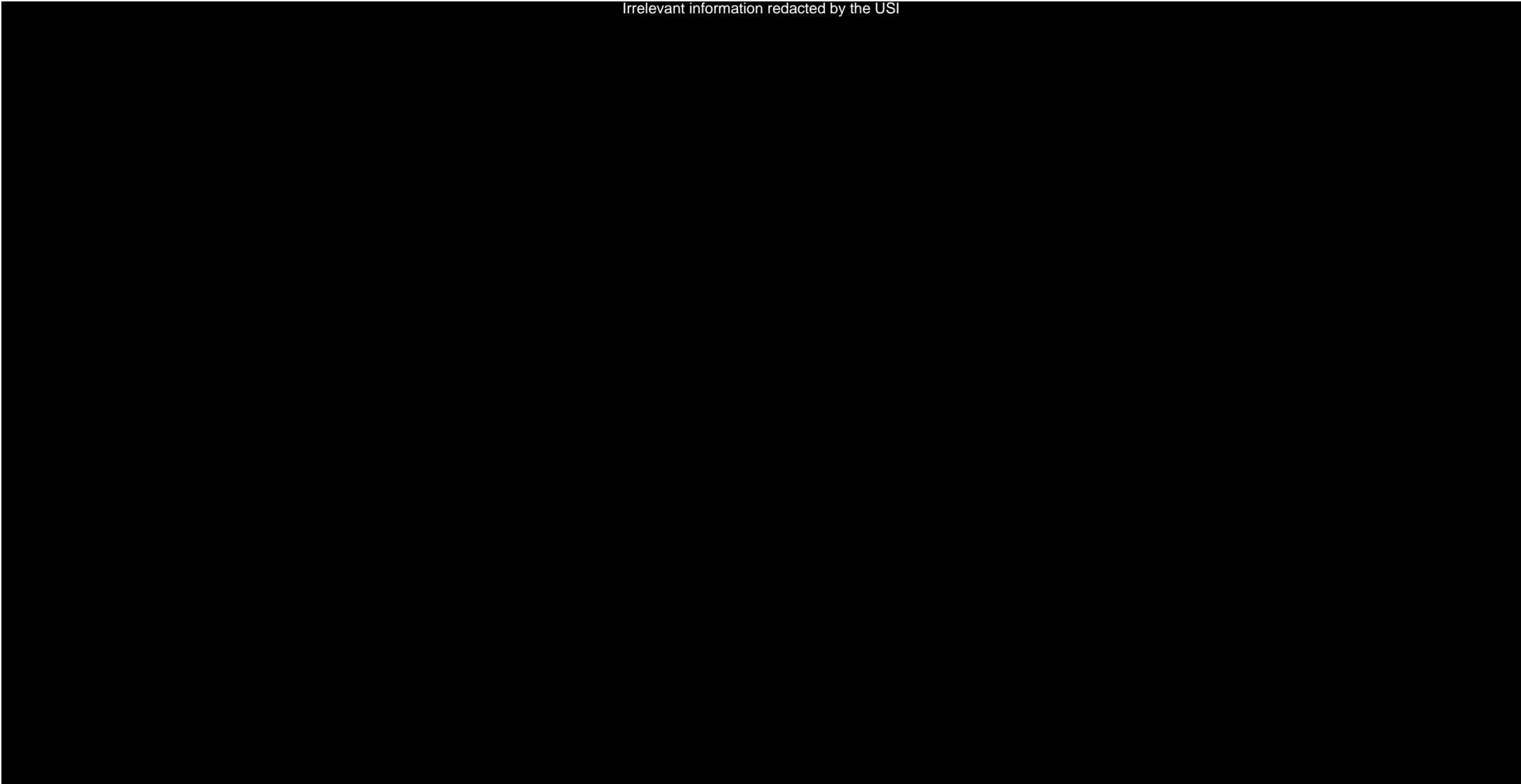




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Check	-	3,524,564	-	4,024,886	-	4,353,675
		-		-		27,000
	-	3,524,564	-	4,024,886	-	4,503,213

Irrelevant information redacted by the USI




**MORE Monitoring as at 31st December 2021**

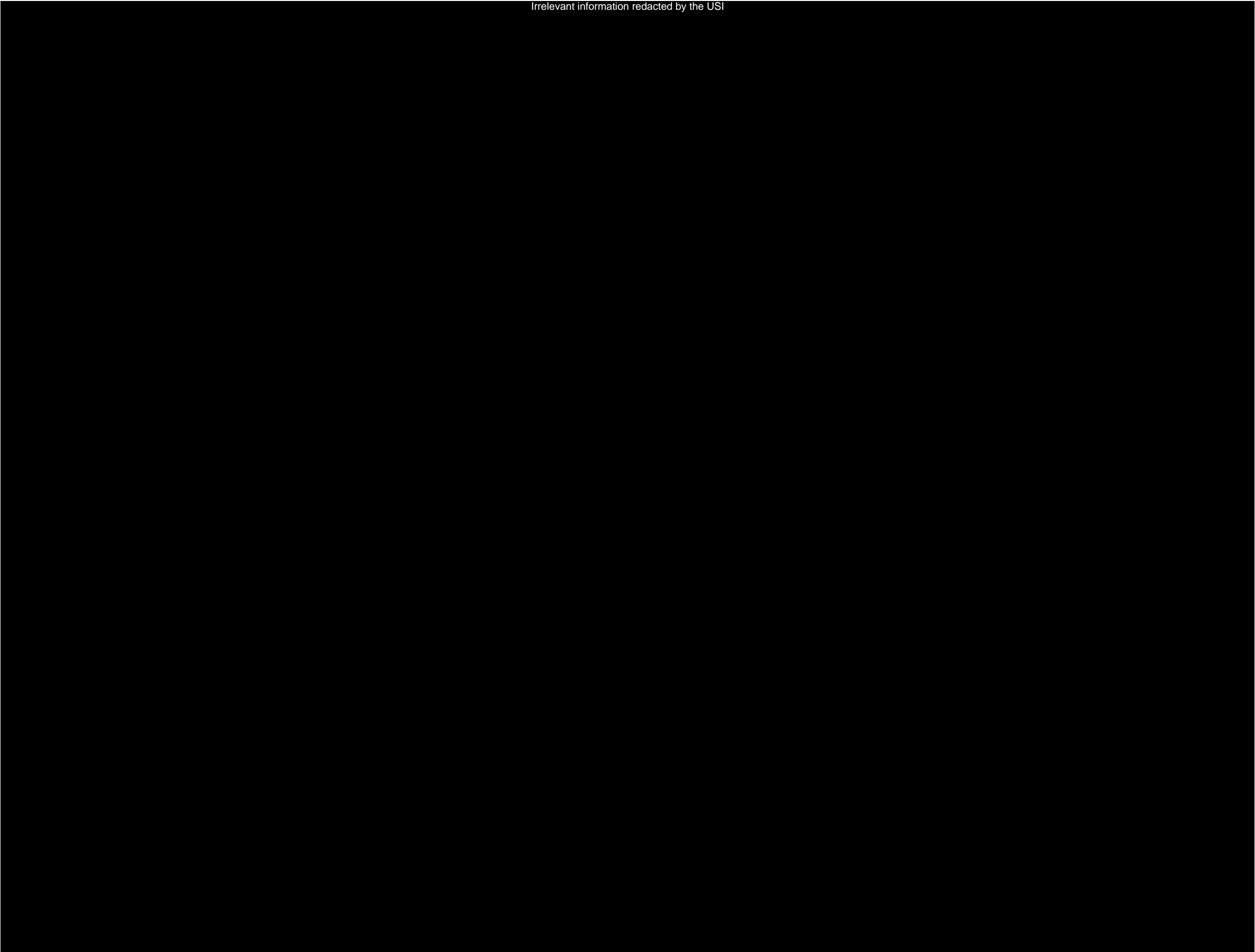
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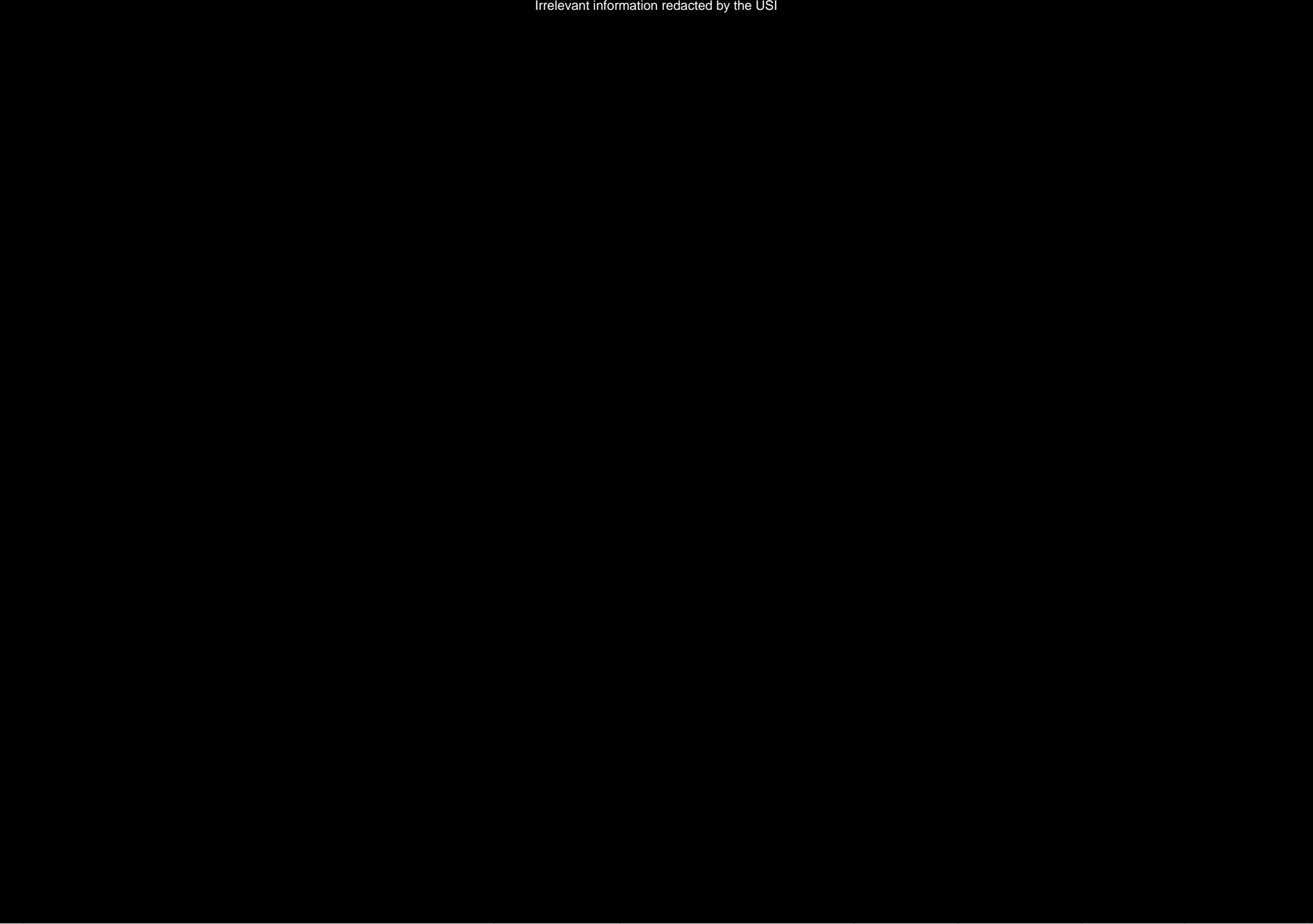
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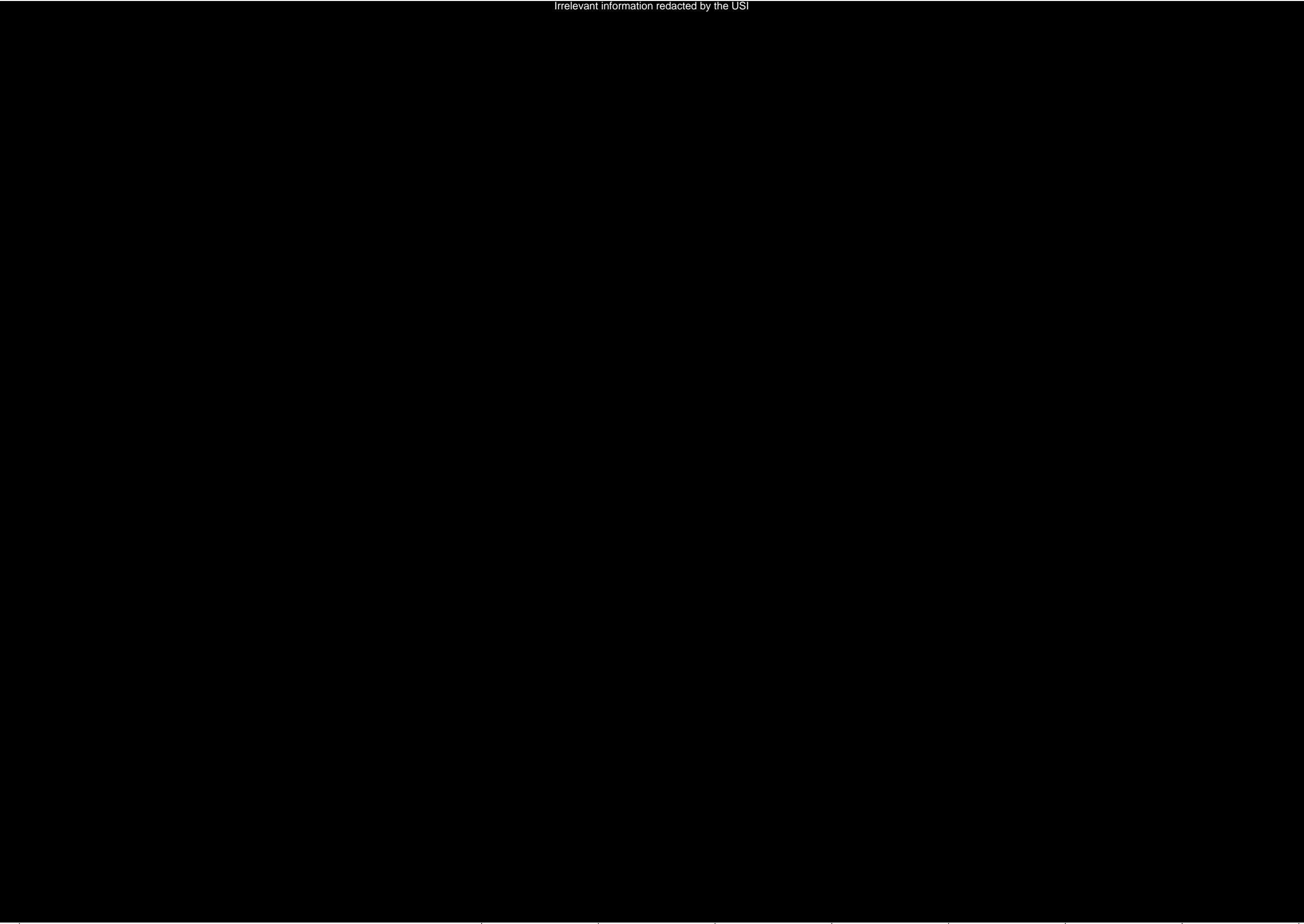
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Check

Planned

TDP

Carry Forward 2021/22

Less Non Recurring 2020-21

Net CYE 2020-21

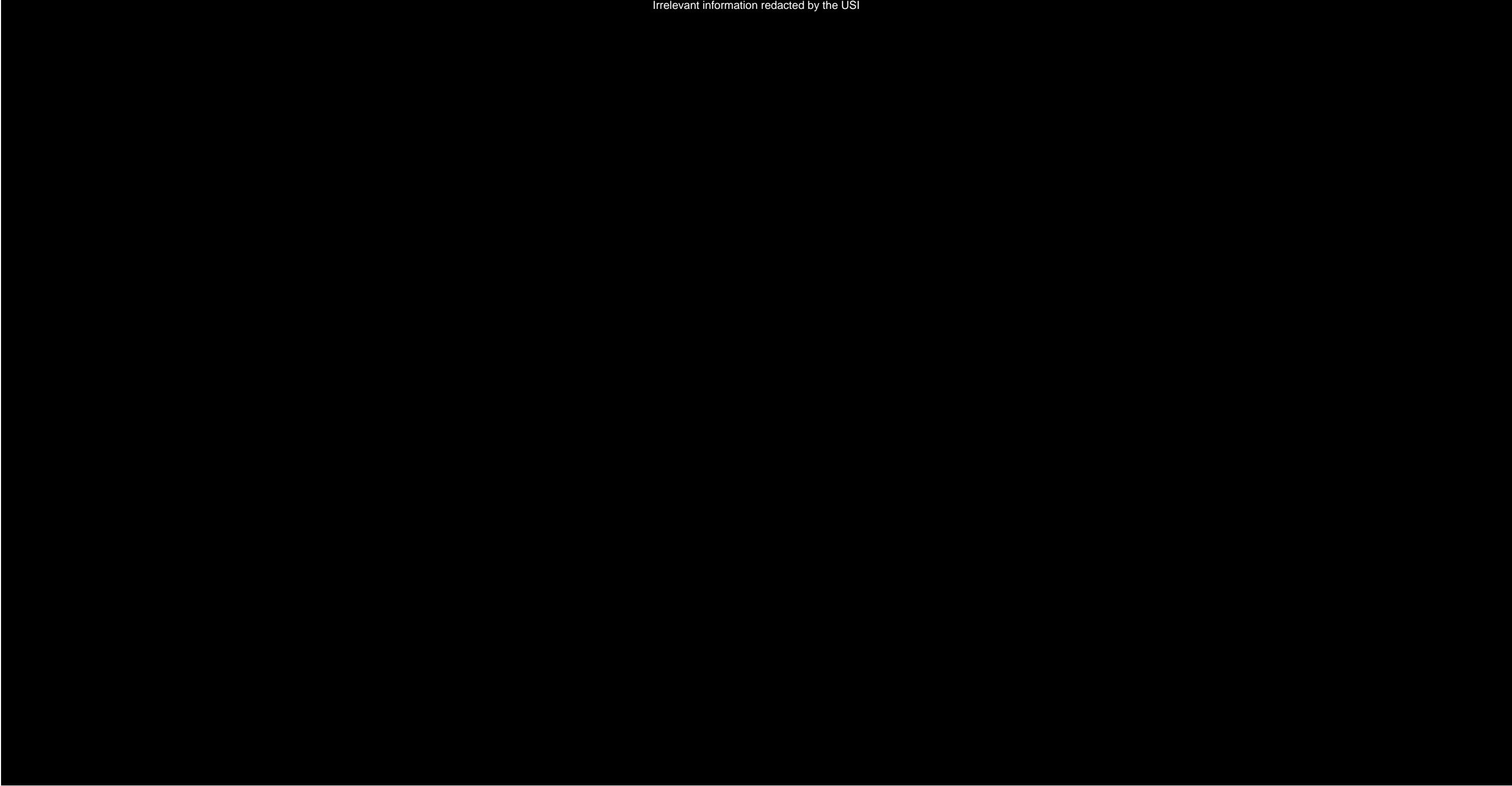
Target

Check

Workstream total check

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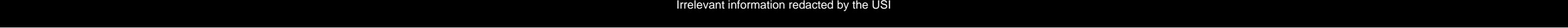
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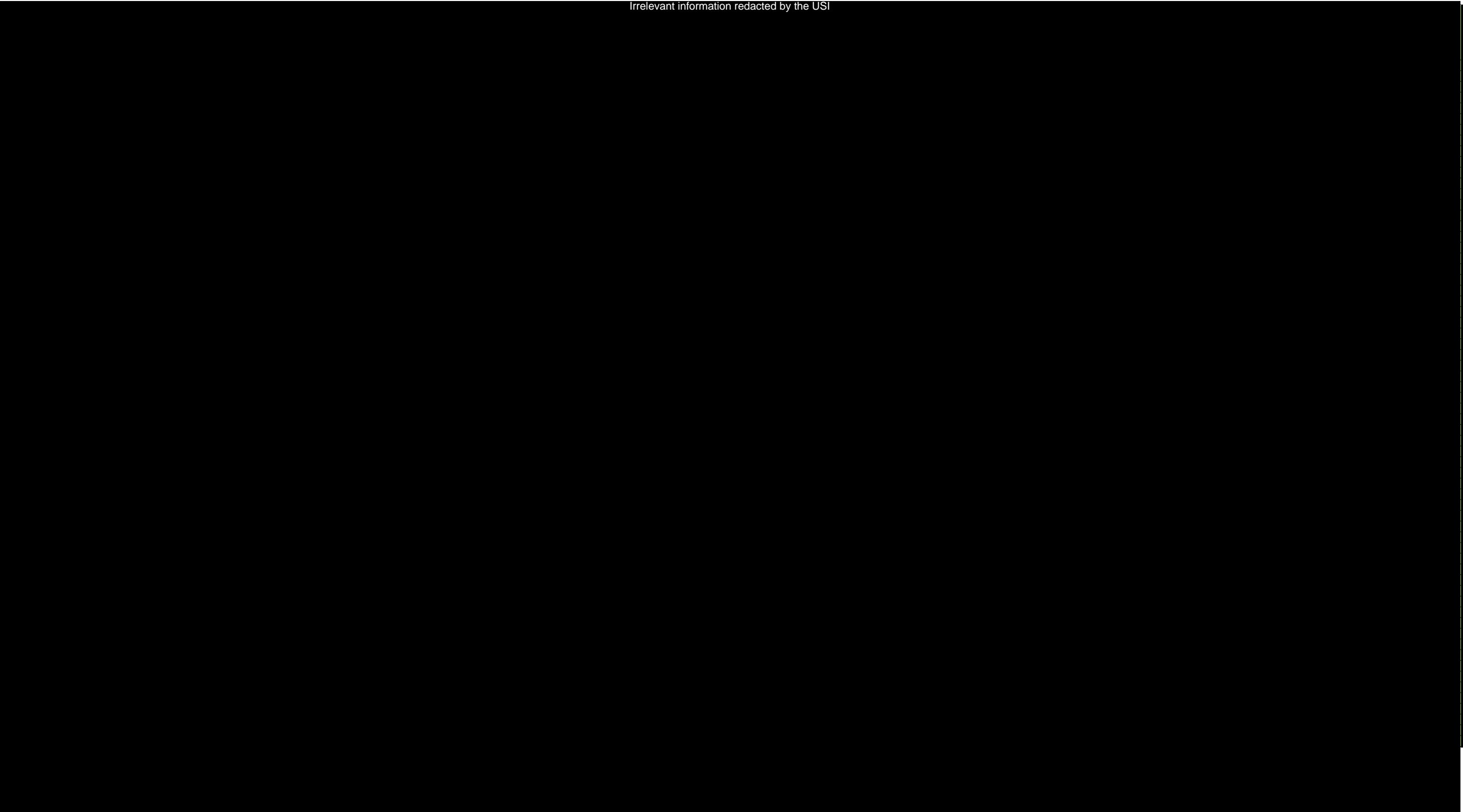


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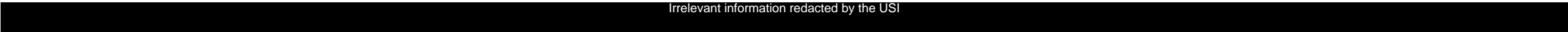
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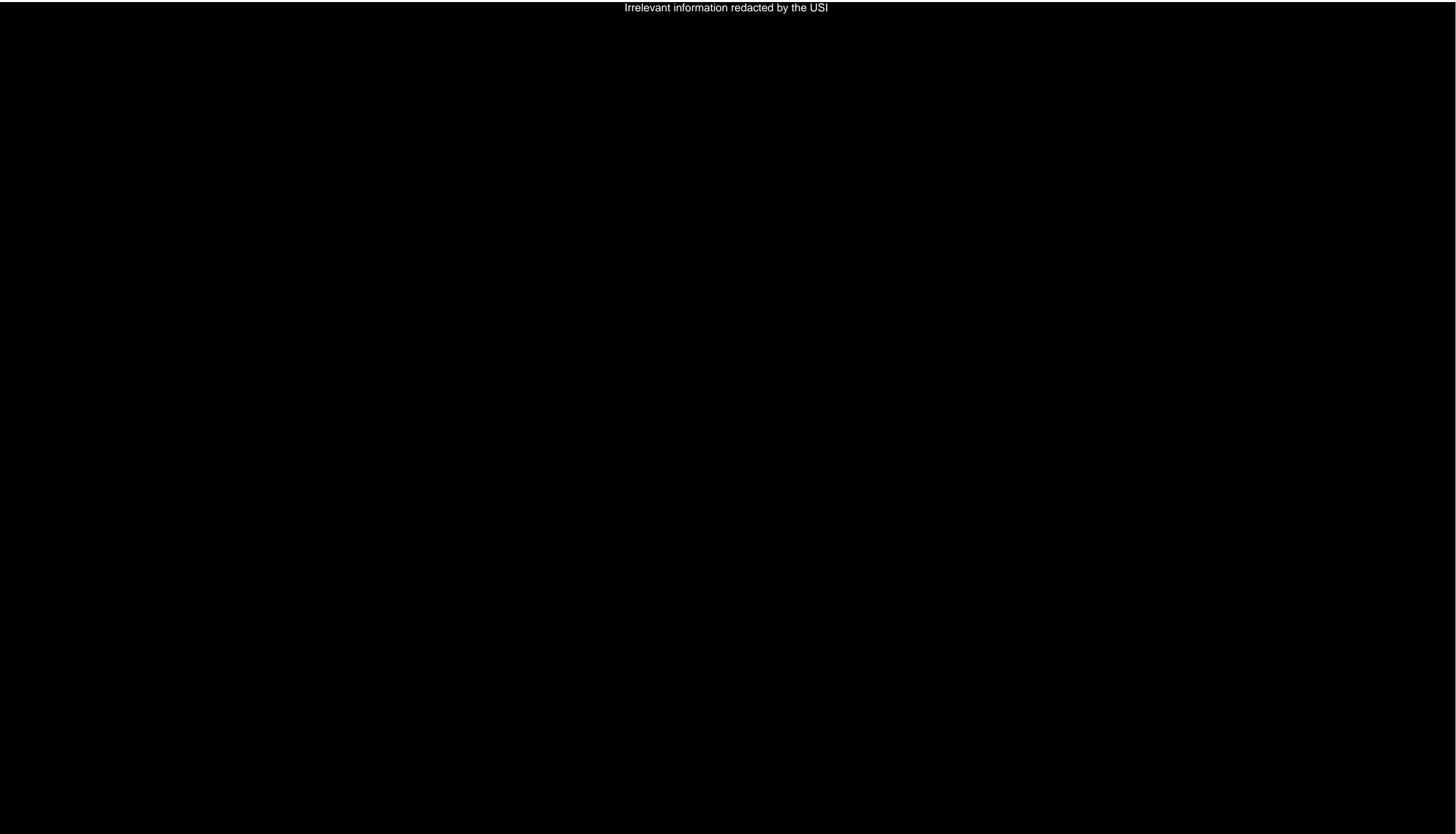
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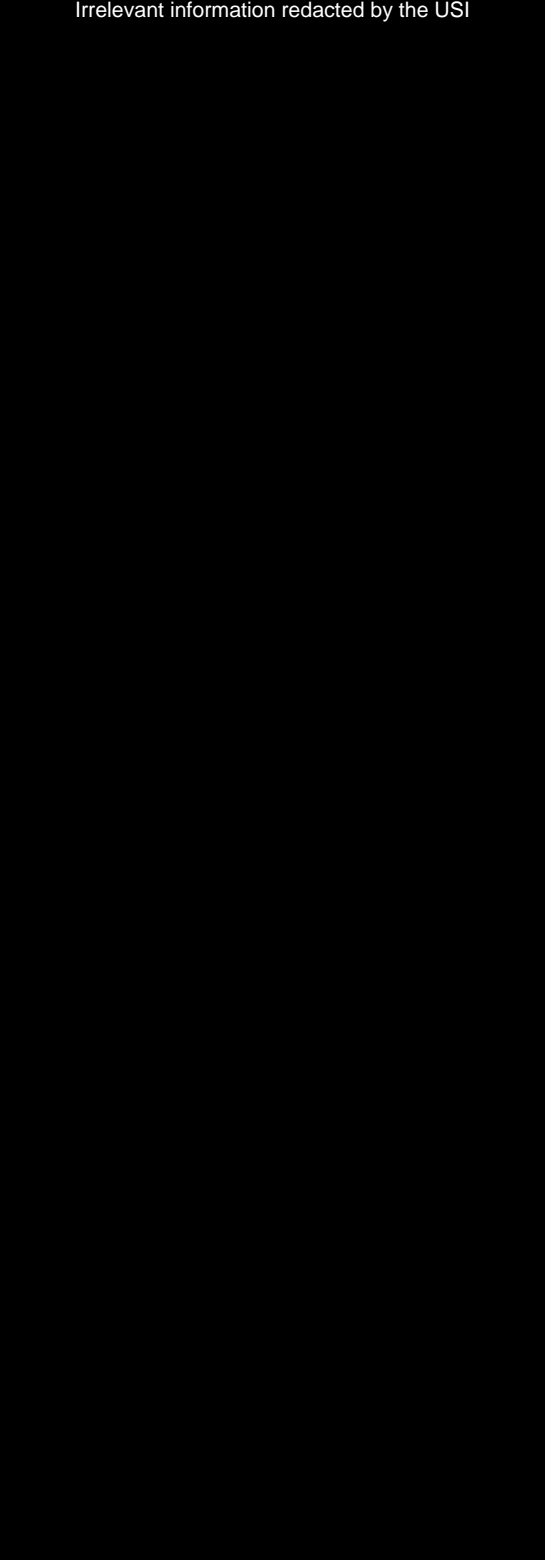


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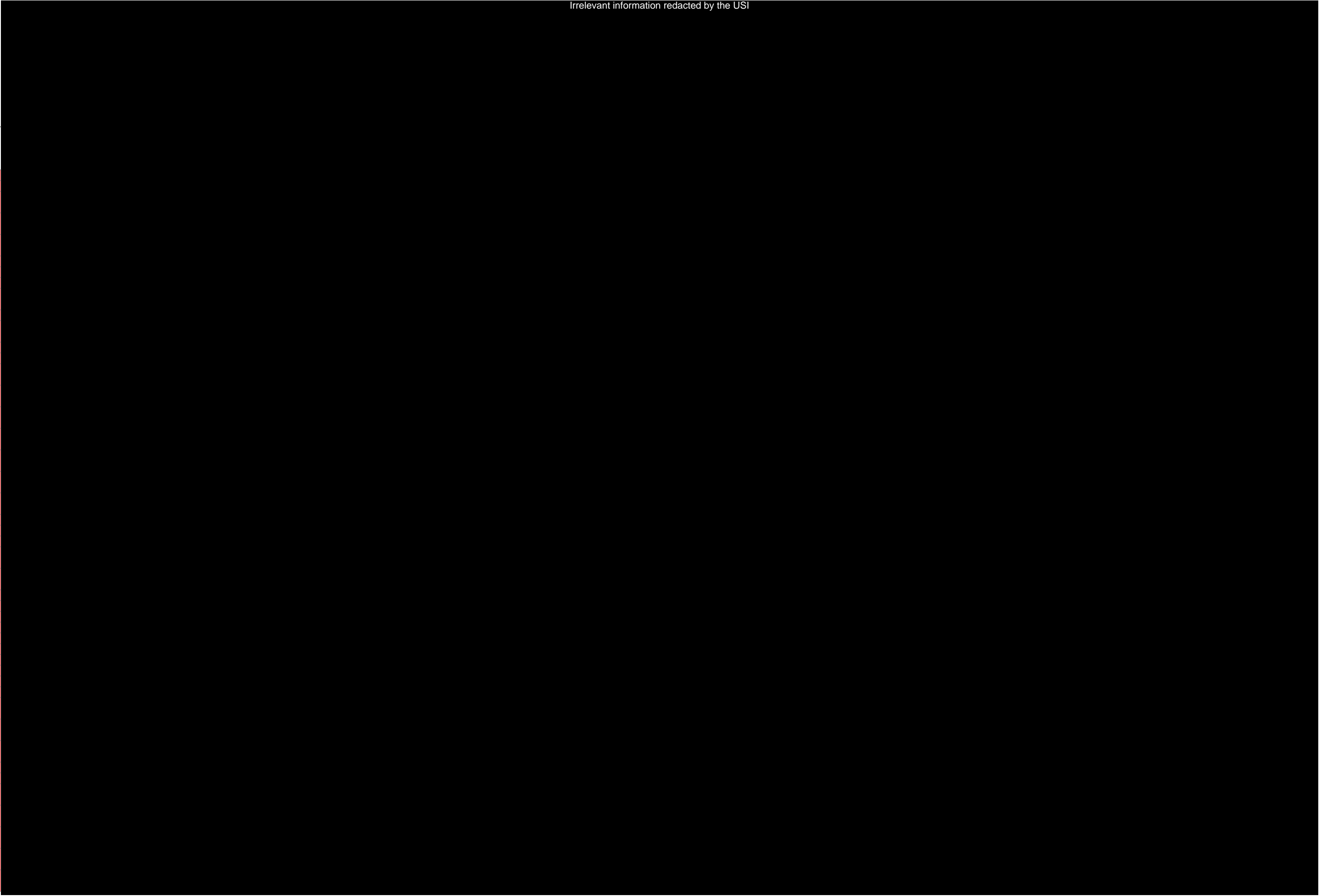


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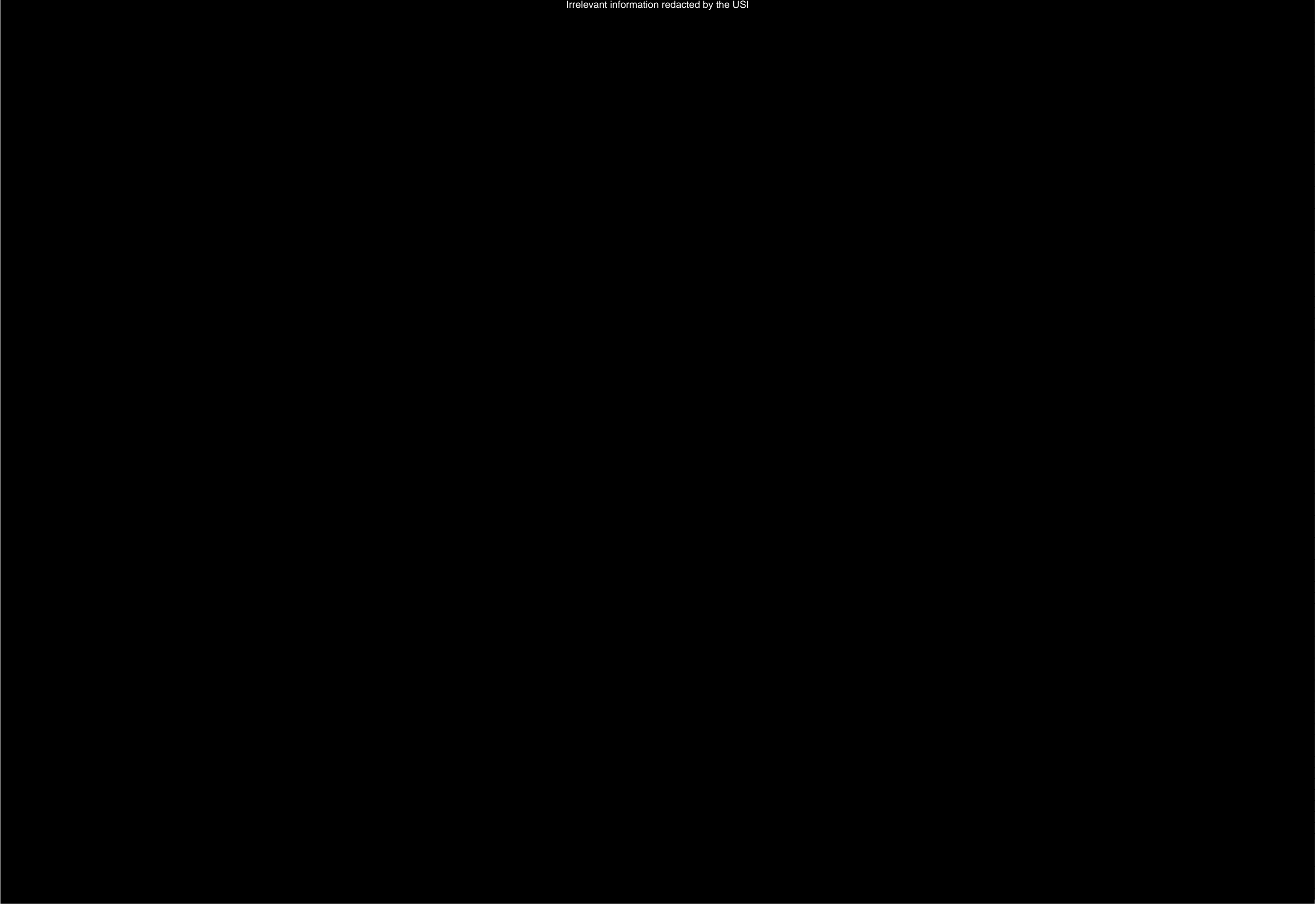




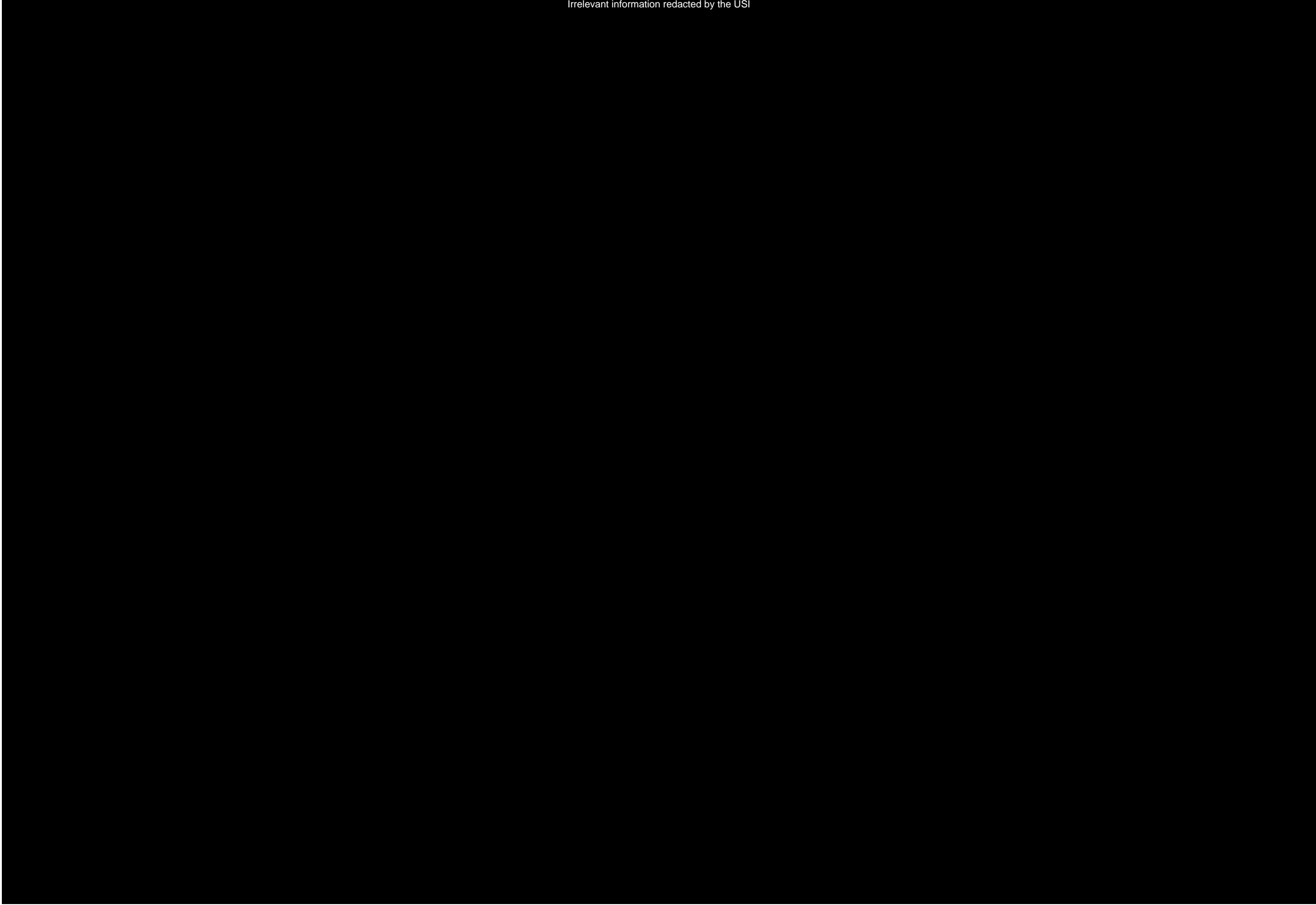
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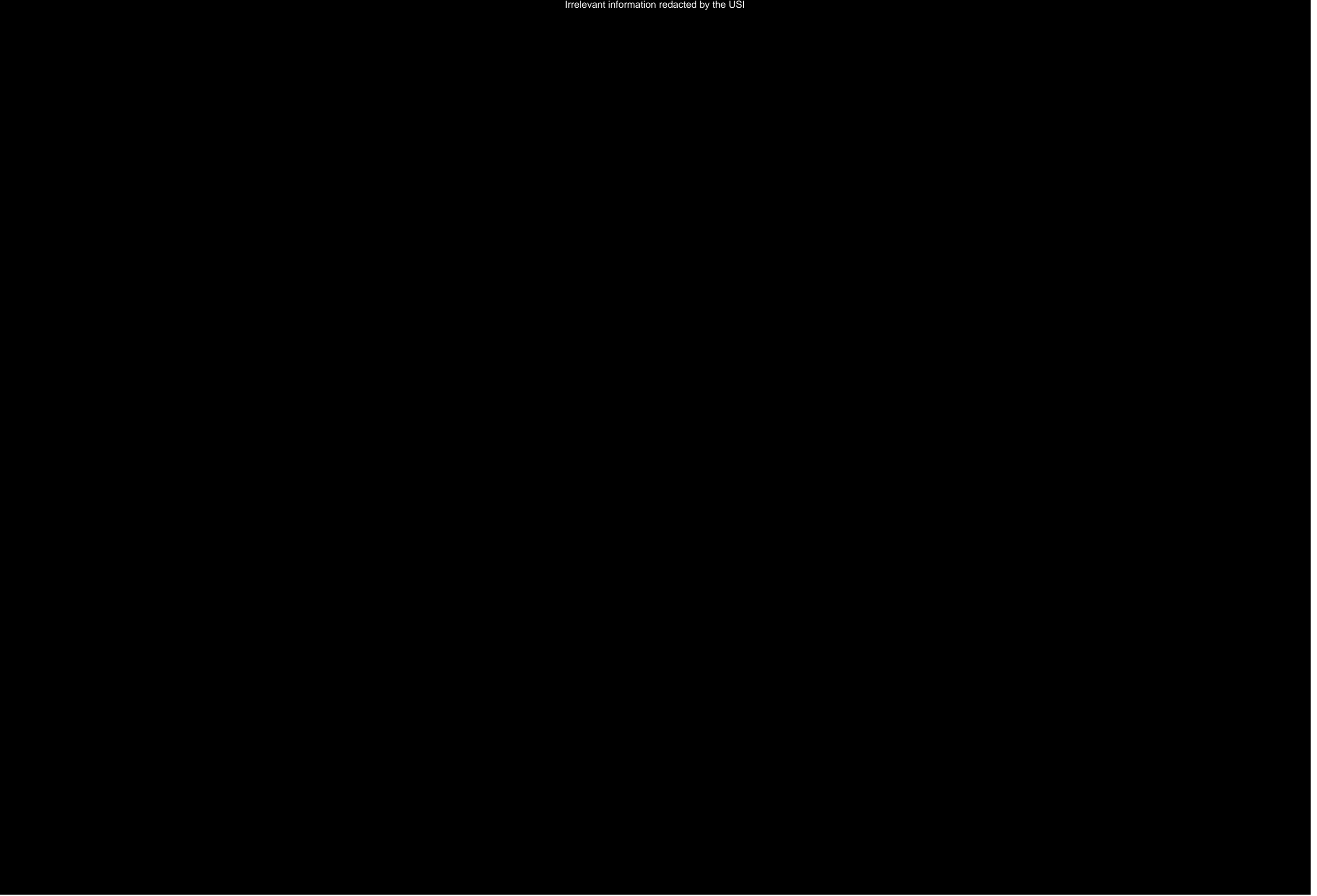
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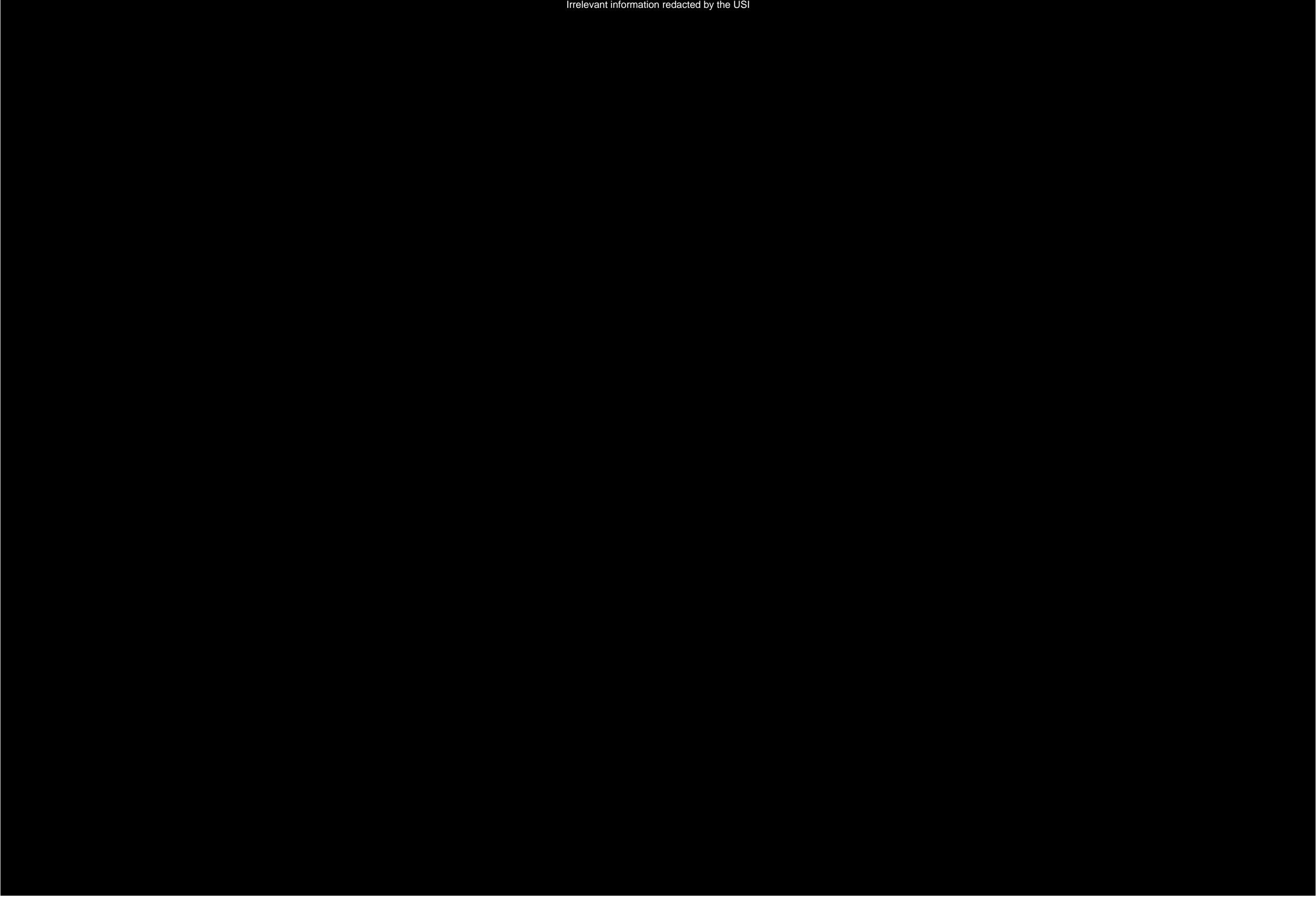
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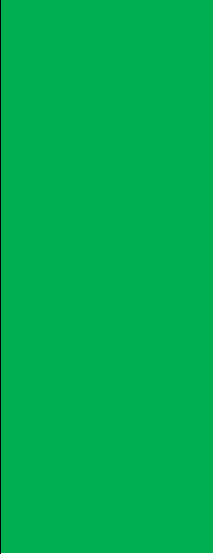
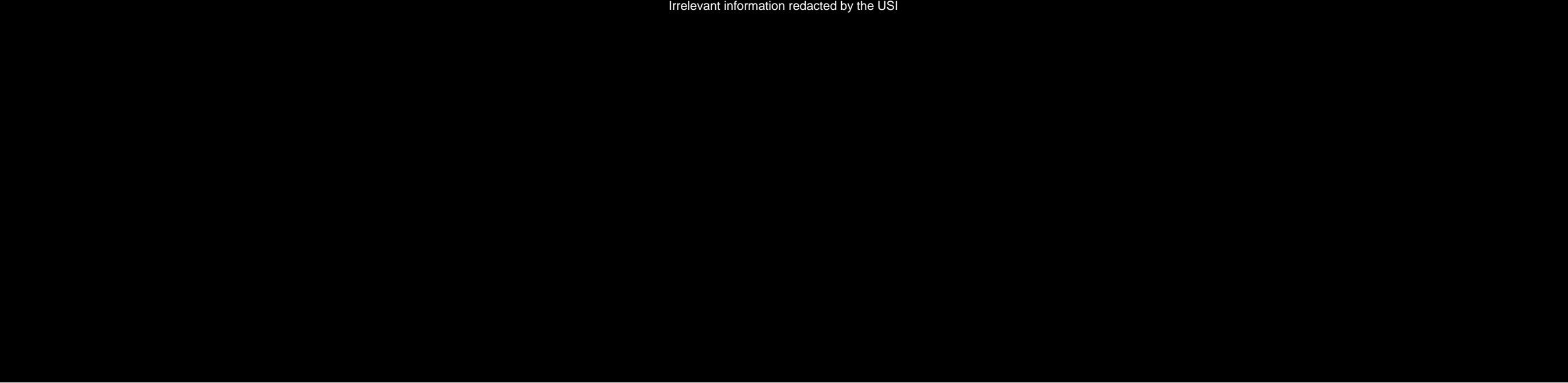
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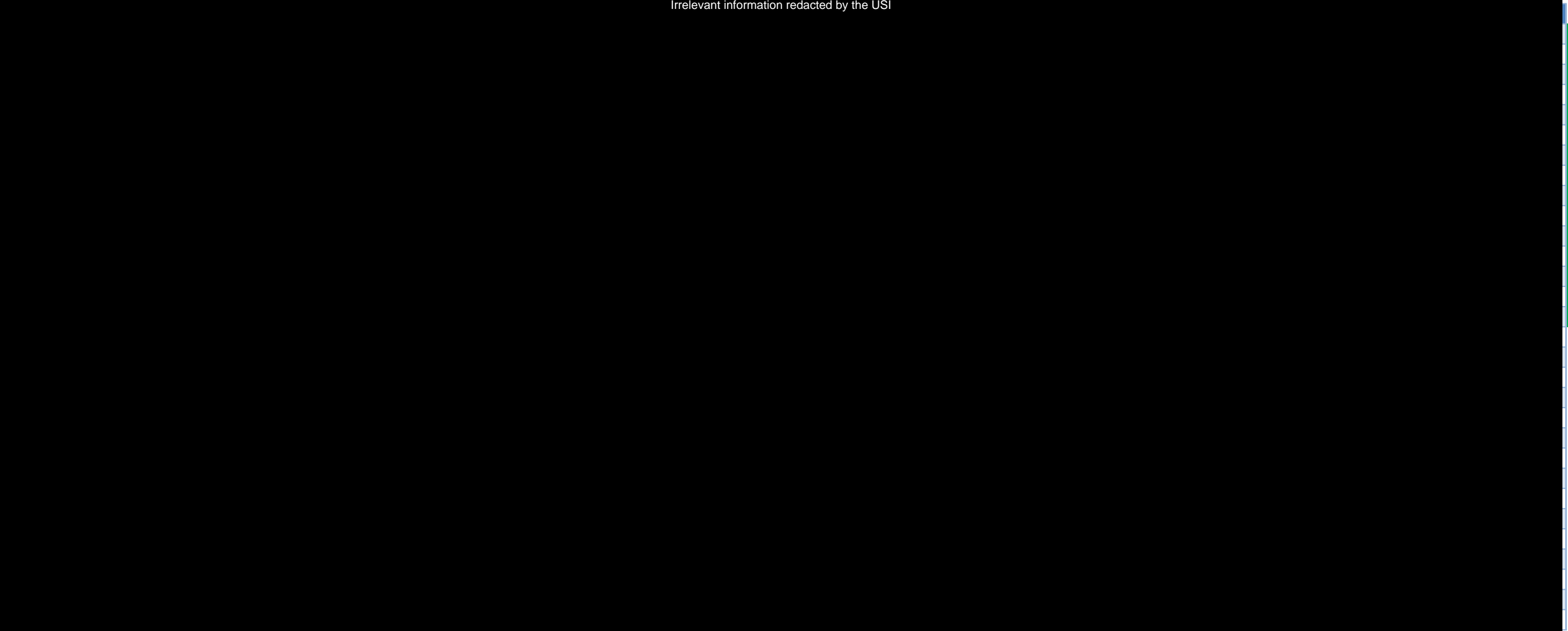


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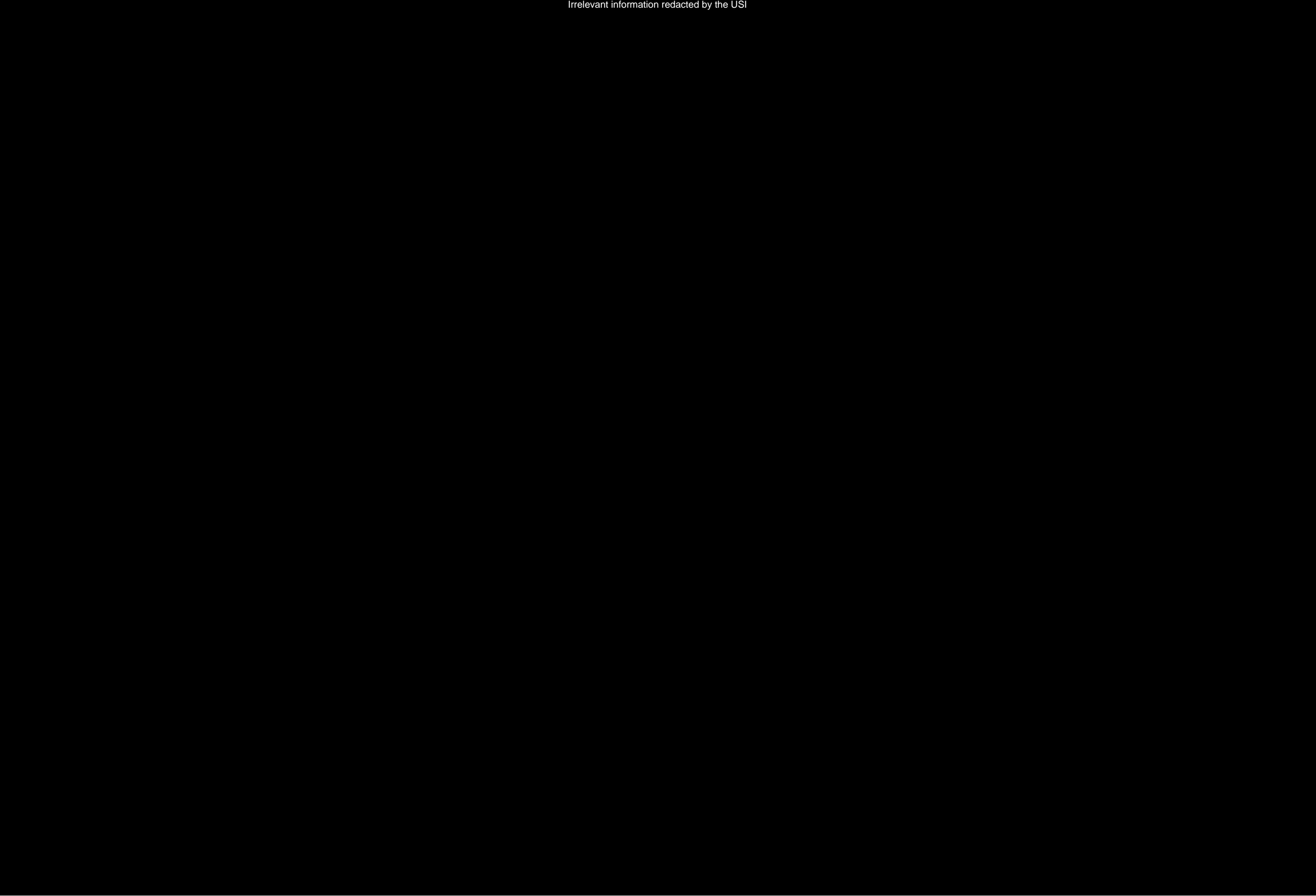




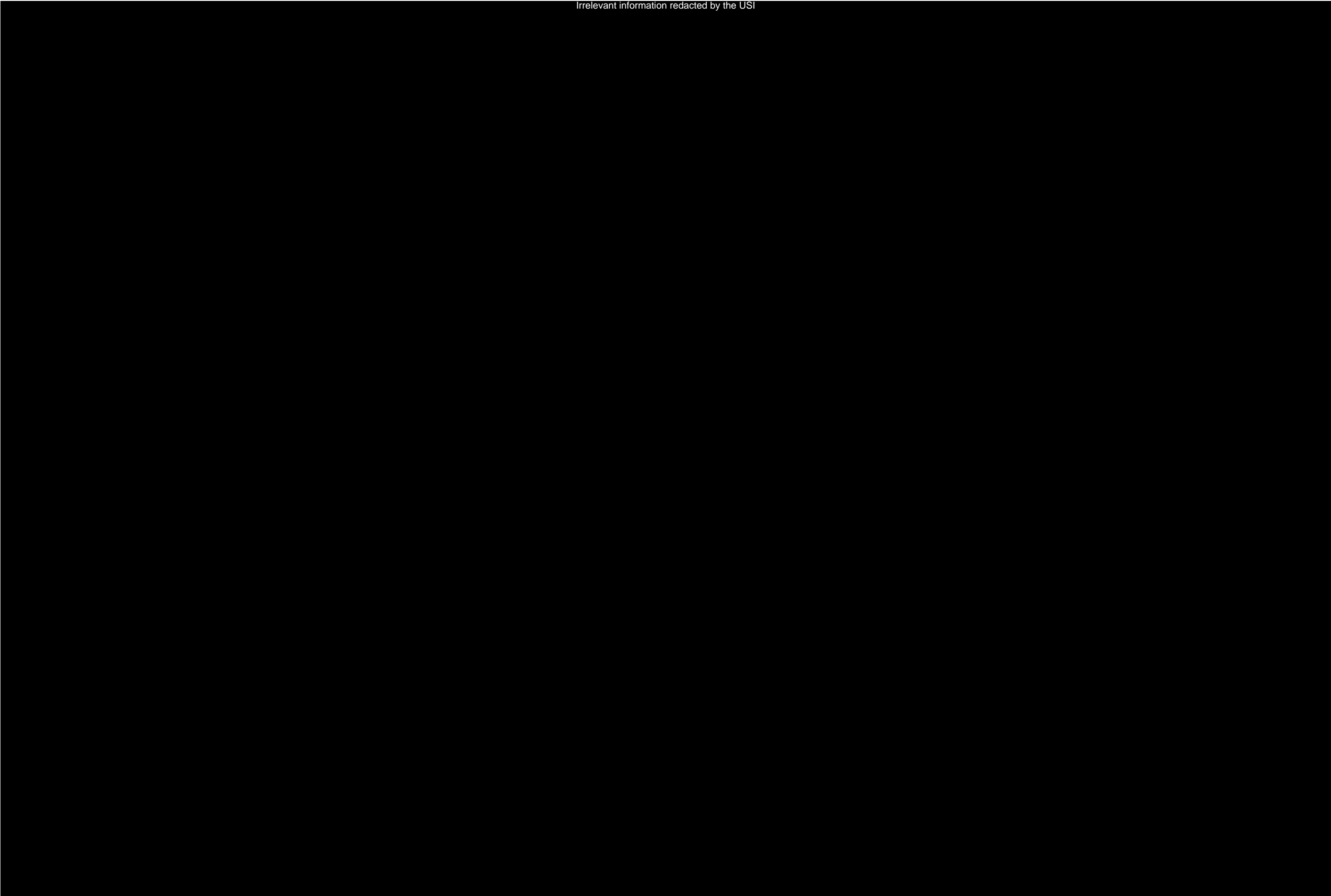
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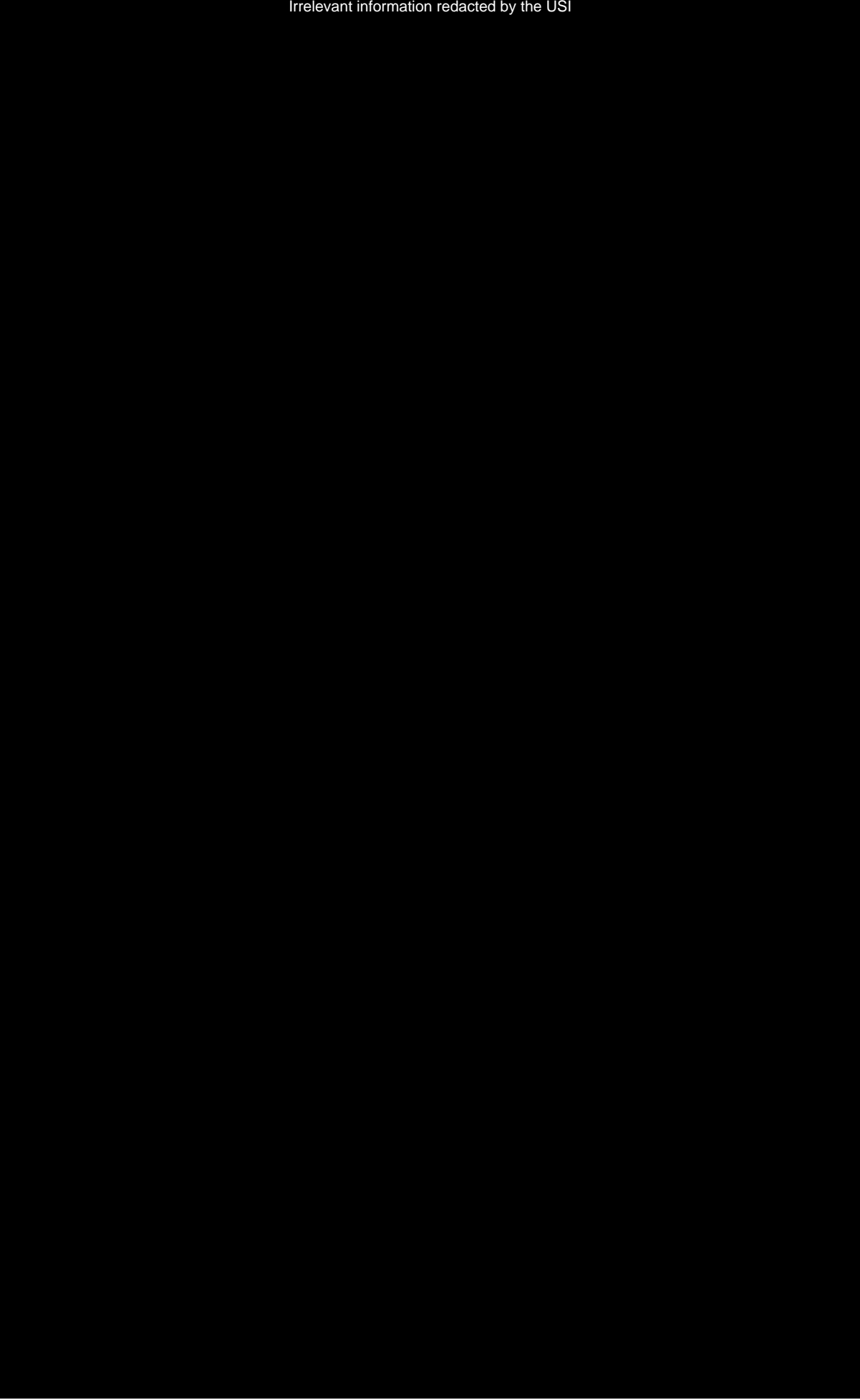
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**KPI05 - The percentage of order lines returned in total and by individual reason codes**  
**For orders first delivered between : 01/07/2019 to 30/09/2019**

**WIT-87805**



Supplier	Return Type	No. of Items Ordered	No. of Items Returned (%)
<b>AAH NI (EFIN)</b>		<b>1.067</b>	<b>4</b>
	Drug Recall		3
	Wrong Item		1
Irrelevant information redacted by the USI		<b>2.384</b>	<b>21</b>
	Drug Recall		21
Irrelevant information redacted by the USI		<b>221</b>	<b>3</b>
	Wrong Item		3
Irrelevant information redacted by the USI		<b>261</b>	<b>1</b>
	Wrong Item		1
Irrelevant information redacted by the USI		<b>19</b>	<b>1</b>
	Drug Recall		1
Irrelevant information redacted by the USI		<b>31</b>	<b>1</b>
	Wrong Item		1
Irrelevant information redacted by the USI		<b>130</b>	<b>2</b>
	Drug Recall		2
Irrelevant information redacted by the USI		<b>1.767</b>	<b>2</b>
	Wrong Item		2
Irrelevant information redacted by the USI		<b>108</b>	<b>1</b>
	Drug Recall		1
Irrelevant information redacted by the USI		<b>1.165</b>	<b>8</b>
	Drug Recall		8
Irrelevant information redacted by the USI		<b>1</b>	<b>1</b>
	Drug Recall		1
Irrelevant information redacted by the USI		<b>3.107</b>	<b>17</b>
	Drug Recall		7
	Wrong Item		10
Irrelevant information redacted by the USI		<b>276</b>	<b>2</b>
	Wrong Item		2
Irrelevant information redacted by the USI		<b>434</b>	<b>3</b>
	Drug Recall		3
Irrelevant information redacted by the USI		<b>295</b>	<b>3</b>
	Drug Recall	-	3

For invoices passed between : 01/11/2018 to 31/10/2019

	<u>Drug Cost</u>	<u>Other Costs</u>	<u>Overcharges</u>	<u>P &amp; P</u>	<u>Invoice Total</u>	
Passed within 30 days	£17,185,057.36	£0.00	£0.00	£17,054.92	£17,202,112.28	94.17%
Irrelevant information redacted by the USI					£4,839,481.16	26.49%
					£3,538,957.01	19.37%
					£1,462,963.05	8.01%
					£1,382,905.09	7.57%
					£625,233.84	3.42%
					£560,455.13	3.07%
					£526,775.77	2.88%
					£510,381.07	2.79%
					£474,473.59	2.60%
					£412,205.43	2.26%
					£367,995.43	2.01%
					£341,825.63	1.87%
					£224,320.06	1.23%
					£217,826.24	1.19%
					£172,055.78	0.94%
					£161,724.72	0.89%
					£152,765.07	0.84%
					£126,532.07	0.69%
					£97,699.69	0.53%
					£97,225.81	0.53%
					£86,462.88	0.47%
					£86,128.46	0.47%
					£76,826.55	0.42%
					£59,196.45	0.32%
					£56,849.25	0.31%
					£53,303.40	0.29%
					£47,279.57	0.26%
					£45,769.65	0.25%
					£37,905.60	0.21%
					£36,696.67	0.20%
					£24,960.10	0.14%
					£22,191.78	0.12%
					£19,433.18	0.11%
					£18,094.20	0.10%
					£14,006.48	0.08%
					£13,955.23	0.08%
					£13,678.05	0.07%
					£12,574.57	0.07%
					£11,022.50	0.06%
					£8,593.35	0.05%
					£8,419.50	0.05%
					£6,782.17	0.04%
					£6,645.95	0.04%
					£6,598.04	0.04%
					£6,408.27	0.04%
					£6,201.44	0.03%
					£5,589.24	0.03%
					£5,162.58	0.03%
					£5,129.01	0.03%
					£4,970.75	0.03%
					£4,562.83	0.02%
					£4,371.99	0.02%
					£3,919.96	0.02%
					£3,854.52	0.02%
					£3,751.80	0.02%
					£3,710.64	0.02%
					£3,382.20	0.02%
					£3,353.50	0.02%
					£3,264.25	0.02%
					£3,206.65	0.02%
					£3,027.01	0.02%

For invoices passed between : 01/11/2018 to 31/10/2019

<u>Drug Cost</u>	<u>Other Costs</u>	<u>Overcharges</u>	<u>P &amp; P</u>	<u>Invoice Total</u>
Irrelevant information redacted by the USI				£2,882.84 0.02%
				£2,811.94 0.02%
				£2,609.18 0.01%
				£2,606.33 0.01%
				£2,591.16 0.01%
				£2,490.66 0.01%
				£2,397.25 0.01%
				£2,365.86 0.01%
				£2,277.14 0.01%
				£2,220.65 0.01%
				£2,000.86 0.01%
				£1,956.17 0.01%
				£1,931.22 0.01%
				£1,854.69 0.01%
				£1,591.45 0.01%
				£1,448.10 0.01%
				£1,423.56 0.01%
				£1,414.14 0.01%
				£1,405.82 0.01%
				£1,189.20 0.01%
				£1,126.50 0.01%
				£1,074.53 0.01%
				£1,026.77 0.01%
				£1,000.83 0.01%
				£985.58 0.01%
				£975.58 0.01%
				£882.22 0.00%
				£864.66 0.00%
				£857.74 0.00%
				£844.75 0.00%
				£777.30 0.00%
				£627.29 0.00%
				£563.98 0.00%
				£562.70 0.00%
				£526.76 0.00%
				£526.39 0.00%
				£522.08 0.00%
				£469.74 0.00%
				£450.62 0.00%
				£405.90 0.00%
				£360.94 0.00%
				£341.49 0.00%
				£332.99 0.00%
				£329.76 0.00%
				£327.56 0.00%
				£302.61 0.00%
				£283.82 0.00%
				£252.77 0.00%
				£221.10 0.00%
				£193.27 0.00%
				£172.50 0.00%
				£164.82 0.00%
				£163.49 0.00%
				£157.74 0.00%
				£152.47 0.00%
				£123.89 0.00%
				£115.06 0.00%
				£89.95 0.00%
				£77.02 0.00%
				£76.03 0.00%
				£71.75 0.00%
				£59.98 0.00%
				£54.19 0.00%



For invoices passed between : 01/11/2018 to 31/10/2019

	<u>Drug Cost</u>	<u>Other Costs</u>	<u>Overcharges</u>	<u>P &amp; P</u>	<u>Invoice Total</u>	
Irrelevant information redacted by the USI					£49.11	0.00%
					£34.66	0.00%
					£11.04	0.00%
					£10.27	0.00%
<b>Passed between 30 to 60 days</b>	<b>£601,298.29</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£2,171.62</b>	<b>£603,469.91</b>	<b>3.30%</b>
Irrelevant information redacted by the USI					£219,645.84	1.20%
					£66,512.64	0.36%
					£60,880.84	0.33%
					£40,199.47	0.22%
					£33,411.39	0.18%
					£24,667.20	0.14%
					£22,352.39	0.12%
					£15,210.80	0.08%
					£14,332.76	0.08%
					£13,339.02	0.07%
					£12,832.56	0.07%
					£11,958.88	0.07%
					£11,035.55	0.06%
					£7,503.25	0.04%
					£6,077.90	0.03%
					£5,549.54	0.03%
					£4,783.53	0.03%
					£4,273.94	0.02%
					£3,564.23	0.02%
					£3,481.43	0.02%
					£2,892.20	0.02%
					£2,723.00	0.01%
					£2,391.88	0.01%
					£2,240.02	0.01%
					£1,253.07	0.01%
					£1,208.62	0.01%
					£1,035.28	0.01%
					£962.53	0.01%
					£885.96	0.00%
					£825.55	0.00%
					£809.43	0.00%
					£703.66	0.00%
					£566.68	0.00%
					£550.67	0.00%
					£474.52	0.00%
					£460.48	0.00%
					£341.06	0.00%
					£313.32	0.00%
					£312.69	0.00%
					£173.24	0.00%
					£173.10	0.00%
					£156.58	0.00%
					£149.83	0.00%
					£87.31	0.00%
					£69.05	0.00%
					£57.26	0.00%
					£20.74	0.00%
					£13.26	0.00%
					£5.76	0.00%
<b>Passed between 61 to 90 days</b>	<b>£160,382.72</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£385.44</b>	<b>£160,768.16</b>	<b>0.88%</b>
Irrelevant information redacted by the USI					£34,157.25	0.19%
					£30,687.37	0.17%
					£20,390.11	0.11%
					£18,685.75	0.10%
					£11,231.24	0.06%

For invoices passed between : 01/11/2018 to 31/10/2019

	<u>Drug Cost</u>	<u>Other Costs</u>	<u>Overcharges</u>	<u>P &amp; P</u>	<u>Invoice Total</u>	
Irrelevant information redacted by the USI					£10,769.03	0.06%
					£9,836.81	0.05%
					£8,170.68	0.04%
					£1,964.68	0.01%
					£1,803.06	0.01%
					£1,744.47	0.01%
					£1,455.56	0.01%
					£1,195.01	0.01%
					£1,166.93	0.01%
					£1,096.59	0.01%
					£929.24	0.01%
					£919.64	0.01%
					£667.39	0.00%
					£660.36	0.00%
					£593.90	0.00%
					£552.62	0.00%
					£521.58	0.00%
					£323.42	0.00%
					£275.18	0.00%
					£242.91	0.00%
					£163.02	0.00%
					£158.05	0.00%
					£154.17	0.00%
					£140.05	0.00%
					£48.31	0.00%
					£47.88	0.00%
					£15.90	0.00%
Passed after 90 days	£300,897.81	£0.00	£0.00	£198.44	£301,096.25	1.65%
Irrelevant information redacted by the USI					£64,913.34	0.36%
					£42,801.97	0.23%
					£39,438.83	0.22%
					£38,459.40	0.21%
					£31,140.86	0.17%
					£15,844.54	0.09%
					£9,481.49	0.05%
					£8,234.48	0.05%
					£7,046.92	0.04%
					£6,781.90	0.04%
					£6,287.50	0.03%
					£4,461.35	0.02%
					£3,834.48	0.02%
					£3,756.25	0.02%
					£2,602.37	0.01%
					£2,402.74	0.01%
					£2,272.13	0.01%
					£1,494.86	0.01%
					£1,465.02	0.01%
					£1,439.98	0.01%
					£1,100.74	0.01%
					£1,031.24	0.01%
					£1,028.69	0.01%
					£719.16	0.00%
					£708.83	0.00%
					£616.74	0.00%
					£500.54	0.00%
					£393.91	0.00%
					£333.18	0.00%
					£136.22	0.00%
					£123.13	0.00%
					£115.01	0.00%
					£105.89	0.00%


For invoices passed between : 01/11/2018 to 31/10/2019

<u>Drug Cost</u>	<u>Other Costs</u>	<u>Overcharges</u>	<u>P &amp; P</u>	<u>Invoice Total</u>	
Irrelevant information redacted by the USI				£16.37	0.00%
				£6.19	0.00%
				<hr/>	
				£18,267,446.60	

Quality care – for you, with you

## COMMITTEE REPORT SUMMARY SHEET

Meeting Date	9 <sup>th</sup> September 2021 Governance Committee	
Agenda item	8.1 Medicines Governance Report	
Accountable Director	Melanie McClements Director of Acute Services	
Report Author	Name	Tracey Boyce
	Contact details	Personal Information redacted by the USI
This paper is presented for: <b>Choose an option</b>		
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input type="checkbox"/>	Supporting people to live long, healthy active lives
	<input type="checkbox"/>	Improving our services
	<input type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership

	<p><i>This report cover sheet has been prepared by the Accountable Director.</i></p> <p><i>Its purpose is to provide the Trust Committee with a clear summary of the paper being presented, with the key matters for attention and the ask of the Committee.</i></p> <p><i>It details how it impacts on the people we serve.</i></p>
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**1. Detailed summary of paper contents:**

This quarterly report is prepared to provide assurance to the Governance Committee regarding medicines management within the Trust and an overview of EU Exit on the supply of medicines, delivering on the Corporate Objectives of Safe, high quality care.

**2. Areas of improvement/achievement:**

The report outlines

- the ongoing actions being taken as a result of medication incident reports received this quarter
- An update from the Medicines Optimisation Committee

**3. Areas of concern/risk/challenge:**

The report contains an update on EU Exit and the supply of medicines, which remains an ongoing risk to the Trust and our local community.

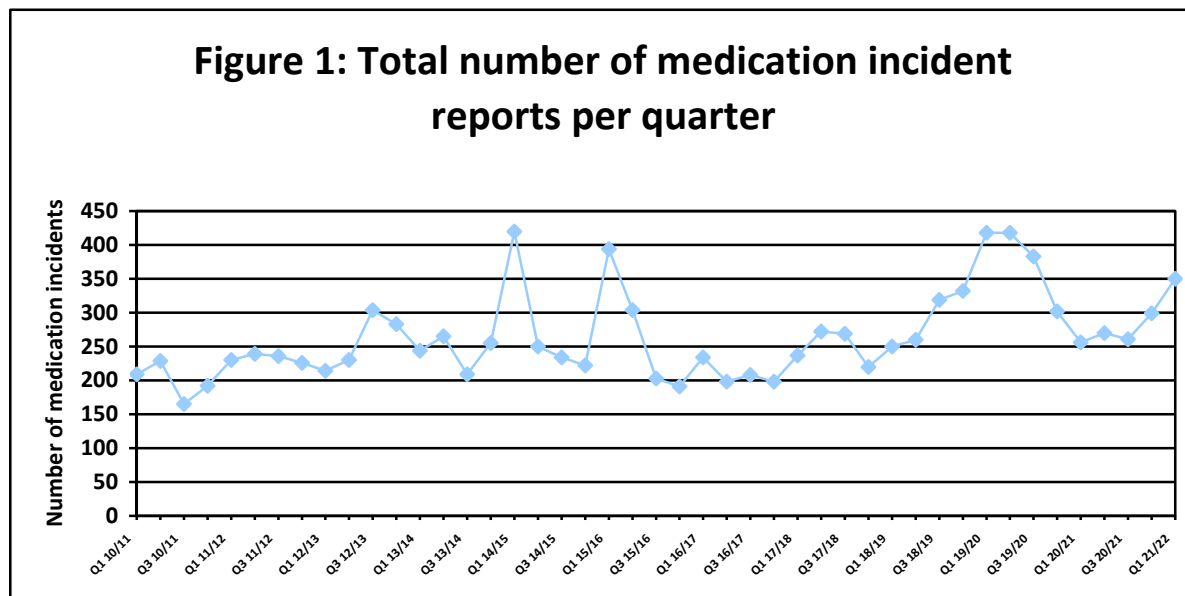
## Medicines Governance Report

For Trust Governance Committee on 9<sup>th</sup> September 2021

### Medication Incident reporting

During the first quarter of 2021/22 there were 350 medication incidents reported in the Southern HSC Trust. The average number of reported medication incidents each month was 117 per month, an increase from the previous quarter's level of 100 per month.

The medication incident report trend is shown below in figure 1.

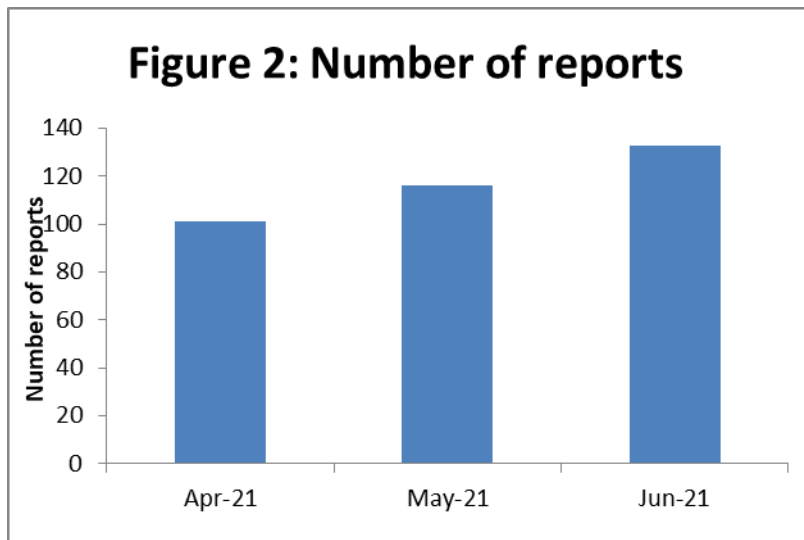


The fall in the number of reports can be attributed to the rapid reduction of Acute inpatients from the end of February 2020. There was also a reduction in reports from the other Directorates. Due to the second and third surge reporting has remained at a lower level than previously reported but now does appear to be recovering well.

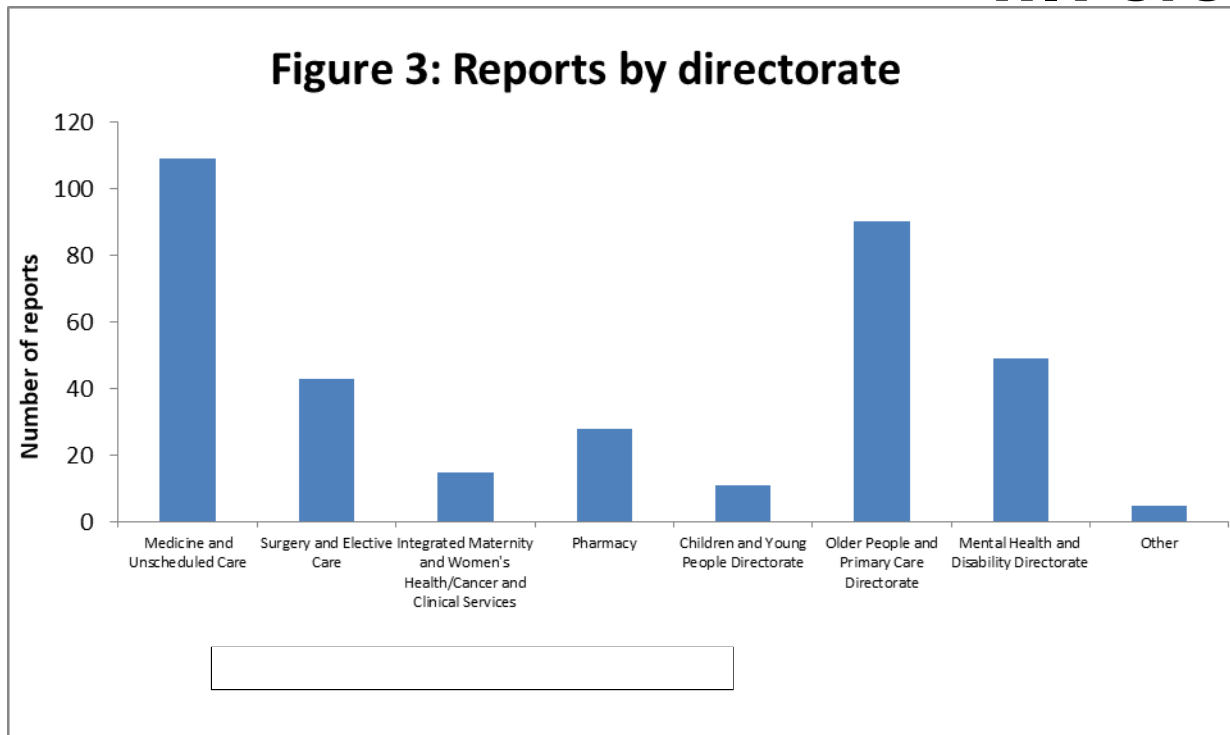
Similar trends of reporting of all types of incident have been noted regionally and nationally during 2020/21.

There were no new trends of specific concern amongst the incident reports received. The number of reported medication incidents is set against the figure of approximately 7,500 medication transactions, including prescribing, dispensing and administration, happening in the Trust every day. Further incident rate comparison is given in the benchmarking section of the report.

The monthly breakdown is given in Figure 2.

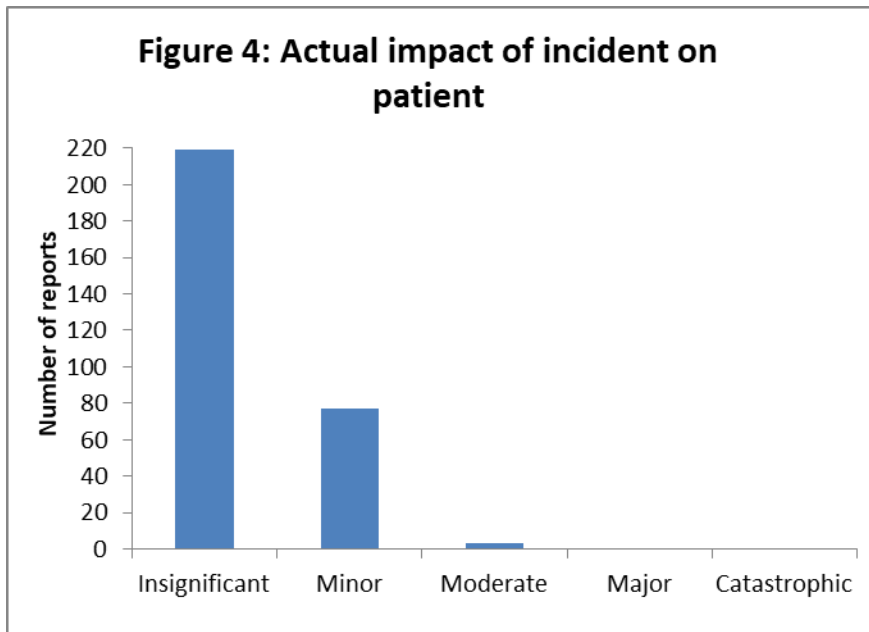


Most reports were received from the Acute Services Directorate (Figure 3).



As can be seen in figure 4, most reported incidents were of insignificant or minor impact on patients.



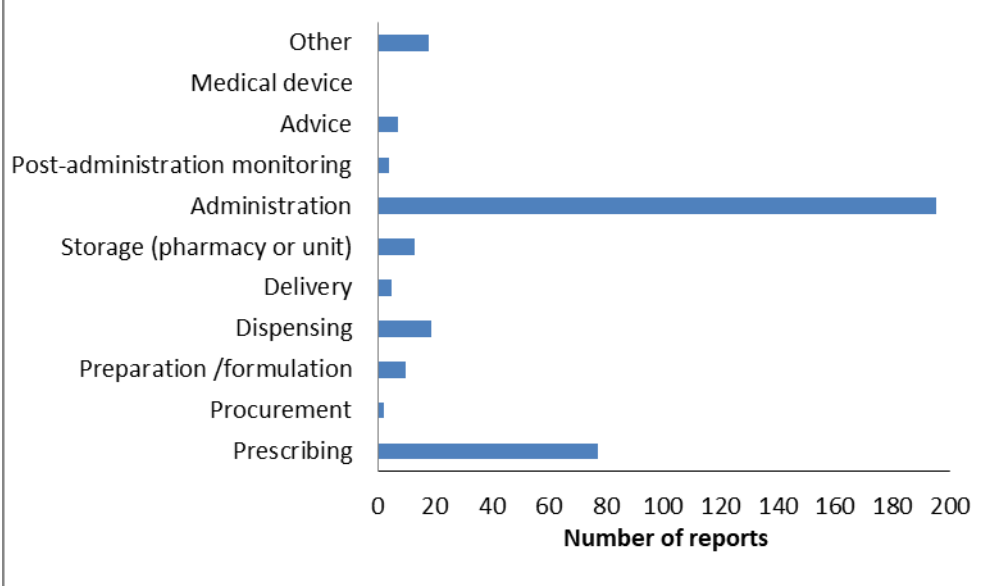


During the quarter there were three moderate incidents, but no catastrophic or major incidents.

The three moderate impact incidents during the quarter were:

- Patient on an anticoagulant for atrial fibrillation admitted with exacerbation of colitis and PR bleed. Anticoagulation continued for 4 days instead of being stopped and patient had a further episode of PR bleeding and required emergency laparotomy and colectomy.
- Patient due to go to theatre on a variable rate IV insulin infusion. Blood glucose noted to be 3.0mmol/l, insulin infusion stopped and patient sent to theatre. Blood glucose had dropped further which was then treated with intravenous glucose.
- Patient on the anti-epileptic levetiracetam twice a day became nil by mouth. An alternative route for the critical medicine was not prescribed and the patient had two episodes of seizure activity the following day requiring lorazepam.

Incidents are categorised on the basis of the process involved: prescribing, preparation of medicines/dispensing in pharmacy, administration or supply of a medicine from a clinical area, monitoring or follow-up of medicine use and other (Figure 5).

**Figure**

- The most common prescribing incident in the Trust was 'Medication not prescribed'.
- The Trust's top administration incident was 'Failure to administer'.
- The Trust's most common dispensing incident was 'Omitted medicine'.

The top five medicines involved in medication incidents in this quarter were:

1. Insulin
2. Covid vaccines
3. Anticoagulants
4. Paracetamol
5. Enoxaparin

### Medication incident benchmarking data

The number of incident reports above equates to a Trust medication incident report rate of 0.05 per cent of medication transactions.

Based on NHS England data published in 2014, research evidence indicates the following national medication error rates in the medicine use process:

- prescribing error rate in hospital is 7% of prescription items
- prescribing errors rate in general practice, 5% of prescriptions of which 0.18% were severe errors
- dispensing error rate in hospitals, 0.02 – 2.7% of dispensed medicines
- dispensing error rates in community pharmacies, 0.01 – 3.32% dispensed medicines<sup>4</sup>;
- medicine administration errors in hospital, 3 – 8%

There is limited research to quantify actual harm arising from medication errors.

Of the medication incidents reported during this quarter, 68.6 per cent resulted in 'no harm', shown in figure 4 as 'insignificant' i.e. no patient harm resulted. Implementing Human Factors in Healthcare (*Patient Safety First, 2010*) recommend that a minimum of 70 per cent of reported incidents should result in 'no harm' to the patient as an indicator of a positive reporting culture, where staff are aware of the importance of reporting 'no harm' incidents.

It should also be noted that the descriptor of 'minor' harm includes increased patient monitoring as well as those incidents that cause actual minor harm. Therefore the 'minor' categorisation will also contain a proportion of incidents where no actual harm had occurred, however additional monitoring steps were taken to ensure the safety of a patient following the incident.

## **Controls in place to manage the risk arising from medication incidents**

In the trust the following controls are in place to manage the risk associated with medication incidents.

### **Ward based clinical pharmacists and technician teams**

The majority of the wards in the Trust have a pharmacy team made up of a clinical pharmacist and a pharmacy technician. Often these teams identify the majority of incidents related to medicines.

They:

- Complete comprehensive medicine histories, resolve any issues
- Co-ordinate ordering and supply of medicines and resolve any supply issues
- Answer queries from patients, carers and healthcare professionals
- Review and address medication issues on in-patient prescription charts
- Review and assess patient's own medicines for reuse
- Support nursing staff with information needed to administer medicines
- Co-ordinate discharge prescription dispensing
- Assist junior medical staff by prescribing discharge medicines when possible

### **Clinical and accuracy checks of every prescription presented to pharmacy**

Every prescription (discharge, outpatient, chemotherapy or TPN) presented to the pharmacy, either at ward level or to either of the Trust dispensaries undergoes a clinical check by a pharmacist before dispensing commences. The clinical check includes a comparison of the prescription to the inpatient Kardex and in the case of chemotherapy and TPN prescriptions the patient's laboratory results and also checked by the pharmacist. At the end of the dispensing process a final accuracy check is also completed before the dispensed medication is released back to the patient or ward team.

## **Medication incident reporting, review and feedback**

Since February 2008, medication incidents are received from the central reporting point. Various groups within the trust continue to review and feedback information on medication incidents. The Acute Medication Incident Review Group, which includes non-acute hospitals, meets on a monthly basis and prepares feedback for staff. Periodic review of medication incidents within OPPC and production of feedback to staff on a quarterly basis continues. The Pharmacy Medication Incident Review group meets on a quarterly basis. A medication incident review group within CYP meets on a bi-monthly basis.

## **Domiciliary and Day Care**

Work continued with the Medicines Management Specialist Nurse on medicines management procedures. A process for the supply and administration of homecare remedies for patients in Trust residential care has been developed, following discussion with RQIA.

The action being taken by community pharmacists is now over in most of the Trust areas as a result of a commitment to a new funded process. However the flow charts developed to assist key workers in managing patient's medicines needs when a monitored dosing system (Dosette box/tray) is not going to be available remain in place.

The HSCB has yet to release its plan for how the new commissioned system will work in practice and occasionally Trust teams are still experiencing difficulty in getting a community pharmacists help with a patient's medication compliance issues.

## **Medication Safety Newsletters**

Issue 67 of Medication Safety Today was distributed during July 2021 (attached)

## **Medicine Governance Education**

Training continues to be provided as part of the Update on the Safe Administration of Medicines for nursing and midwifery staff and including bank staff.

## **Action resulting from Trust incident monitoring in this quarter**

In addition to the standard processes in place, the reported incidents from this quarter have contributed to the following work in progress:

- Review of vitamin D dosing schedules
- Reminder of nil by mouth guidelines
- Reminder regarding timing of WHO surgical checklist completion
- Bladder irrigation protocol
- Request to HSCB to ask GP practice teams to avoid use of 'TDD' abbreviation on NIECR
- Reminder to community nursing teams to check insulin dose on discharge

## **Medicines Optimisation/Drug and Therapeutics Committee Summary**

The remit of the Trust's Medicines Optimisation/Drug and Therapeutic Committee includes co-ordinating the introduction of new medicines or the extended use of existing medicines, developing and maintaining policies and procedures to support use of medicines, overseeing the implementation of regionally and nationally-led policies and procedures involving medicines, co-ordinating the management of risks involving medicines and co-ordinating the activities of the committee and sub-groups working to the Drugs & Therapeutics Committee.

The Committee met on 26<sup>th</sup> August 2021 and the agenda included:

- Medicines Governance reports – papers
  - Quarterly Report April to June 2021
  - IV paracetamol audit
- New product requests for odium Zirconium Cyclosilicate (Lokelma) was approved
- Specialist Medicines update
  - Red amber adjudications
    - Berotralstat confirmed as 'red' i.e. hospital only
    - Dapsone confirmed as 'amber' ie shared care between hospital and GP
    - Ofatumumab confirmed as 'red' i.e. hospital only
- Clinical Guidelines for approval - attached
  - Potassium binders – use of Lokelma
  - Continuous Bladder Irrigation
  - Regional Hyperkaleamia guideline
  - Rapid tranquilisation guideline
- Non Medical Prescribing sub-committee business
  - NMP Prescribing Governance Framework August 2021 approved
- HSCB and DoH Items
  - HSCB's Southern Area Medicines Management Committee update re the delay to the first meeting
  - MORE savings target 2021/22 update - Medicines Optimisation work stream update including the MORE savings value 2020/21 predicted to date (£274k) against the new target of for 2021/22 (£1million)
  - Pregabalin: Removal from NI Formulary for Neuropathic Pain

The date of the next meeting is 4<sup>th</sup> November 2021

## **Update on EU Exit plans for the supply of medicines**

As you are aware on 1<sup>st</sup> January 2021 the transition period ended and the Northern Ireland Protocol came into effect. Fortunately the EU granted 12 month derogation on 9<sup>th</sup> November which allows current rules for medicines to continue until 31<sup>st</sup> December 2021.

### **Background to the pharmacy related issues**

The Northern Ireland Protocol avoids hard border on island of Ireland and has an initial four year lifespan after which it will be reviewed. Some of the EU legislation still applies in Northern Ireland but not in GB.

As a result Northern Ireland will have dual system of compliance for medicines and medical devices whereas GB will just have to comply with the Medicines and Healthcare products Regulatory Authority (MHRA) regulations.

In relation to the NI protocol, there are three main problem areas for the Pharmaceutical Industry to address:

- 1) NI must continue to be compliant with the Falsified Medicines Directive (EU legislation related to 2D bar coding and tamper evidence) however GB does not have to be compliant in the long term. It is costly for the Pharma Industry to put 2D barcodes on packs just for the NI market
- 2) After the transition period, GB is recognised as a '3<sup>rd</sup> country' by the EU. Therefore movement of goods from GB into N.I. will be subject to additional checks e.g. tariffs and importation checks.
- 3) There will be a need for additional QP (qualified person) checks at batch level for all medicines coming into N.I. QPs are in very short supply in NI.

### **Update as of 31<sup>st</sup> August 2021**

As of the end of August 21 there have been no major issues in relation to medicines supply to Northern Ireland Trusts. There have been a few minor supply problems, mainly as a result of the supplier not understanding the derogation in place. These have been quickly resolved with the help of the Department of Health's EU Exit team. The issue of deliver of radiopharmaceutical isotopes to regional medical physics is still on-going.

Unfortunately it is still unlikely that discussions ongoing with the EU will reach an agreement re medicines exemptions before the end of transition period.

DoH has set up a NI Protocol/EU Exit Medicine Policy Programme Board. Dr Tracey Boyce is representing the Trust on the Board.

The Board meets on alternate Fridays and is working on nine different work streams, aimed at securing supply in 2022 and managing the impact of any discontinuations that may occur.

The EU Exit medicines supply risk has been added to the Trust risk register.

Dr Tracey Boyce  
Director of Pharmacy, 31<sup>st</sup> August 2021

# Medication Safety Today



## Issue 67

# The Northern Ireland Medicines Governance Team Newsletter

May 2021

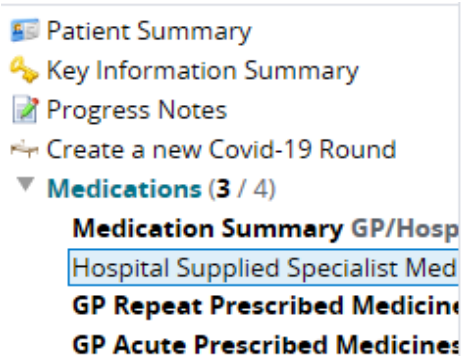
# Missed me?

Medication incidents involving the omission of **clozapine** continue to be reported.

When clozapine is omitted or there is a treatment break of over 48 hours, re-titration and increased frequency of monitoring may be required. Omission or treatment break of clozapine can result in a return of psychotic episodes or increased psychological harm to the patient.

## Top tips

- ✓ Clozapine is a critical medicine and should not be omitted unless there is a clinical indication to stop or withhold.
- ✓ Check all available sources when confirming a medication history.
- ✓ Check Hospital Supplied Specialist Medicines section on NIECR **(new section on NIECR)**



- ✓ Ensure clozapine supplies are available for administration. Patients will often bring their own supply into hospital with them.



## What Dose?

Pre-dinner	1700			Novomil X 30	164	Units
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What dose would you have given? The correct dose was 16 units pre-dinner but could have been read as 164 or 169 units. As can be seen from this very recent example “U” or “IU” should never be used when prescribing insulin doses.

## Safety Tips

- ✖ ‘Units’ should be written in full and never abbreviated to ‘U’ or ‘IU’
- ✖ Any unusual doses of insulin such as 21, 31, 41 should always be checked because doses of 2, 3, 4 may be misread as 21, 31 or 41 if written as 2IU, 3IU OR 4IU where the “I” is interpreted as “1”.
- ✖ Wherever possible, check the dose with the patient to confirm if it is a dose they are expecting.
- ✖ If unsure of dose, confirm with prescriber.
- ✖ A free on-line module on insulin safety can be found at [www.diabetesonthenet.com](http://www.diabetesonthenet.com)



## Did you know....



That sodium valproate and pivmecillinam should not be prescribed together?

Pivmecillinam is a penicillin antibiotic used in lower urinary tract infections. There is a report of hyperammonaemic encephalopathy which developed in a patient taking valproate monotherapy for partial epilepsy after starting treatment with pivmecillinam.

Valproate may reduce serum carnitine for reasons that are not well understood and valproate-induced hyperammonaemic encephalopathy may be due to reduced carnitine levels. Pivmecillinam is hydrolysed to release mecillinam as well as pivalic acid which can react with carnitine to form pivaloyl-carnitine depleting the body of carnitine. The manufacturer of pivmecillinam therefore advises against the co- prescribing with valproic acid or valproate due to the combined effects on carnitine levels.



## Antibiotic review



The antimicrobial section of the adult acute Kardex was updated in a number of trusts in 2019 with the Belfast Trust intending to move to the same version in the near future. The update included a layout which prompts review of initial antimicrobial choice at 72 hours if not before. This forms part of an Antibiotic Review Kit (ARK) to promote antimicrobial stewardship. At 72 hours plus 1 dose, the initial prescription ends unless it is rewritten or changed to alternative treatment.

This has shown benefit in a number of Trusts in improving stop rates and promoting IV to oral switch.

However, several medication incidents have been reported where either this review has not occurred or the patient has been reviewed but no new prescription written, resulting in the patient missing doses of antibiotics which were to continue.

### Safety tips



- 🚩 Review antibiotics regularly, initial prescription should be reviewed within 72 hours, if not before.
- 🚩 Following review, if antibiotics are to continue, a new prescription **must** be written.
- 🚩 Remember 'Friday Focus' - on a Friday, try to review and confirm plans for antibiotics for the weekend so that prescriptions can be rewritten for the weekend.
- 🚩 If an initial antibiotic prescription runs out and there is no action completed, highlight this immediately to medical staff for review.

If you have any comments on this newsletter, please contact Jillian Redpath, Medicines Governance pharmacist Ext: [redacted] at Craigavon Area Hospital or by e-mail at [redacted]

Further copies of this newsletter can be viewed on your Trust intranet.



@MedGovTeamNI

Tale as old as time **WIT-87823**



Medication incidents continue to be reported where methotrexate is prescribed once a day instead of once a week. If methotrexate had been administered daily this could have caused serious harm to a patient and would have been classed as a 'Never Event'.

Methotrexate is a folic acid antagonist and is classified as an antimetabolite cytotoxic immunosuppressant agent. It has a number of different indications. When prescribed for non-malignant indications, methotrexate is usually administered orally **ONCE A WEEK** and usually the **maximum dose is 25mg**.

### Top tips

- ✓ The prescriber should specify the **once a week dose** and the **day** of administration. See example below.
- ✓ Wards/departments other than Pharmacy **must NOT** hold routine stocks of methotrexate and should place an order once a week for any inpatients.
- ✓ Ensure **folic acid 5mg** is prescribed **24 or 48 hours after the methotrexate** dose.
- ✓ Only multiples of **2.5mg tablets are to be used to administer the patient's dose**.
- ✓ Watch out for signs and symptoms of oral methotrexate toxicity such as **breathlessness, dry persistent cough, vomiting or diarrhoea**.
- ✓ Check for drug **interactions** using the **SPC (LINK)**, **BNF (LINK)** or contact medicines information, pharmacy department (note **trimethoprim or co-trimoxazole** must **not** be prescribed with methotrexate due to the risk of pancytopenia i.e. reduced platelets and white and red blood cells).

Year: 2020		Day and month: → 26/11 27/11 28/11 29/11 30/11 1/12 2/12 3/12 4/12 5/12 6/12 7/12 8/12 9/12	
Circle times or enter variable dose/time		Start date	Stop date
<b>METHOTREXATE</b> Dose: 20mg Route: PO Frequency: ONCE WEEKLY Special instructions/indication: ONCE WEEKLY ON TUESDAY Medicines Reconciliation (circle): New Sign: A. Prescriber Pres. no: 1234 Pharmacist: [redacted] Print: A. PRESCRIBER Bleep: 123456		26/11/20	10/12/20
<b>FOLIC ACID</b> Dose: 5mg Route: PO Frequency: ONCE WEEKLY Special instructions/indication: ONCE WEEKLY ON THURSDAY Medicines Reconciliation (circle): New Sign: A. Prescriber Pres. no: 1234 Pharmacist: [redacted] Print: A. PRESCRIBER Bleep: 123456		26/11/20	10/12/20



Southern Health & Social Care TrustSummary of Corporate Mandatory Training Compliance for Staff in Acute Directorate by Division & Personnel Area including % of Staff trained as at 30th September 2022

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

		Key: % Trained			
		0% - 59%			
		60% - 79%			
		80% - 100%			
		Cyber Security			
Division	Personnel Area	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Admin&Clerical	33	51	84	61%
	Medical & Dental	90	26	116	22%
	Nursing & Midwifery	261	549	810	68%
	Professional & Tech.	6	3	9	33%
ATICS & Surgery & Elective Division Total		390	629	1019	62%
Cancer & Clinical Services Division	Admin&Clerical	21	123	144	85%
	Medical & Dental	25	22	47	47%
	Nursing & Midwifery	21	59	80	74%
	Professional & Tech.	109	415	524	79%
Cancer & Clinical Services Division Total		176	619	795	78%
Director's Office	Admin&Clerical	11	1	12	8%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.		1	1	100%
	Senior Executives	2	1	3	33%
Director's Office Total		13	4	17	24%
Functional Support Services Division	Admin&Clerical	162	293	455	64%
	Professional & Tech.	6	48	54	89%
	Support Serv/User Exp.	35	591	626	94%
Functional Support Services Division Total		203	932	1135	82%
Int Mat Service & Womens Health Division	Admin&Clerical	5	2	7	29%
	Medical & Dental	23	13	36	36%
	Nursing & Midwifery	230	166	396	42%
Int Mat Service & Womens Health Division Total		258	181	439	41%
Medicine Division	Admin&Clerical	4	13	17	76%
	Medical & Dental	59	29	88	33%
	Nursing & Midwifery	261	326	587	56%
	Professional & Tech.	32	16	48	33%
	Social Services	19	19	38	50%
Medicine Division Total		375	403	778	52%
Pharmacy Division	Admin&Clerical	1	7	8	88%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.	84	158	242	65%
Pharmacy Division Total		85	166	251	66%
Unscheduled Care Division	Admin&Clerical	4	4	8	50%
	Medical & Dental	32	25	57	44%
	Nursing & Midwifery	195	108	303	36%

	Professional & Tech.	3	1	4	25%
Unscheduled Care Division Total		234	138	372	37%
Grand Total		1734	3072	4806	64%
		Equality			
Division	Personnel Area	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Admin&Clerical	28	56	84	67%
	Medical & Dental	72	44	116	38%
	Nursing & Midwifery	272	538	810	66%
	Professional & Tech.	8	1	9	11%
ATICS & Surgery & Elective Division Total		380	639	1019	63%
Cancer & Clinical Services Division	Admin&Clerical	36	108	144	75%
	Medical & Dental	18	29	47	62%
	Nursing & Midwifery	27	53	80	66%
	Professional & Tech.	150	374	524	71%
Cancer & Clinical Services Division Total		231	564	795	71%
Director's Office	Admin&Clerical	6	6	12	50%
	Nursing & Midwifery	1		1	0%
	Professional & Tech.	1		1	0%
	Senior Executives	1	2	3	67%
Director's Office Total		9	8	17	47%
Functional Support Services Division	Admin&Clerical	220	235	455	52%
	Professional & Tech.	41	13	54	24%
	Support Serv/User Exp.	527	99	626	16%
Functional Support Services Division Total		788	347	1135	31%
Int Mat Service & Womens Health Division	Admin&Clerical	5	2	7	29%
	Medical & Dental	21	15	36	42%
	Nursing & Midwifery	192	204	396	52%
Int Mat Service & Womens Health Division Total		218	221	439	50%
Medicine Division	Admin&Clerical	6	11	17	65%
	Medical & Dental	48	40	88	45%
	Nursing & Midwifery	248	339	587	58%
	Professional & Tech.	24	24	48	50%
	Social Services	19	19	38	50%
Medicine Division Total		345	433	778	56%
Pharmacy Division	Admin&Clerical	5	3	8	38%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.	79	163	242	67%
Pharmacy Division Total		84	167	251	67%
Unscheduled Care Division	Admin&Clerical	5	3	8	38%
	Medical & Dental	35	22	57	39%
	Nursing & Midwifery	185	118	303	39%
	Professional & Tech.	2	2	4	50%
Unscheduled Care Division Total		227	145	372	39%
Grand Total		2282	2524	4806	53%
		Information Governance			
Division	Personnel Area	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Admin&Clerical	10	74	84	88%
	Medical & Dental	37	79	116	68%
	Nursing & Midwifery	147	663	810	82%

	Professional & Tech.	1	8	9	89%
ATICS & Surgery & Elective Division Total		195	824	1019	81%
Cancer & Clinical Services Division	Admin&Clerical	16	128	144	89%
	Medical & Dental	8	39	47	83%
	Nursing & Midwifery	14	66	80	83%
	Professional & Tech.	56	468	524	89%
Cancer & Clinical Services Division Total		94	701	795	88%
Director's Office	Admin&Clerical	2	10	12	83%
	Nursing & Midwifery	1		1	0%
	Professional & Tech.		1	1	100%
	Senior Executives	1	2	3	67%
Director's Office Total		4	13	17	76%
Functional Support Services Division	Admin&Clerical	92	363	455	80%
	Professional & Tech.	19	35	54	65%
	Support Serv/User Exp.	41	585	626	93%
Functional Support Services Division Total		152	983	1135	87%
Int Mat Service & Womens Health Division	Admin&Clerical	5	2	7	29%
	Medical & Dental	7	29	36	81%
	Nursing & Midwifery	88	308	396	78%
Int Mat Service & Womens Health Division Total		100	339	439	77%
Medicine Division	Admin&Clerical	1	16	17	94%
	Medical & Dental	20	68	88	77%
	Nursing & Midwifery	144	443	587	75%
	Professional & Tech.	7	41	48	85%
	Social Services	10	28	38	74%
Medicine Division Total		182	596	778	77%
Pharmacy Division	Admin&Clerical	3	5	8	63%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.	52	190	242	79%
Pharmacy Division Total		55	196	251	78%
Unscheduled Care Division	Admin&Clerical	3	5	8	63%
	Medical & Dental	17	40	57	70%
	Nursing & Midwifery	101	202	303	67%
	Professional & Tech.	1	3	4	75%
Unscheduled Care Division Total		122	250	372	67%
Grand Total		904	3902	4806	81%
		Safegaurding			
Division	Personnel Area	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Admin&Clerical	14	70	84	83%
	Medical & Dental	45	71	116	61%
	Nursing & Midwifery	182	628	810	78%
	Professional & Tech.	3	6	9	67%
ATICS & Surgery & Elective Division Total		244	775	1019	76%
Cancer & Clinical Services Division	Admin&Clerical	39	105	144	73%
	Medical & Dental	8	39	47	83%
	Nursing & Midwifery	26	54	80	68%
	Professional & Tech.	95	429	524	82%
Cancer & Clinical Services Division Total		168	627	795	79%
Director's Office	Admin&Clerical	4	8	12	67%

	Nursing & Midwifery	1		1	0%
	Professional & Tech.	1		1	0%
	Senior Executives	1	2	3	67%
<b>Director's Office Total</b>		<b>7</b>	<b>10</b>	<b>17</b>	<b>59%</b>
Functional Support Services Division	Admin&Clerical	92	363	455	80%
	Professional & Tech.	28	26	54	48%
	Support Serv/User Exp.	429	197	626	31%
<b>Functional Support Services Division Total</b>		<b>549</b>	<b>586</b>	<b>1135</b>	<b>52%</b>
Int Mat Service & Womens Health Division	Admin&Clerical	5	2	7	29%
	Medical & Dental	12	24	36	67%
	Nursing & Midwifery	142	254	396	64%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>159</b>	<b>280</b>	<b>439</b>	<b>64%</b>
Medicine Division	Admin&Clerical	1	16	17	94%
	Medical & Dental	32	56	88	64%
	Nursing & Midwifery	202	385	587	66%
	Professional & Tech.	9	39	48	81%
	Social Services	18	20	38	53%
<b>Medicine Division Total</b>		<b>262</b>	<b>516</b>	<b>778</b>	<b>66%</b>
Pharmacy Division	Admin&Clerical		8	8	100%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.	69	173	242	71%
<b>Pharmacy Division Total</b>		<b>69</b>	<b>182</b>	<b>251</b>	<b>73%</b>
Unscheduled Care Division	Admin&Clerical	3	5	8	63%
	Medical & Dental	21	36	57	63%
	Nursing & Midwifery	116	187	303	62%
	Professional & Tech.	2	2	4	50%
<b>Unscheduled Care Division Total</b>		<b>142</b>	<b>230</b>	<b>372</b>	<b>62%</b>
<b>Grand Total</b>		<b>1600</b>	<b>3206</b>	<b>4806</b>	<b>67%</b>
		<b>Fire Safety</b>			
<b>Division</b>	<b>Personnel Area</b>	<b>Not Trained</b>	<b>Trained</b>	<b>Head Count</b>	<b>% Trained</b>
ATICS & Surgery & Elective Division	Admin&Clerical	30	54	84	64%
	Medical & Dental	60	56	116	48%
	Nursing & Midwifery	334	476	810	59%
	Professional & Tech.	2	7	9	78%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>426</b>	<b>593</b>	<b>1019</b>	<b>58%</b>
Cancer & Clinical Services Division	Admin&Clerical	32	112	144	78%
	Medical & Dental	17	30	47	64%
	Nursing & Midwifery	24	56	80	70%
	Professional & Tech.	161	363	524	69%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>234</b>	<b>561</b>	<b>795</b>	<b>71%</b>
Director's Office	Admin&Clerical	9	3	12	25%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.		1	1	100%
	Senior Executives	2	1	3	33%
<b>Director's Office Total</b>		<b>11</b>	<b>6</b>	<b>17</b>	<b>35%</b>
Functional Support Services Division	Admin&Clerical	187	268	455	59%
	Professional & Tech.	11	43	54	80%
	Support Serv/User Exp.	281	345	626	55%
<b>Functional Support Services Division Total</b>		<b>479</b>	<b>656</b>	<b>1135</b>	<b>58%</b>

Int Mat Service & Womens Health Division	Admin&Clerical	5	2	7	29%
	Medical & Dental	22	14	36	39%
	Nursing & Midwifery	205	191	396	48%
Int Mat Service & Womens Health Division Total		232	207	439	47%
Medicine Division	Admin&Clerical	5	12	17	71%
	Medical & Dental	39	49	88	56%
	Nursing & Midwifery	243	344	587	59%
	Professional & Tech.	24	24	48	50%
	Social Services	28	10	38	26%
Medicine Division Total		339	439	778	56%
Pharmacy Division	Admin&Clerical	4	4	8	50%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.	69	173	242	71%
Pharmacy Division Total		73	178	251	71%
Unscheduled Care Division	Admin&Clerical	4	4	8	50%
	Medical & Dental	21	36	57	63%
	Nursing & Midwifery	180	123	303	41%
	Professional & Tech.	2	2	4	50%
Unscheduled Care Division Total		207	165	372	44%
Grand Total		2001	2805	4806	58%
		Manual Handling			
Division	Personnel Area	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Admin&Clerical	17	67	84	80%
	Medical & Dental	44	72	116	62%
	Nursing & Midwifery	270	540	810	67%
	Professional & Tech.	4	5	9	56%
ATICS & Surgery & Elective Division Total		335	684	1019	67%
Cancer & Clinical Services Division	Admin&Clerical	20	124	144	86%
	Medical & Dental	7	40	47	85%
	Nursing & Midwifery	32	48	80	60%
	Professional & Tech.	123	401	524	77%
Cancer & Clinical Services Division Total		182	613	795	77%
Director's Office	Admin&Clerical	4	8	12	67%
	Nursing & Midwifery	1		1	0%
	Professional & Tech.		1	1	100%
	Senior Executives	1	2	3	67%
Director's Office Total		6	11	17	65%
Functional Support Services Division	Admin&Clerical	116	339	455	75%
	Professional & Tech.	21	33	54	61%
	Support Serv/User Exp.	297	329	626	53%
Functional Support Services Division Total		434	701	1135	62%
Int Mat Service & Womens Health Division	Admin&Clerical	4	3	7	43%
	Medical & Dental	11	25	36	69%
	Nursing & Midwifery	166	230	396	58%
Int Mat Service & Womens Health Division Total		181	258	439	59%
Medicine Division	Admin&Clerical	4	13	17	76%
	Medical & Dental	24	64	88	73%
	Nursing & Midwifery	204	383	587	65%
	Professional & Tech.	20	28	48	58%

	Social Services	15	23	38	61%
<b>Medicine Division Total</b>		<b>267</b>	<b>511</b>	<b>778</b>	<b>66%</b>
Pharmacy Division	Admin&Clerical	4	4	8	50%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.	38	204	242	84%
<b>Pharmacy Division Total</b>		<b>42</b>	<b>209</b>	<b>251</b>	<b>83%</b>
Unscheduled Care Division	Admin&Clerical	3	5	8	63%
	Medical & Dental	20	37	57	65%
	Nursing & Midwifery	140	163	303	54%
	Professional & Tech.	2	2	4	50%
<b>Unscheduled Care Division Total</b>		<b>165</b>	<b>207</b>	<b>372</b>	<b>56%</b>
<b>Grand Total</b>		<b>1612</b>	<b>3194</b>	<b>4806</b>	<b>66%</b>
		<b>Infection Prevention &amp; Control</b>			
<b>Division</b>	<b>Personnel Area</b>	<b>Not Trained</b>	<b>Trained</b>	<b>Head Count</b>	<b>% Trained</b>
ATICS & Surgery & Elective Division	Admin&Clerical	32	52	84	62%
	Medical & Dental	50	66	116	57%
	Nursing & Midwifery	168	642	810	79%
	Professional & Tech.	2	7	9	78%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>252</b>	<b>767</b>	<b>1019</b>	<b>75%</b>
Cancer & Clinical Services Division	Admin&Clerical	24	120	144	83%
	Medical & Dental	8	39	47	83%
	Nursing & Midwifery	26	54	80	68%
	Professional & Tech.	118	406	524	77%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>176</b>	<b>619</b>	<b>795</b>	<b>78%</b>
Director's Office	Admin&Clerical	7	5	12	42%
	Nursing & Midwifery	1		1	0%
	Professional & Tech.	1		1	0%
	Senior Executives	2	1	3	33%
<b>Director's Office Total</b>		<b>11</b>	<b>6</b>	<b>17</b>	<b>35%</b>
Functional Support Services Division	Admin&Clerical	182	273	455	60%
	Professional & Tech.	13	41	54	76%
	Support Serv/User Exp.	306	320	626	51%
<b>Functional Support Services Division Total</b>		<b>501</b>	<b>634</b>	<b>1135</b>	<b>56%</b>
Int Mat Service & Womens Health Division	Admin&Clerical	5	2	7	29%
	Medical & Dental	14	22	36	61%
	Nursing & Midwifery	132	264	396	67%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>151</b>	<b>288</b>	<b>439</b>	<b>66%</b>
Medicine Division	Admin&Clerical	3	14	17	82%
	Medical & Dental	36	52	88	59%
	Nursing & Midwifery	141	446	587	76%
	Professional & Tech.	13	35	48	73%
	Social Services	26	12	38	32%
<b>Medicine Division Total</b>		<b>219</b>	<b>559</b>	<b>778</b>	<b>72%</b>
Pharmacy Division	Admin&Clerical	5	3	8	38%
	Nursing & Midwifery		1	1	100%
	Professional & Tech.	107	135	242	56%
<b>Pharmacy Division Total</b>		<b>112</b>	<b>139</b>	<b>251</b>	<b>55%</b>
Unscheduled Care Division	Admin&Clerical	3	5	8	63%



	Medical & Dental	17	40	57	70%
	Nursing & Midwifery	118	185	303	61%
	Professional & Tech.		4	4	100%
Unscheduled Care Division Total		138	234	372	63%
Grand Total		1560	3246	4806	68%
		Corporate Welcome (01/01/22 - 30/06/22)			
Division	Personnel Area	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Admin&Clerical	5	3	8	38%
	Medical & Dental	2	1	3	33%
	Nursing & Midwifery	43	25	68	37%
ATICS & Surgery & Elective Division Total		50	29	79	37%
Cancer & Clinical Services Division	Admin&Clerical	7	8	15	53%
	Medical & Dental		1	1	100%
	Nursing & Midwifery	2	1	3	33%
	Professional & Tech.	15	18	33	55%
Cancer & Clinical Services Division Total		24	28	52	54%
Functional Support Services Division	Admin&Clerical	23	31	54	57%
	Professional & Tech.		2	2	100%
	Support Serv/User Exp.	18	20	38	53%
Functional Support Services Division Total		41	53	94	56%
Int Mat Service & Womens Health Division	Medical & Dental	1		1	0%
	Nursing & Midwifery	5	1	6	17%
Int Mat Service & Womens Health Division Total		6	1	7	14%
Medicine Division	Admin&Clerical	1	1	2	50%
	Medical & Dental	2		2	0%
	Nursing & Midwifery	49	13	62	21%
	Professional & Tech.		2	2	100%
	Social Services	1	1	2	50%
Medicine Division Total		53	17	70	24%
Pharmacy Division	Professional & Tech.	11	9	20	45%
Pharmacy Division Total		11	9	20	45%
Unscheduled Care Division	Medical & Dental	5		5	0%
	Nursing & Midwifery	20	2	22	9%
Unscheduled Care Division Total		25	2	27	7%
		210	139	349	40%
		Departmental Induction (01/01/22 - 30/06/22)			
Division	Personnel Area	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Admin&Clerical	7	1	8	13%
	Medical & Dental	2	1	3	33%
	Nursing & Midwifery	63	5	68	7%
ATICS & Surgery & Elective Division Total		72	7	79	9%
Cancer & Clinical Services Division	Admin&Clerical	14	1	15	7%
	Medical & Dental	1		1	0%
	Nursing & Midwifery	3		3	0%
	Professional & Tech.	24	9	33	27%
Cancer & Clinical Services Division Total		42	10	52	19%

Functional Support Services Division	Admin&Clerical	51	3	54	6%
	Professional & Tech.	2		2	0%
	Support Serv/User Exp.	34	4	38	11%
Functional Support Services Division Total		87	7	94	7%
Int Mat Service & Womens Health Division	Medical & Dental	1		1	0%
	Nursing & Midwifery	6		6	0%
Int Mat Service & Womens Health Division Total		7		7	0%
Medicine Division	Admin&Clerical	2		2	0%
	Medical & Dental	2		2	0%
	Nursing & Midwifery	61	1	62	2%
	Professional & Tech.	1	1	2	50%
	Social Services	2		2	0%
Medicine Division Total		68	2	70	3%
Pharmacy Division	Professional & Tech.	14	6	20	30%
Pharmacy Division Total		14	6	20	30%
Unscheduled Care Division	Medical & Dental	5		5	0%
	Nursing & Midwifery	22		22	0%
Unscheduled Care Division Total		27		27	0%
Grand Total		317	32	349	9%

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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



**Southern Health & Social Care Trust****Summary of Cyber Security Training Compliance for Staff in Acute Directorate by Division & Organisational Unit**  
**including % of Staff trained as at 30th September 2022**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

		Cyber Security			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2	1	3	4	75%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	2	1	3	33%
	ATICS Admin	12	15	27	56%
	Banbridge and N&M - Outpatients	1	21	22	95%
	Breast Care	3	2	5	40%
	Breast Screening Admin	6	5	11	45%
	CAH - Anaesthetics	18	11	29	38%
	CAH - Chronic/Acute Pain Clinic	2	1	3	33%
	CAH - Day Surgery Unit	7	23	30	77%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy	1		1	0%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - ENT Medical	12	1	13	8%
	CAH - I.C.U.	10	56	66	85%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Orthodontics Dental	2	2	4	50%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	8	20	28	71%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	6	27	33	82%
	CAH - Outpatients Dep Manager		2	2	100%
	CAH - Progressive Care Ward Bd 6 Staff	3	3	6	50%
	CAH - Progressive Care Ward Deputy	18	23	41	56%
	CAH - Recovery Areas		38	38	100%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1	1		1	0%
	CAH - T&O - Fracture Clinic	2	15	17	88%
	CAH - Theatres 1 - 4	10	40	50	80%
	CAH - Theatres 1 - 4 Deputy 1	1	1	2	50%
	CAH - Theatres 1 - 4 Deputy 2	1	1	2	50%
	CAH - Theatres 1 - 4 Deputy 3	2		2	0%
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%
	CAH - Theatres 5 - 8	20	21	41	51%
	CAH - Theatres 5 - 8 Deputy 2	1		1	0%
	CAH - Theatres 5 - 8 Deputy 3	2		2	0%

CAH - Theatres 5 - 8 Deputy 4	2		2	0%
CAH - Thorndale Unit Dep Mgr	3	3	6	50%
CAH - Trauma & Orthopaedics Medical	15	4	19	21%
CAH - Trauma Ward	18	22	40	55%
CAH - Trauma Ward Deputy Manager	1	1	2	50%
CAH - X-Ray - Nursing	2	4	6	67%
CAH 1 West - Elective Admission Ward	8	15	23	65%
CAH 3 South - Short Stay Surgical Ward	13	17	30	57%
CAH 4 North - Emerg Surg Adm/Urology	16	21	37	57%
CAH 4 South - Progressive Care Ward	1		1	0%
CAH I.C.U Deputy 1		1	1	100%
CAH I.C.U Deputy 5		1	1	100%
CAH Surgery Medical	18	2	20	10%
CAH Urology Medical	9	1	10	10%
CAH-Orthopaedic Ward Deputy 2	1		1	0%
CAH-Trauma Ward Deputy Manager 2		1	1	100%
Clinical Director General Surgery	1		1	0%
DECC - Pre Assessment	2	1	3	33%
DECC-Theatre	5	2	7	29%
DHH - Anaesthetics	11	6	17	35%
DHH - Endoscopy	2	20	22	91%
DHH - Female Surgical Winter Pressure		1	1	100%
DHH - Female Surgical/Gynae Deputy		3	3	100%
DHH - Female Surgical/Gynae Ward	9	20	29	69%
DHH - General Surgery Medical	3		3	0%
DHH - High Dependency Unit	5	19	24	79%
DHH - Male Surgical Deputy		1	1	100%
DHH - Male Surgical Ward	8	16	24	67%
DHH - Pain Clinic	1		1	0%
DHH - Theatres	3	41	44	93%
DHH - Theatres Deputy 1		1	1	100%
DHH - Theatres Deputy 2		2	2	100%
DHH - Theatres Deputy 3		1	1	100%
DHH Observation Area	1	4	5	80%
Endoscopy Pain & Day Units	1	2	3	67%
General Surgery/Orthodontics	1		1	0%
Independent Sector Admin Team		8	8	100%
Operational Support Admin	3	3	6	50%
Orthopaedics Practitioners	2	1	3	33%
PCL ENT/Urology/Outpatients	1		1	0%
Pre OP Assessment Admin	1	6	7	86%
Pre OP Assessment Team	7	9	16	56%
Scheduling Team	4	6	10	60%
Specialist Endoscopy	7	1	8	13%
STH - Outpatients	5	9	14	64%
STH - Theatres	29	8	37	22%
STH - Theatres Deputy 1		1	1	100%
STH - Theatres Deputy 2	1		1	0%
Surgery & Elective Division Admin	4	4	8	50%
Surgery & Elective Lead Nurse A	1		1	0%

	Surgery & Elective Lead Nurse B	1		1	0%
	Surgery & Elective Lead Nurse C	2	2	4	50%
	Trauma & Orthopaedics	4		4	0%
	Ward Support SEC	1	1	2	50%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>390</b>	<b>629</b>	<b>1019</b>	<b>62%</b>
Cancer & Clinical Services Division	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Associate MD Cancer & Clinical Services		1	1	100%
	C&CS Service Improve	1		1	0%
	CAH - Acute Dietetics Admin	1		1	0%
	CAH - Acute OT Admin	2	2	4	50%
	CAH - Acute OT Inpatient	5	11	16	69%
	CAH - Acute OT MAU & ED & GLT	3	4	7	57%
	CAH - Acute OT Outpatient	4	4	8	50%
	CAH - Acute Physiotherapy	14	24	38	63%
	CAH - Acute Speech & Language Therapy	5	6	11	55%
	CAH - Audiology	10	3	13	23%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry	3	45	48	94%
	CAH - Cancer Unit	7	14	21	67%
	CAH - Cellular Pathology		27	27	100%
	CAH - General Laboratories	1	3	4	75%
	CAH - Haematology	3	26	29	90%
	CAH - Haemovigilance		2	2	100%
	CAH - Hearing Therapy	1		1	0%
	CAH - Microbiology	4	23	27	85%
	CAH - Mortuary		3	3	100%
	CAH - Orthoptics SHSCT	5	3	8	38%
	CAH - Palliative Care	2	2	4	50%
	CAH - Pathology		2	2	100%
	CAH - Pathology - Cellular	2	5	7	71%
	CAH - Pathology - Chemical		2	2	100%
	CAH - Pathology - Haematology	2	2	4	50%
	CAH - Pathology - Microbiology	5	1	6	17%
	CAH - Radiology	14	7	21	33%
	CAH - T&O Physiotherapy	2	10	12	83%
	CAH - Transfusion		1	1	100%
	CAH 2 North - Haematology Ward	4	22	26	85%
	CAH 2 North - Haematology Ward Dep Mgr		2	2	100%
	CAH/DHH - Acute Dietetics		12	12	100%
	CAH/DHH - Acute Podiatry	1		1	0%
	Cancer & Clinical Services Admin		1	1	100%
	Cancer & Clinical Services Division	1	1	2	50%
	Cancer MDT Administration	4	14	18	78%
	Cancer Services	2	1	3	33%
	Cancer Services Admin	1	26	27	96%
	Cancer Services Haematology	2	2	4	50%
	Colorectal	1	4	5	80%
	Contracts Team		1	1	100%

DHH - Acute Occupational Therapy	3	13	16	81%
DHH - Acute OT Admin	1		1	0%
DHH - Acute Physiotherapy	5	9	14	64%
DHH - Acute Spch & Lang Therapy		2	2	100%
DHH - Audiology	3	1	4	25%
DHH - Dietetics Renal Unit		3	3	100%
DHH - Radiology		1	1	100%
DHH Cancer & Clinical Admin		8	8	100%
Diagnostics		2	2	100%
Diagnostics Admin		26	26	100%
General Radiography	3	17	20	85%
Gynae Nursing		1	1	100%
IM&WH Community Admin		3	3	100%
ISAS TEAM		1	1	100%
Laboratory Services		2	2	100%
Laboratory Services Admin	4	27	31	87%
Lead Nurse	1		1	0%
Lung Cancer Nursing	1	1	2	50%
NICRN Cancer Research Nurse		2	2	100%
Oncology	1	2	3	67%
PACS Team		4	4	100%
Paediatric Audiology	7	1	8	13%
Palliative Nursing		5	5	100%
Peripatetic Holding Positions	1	7	8	88%
Peripatetic Holding Positions - C.T		1	1	100%
Peripatetic Holding Positions - MRI Unit	1	2	3	67%
Radiography Support	1	3	4	75%
Reporting Radiographers		7	7	100%
SHSCT Orthoptics Team	1	1	2	50%
STH - Audiology	2		2	0%
STH - Radiology Admin		3	3	100%
TRF-CAH 2 North - Haematology Ward Dep		2	2	100%
Upper GI Nursing	1		1	0%
X-Ray - ACH		4	4	100%
X-Ray - CAH Breast Screening		1	1	100%
X-Ray - CAH C.T.		15	15	100%
X-Ray - CAH Cath Lab		2	2	100%
X-Ray - CAH E.E.G.	4	2	6	33%
X-Ray - CAH Fluoroscopy		6	6	100%
X-Ray - CAH General	4	11	15	73%
X-Ray - CAH MRI Unit	9	10	19	53%
X-Ray - CAH Nuclear Medicine		7	7	100%
X-Ray - CAH Trauma & Orthopaedics	2	6	8	75%
X-Ray - CAH Ultra Sound	2	18	20	90%
X-Ray - DHH	2	26	28	93%
X-Ray - DHH Deputy 1		1	1	100%
X-Ray - DHH Deputy 2		1	1	100%
X-Ray - Practice Educator	1		1	0%
X-Ray - STH	1	13	14	93%
X-Ray - STH-ACH-CAH		1	1	100%

	X-Ray CAH Breast Team		18	18	100%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>176</b>	<b>619</b>	<b>795</b>	<b>78%</b>
Director's Office	Acute Governance	5	2	7	29%
	Acute Governance Team 2	5	1	6	17%
	Acute Services	3	1	4	25%
<b>Director's Office Total</b>		<b>13</b>	<b>4</b>	<b>17</b>	<b>24%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		7	7	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services	1	1	2	50%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records		2	2	100%
	Armagh Community Support Services		10	10	100%
	Armagh Support Services		12	12	100%
	Banbridge H&CC Support Services		4	4	100%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution		2	2	100%
	Bluestone Support Services		3	3	100%
	Bluestone Support Services 1		11	11	100%
	Bluestone Support Services 2		11	11	100%
	Bluestone Support Services 3		9	9	100%
	C&B Community Support Services		1	1	100%
	C&B Community Units		4	4	100%
	C&B Functional Support Switchboard		16	16	100%
	C&B Health Records Team	1	42	43	98%
	C&B Locality Health Records		1	1	100%
	C&B Locality Health Records Asst Manager		1	1	100%
	C&B Locality Health Records Supervisor 1		1	1	100%
	C&B Locality Health Records Supervisor 2	1	1	2	50%
	CAH - Breast Admin		2	2	100%
	CAH - Dermatology Admin	2		2	0%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	7	29	36	81%
	CAH - Med Rec ENT (Surg)	3	6	9	67%
	CAH - Med Rec Maternity	5	7	12	58%
	CAH - Med Records Obs/Gynae	5	6	11	55%
	CAH - Sterile Services Department	1	27	28	96%
	CAH - Trauma & Ortho Admin	1	6	7	86%
	CAH - Urology Admin		7	7	100%
	CAH Security	1	7	8	88%
	CAH Support Services		1	1	100%
	CAH/ACH/STH - General Medicine Admin	51	26	77	34%
	CAH/STH - Emergency Admin	2	1	3	33%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%
	CAH/STH - Emergency Admin Team	16	17	33	52%
	CAH-Ward Clerks	5	29	34	85%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	2	3	5	60%
	Chaplains - Daisy Hill Hospital		3	3	100%

Chaplains - Lurgan Hospital		3	3	100%
Chaplains - South Tyrone Hospital	2		2	0%
Community Domestic Services		4	4	100%
Craigavon Catering 1		18	18	100%
Craigavon Catering 2	7	16	23	70%
Craigavon Catering 3		14	14	100%
Craigavon Catering Service	1	2	3	67%
Craigavon Catering Service (L2)		1	1	100%
Craigavon Domestic Services		2	2	100%
Craigavon Domestic Services - Evening		1	1	100%
Craigavon Domestic Services Dep Tm Mgr	1	8	9	89%
Craigavon Domestic Services Team 1	2	67	69	97%
Craigavon Domestic Services Team 2	2	28	30	93%
Craigavon Domestic Services Team 3	1	101	102	99%
Craigavon Domestic Services Team 4		12	12	100%
Craigavon Portering 1		10	10	100%
Craigavon Portering 2		7	7	100%
Craigavon Portering 3		10	10	100%
Craigavon Portering 4		12	12	100%
Craigavon Portering Service		7	7	100%
Decontamination Services		1	1	100%
Dermatology Admin		2	2	100%
DHH - Emergency Admin Team	8	15	23	65%
DHH - ENT Admin	1	2	3	67%
DHH - General Medicine Admin	1	9	10	90%
DHH - Geriatrics Admin	1		1	0%
DHH - Laundry Service		2	2	100%
DHH - Obs & Gynae Admin	12		12	0%
DHH - Obs&Gynae O/P Admin	5		5	0%
DHH - Sterile Services Department		10	10	100%
DHH & Community Domestic Services		6	6	100%
DHH Emergency Admin & Ward Clerks		2	2	100%
DHH-Ward Clerks	9	8	17	47%
Domestic Services Manager		8	8	100%
Domestic Services Team	1	37	38	97%
Dungannon Catering	1	2	3	67%
Functional Support Services Division		3	3	100%
General & Oral Surgery Admin	4	16	20	80%
Health Records		1	1	100%
Linen & Laundry Services		1	1	100%
Lurgan Catering Services	2	6	8	75%
Lurgan Domestic Services		14	14	100%
Lurgan Support Services	1	1	2	50%
Midwifery/Gynae Service Admin		3	3	100%
Minor Injuries Admin STH		3	3	100%
N&M C&B and Community Support Services		2	2	100%
N&M Catering Services	6	19	25	76%
N&M Functional Support Switchboard	1	4	5	80%
N&M Health Records Team	5	10	15	67%
N&M Locality Health Records	1		1	0%

	N&M Locality Health Records Supervisor 1		1	1	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	1	7	8	88%
	N&M Portering & Security Services 2	2	9	11	82%
	N&M Renal Admin Team		7	7	100%
	N&M Surgical & Medical Admin		9	9	100%
	Portadown Support Services		9	9	100%
	Porters	1	2	3	67%
	Referral & Booking Centre	15	22	37	59%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager	1		1	0%
	St Lukes Hospital Villa 3 Health Records		4	4	100%
	Sterile Services Department		1	1	100%
	STH Day Support Services		12	12	100%
	STH Evening Support Services		9	9	100%
	Switchboard & Residential Accommodation		2	2	100%
	Trauma & Orthopaedics/Ophthalmology Admin	1		1	0%
	Trustwide Support Services Admin		3	3	100%
<b>Functional Support Services Division Total</b>		<b>203</b>	<b>932</b>	<b>1135</b>	<b>82%</b>
Int Mat Service & Womens Health Division	A&D Comm Midwifery Nsg-Armagh	19	8	27	30%
	Breast Feeding Support		1	1	100%
	C&B Community Midwives	16	7	23	30%
	CAH - Adm & Asses Unit O&G	7	8	15	53%
	CAH - Delivery Suite	3	1	4	25%
	CAH - Delivery Suite 1	5	5	10	50%
	CAH - Delivery Suite 2	1	6	7	86%
	CAH - Delivery Suite 3	5	1	6	17%
	CAH - Delivery Suite 4	6	2	8	25%
	CAH - Delivery Suite 5	3	2	5	40%
	CAH - Delivery Suite 6	3	2	5	40%
	CAH - DOU Maternity	2	2	4	50%
	CAH - Obstetrics/Gynae	12	6	18	33%
	CAH - Parentcraft		1	1	100%
	CAH - Student Midwives	11	2	13	15%
	CAH 1 East - Gynae Ward	16	4	20	20%
	CAH 1 East - Gynae Ward Deputy	1		1	0%
	CAH 2 East - Midwifery Led Unit	11	3	14	21%
	CAH 2 West - Maternity Ward	25	19	44	43%
	CAH Ante Natal Outpatients Dept	15	13	28	46%
	Community Home Birthing Team	1		1	0%
	Continuity of Care Lead		1	1	100%
	DC&B Family Planning Services	1	2	3	67%
	DHH - Admission & Assessment Unit		6	6	100%
	DHH - Ante/Post Natal	25	13	38	34%
	DHH - Delivery Suite 1	3	5	8	63%
	DHH - Delivery Suite 3	1	3	4	75%
	DHH - Delivery Suite 4	3	2	5	40%
	DHH - Delivery Suite 5		5	5	100%
	DHH - Delivery Suite 6	1	4	5	80%
	DHH - Delivery Suite 7	1	5	6	83%



	DHH - MLU	1	7	8	88%
	DHH - Obs & Gynae	9	6	15	40%
	DHH - Outpatients-Mat/Gynae	16	7	23	30%
	Family Planning Services		2	2	100%
	Int Mat Service & Womens Health Division	1		1	0%
	Midwifery/Gynae Service	13	4	17	24%
	N&M Community Midwives	11	12	23	52%
	N&M Gen Med Pract - Gum Clinic	1		1	0%
	N&M Sexual Health Clinic	2		2	0%
	NMT Sexual Health Clinic Nurses	3	3	6	50%
	P.C.L Maternity CAH	1		1	0%
	P.C.L Maternity CAH (1)	1		1	0%
	P.C.L Maternity DHH	1	1	2	50%
	P.C.L Mgs Community	1		1	0%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>258</b>	<b>181</b>	<b>439</b>	<b>41%</b>
Medicine Division	Acute Geriatric & Stroke	2	1	3	33%
	Acute Hospital Social Work Department		1	1	100%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2	1		1	0%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4	1		1	0%
	CAH - 2 South Acute Elderly	9	22	31	71%
	CAH - 2 South Stroke	6	20	26	77%
	CAH - 2 South Stroke Deputy 1		1	1	100%
	CAH - 2 South Stroke Deputy 2		1	1	100%
	CAH - 3 North Medicine	13	29	42	69%
	CAH - Cardiac Rehabilitation	1	3	4	75%
	CAH - Cardiology Medical	11	4	15	27%
	CAH - Cardiovascular Research	1	2	3	67%
	CAH - Catheterisation Laboratory	8	7	15	47%
	CAH - Day Clinical Care		9	9	100%
	CAH - Dermatology - Medical	8	2	10	20%
	CAH - Dermatology - Nursing	8	11	19	58%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Diabetes Endocrine - Medical		3	3	100%
	CAH - Diabetic Nurse Specialist	1	1	2	50%
	CAH - E.C.G.	9	8	17	47%
	CAH - Gastroenterology - Medical	3	3	6	50%
	CAH - Gastroenterology Nurse Specialist	3	3	6	50%
	CAH - Neurology - Medical	8	1	9	11%
	CAH - Neurology Nursing		3	3	100%
	CAH - Pacing and Cath Lab	6	1	7	14%
	CAH - Pulmonary Function Lab	7	4	11	36%
	CAH - Rapid Acc Chest Pain Clinic	4	1	5	20%
	CAH - Respiratory - Medical	5	3	8	38%
	CAH - Respiratory Nrs Specialst	5	2	7	29%
	CAH - Resuscitation	3		3	0%
	CAH - Rheumatology - Medical	6	1	7	14%
	CAH - Rheumatology Nurse Specialists		6	6	100%
	CAH - Stroke Geriatric - Medical		1	1	100%



CAH - Stroke Nurse Specialist		2	2	100%
CAH - Ward 3 Ramone (Frailty Ward)	1	21	22	95%
CAH 1 North - Cardiology Ward	12	39	51	76%
CAH 1 South - Medical Ward	24	17	41	41%
CAH 2 North - Respiratory Ward	3	44	47	94%
CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
CAH Catheterisation Laboratory Dep Mgr 2	1		1	0%
Cardiology Neurology & Dermatology	4	6	10	60%
Dementia Improvement Service	1	2	3	67%
DHH - Cardiology	3	2	5	40%
DHH - Day Clinical Centre	2	1	3	33%
DHH - Diabetes Endocrine - Medical	1		1	0%
DHH - Diabetic Nurse Specialist	1	1	2	50%
DHH - Discharge Lounge	1		1	0%
DHH - E.C.G.	4	2	6	33%
DHH - Female Medical Ward	24	21	45	47%
DHH - Female Medical Ward Deputy 1	1		1	0%
DHH - Female Medical Ward Deputy 2		1	1	100%
DHH - Female Medical Ward Deputy 4	1		1	0%
DHH - Female Medical Ward Deputy 5	1		1	0%
DHH - Gastroenterology - Medical	3	3	6	50%
DHH - General Medical	4	1	5	20%
DHH - Geriatric Medical	2	2	4	50%
DHH - Male Medical Ward	32	16	48	33%
DHH - Nursing	1		1	0%
DHH - Physician Associates	1		1	0%
DHH - Physician Associates - Med & Surg	4	2	6	33%
DHH - Renal	5		5	0%
DHH - Renal Dialysis Nurse Spec	1	2	3	67%
DHH - Renal Nursing Dep	35	7	42	17%
DHH - Renal Unit - Medical	6	2	8	25%
DHH - Respiratory - Medical		1	1	100%
DHH - Respiratory Nurse Spec	1		1	0%
DHH - Respiratory Ward		1	1	100%
DHH - Stroke & Rehab Level 4	34	10	44	23%
DHH - Stroke & Rehab Level 4 Dep 1	4		4	0%
DHH - Stroke & Rehab Level 4 Dep 4	2		2	0%
DHH - Stroke Nurse Specialist		1	1	100%
DHH-Male Medical Dep	1		1	0%
Donning & Doffing CAH	1	2	3	67%
Donning & Doffing DHH	1		1	0%
Gastro Rheum Diabetes Endo & Neurology		1	1	100%
Hospital Social Work Team - CAH	14	7	21	33%
Hospital Social Work Team - CAH Deputy	1		1	0%
Hospital Social Work Team - DHH	2	13	15	87%
Hospital Social Work Team CAH-Sen Pract	2		2	0%
Lead Nurse Gastro Diabet Endo Neuro Med		1	1	100%
LN Cardiology Respiratory		1	1	100%
Medicine Division	1	1	2	50%
Operational Supp Lead Gen&Spec Medicine		2	2	100%

	Stroke Frailty Dermatology & Medicine	1	1	2	50%
	TRF-CAH -1 South Medical Ward Deputy 5/6		1	1	100%
	Trustwide Heart Failure	2	8	10	80%
<b>Medicine Division Total</b>		<b>375</b>	<b>403</b>	<b>778</b>	<b>52%</b>
Pharmacy Division	Acute Care at Home & OPPC Pharmacy Team	2	5	7	71%
	Anticoagulation Team	1	3	4	75%
	Antimicrobial Pharmacist	4		4	0%
	Aseptic Services TPN	1	3	4	75%
	Aseptics Biologics Pharmacy Services	1		1	0%
	CAH - Clinical Pharmacy Team	4	15	19	79%
	CAH - Community Technicians		3	3	100%
	CAH - Critical Care		2	2	100%
	CAH - Dispensary Team		4	4	100%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	4	8	12	67%
	CAH - Emergency and Admissions Team	2	4	6	67%
	CAH - IMM Technician Services	6	19	25	76%
	CAH - Medicines Information		1	1	100%
	CAH - Pharmacy Ward Services	3	6	9	67%
	CAH - Procurement Technician Team	6	1	7	14%
	CAH - Procurement Technician Team 2	2	3	5	60%
	CAH - Trainee Technicians		7	7	100%
	Chemotherapy Pharmacy Services	7	3	10	30%
	Cytotoxic Services	6	2	8	25%
	DHH - Clinical Pharmacy Team	5	9	14	64%
	DHH - Dispens & Distrib Technician Team	6	2	8	25%
	DHH - Dispensary Team		3	3	100%
	DHH - Procurement Technician Team	1	2	3	67%
	DHH - Ward Technicians	2	6	8	75%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		2	2	100%
	MH Clinical Pharmacy	3	1	4	25%
	MOOP Clinical Pharmacy	2	2	4	50%
	Palliative Care Pharmacist	1	1	2	50%
	Pharmacy Admin		1	1	100%
	Pharmacy Chief Technicians	1	1	2	50%
	Pharmacy Clinical Services	1	4	5	80%
	Pharmacy Finance Team		5	5	100%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%
	Pharmacy Procurement	2	1	3	33%
	Pharmacy QA/Aseptic Services		1	1	100%
	Pharmacy Specialist Medicines	3	2	5	40%
	Purchasing/IT Team	1		1	0%
	Respiratory Pharmacist		1	1	100%
	Specialist Medicines	6	8	14	57%
	Surgery Clinical Pharmacy	1	16	17	94%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services	1	1	2	50%
<b>Pharmacy Division Total</b>		<b>85</b>	<b>166</b>	<b>251</b>	<b>66%</b>

Unscheduled Care Division

Acute Medicine Patient Flow & Ambulatory		1	1	100%
Ambulatory Unit	5	5	10	50%
CAH - Acute Med Admission Unit	37	17	54	31%
CAH - Acute Med Admission Unit Deputy 2		1	1	100%
CAH - Acute Medical Unit	1	6	7	86%
CAH - Emergency Dental	1		1	0%
CAH - Emergency Medical	9	11	20	55%
CAH - Emergency Nurse Practitioners	4		4	0%
CAH - Emergency Nursing	76	26	102	25%
CAH - Medical	9	1	10	10%
CAH-EmergMed-Amb-EmerDent-MIU DHH ED DAU	4	1	5	20%
DHH - Direct Assessment Unit Medical	5		5	0%
DHH - Direct Assessment Unit Nursing	5	10	15	
DHH - Emergency Medical	9	7	16	44%
DHH - Emergency Nurse Practitioners		2	2	100%
DHH - Emergency Nursing	34	26	60	43%
Lead Nurse EM	1		1	0%
Patient Flow		1	1	100%
Patient Flow - CAH	18	15	33	45%
Patient Flow - DHH	9	2	11	18%
Quality & Safety	2	1	3	33%
STH - Emergency Minor Injuries Unit	3	4	7	57%
STH - Emergency Minor Injuries Unit Dep1	1		1	0%
STH - Emergency Minor Injuries Unit Dep2		1	1	100%
Unscheduled Care Division	1		1	0%
	234	138	372	37%
	1734	3072	4806	

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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

**Southern Health & Social Care Trust****Summary of Equality Training Compliance for Staff in Acute Directorate by Division & Organisational Unit including  
% of Staff trained as at 30th September 2022**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

		Key: % Trained			
		0% - 59%			
		60% - 79%			
		80% - 100%			
		Equality			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2	1	3	4	75%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	3		3	0%
	ATICS Admin	6	21	27	78%
	Banbridge and N&M - Outpatients	2	20	22	91%
	Breast Care	3	2	5	40%
	Breast Screening Admin	4	7	11	64%
	CAH - Anaesthetics	15	14	29	48%
	CAH - Chronic/Acute Pain Clinic	1	2	3	67%
	CAH - Day Surgery Unit	6	24	30	80%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - ENT Medical	11	2	13	15%
	CAH - I.C.U.	14	52	66	79%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Orthodontics Dental	3	1	4	25%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	4	24	28	86%
	CAH - Orthopaedic Ward Deputy	1		1	0%
	CAH - Outpatients	20	13	33	39%
	CAH - Outpatients Dep Manager	1	1	2	50%
	CAH - Progressive Care Ward Bd 6 Staff	2	4	6	67%
	CAH - Progressive Care Ward Deputy	12	29	41	71%
	CAH - Recovery Areas	4	34	38	89%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - T&O - Fracture Clinic	6	11	17	65%
	CAH - Theatres 1 - 4	27	23	50	46%
	CAH - Theatres 1 - 4 Deputy 1	2		2	0%
	CAH - Theatres 1 - 4 Deputy 2	2		2	0%
	CAH - Theatres 1 - 4 Deputy 3	2		2	0%
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%
	CAH - Theatres 5 - 8	15	26	41	63%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Theatres 5 - 8 Deputy 3	1	1	2	50%
	CAH - Theatres 5 - 8 Deputy 4		2	2	100%
	CAH - Thorndale Unit Dep Mgr	3	3	6	50%
	CAH - Trauma & Orthopaedics Medical	13	6	19	32%
	CAH - Trauma Ward	11	29	40	73%
	CAH - Trauma Ward Deputy Manager	1	1	2	50%
	CAH - X-Ray - Nursing		6	6	100%
	CAH 1 West - Elective Admission Ward	7	16	23	70%
	CAH 3 South - Short Stay Surgical Ward	13	17	30	57%
	CAH 4 North - Emerg Surg Adm/Urology	14	23	37	62%
	CAH 4 South - Progressive Care Ward	1		1	0%
	CAH I.C.U Deputy 1	1		1	0%
	CAH I.C.U Deputy 5	1		1	0%
	CAH Surgery Medical	15	5	20	25%
	CAH Urology Medical	7	3	10	30%
	CAH-Orthopaedic Ward Deputy 2		1	1	100%
	CAH-Trauma Ward Deputy Manager 2	1		1	0%
	Clinical Director General Surgery		1	1	100%
	DECC - Pre Assessment	1	2	3	67%
	DECC-Theatre	5	2	7	29%
	DHH - Anaesthetics	8	9	17	53%
	DHH - Endoscopy	3	19	22	86%
	DHH - Female Surgical Winter Pressure		1	1	100%
	DHH - Female Surgical/Gynae Deputy		3	3	100%
	DHH - Female Surgical/Gynae Ward	11	18	29	62%
	DHH - General Surgery Medical	1	2	3	67%
	DHH - High Dependency Unit	2	22	24	92%
	DHH - Male Surgical Deputy		1	1	100%
	DHH - Male Surgical Ward	7	17	24	71%
	DHH - Pain Clinic		1	1	100%
	DHH - Theatres	10	34	44	77%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2	1	1	2	50%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area		5	5	100%
	Endoscopy Pain & Day Units	2	1	3	33%
	General Surgery/Orthodontics	1		1	0%
	Independent Sector Admin Team		8	8	100%
	Operational Support Admin	4	2	6	33%
	Orthopaedics Practitioners	3		3	0%
	PCL ENT/Urology/Outpatients	1		1	0%
	Pre OP Assessment Admin	2	5	7	71%
	Pre OP Assessment Team	4	12	16	75%
	Scheduling Team	4	6	10	60%
	Specialist Endoscopy	3	5	8	63%
	STH - Outpatients	4	10	14	71%
	STH - Theatres	28	9	37	24%
	STH - Theatres Deputy 1	1		1	0%
	STH - Theatres Deputy 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Surgery & Elective Division Admin	5	3	8	38%
	Surgery & Elective Lead Nurse A		1	1	100%
	Surgery & Elective Lead Nurse B	1		1	0%
	Surgery & Elective Lead Nurse C	2	2	4	50%
	Trauma & Orthopaedics	4		4	0%
	Ward Support SEC		2	2	100%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>380</b>	<b>639</b>	<b>1019</b>	<b>63%</b>
Cancer & Clinical Services Division	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Associate MD Cancer & Clinical Services		1	1	100%
	C&CS Service Improve	1		1	0%
	CAH - Acute Dietetics Admin	1		1	0%
	CAH - Acute OT Admin	3	1	4	25%
	CAH - Acute OT Inpatient	11	5	16	31%
	CAH - Acute OT MAU & ED & GLT	3	4	7	57%
	CAH - Acute OT Outpatient	4	4	8	50%
	CAH - Acute Physiotherapy	18	20	38	53%
	CAH - Acute Speech & Language Therapy	6	5	11	45%
	CAH - Audiology	6	7	13	54%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry	9	39	48	81%
	CAH - Cancer Unit	11	10	21	48%
	CAH - Cellular Pathology	1	26	27	96%
	CAH - General Laboratories	3	1	4	25%
	CAH - Haematology	7	22	29	76%
	CAH - Haemovigilance		2	2	100%
	CAH - Hearing Therapy		1	1	100%
	CAH - Microbiology	3	24	27	89%
	CAH - Mortuary		3	3	100%
	CAH - Orthoptics SHSCT	4	4	8	50%
	CAH - Palliative Care	3	1	4	25%
	CAH - Pathology	1	1	2	50%
	CAH - Pathology - Cellular	3	4	7	57%
	CAH - Pathology - Chemical		2	2	100%
	CAH - Pathology - Haematology	2	2	4	50%
	CAH - Pathology - Microbiology	2	4	6	67%
	CAH - Radiology	6	15	21	71%
	CAH - T&O Physiotherapy	4	8	12	67%
	CAH - Transfusion	1		1	0%
	CAH 2 North - Haematology Ward	6	20	26	77%
	CAH 2 North - Haematology Ward Dep Mgr		2	2	100%
	CAH/DHH - Acute Dietetics	3	9	12	75%
	CAH/DHH - Acute Podiatry	1		1	0%
	Cancer & Clinical Services Admin	1		1	0%
	Cancer & Clinical Services Division	2		2	0%
	Cancer MDT Administration	6	12	18	67%
	Cancer Services	2	1	3	33%
	Cancer Services Admin	5	22	27	81%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Cancer Services Haematology	3	1	4	25%
	Colorectal	2	3	5	60%
	Contracts Team	1		1	0%
	DHH - Acute Occupational Therapy	6	10	16	63%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy	4	10	14	71%
	DHH - Acute Spch & Lang Therapy		2	2	100%
	DHH - Audiology		4	4	100%
	DHH - Dietetics Renal Unit		3	3	100%
	DHH - Radiology	1		1	0%
	DHH Cancer & Clinical Admin	2	6	8	75%
	Diagnostics		2	2	100%
	Diagnostics Admin	1	25	26	96%
	General Radiography	6	14	20	70%
	Gynae Nursing		1	1	100%
	IM&WH Community Admin	2	1	3	33%
	ISAS TEAM		1	1	100%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	4	27	31	87%
	Lead Nurse	1		1	0%
	Lung Cancer Nursing		2	2	100%
	NICRN Cancer Research Nurse		2	2	100%
	Oncology	1	2	3	67%
	PACS Team	1	3	4	75%
	Paediatric Audiology	8		8	0%
	Palliative Nursing		5	5	100%
	Peripatetic Holding Positions	3	5	8	63%
	Peripatetic Holding Positions - C.T		1	1	100%
	Peripatetic Holding Positions - MRI Unit	1	2	3	67%
	Radiography Support		4	4	100%
	Reporting Radiographers		7	7	100%
	SHSCT Orthoptics Team	2		2	0%
	STH - Audiology	1	1	2	50%
	STH - Radiology Admin		3	3	100%
	TRF-CAH 2 North - Haematology Ward Dep		2	2	100%
	Upper GI Nursing		1	1	100%
	X-Ray - ACH	1	3	4	75%
	X-Ray - CAH Breast Screening		1	1	100%
	X-Ray - CAH C.T.	2	13	15	87%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH E.E.G.	3	3	6	50%
	X-Ray - CAH Fluoroscopy	1	5	6	83%
	X-Ray - CAH General	4	11	15	73%
	X-Ray - CAH MRI Unit	11	8	19	42%
	X-Ray - CAH Nuclear Medicine	1	6	7	86%
	X-Ray - CAH Trauma & Orthopaedics	1	7	8	88%
	X-Ray - CAH Ultra Sound	5	15	20	75%
	X-Ray - DHH	4	24	28	86%
	X-Ray - DHH Deputy 1		1	1	100%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	X-Ray - DHH Deputy 2		1	1	100%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	1	13	14	93%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	3	15	18	83%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>231</b>	<b>564</b>	<b>795</b>	<b>71%</b>
Director's Office	Acute Governance	5	2	7	29%
	Acute Governance Team 2	2	4	6	67%
	Acute Services	2	2	4	50%
<b>Director's Office Total</b>		<b>9</b>	<b>8</b>	<b>17</b>	<b>47%</b>
Functional Support Services Division	A&D Locality Health Records 1	2		2	0%
	A&D Locality Health Records 2	2	5	7	71%
	A&D Support Services Dep Mgr 1	1		1	0%
	Area Board Support Services	2		2	0%
	Armagh & Dungannon Support Services	1		1	0%
	Armagh Community Hospital Health Records	1	1	2	50%
	Armagh Community Support Services	10		10	0%
	Armagh Support Services	10	2	12	17%
	Banbridge H&CC Support Services	4		4	0%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	2		2	0%
	Bluestone Support Services	3		3	0%
	Bluestone Support Services 1	9	2	11	18%
	Bluestone Support Services 2	9	2	11	18%
	Bluestone Support Services 3	7	2	9	22%
	C&B Community Support Services	1		1	0%
	C&B Community Units	4		4	0%
	C&B Functional Support Switchboard	8	8	16	50%
	C&B Health Records Team	6	37	43	86%
	C&B Locality Health Records		1	1	100%
	C&B Locality Health Records Asst Manager		1	1	100%
	C&B Locality Health Records Supervisor 1		1	1	100%
	C&B Locality Health Records Supervisor 2	1	1	2	50%
	CAH - Breast Admin	1	1	2	50%
	CAH - Dermatology Admin		2	2	100%
	CAH - Health Rec Admissions	1		1	0%
	CAH - Laundry Service	36		36	0%
	CAH - Med Rec ENT (Surg)	7	2	9	22%
	CAH - Med Rec Maternity	8	4	12	33%
	CAH - Med Records Obs/Gynae	7	4	11	36%
	CAH - Sterile Services Department	27	1	28	4%
	CAH - Trauma & Ortho Admin	1	6	7	86%
	CAH - Urology Admin	3	4	7	57%
	CAH Security	2	6	8	75%
	CAH Support Services		1	1	100%
	CAH/ACH/STH - General Medicine Admin	38	39	77	51%
	CAH/STH - Emergency Admin	2	1	3	33%
	CAH/STH - Emergency Admin Supervisor 1	1		1	0%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH/STH - Emergency Admin Team	21	12	33	36%
	CAH-Ward Clerks	12	22	34	65%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	3	2	5	40%
	Chaplains - Daisy Hill Hospital		3	3	100%
	Chaplains - Lurgan Hospital	1	2	3	67%
	Chaplains - South Tyrone Hospital	2		2	0%
	Community Domestic Services	4		4	0%
	Craigavon Catering 1	18		18	0%
	Craigavon Catering 2	22	1	23	4%
	Craigavon Catering 3	14		14	0%
	Craigavon Catering Service	2	1	3	33%
	Craigavon Catering Service (L2)		1	1	100%
	Craigavon Domestic Services	2		2	0%
	Craigavon Domestic Services - Evening		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	7	2	9	22%
	Craigavon Domestic Services Team 1	59	10	69	14%
	Craigavon Domestic Services Team 2	29	1	30	3%
	Craigavon Domestic Services Team 3	85	17	102	17%
	Craigavon Domestic Services Team 4	9	3	12	25%
	Craigavon Portering 1	6	4	10	40%
	Craigavon Portering 2	4	3	7	43%
	Craigavon Portering 3	7	3	10	30%
	Craigavon Portering 4	8	4	12	33%
	Craigavon Portering Service	5	2	7	29%
	Decontamination Services	1		1	0%
	Dermatology Admin	1	1	2	50%
	DHH - Emergency Admin Team	13	10	23	43%
	DHH - ENT Admin	1	2	3	67%
	DHH - General Medicine Admin	2	8	10	80%
	DHH - Geriatrics Admin	1		1	0%
	DHH - Laundry Service	2		2	0%
	DHH - Obs & Gynae Admin	5	7	12	58%
	DHH - Obs&Gynae O/P Admin	2	3	5	60%
	DHH - Sterile Services Department	6	4	10	40%
	DHH & Community Domestic Services	3	3	6	50%
	DHH Emergency Admin & Ward Clerks	1	1	2	50%
	DHH-Ward Clerks	7	10	17	59%
	Domestic Services Manager	7	1	8	13%
	Domestic Services Team	37	1	38	3%
	Dungannon Catering	3		3	0%
	Functional Support Services Division		3	3	100%
	General & Oral Surgery Admin	9	11	20	55%
	Health Records		1	1	100%
	Linen & Laundry Services	1		1	0%
	Lurgan Catering Services	6	2	8	25%
	Lurgan Domestic Services	10	4	14	29%
	Lurgan Support Services		2	2	100%
	Midwifery/Gynae Service Admin	1	2	3	67%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Minor Injuries Admin STH		3	3	100%
	N&M C&B and Community Support Services		2	2	100%
	N&M Catering Services	23	2	25	8%
	N&M Functional Support Switchboard	3	2	5	40%
	N&M Health Records Team	12	3	15	20%
	N&M Locality Health Records	1		1	0%
	N&M Locality Health Records Supervisor 1		1	1	100%
	N&M Locality Health Records Supervisor 2	1		1	0%
	N&M Portering & Security Services 1	8		8	0%
	N&M Portering & Security Services 2	10	1	11	9%
	N&M Renal Admin Team	2	5	7	71%
	N&M Surgical & Medical Admin	2	7	9	78%
	Portadown Support Services	7	2	9	22%
	Porters	3		3	0%
	Referral & Booking Centre	34	3	37	8%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager		1	1	100%
	St Lukes Hospital Villa 3 Health Records	3	1	4	25%
	Sterile Services Department		1	1	100%
	STH Day Support Services	12		12	0%
	STH Evening Support Services	5	4	9	44%
	Switchboard & Residential Accommodation		2	2	100%
	Trauma & Orthopaedics/Ophthalmology Admin	1		1	0%
	Trustwide Support Services Admin	2	1	3	33%
<b>Functional Support Services Division Total</b>		<b>788</b>	<b>347</b>	<b>1135</b>	<b>31%</b>
Int Mat Service & Womens Health Division	A&D Comm Midwifery Nsg-Armagh	9	18	27	67%
	Breast Feeding Support		1	1	100%
	C&B Community Midwives	17	6	23	26%
	CAH - Adm & Asses Unit O&G	9	6	15	40%
	CAH - Delivery Suite	2	2	4	50%
	CAH - Delivery Suite 1	2	8	10	80%
	CAH - Delivery Suite 2	2	5	7	71%
	CAH - Delivery Suite 3	3	3	6	50%
	CAH - Delivery Suite 4	3	5	8	63%
	CAH - Delivery Suite 5	2	3	5	60%
	CAH - Delivery Suite 6	4	1	5	20%
	CAH - DOU Maternity	1	3	4	75%
	CAH - Obstetrics/Gynae	11	7	18	39%
	CAH - Parentcraft		1	1	100%
	CAH - Student Midwives	9	4	13	31%
	CAH 1 East - Gynae Ward	9	11	20	55%
	CAH 1 East - Gynae Ward Deputy	1		1	0%
	CAH 2 East - Midwifery Led Unit	10	4	14	29%
	CAH 2 West - Maternity Ward	19	25	44	57%
	CAH Ante Natal Outpatients Dept	13	15	28	54%
	Community Home Birthing Team		1	1	100%
	Continuity of Care Lead		1	1	100%
	DC&B Family Planning Services	1	2	3	67%
	DHH - Admission & Assessment Unit	1	5	6	83%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Ante/Post Natal	21	17	38	45%
	DHH - Delivery Suite 1	4	4	8	50%
	DHH - Delivery Suite 3	1	3	4	75%
	DHH - Delivery Suite 4	3	2	5	40%
	DHH - Delivery Suite 5	3	2	5	40%
	DHH - Delivery Suite 6	2	3	5	60%
	DHH - Delivery Suite 7	1	5	6	83%
	DHH - MLU	2	6	8	75%
	DHH - Obs & Gynae	9	6	15	40%
	DHH - Outpatients-Mat/Gynae	18	5	23	22%
	Family Planning Services		2	2	100%
	Int Mat Service & Womens Health Division	1		1	0%
	Midwifery/Gynae Service	12	5	17	29%
	N&M Community Midwives	6	17	23	74%
	N&M Gen Med Pract - Gum Clinic		1	1	100%
	N&M Sexual Health Clinic	2		2	0%
	NMT Sexual Health Clinic Nurses	1	5	6	83%
	P.C.L Maternity CAH		1	1	100%
	P.C.L Maternity CAH (1)	1		1	0%
	P.C.L Maternity DHH	2		2	0%
	P.C.L Mgs Community	1		1	0%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>218</b>	<b>221</b>	<b>439</b>	<b>50%</b>
Medicine Division	Acute Geriatric & Stroke	2	1	3	33%
	Acute Hospital Social Work Department		1	1	100%
	CAH - 1 South Medical Ward Deputy 1	1		1	0%
	CAH - 1 South Medical Ward Deputy 2	1		1	0%
	CAH - 1 South Medical Ward Deputy 3	1		1	0%
	CAH - 1 South Medical Ward Deputy 4	1		1	0%
	CAH - 2 South Acute Elderly	10	21	31	68%
	CAH - 2 South Stroke	8	18	26	69%
	CAH - 2 South Stroke Deputy 1	1		1	0%
	CAH - 2 South Stroke Deputy 2	1		1	0%
	CAH - 3 North Medicine	13	29	42	69%
	CAH - Cardiac Rehabilitation	2	2	4	50%
	CAH - Cardiology Medical	7	8	15	53%
	CAH - Cardiovascular Research	2	1	3	33%
	CAH - Catheterisation Laboratory	4	11	15	73%
	CAH - Day Clinical Care	5	4	9	44%
	CAH - Dermatology - Medical	7	3	10	30%
	CAH - Dermatology - Nursing	16	3	19	16%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Diabetes Endocrine - Medical		3	3	100%
	CAH - Diabetic Nurse Specialist		2	2	100%
	CAH - E.C.G.	9	8	17	47%
	CAH - Gastroenterology - Medical	3	3	6	50%
	CAH - Gastroenterology Nurse Specialist	4	2	6	33%
	CAH - Neurology - Medical	4	5	9	56%
	CAH - Neurology Nursing	2	1	3	33%
	CAH - Pacing and Cath Lab	3	4	7	57%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pulmonary Function Lab	5	6	11	55%
	CAH - Rapid Acc Chest Pain Clinic	3	2	5	40%
	CAH - Respiratory - Medical	5	3	8	38%
	CAH - Respiratory Nrs Specialst	3	4	7	57%
	CAH - Resuscitation	3		3	0%
	CAH - Rheumatology - Medical	4	3	7	43%
	CAH - Rheumatology Nurse Specialists	1	5	6	83%
	CAH - Stroke Geriatric - Medical	1		1	0%
	CAH - Stroke Nurse Specialist	1	1	2	50%
	CAH - Ward 3 Ramone (Frailty Ward)	2	20	22	91%
	CAH 1 North - Cardiology Ward	9	42	51	82%
	CAH 1 South - Medical Ward	27	14	41	34%
	CAH 2 North - Respiratory Ward	4	43	47	91%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	Cardiology Neurology & Dermatology	4	6	10	60%
	Dementia Improvement Service	1	2	3	67%
	DHH - Cardiology	4	1	5	20%
	DHH - Day Clinical Centre	2	1	3	33%
	DHH - Diabetes Endocrine - Medical		1	1	100%
	DHH - Diabetic Nurse Specialist	1	1	2	50%
	DHH - Discharge Lounge	1		1	0%
	DHH - E.C.G.	2	4	6	67%
	DHH - Female Medical Ward	27	18	45	40%
	DHH - Female Medical Ward Deputy 1	1		1	0%
	DHH - Female Medical Ward Deputy 2		1	1	100%
	DHH - Female Medical Ward Deputy 4	1		1	0%
	DHH - Female Medical Ward Deputy 5	1		1	0%
	DHH - Gastroenterology - Medical	3	3	6	50%
	DHH - General Medical	4	1	5	20%
	DHH - Geriatric Medical	2	2	4	50%
	DHH - Male Medical Ward	23	25	48	52%
	DHH - Nursing	1		1	0%
	DHH - Physician Associates	1		1	0%
	DHH - Physician Associates - Med & Surg	4	2	6	33%
	DHH - Renal	2	3	5	60%
	DHH - Renal Dialysis Nurse Spec	1	2	3	67%
	DHH - Renal Nursing Dep	13	29	42	69%
	DHH - Renal Unit - Medical	5	3	8	38%
	DHH - Respiratory - Medical		1	1	100%
	DHH - Respiratory Nurse Spec		1	1	100%
	DHH - Respiratory Ward		1	1	100%
	DHH - Stroke & Rehab Level 4	31	13	44	30%
	DHH - Stroke & Rehab Level 4 Dep 1	3	1	4	25%
	DHH - Stroke & Rehab Level 4 Dep 4	2		2	0%
	DHH - Stroke Nurse Specialist		1	1	100%
	DHH-Male Medical Dep	1		1	0%
	Donning & Doffing CAH	1	2	3	67%
	Donning & Doffing DHH	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Gastro Rheum Diabetes Endo & Neurology	1		1	0%
	Hospital Social Work Team - CAH	15	6	21	29%
	Hospital Social Work Team - CAH Deputy	1		1	0%
	Hospital Social Work Team - DHH	1	14	15	93%
	Hospital Social Work Team CAH-Sen Pract	2		2	0%
	Lead Nurse Gastro Diabet Endo Neuro Med		1	1	100%
	LN Cardiology Respiratory	1		1	0%
	Medicine Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine	1	1	2	50%
	Stroke Frailty Dermatology & Medicine	1	1	2	50%
	TRF-CAH -1 South Medical Ward Deputy 5/6		1	1	100%
	Trustwide Heart Failure	3	7	10	70%
<b>Medicine Division Total</b>		<b>345</b>	<b>433</b>	<b>778</b>	<b>56%</b>
Pharmacy Division	Acute Care at Home & OPPC Pharmacy Team	2	5	7	71%
	Anticoagulation Team	1	3	4	75%
	Antimicrobial Pharmacist	4		4	0%
	Aseptic Services TPN	2	2	4	50%
	Aseptics Biologics Pharmacy Services	1		1	0%
	CAH - Clinical Pharmacy Team	1	18	19	95%
	CAH - Community Technicians		3	3	100%
	CAH - Critical Care		2	2	100%
	CAH - Dispensary Team	2	2	4	50%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	3	9	12	75%
	CAH - Emergency and Admissions Team	2	4	6	67%
	CAH - IMM Technician Services	4	21	25	84%
	CAH - Medicines Information		1	1	100%
	CAH - Pharmacy Ward Services	1	8	9	89%
	CAH - Procurement Technician Team	7		7	0%
	CAH - Procurement Technician Team 2	2	3	5	60%
	CAH - Trainee Technicians	2	5	7	71%
	Chemotherapy Pharmacy Services	7	3	10	30%
	Cytotoxic Services	5	3	8	38%
	DHH - Clinical Pharmacy Team	3	11	14	79%
	DHH - Dispens & Distrib Technician Team	4	4	8	50%
	DHH - Dispensary Team	1	2	3	67%
	DHH - Procurement Technician Team	1	2	3	67%
	DHH - Ward Technicians	3	5	8	63%
	DHH Renal Pharmacy Team	1	1	2	50%
	Director of Pharmacy	1	1	2	50%
	MH Clinical Pharmacy		4	4	100%
	MOOP Clinical Pharmacy	2	2	4	50%
	Palliative Care Pharmacist		2	2	100%
	Pharmacy Admin	1		1	0%
	Pharmacy Chief Technicians	1	1	2	50%
	Pharmacy Clinical Services		5	5	100%
	Pharmacy Finance Team	4	1	5	20%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement	1	2	3	67%
	Pharmacy QA/Aseptic Services	1		1	0%
	Pharmacy Specialist Medicines	3	2	5	40%
	Purchasing/IT Team	1		1	0%
	Respiratory Pharmacist		1	1	100%
	Specialist Medicines	6	8	14	57%
	Surgery Clinical Pharmacy	2	15	17	88%
	Teacher Practitioner Pharmacists	1	1	2	50%
	TPN Pharmacy Services		2	2	100%
Pharmacy Division Total		84	167	251	67%
Unscheduled Care Division	Acute Medicine Patient Flow & Ambulatory		1	1	100%
	Ambulatory Unit	5	5	10	50%
	CAH - Acute Med Admission Unit	39	15	54	28%
	CAH - Acute Med Admission Unit Deputy 2		1	1	100%
	CAH - Acute Medical Unit	1	6	7	86%
	CAH - Emergency Dental	1		1	0%
	CAH - Emergency Medical	12	8	20	40%
	CAH - Emergency Nurse Practitioners	4		4	0%
	CAH - Emergency Nursing	65	37	102	36%
	CAH - Medical	9	1	10	10%
	CAH-EmergMed-Amb-EmerDent-MIU DHH ED DAU	3	2	5	40%
	DHH - Direct Assessment Unit Medical	4	1	5	20%
	DHH - Direct Assessment Unit Nursing	6	9	15	60%
	DHH - Emergency Medical	10	6	16	38%
	DHH - Emergency Nurse Practitioners	1	1	2	50%
	DHH - Emergency Nursing	30	30	60	50%
	Lead Nurse EM	1		1	0%
	Patient Flow	1		1	0%
	Patient Flow - CAH	21	12	33	36%
	Patient Flow - DHH	9	2	11	18%
	Quality & Safety	3		3	0%
	STH - Emergency Minor Injuries Unit	1	6	7	86%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
	Unscheduled Care Division	1		1	0%
Unscheduled Care Division Total		227	145	372	39%
Grand Total		2282	2524	4806	53%

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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

**Southern Health & Social Care Trust****Summary of Information Governance Training Compliance for Staff in Acute Directorate by Division & Organisational Unit including % of Staff trained as at 30th September 2022**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

**Information Governance**

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2		4	4	100%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	2	1	3	33%
	ATICS Admin	1	26	27	96%
	Banbridge and N&M - Outpatients	1	21	22	95%
	Breast Care		5	5	100%
	Breast Screening Admin		11	11	100%
	CAH - Anaesthetics	6	23	29	79%
	CAH - Chronic/Acute Pain Clinic	1	2	3	67%
	CAH - Day Surgery Unit	2	28	30	93%
	CAH - Day Surgery Unit Deputy		1	1	100%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1		1	1	100%
	CAH - ENT Medical	6	7	13	54%
	CAH - I.C.U.	5	61	66	92%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Orthodontics Dental		4	4	100%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	4	24	28	86%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	3	30	33	91%
	CAH - Outpatients Dep Manager		2	2	100%
	CAH - Progressive Care Ward Bd 6 Staff	4	2	6	33%
	CAH - Progressive Care Ward Deputy	12	29	41	71%
	CAH - Recovery Areas	2	36	38	95%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1	1		1	0%
	CAH - T&O - Fracture Clinic	1	16	17	94%
	CAH - Theatres 1 - 4	17	33	50	66%
	CAH - Theatres 1 - 4 Deputy 1	1	1	2	50%
	CAH - Theatres 1 - 4 Deputy 2		2	2	100%
	CAH - Theatres 1 - 4 Deputy 3	2		2	0%
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%
	CAH - Theatres 5 - 8	11	30	41	73%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Theatres 5 - 8 Deputy 3	1	1	2	50%
	CAH - Theatres 5 - 8 Deputy 4		2	2	100%
	CAH - Thorndale Unit Dep Mgr	1	5	6	83%
	CAH - Trauma & Orthopaedics Medical	8	11	19	58%
	CAH - Trauma Ward	7	33	40	83%
	CAH - Trauma Ward Deputy Manager		2	2	100%
	CAH - X-Ray - Nursing		6	6	100%
	CAH 1 West - Elective Admission Ward	2	21	23	91%
	CAH 3 South - Short Stay Surgical Ward	6	24	30	80%
	CAH 4 North - Emerg Surg Adm/Urology	9	28	37	76%
	CAH 4 South - Progressive Care Ward		1	1	100%
	CAH I.C.U Deputy 1	1		1	0%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	6	14	20	70%
	CAH Urology Medical	5	5	10	50%
	CAH-Orthopaedic Ward Deputy 2	1		1	0%
	CAH-Trauma Ward Deputy Manager 2	1		1	0%
	Clinical Director General Surgery		1	1	100%
	DECC - Pre Assessment	1	2	3	67%
	DECC-Theatre	3	4	7	57%
	DHH - Anaesthetics	2	15	17	88%
	DHH - Endoscopy	2	20	22	91%
	DHH - Female Surgical Winter Pressure		1	1	100%
	DHH - Female Surgical/Gynae Deputy		3	3	100%
	DHH - Female Surgical/Gynae Ward	2	27	29	93%
	DHH - General Surgery Medical		3	3	100%
	DHH - High Dependency Unit	4	20	24	83%
	DHH - Male Surgical Deputy		1	1	100%
	DHH - Male Surgical Ward	3	21	24	88%
	DHH - Pain Clinic	1		1	0%
	DHH - Theatres	4	40	44	91%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		2	2	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	2	3	5	60%
	Endoscopy Pain & Day Units		3	3	100%
	General Surgery/Orthodontics	1		1	0%
	Independent Sector Admin Team		8	8	100%
	Operational Support Admin		6	6	100%
	Orthopaedics Practitioners		3	3	100%
	PCL ENT/Urology/Outpatients	1		1	0%
	Pre OP Assessment Admin		7	7	100%
	Pre OP Assessment Team	2	14	16	88%
	Scheduling Team	3	7	10	70%
	Specialist Endoscopy	1	7	8	88%
	STH - Outpatients	5	9	14	64%
	STH - Theatres	11	26	37	70%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2	1		1	0%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Surgery & Elective Division Admin	3	5	8	63%
	Surgery & Elective Lead Nurse A	1		1	0%
	Surgery & Elective Lead Nurse B	1		1	0%
	Surgery & Elective Lead Nurse C	3	1	4	25%
	Trauma & Orthopaedics	4		4	0%
	Ward Support SEC	1	1	2	50%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>195</b>	<b>824</b>	<b>1019</b>	<b>81%</b>
Cancer & Clinical Services Division	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Associate MD Cancer & Clinical Services		1	1	100%
	C&CS Service Improve		1	1	100%
	CAH - Acute Dietetics Admin	1		1	0%
	CAH - Acute OT Admin	1	3	4	75%
	CAH - Acute OT Inpatient	3	13	16	81%
	CAH - Acute OT MAU & ED & GLT	1	6	7	86%
	CAH - Acute OT Outpatient	1	7	8	88%
	CAH - Acute Physiotherapy	9	29	38	76%
	CAH - Acute Speech & Language Therapy	3	8	11	73%
	CAH - Audiology	3	10	13	77%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry	2	46	48	96%
	CAH - Cancer Unit	5	16	21	76%
	CAH - Cellular Pathology		27	27	100%
	CAH - General Laboratories	1	3	4	75%
	CAH - Haematology	2	27	29	93%
	CAH - Haemovigilance	1	1	2	50%
	CAH - Hearing Therapy		1	1	100%
	CAH - Microbiology	1	26	27	96%
	CAH - Mortuary		3	3	100%
	CAH - Orthoptics SHSCT	3	5	8	63%
	CAH - Palliative Care	3	1	4	25%
	CAH - Pathology		2	2	100%
	CAH - Pathology - Cellular		7	7	100%
	CAH - Pathology - Chemical		2	2	100%
	CAH - Pathology - Haematology	2	2	4	50%
	CAH - Pathology - Microbiology	1	5	6	83%
	CAH - Radiology	2	19	21	90%
	CAH - T&O Physiotherapy	1	11	12	92%
	CAH - Transfusion		1	1	100%
	CAH 2 North - Haematology Ward	6	20	26	77%
	CAH 2 North - Haematology Ward Dep Mgr		2	2	100%
	CAH/DHH - Acute Dietetics	1	11	12	92%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer & Clinical Services Admin		1	1	100%
	Cancer & Clinical Services Division		2	2	100%
	Cancer MDT Administration	4	14	18	78%
	Cancer Services	1	2	3	67%
	Cancer Services Admin	3	24	27	89%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Cancer Services Haematology		4	4	100%
	Colorectal		5	5	100%
	Contracts Team		1	1	100%
	DHH - Acute Occupational Therapy	4	12	16	75%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy	1	13	14	93%
	DHH - Acute Spch & Lang Therapy		2	2	100%
	DHH - Audiology		4	4	100%
	DHH - Dietetics Renal Unit		3	3	100%
	DHH - Radiology		1	1	100%
	DHH Cancer & Clinical Admin		8	8	100%
	Diagnostics		2	2	100%
	Diagnostics Admin		26	26	100%
	General Radiography	2	18	20	90%
	Gynae Nursing		1	1	100%
	IM&WH Community Admin		3	3	100%
	ISAS TEAM		1	1	100%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	2	29	31	94%
	Lead Nurse		1	1	100%
	Lung Cancer Nursing		2	2	100%
	NICRN Cancer Research Nurse		2	2	100%
	Oncology		3	3	100%
	PACS Team	1	3	4	75%
	Paediatric Audiology		8	8	100%
	Palliative Nursing	1	4	5	80%
	Peripatetic Holding Positions	2	6	8	75%
	Peripatetic Holding Positions - C.T	1		1	0%
	Peripatetic Holding Positions - MRI Unit		3	3	100%
	Radiography Support		4	4	100%
	Reporting Radiographers		7	7	100%
	SHSCT Orthoptics Team	1	1	2	50%
	STH - Audiology		2	2	100%
	STH - Radiology Admin		3	3	100%
	TRF-CAH 2 North - Haematology Ward Dep	1	1	2	50%
	Upper GI Nursing		1	1	100%
	X-Ray - ACH		4	4	100%
	X-Ray - CAH Breast Screening		1	1	100%
	X-Ray - CAH C.T.	3	12	15	80%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH E.E.G.		6	6	100%
	X-Ray - CAH Fluoroscopy		6	6	100%
	X-Ray - CAH General	2	13	15	87%
	X-Ray - CAH MRI Unit	3	16	19	84%
	X-Ray - CAH Nuclear Medicine		7	7	100%
	X-Ray - CAH Trauma & Orthopaedics	1	7	8	88%
	X-Ray - CAH Ultra Sound	1	19	20	95%
	X-Ray - DHH	2	26	28	93%
	X-Ray - DHH Deputy 1		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	X-Ray - DHH Deputy 2		1	1	100%
	X-Ray - Practice Educator		1	1	100%
	X-Ray - STH		14	14	100%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	1	17	18	94%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>94</b>	<b>701</b>	<b>795</b>	<b>88%</b>
Director's Office	Acute Governance	3	4	7	57%
	Acute Governance Team 2		6	6	100%
	Acute Services	1	3	4	75%
<b>Director's Office Total</b>		<b>4</b>	<b>13</b>	<b>17</b>	<b>76%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		7	7	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services		2	2	100%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records	1	1	2	50%
	Armagh Community Support Services		10	10	100%
	Armagh Support Services		12	12	100%
	Banbridge H&CC Support Services		4	4	100%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution		2	2	100%
	Bluestone Support Services		3	3	100%
	Bluestone Support Services 1		11	11	100%
	Bluestone Support Services 2		11	11	100%
	Bluestone Support Services 3		9	9	100%
	C&B Community Support Services		1	1	100%
	C&B Community Units		4	4	100%
	C&B Functional Support Switchboard		16	16	100%
	C&B Health Records Team		43	43	100%
	C&B Locality Health Records		1	1	100%
	C&B Locality Health Records Asst Manager		1	1	100%
	C&B Locality Health Records Supervisor 1		1	1	100%
	C&B Locality Health Records Supervisor 2	1	1	2	50%
	CAH - Breast Admin		2	2	100%
	CAH - Dermatology Admin		2	2	100%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	6	30	36	83%
	CAH - Med Rec ENT (Surg)	3	6	9	67%
	CAH - Med Rec Maternity	3	9	12	75%
	CAH - Med Records Obs/Gynae	4	7	11	64%
	CAH - Sterile Services Department	11	17	28	61%
	CAH - Trauma & Ortho Admin	2	5	7	71%
	CAH - Urology Admin	1	6	7	86%
	CAH Security	1	7	8	88%
	CAH Support Services		1	1	100%
	CAH/ACH/STH - General Medicine Admin	20	57	77	74%
	CAH/STH - Emergency Admin	1	2	3	67%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH/STH - Emergency Admin Team	11	22	33	67%
	CAH-Ward Clerks	5	29	34	85%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	4	1	5	20%
	Chaplains - Daisy Hill Hospital		3	3	100%
	Chaplains - Lurgan Hospital	1	2	3	67%
	Chaplains - South Tyrone Hospital	2		2	0%
	Community Domestic Services		4	4	100%
	Craigavon Catering 1		18	18	100%
	Craigavon Catering 2	11	12	23	52%
	Craigavon Catering 3		14	14	100%
	Craigavon Catering Service		3	3	100%
	Craigavon Catering Service (L2)		1	1	100%
	Craigavon Domestic Services		2	2	100%
	Craigavon Domestic Services - Evening		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	5	4	9	44%
	Craigavon Domestic Services Team 1	2	67	69	97%
	Craigavon Domestic Services Team 2	2	28	30	93%
	Craigavon Domestic Services Team 3	2	100	102	98%
	Craigavon Domestic Services Team 4		12	12	100%
	Craigavon Portering 1	1	9	10	90%
	Craigavon Portering 2		7	7	100%
	Craigavon Portering 3		10	10	100%
	Craigavon Portering 4		12	12	100%
	Craigavon Portering Service		7	7	100%
	Decontamination Services		1	1	100%
	Dermatology Admin	1	1	2	50%
	DHH - Emergency Admin Team	3	20	23	87%
	DHH - ENT Admin	1	2	3	67%
	DHH - General Medicine Admin	1	9	10	90%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service		2	2	100%
	DHH - Obs & Gynae Admin	6	6	12	50%
	DHH - Obs&Gynae O/P Admin		5	5	100%
	DHH - Sterile Services Department		10	10	100%
	DHH & Community Domestic Services	1	5	6	83%
	DHH Emergency Admin & Ward Clerks		2	2	100%
	DHH-Ward Clerks	1	16	17	94%
	Domestic Services Manager		8	8	100%
	Domestic Services Team		38	38	100%
	Dungannon Catering	2	1	3	33%
	Functional Support Services Division		3	3	100%
	General & Oral Surgery Admin	7	13	20	65%
	Health Records		1	1	100%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services		8	8	100%
	Lurgan Domestic Services		14	14	100%
	Lurgan Support Services		2	2	100%
	Midwifery/Gynae Service Admin	1	2	3	67%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Minor Injuries Admin STH		3	3	100%
	N&M C&B and Community Support Services		2	2	100%
	N&M Catering Services	7	18	25	72%
	N&M Functional Support Switchboard		5	5	100%
	N&M Health Records Team	6	9	15	60%
	N&M Locality Health Records	1		1	0%
	N&M Locality Health Records Supervisor 1		1	1	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1		8	8	100%
	N&M Portering & Security Services 2	2	9	11	82%
	N&M Renal Admin Team	2	5	7	71%
	N&M Surgical & Medical Admin		9	9	100%
	Portadown Support Services		9	9	100%
	Porters	1	2	3	67%
	Referral & Booking Centre	6	31	37	84%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager		1	1	100%
	St Lukes Hospital Villa 3 Health Records		4	4	100%
	Sterile Services Department		1	1	100%
	STH Day Support Services		12	12	100%
	STH Evening Support Services		9	9	100%
	Switchboard & Residential Accommodation		2	2	100%
	Trauma & Orthopaedics/Ophthalmology Admin		1	1	100%
	Trustwide Support Services Admin		3	3	100%
<b>Functional Support Services Division Total</b>		<b>152</b>	<b>983</b>	<b>1135</b>	<b>87%</b>
Int Mat Service & Womens Health Division	A&D Comm Midwifery Nsg-Armagh	2	25	27	93%
	Breast Feeding Support		1	1	100%
	C&B Community Midwives	6	17	23	74%
	CAH - Adm & Asses Unit O&G	1	14	15	93%
	CAH - Delivery Suite	1	3	4	75%
	CAH - Delivery Suite 1	2	8	10	80%
	CAH - Delivery Suite 2	1	6	7	86%
	CAH - Delivery Suite 3	1	5	6	83%
	CAH - Delivery Suite 4	1	7	8	88%
	CAH - Delivery Suite 5	1	4	5	80%
	CAH - Delivery Suite 6	1	4	5	80%
	CAH - DOU Maternity		4	4	100%
	CAH - Obstetrics/Gynae	4	14	18	78%
	CAH - Parentcraft		1	1	100%
	CAH - Student Midwives	9	4	13	31%
	CAH 1 East - Gynae Ward	7	13	20	65%
	CAH 1 East - Gynae Ward Deputy	1		1	0%
	CAH 2 East - Midwifery Led Unit	5	9	14	64%
	CAH 2 West - Maternity Ward	14	30	44	68%
	CAH Ante Natal Outpatients Dept	4	24	28	86%
	Community Home Birthing Team		1	1	100%
	Continuity of Care Lead		1	1	100%
	DC&B Family Planning Services	1	2	3	67%
	DHH - Admission & Assessment Unit		6	6	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Ante/Post Natal	11	27	38	71%
	DHH - Delivery Suite 1	1	7	8	88%
	DHH - Delivery Suite 3		4	4	100%
	DHH - Delivery Suite 4	1	4	5	80%
	DHH - Delivery Suite 5		5	5	100%
	DHH - Delivery Suite 6	1	4	5	80%
	DHH - Delivery Suite 7	1	5	6	83%
	DHH - MLU		8	8	100%
	DHH - Obs & Gynae	2	13	15	87%
	DHH - Outpatients-Mat/Gynae	9	14	23	61%
	Family Planning Services	1	1	2	50%
	Int Mat Service & Womens Health Division	1		1	0%
	Midwifery/Gynae Service	7	10	17	59%
	N&M Community Midwives	2	21	23	91%
	N&M Gen Med Pract - Gum Clinic		1	1	100%
	N&M Sexual Health Clinic		2	2	100%
	NMT Sexual Health Clinic Nurses		6	6	100%
	P.C.L Maternity CAH		1	1	100%
	P.C.L Maternity CAH (1)		1	1	100%
	P.C.L Maternity DHH		2	2	100%
	P.C.L Mgs Community	1		1	0%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>100</b>	<b>339</b>	<b>439</b>	<b>77%</b>
Medicine Division	Acute Geriatric & Stroke		3	3	100%
	Acute Hospital Social Work Department		1	1	100%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2	1		1	0%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4	1		1	0%
	CAH - 2 South Acute Elderly	10	21	31	68%
	CAH - 2 South Stroke	3	23	26	88%
	CAH - 2 South Stroke Deputy 1		1	1	100%
	CAH - 2 South Stroke Deputy 2	1		1	0%
	CAH - 3 North Medicine	9	33	42	79%
	CAH - Cardiac Rehabilitation		4	4	100%
	CAH - Cardiology Medical	1	14	15	93%
	CAH - Cardiovascular Research		3	3	100%
	CAH - Catheterisation Laboratory	2	13	15	87%
	CAH - Day Clinical Care		9	9	100%
	CAH - Dermatology - Medical	4	6	10	60%
	CAH - Dermatology - Nursing	3	16	19	84%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Diabetes Endocrine - Medical		3	3	100%
	CAH - Diabetic Nurse Specialist		2	2	100%
	CAH - E.C.G.	2	15	17	88%
	CAH - Gastroenterology - Medical		6	6	100%
	CAH - Gastroenterology Nurse Specialist	4	2	6	33%
	CAH - Neurology - Medical	2	7	9	78%
	CAH - Neurology Nursing	1	2	3	67%
	CAH - Pacing and Cath Lab	1	6	7	86%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pulmonary Function Lab	3	8	11	73%
	CAH - Rapid Acc Chest Pain Clinic	1	4	5	80%
	CAH - Respiratory - Medical	1	7	8	88%
	CAH - Respiratory Nrs Specialst		7	7	100%
	CAH - Resuscitation	1	2	3	67%
	CAH - Rheumatology - Medical		7	7	100%
	CAH - Rheumatology Nurse Specialists		6	6	100%
	CAH - Stroke Geriatric - Medical		1	1	100%
	CAH - Stroke Nurse Specialist		2	2	100%
	CAH - Ward 3 Ramone (Frailty Ward)	1	21	22	95%
	CAH 1 North - Cardiology Ward	6	45	51	88%
	CAH 1 South - Medical Ward	14	27	41	66%
	CAH 2 North - Respiratory Ward	4	43	47	91%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	Cardiology Neurology & Dermatology	1	9	10	90%
	Dementia Improvement Service	1	2	3	67%
	DHH - Cardiology	1	4	5	80%
	DHH - Day Clinical Centre	1	2	3	67%
	DHH - Diabetes Endocrine - Medical		1	1	100%
	DHH - Diabetic Nurse Specialist	1	1	2	50%
	DHH - Discharge Lounge		1	1	100%
	DHH - E.C.G.	1	5	6	83%
	DHH - Female Medical Ward	13	32	45	71%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Female Medical Ward Deputy 4	1		1	0%
	DHH - Female Medical Ward Deputy 5		1	1	100%
	DHH - Gastroenterology - Medical	1	5	6	83%
	DHH - General Medical	5		5	0%
	DHH - Geriatric Medical	1	3	4	75%
	DHH - Male Medical Ward	17	31	48	65%
	DHH - Nursing	1		1	0%
	DHH - Physician Associates		1	1	100%
	DHH - Physician Associates - Med & Surg		6	6	100%
	DHH - Renal	2	3	5	60%
	DHH - Renal Dialysis Nurse Spec		3	3	100%
	DHH - Renal Nursing Dep	9	33	42	79%
	DHH - Renal Unit - Medical	4	4	8	50%
	DHH - Respiratory - Medical		1	1	100%
	DHH - Respiratory Nurse Spec		1	1	100%
	DHH - Respiratory Ward		1	1	100%
	DHH - Stroke & Rehab Level 4	25	19	44	43%
	DHH - Stroke & Rehab Level 4 Dep 1	3	1	4	25%
	DHH - Stroke & Rehab Level 4 Dep 4	1	1	2	50%
	DHH - Stroke Nurse Specialist		1	1	100%
	DHH-Male Medical Dep		1	1	100%
	Donning & Doffing CAH		3	3	100%
	Donning & Doffing DHH	1		1	0%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Gastro Rheum Diabetes Endo & Neurology		1	1	100%
	Hospital Social Work Team - CAH	8	13	21	62%
	Hospital Social Work Team - CAH Deputy		1	1	100%
	Hospital Social Work Team - DHH		15	15	100%
	Hospital Social Work Team CAH-Sen Pract	1	1	2	50%
	Lead Nurse Gastro Diabet Endo Neuro Med		1	1	100%
	LN Cardiology Respiratory	1		1	0%
	Medicine Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine		2	2	100%
	Stroke Frailty Dermatology & Medicine	1	1	2	50%
	TRF-CAH -1 South Medical Ward Deputy 5/6		1	1	100%
	Trustwide Heart Failure	3	7	10	70%
	<b>Medicine Division Total</b>	<b>182</b>	<b>596</b>	<b>778</b>	<b>77%</b>
Pharmacy Division	Acute Care at Home & OPPC Pharmacy Team	2	5	7	71%
	Anticoagulation Team		4	4	100%
	Antimicrobial Pharmacist	3	1	4	25%
	Aseptic Services TPN	2	2	4	50%
	Aseptics Biologics Pharmacy Services	1		1	0%
	CAH - Clinical Pharmacy Team	4	15	19	79%
	CAH - Community Technicians		3	3	100%
	CAH - Critical Care		2	2	100%
	CAH - Dispensary Team	2	2	4	50%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	2	10	12	83%
	CAH - Emergency and Admissions Team	1	5	6	83%
	CAH - IMM Technician Services	4	21	25	84%
	CAH - Medicines Information		1	1	100%
	CAH - Pharmacy Ward Services	4	5	9	56%
	CAH - Procurement Technician Team	3	4	7	57%
	CAH - Procurement Technician Team 2	1	4	5	80%
	CAH - Trainee Technicians	1	6	7	86%
	Chemotherapy Pharmacy Services	6	4	10	40%
	Cytotoxic Services	2	6	8	75%
	DHH - Clinical Pharmacy Team	4	10	14	71%
	DHH - Dispens & Distrib Technician Team	2	6	8	75%
	DHH - Dispensary Team		3	3	100%
	DHH - Procurement Technician Team		3	3	100%
	DHH - Ward Technicians		8	8	100%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		2	2	100%
	MH Clinical Pharmacy	2	2	4	50%
	MOOP Clinical Pharmacy	1	3	4	75%
	Palliative Care Pharmacist	1	1	2	50%
	Pharmacy Admin	1		1	0%
	Pharmacy Chief Technicians		2	2	100%
	Pharmacy Clinical Services		5	5	100%
	Pharmacy Finance Team	2	3	5	60%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement	1	2	3	67%
	Pharmacy QA/Aseptic Services		1	1	100%
	Pharmacy Specialist Medicines	1	4	5	80%
	Purchasing/IT Team		1	1	100%
	Respiratory Pharmacist		1	1	100%
	Specialist Medicines	2	12	14	86%
	Surgery Clinical Pharmacy		17	17	100%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services		2	2	100%
	<b>Pharmacy Division Total</b>	<b>55</b>	<b>196</b>	<b>251</b>	<b>78%</b>
Unscheduled Care Division	Acute Medicine Patient Flow & Ambulatory		1	1	100%
	Ambulatory Unit	3	7	10	70%
	CAH - Acute Med Admission Unit	16	38	54	70%
	CAH - Acute Med Admission Unit Deputy 2		1	1	100%
	CAH - Acute Medical Unit		7	7	100%
	CAH - Emergency Dental		1	1	100%
	CAH - Emergency Medical	5	15	20	75%
	CAH - Emergency Nurse Practitioners	3	1	4	25%
	CAH - Emergency Nursing	41	61	102	60%
	CAH - Medical	5	5	10	50%
	CAH-EmergMed-Amb-EmerDent-MIU DHH ED DAU	1	4	5	80%
	DHH - Direct Assessment Unit Medical	3	2	5	40%
	DHH - Direct Assessment Unit Nursing	3	12	15	80%
	DHH - Emergency Medical	5	11	16	69%
	DHH - Emergency Nurse Practitioners	1	1	2	50%
	DHH - Emergency Nursing	20	40	60	67%
	Lead Nurse EM	1		1	0%
	Patient Flow		1	1	100%
	Patient Flow - CAH	7	26	33	79%
	Patient Flow - DHH	5	6	11	55%
	Quality & Safety		3	3	100%
	STH - Emergency Minor Injuries Unit	1	6	7	86%
	STH - Emergency Minor Injuries Unit Dep1	1		1	0%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
	Unscheduled Care Division	1		1	0%
	<b>Unscheduled Care Division Total</b>	<b>122</b>	<b>250</b>	<b>372</b>	<b>67%</b>
	<b>Grand Total</b>	<b>904</b>	<b>3902</b>	<b>4806</b>	<b>81%</b>

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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

**Southern Health & Social Care Trust****Summary of Safeguarding Training Compliance for Staff in Acute Directorate by Division & Organisational Unit**  
**including % of Staff trained as at 30th September 2022**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

		Key: % Trained			
		0% - 59%			
		60% - 79%			
		80% - 100%			
		Safeguarding			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2	2	2	4	50%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	2	1	3	33%
	ATICS Admin	4	23	27	85%
	Banbridge and N&M - Outpatients	1	21	22	95%
	Breast Care	2	3	5	60%
	Breast Screening Admin	2	9	11	82%
	CAH - Anaesthetics	11	18	29	62%
	CAH - Chronic/Acute Pain Clinic		3	3	100%
	CAH - Day Surgery Unit	8	22	30	73%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1		1	1	100%
	CAH - ENT Medical	6	7	13	54%
	CAH - I.C.U.	22	44	66	67%
	CAH - I.C.U. Deputy	1		1	0%
	CAH - Orthodontics Dental	1	3	4	75%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	2	26	28	93%
	CAH - Orthopaedic Ward Deputy	1		1	0%
	CAH - Outpatients	5	28	33	85%
	CAH - Outpatients Dep Manager		2	2	100%
	CAH - Progressive Care Ward Bd 6 Staff	4	2	6	33%
	CAH - Progressive Care Ward Deputy	10	31	41	76%
	CAH - Recovery Areas	9	29	38	76%
	CAH - Recovery Areas Deputy 1	1		1	0%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1	1		1	0%
	CAH - T&O - Fracture Clinic	3	14	17	82%
	CAH - Theatres 1 - 4	14	36	50	72%
	CAH - Theatres 1 - 4 Deputy 1	1	1	2	50%
	CAH - Theatres 1 - 4 Deputy 2	1	1	2	50%
	CAH - Theatres 1 - 4 Deputy 3	2		2	0%
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%
	CAH - Theatres 5 - 8	5	36	41	88%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Theatres 5 - 8 Deputy 3		2	2	100%
	CAH - Theatres 5 - 8 Deputy 4		2	2	100%
	CAH - Thorndale Unit Dep Mgr		6	6	100%
	CAH - Trauma & Orthopaedics Medical	8	11	19	58%
	CAH - Trauma Ward	5	35	40	88%
	CAH - Trauma Ward Deputy Manager	1	1	2	50%
	CAH - X-Ray - Nursing		6	6	100%
	CAH 1 West - Elective Admission Ward	7	16	23	70%
	CAH 3 South - Short Stay Surgical Ward	3	27	30	90%
	CAH 4 North - Emerg Surg Adm/Urology	8	29	37	78%
	CAH 4 South - Progressive Care Ward		1	1	100%
	CAH I.C.U Deputy 1	1		1	0%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	9	11	20	55%
	CAH Urology Medical	6	4	10	40%
	CAH-Orthopaedic Ward Deputy 2	1		1	0%
	CAH-Trauma Ward Deputy Manager 2		1	1	100%
	Clinical Director General Surgery		1	1	100%
	DECC - Pre Assessment		3	3	100%
	DECC-Theatre	1	6	7	86%
	DHH - Anaesthetics	2	15	17	88%
	DHH - Endoscopy	6	16	22	73%
	DHH - Female Surgical Winter Pressure		1	1	100%
	DHH - Female Surgical/Gynae Deputy		3	3	100%
	DHH - Female Surgical/Gynae Ward	6	23	29	79%
	DHH - General Surgery Medical		3	3	100%
	DHH - High Dependency Unit	5	19	24	79%
	DHH - Male Surgical Deputy		1	1	100%
	DHH - Male Surgical Ward	5	19	24	79%
	DHH - Pain Clinic		1	1	100%
	DHH - Theatres	11	33	44	75%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		2	2	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	1	4	5	80%
	Endoscopy Pain & Day Units	1	2	3	67%
	General Surgery/Orthodontics		1	1	100%
	Independent Sector Admin Team		8	8	100%
	Operational Support Admin	1	5	6	83%
	Orthopaedics Practitioners	1	2	3	67%
	PCL ENT/Urology/Outpatients		1	1	100%
	Pre OP Assessment Admin	1	6	7	86%
	Pre OP Assessment Team	3	13	16	81%
	Scheduling Team		10	10	100%
	Specialist Endoscopy	3	5	8	63%
	STH - Outpatients	4	10	14	71%
	STH - Theatres	9	28	37	76%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Surgery & Elective Division Admin	5	3	8	38%
	Surgery & Elective Lead Nurse A		1	1	100%
	Surgery & Elective Lead Nurse B	1		1	0%
	Surgery & Elective Lead Nurse C		4	4	100%
	Trauma & Orthopaedics	4		4	0%
	Ward Support SEC		2	2	100%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>244</b>	<b>775</b>	<b>1019</b>	<b>76%</b>
Cancer & Clinical Services Division	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Associate MD Cancer & Clinical Services		1	1	100%
	C&CS Service Improve		1	1	100%
	CAH - Acute Dietetics Admin	1		1	0%
	CAH - Acute OT Admin	3	1	4	25%
	CAH - Acute OT Inpatient	2	14	16	88%
	CAH - Acute OT MAU & ED & GLT	2	5	7	71%
	CAH - Acute OT Outpatient	2	6	8	75%
	CAH - Acute Physiotherapy	13	25	38	66%
	CAH - Acute Speech & Language Therapy	6	5	11	45%
	CAH - Audiology	4	9	13	69%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry		48	48	100%
	CAH - Cancer Unit	13	8	21	38%
	CAH - Cellular Pathology		27	27	100%
	CAH - General Laboratories		4	4	100%
	CAH - Haematology		29	29	100%
	CAH - Haemovigilance		2	2	100%
	CAH - Hearing Therapy		1	1	100%
	CAH - Microbiology		27	27	100%
	CAH - Mortuary	3		3	0%
	CAH - Orthoptics SHSCT	2	6	8	75%
	CAH - Palliative Care	1	3	4	75%
	CAH - Pathology		2	2	100%
	CAH - Pathology - Cellular	1	6	7	86%
	CAH - Pathology - Chemical		2	2	100%
	CAH - Pathology - Haematology	1	3	4	75%
	CAH - Pathology - Microbiology	1	5	6	83%
	CAH - Radiology	4	17	21	81%
	CAH - T&O Physiotherapy	2	10	12	83%
	CAH - Transfusion		1	1	100%
	CAH 2 North - Haematology Ward	7	19	26	73%
	CAH 2 North - Haematology Ward Dep Mgr		2	2	100%
	CAH/DHH - Acute Dietetics	4	8	12	67%
	CAH/DHH - Acute Podiatry	1		1	0%
	Cancer & Clinical Services Admin	1		1	0%
	Cancer & Clinical Services Division	1	1	2	50%
	Cancer MDT Administration	8	10	18	56%
	Cancer Services	1	2	3	67%
	Cancer Services Admin	9	18	27	67%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Cancer Services Haematology	2	2	4	50%
	Colorectal	1	4	5	80%
	Contracts Team		1	1	100%
	DHH - Acute Occupational Therapy	4	12	16	75%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy	5	9	14	64%
	DHH - Acute Spch & Lang Therapy		2	2	100%
	DHH - Audiology	3	1	4	25%
	DHH - Dietetics Renal Unit		3	3	100%
	DHH - Radiology		1	1	100%
	DHH Cancer & Clinical Admin		8	8	100%
	Diagnostics		2	2	100%
	Diagnostics Admin		26	26	100%
	General Radiography	2	18	20	90%
	Gynae Nursing		1	1	100%
	IM&WH Community Admin	2	1	3	33%
	ISAS TEAM		1	1	100%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	7	24	31	77%
	Lead Nurse		1	1	100%
	Lung Cancer Nursing		2	2	100%
	NICRN Cancer Research Nurse	1	1	2	50%
	Oncology		3	3	100%
	PACS Team	1	3	4	75%
	Paediatric Audiology	2	6	8	75%
	Palliative Nursing		5	5	100%
	Peripatetic Holding Positions	4	4	8	50%
	Peripatetic Holding Positions - C.T		1	1	100%
	Peripatetic Holding Positions - MRI Unit		3	3	100%
	Radiography Support		4	4	100%
	Reporting Radiographers		7	7	100%
	SHSCT Orthoptics Team	1	1	2	50%
	STH - Audiology	1	1	2	50%
	STH - Radiology Admin		3	3	100%
	TRF-CAH 2 North - Haematology Ward Dep		2	2	100%
	Upper GI Nursing		1	1	100%
	X-Ray - ACH	1	3	4	75%
	X-Ray - CAH Breast Screening		1	1	100%
	X-Ray - CAH C.T.	2	13	15	87%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH E.E.G.	1	5	6	83%
	X-Ray - CAH Fluoroscopy	2	4	6	67%
	X-Ray - CAH General	2	13	15	87%
	X-Ray - CAH MRI Unit	6	13	19	68%
	X-Ray - CAH Nuclear Medicine	1	6	7	86%
	X-Ray - CAH Trauma & Orthopaedics	2	6	8	75%
	X-Ray - CAH Ultra Sound	7	13	20	65%
	X-Ray - DHH	3	25	28	89%
	X-Ray - DHH Deputy 1		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	X-Ray - DHH Deputy 2		1	1	100%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	6	8	14	57%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	1	17	18	94%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>168</b>	<b>627</b>	<b>795</b>	<b>79%</b>
Director's Office	Acute Governance	6	1	7	14%
	Acute Governance Team 2		6	6	100%
	Acute Services	1	3	4	75%
<b>Director's Office Total</b>		<b>7</b>	<b>10</b>	<b>17</b>	<b>59%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		7	7	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services		2	2	100%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records		2	2	100%
	Armagh Community Support Services	1	9	10	90%
	Armagh Support Services	6	6	12	50%
	Banbridge H&CC Support Services	3	1	4	25%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	2		2	0%
	Bluestone Support Services	2	1	3	33%
	Bluestone Support Services 1	7	4	11	36%
	Bluestone Support Services 2	8	3	11	27%
	Bluestone Support Services 3	6	3	9	33%
	C&B Community Support Services	1		1	0%
	C&B Community Units	2	2	4	50%
	C&B Functional Support Switchboard	3	13	16	81%
	C&B Health Records Team		43	43	100%
	C&B Locality Health Records		1	1	100%
	C&B Locality Health Records Asst Manager		1	1	100%
	C&B Locality Health Records Supervisor 1		1	1	100%
	C&B Locality Health Records Supervisor 2		2	2	100%
	CAH - Breast Admin		2	2	100%
	CAH - Dermatology Admin	1	1	2	50%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	36		36	0%
	CAH - Med Rec ENT (Surg)	3	6	9	67%
	CAH - Med Rec Maternity	3	9	12	75%
	CAH - Med Records Obs/Gynae	3	8	11	73%
	CAH - Sterile Services Department	19	9	28	32%
	CAH - Trauma & Ortho Admin		7	7	100%
	CAH - Urology Admin	2	5	7	71%
	CAH Security	2	6	8	75%
	CAH Support Services		1	1	100%
	CAH/ACH/STH - General Medicine Admin	35	42	77	55%
	CAH/STH - Emergency Admin	1	2	3	67%
	CAH/STH - Emergency Admin Supervisor 1	1		1	0%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH/STH - Emergency Admin Team	14	19	33	58%
	CAH-Ward Clerks	3	31	34	91%
	Chaplains - CAH Bluestone		1	1	100%
	Chaplains - Craigavon Area Hospital	3	2	5	40%
	Chaplains - Daisy Hill Hospital	1	2	3	67%
	Chaplains - Lurgan Hospital		3	3	100%
	Chaplains - South Tyrone Hospital	2		2	0%
	Community Domestic Services	4		4	0%
	Craigavon Catering 1	18		18	0%
	Craigavon Catering 2	23		23	0%
	Craigavon Catering 3	14		14	0%
	Craigavon Catering Service		3	3	100%
	Craigavon Catering Service (L2)	1		1	0%
	Craigavon Domestic Services		2	2	100%
	Craigavon Domestic Services - Evening		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	3	6	9	67%
	Craigavon Domestic Services Team 1	60	9	69	13%
	Craigavon Domestic Services Team 2	25	5	30	17%
	Craigavon Domestic Services Team 3	76	26	102	25%
	Craigavon Domestic Services Team 4	8	4	12	33%
	Craigavon Portering 1	4	6	10	60%
	Craigavon Portering 2	6	1	7	14%
	Craigavon Portering 3	8	2	10	20%
	Craigavon Portering 4	6	6	12	50%
	Craigavon Portering Service	6	1	7	14%
	Decontamination Services		1	1	100%
	Dermatology Admin	1	1	2	50%
	DHH - Emergency Admin Team	3	20	23	87%
	DHH - ENT Admin	1	2	3	67%
	DHH - General Medicine Admin	2	8	10	80%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service	2		2	0%
	DHH - Obs & Gynae Admin	6	6	12	50%
	DHH - Obs&Gynae O/P Admin		5	5	100%
	DHH - Sterile Services Department	2	8	10	80%
	DHH & Community Domestic Services	4	2	6	33%
	DHH Emergency Admin & Ward Clerks		2	2	100%
	DHH-Ward Clerks	2	15	17	88%
	Domestic Services Manager	6	2	8	25%
	Domestic Services Team	27	11	38	29%
	Dungannon Catering	3		3	0%
	Functional Support Services Division		3	3	100%
	General & Oral Surgery Admin	3	17	20	85%
	Health Records		1	1	100%
	Linen & Laundry Services	1		1	0%
	Lurgan Catering Services	1	7	8	88%
	Lurgan Domestic Services	3	11	14	79%
	Lurgan Support Services	1	1	2	50%
	Midwifery/Gynae Service Admin		3	3	100%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Minor Injuries Admin STH		3	3	100%
	N&M C&B and Community Support Services		2	2	100%
	N&M Catering Services	23	2	25	8%
	N&M Functional Support Switchboard	1	4	5	80%
	N&M Health Records Team		15	15	100%
	N&M Locality Health Records		1	1	100%
	N&M Locality Health Records Supervisor 1		1	1	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	5	3	8	38%
	N&M Portering & Security Services 2	9	2	11	18%
	N&M Renal Admin Team		7	7	100%
	N&M Surgical & Medical Admin	1	8	9	89%
	Portadown Support Services	4	5	9	56%
	Porters	1	2	3	67%
	Referral & Booking Centre		37	37	100%
	Referral & Booking Centre Dep Mgr		1	1	100%
	Referral & Booking Centre Manager		1	1	100%
	St Lukes Hospital Villa 3 Health Records		4	4	100%
	Sterile Services Department	1		1	0%
	STH Day Support Services	1	11	12	92%
	STH Evening Support Services		9	9	100%
	Switchboard & Residential Accommodation	1	1	2	50%
	Trauma & Orthopaedics/Ophthalmology Admin		1	1	100%
	Trustwide Support Services Admin	1	2	3	67%
<b>Functional Support Services Division Total</b>		<b>549</b>	<b>586</b>	<b>1135</b>	<b>52%</b>
Int Mat Service & Womens Health Division	A&D Comm Midwifery Nsg-Armagh	10	17	27	63%
	Breast Feeding Support		1	1	100%
	C&B Community Midwives	12	11	23	48%
	CAH - Adm & Asses Unit O&G	8	7	15	47%
	CAH - Delivery Suite	2	2	4	50%
	CAH - Delivery Suite 1	3	7	10	70%
	CAH - Delivery Suite 2	1	6	7	86%
	CAH - Delivery Suite 3	5	1	6	17%
	CAH - Delivery Suite 4	3	5	8	63%
	CAH - Delivery Suite 5	3	2	5	40%
	CAH - Delivery Suite 6		5	5	100%
	CAH - DOU Maternity	2	2	4	50%
	CAH - Obstetrics/Gynae	6	12	18	67%
	CAH - Parentcraft		1	1	100%
	CAH - Student Midwives	8	5	13	38%
	CAH 1 East - Gynae Ward	11	9	20	45%
	CAH 1 East - Gynae Ward Deputy	1		1	0%
	CAH 2 East - Midwifery Led Unit	8	6	14	43%
	CAH 2 West - Maternity Ward	18	26	44	59%
	CAH Ante Natal Outpatients Dept	7	21	28	75%
	Community Home Birthing Team	1		1	0%
	Continuity of Care Lead		1	1	100%
	DC&B Family Planning Services	1	2	3	67%
	DHH - Admission & Assessment Unit		6	6	100%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Ante/Post Natal	7	31	38	82%
	DHH - Delivery Suite 1	2	6	8	75%
	DHH - Delivery Suite 3	1	3	4	75%
	DHH - Delivery Suite 4	2	3	5	60%
	DHH - Delivery Suite 5	3	2	5	40%
	DHH - Delivery Suite 6		5	5	100%
	DHH - Delivery Suite 7		6	6	100%
	DHH - MLU	1	7	8	88%
	DHH - Obs & Gynae	4	11	15	73%
	DHH - Outpatients-Mat/Gynae	9	14	23	61%
	Family Planning Services		2	2	100%
	Int Mat Service & Womens Health Division	1		1	0%
	Midwifery/Gynae Service	8	9	17	53%
	N&M Community Midwives	7	16	23	70%
	N&M Gen Med Pract - Gum Clinic	1		1	0%
	N&M Sexual Health Clinic	2		2	0%
	NMT Sexual Health Clinic Nurses		6	6	100%
	P.C.L Maternity CAH		1	1	100%
	P.C.L Maternity CAH (1)	1		1	0%
	P.C.L Maternity DHH		2	2	100%
	P.C.L Mgs Community		1	1	100%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>159</b>	<b>280</b>	<b>439</b>	<b>64%</b>
Medicine Division	Acute Geriatric & Stroke		3	3	100%
	Acute Hospital Social Work Department	1		1	0%
	CAH - 1 South Medical Ward Deputy 1	1		1	0%
	CAH - 1 South Medical Ward Deputy 2	1		1	0%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 South Acute Elderly	11	20	31	65%
	CAH - 2 South Stroke	11	15	26	58%
	CAH - 2 South Stroke Deputy 1	1		1	0%
	CAH - 2 South Stroke Deputy 2		1	1	100%
	CAH - 3 North Medicine	13	29	42	69%
	CAH - Cardiac Rehabilitation	3	1	4	25%
	CAH - Cardiology Medical	3	12	15	80%
	CAH - Cardiovascular Research	1	2	3	67%
	CAH - Catheterisation Laboratory	8	7	15	47%
	CAH - Day Clinical Care	1	8	9	89%
	CAH - Dermatology - Medical	4	6	10	60%
	CAH - Dermatology - Nursing	9	10	19	53%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Diabetes Endocrine - Medical	1	2	3	67%
	CAH - Diabetic Nurse Specialist	2		2	0%
	CAH - E.C.G.	2	15	17	88%
	CAH - Gastroenterology - Medical	1	5	6	83%
	CAH - Gastroenterology Nurse Specialist	2	4	6	67%
	CAH - Neurology - Medical	3	6	9	67%
	CAH - Neurology Nursing	1	2	3	67%
	CAH - Pacing and Cath Lab	2	5	7	71%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pulmonary Function Lab	4	7	11	64%
	CAH - Rapid Acc Chest Pain Clinic	2	3	5	60%
	CAH - Respiratory - Medical	3	5	8	63%
	CAH - Respiratory Nrs Specialst	2	5	7	71%
	CAH - Resuscitation		3	3	100%
	CAH - Rheumatology - Medical	1	6	7	86%
	CAH - Rheumatology Nurse Specialists	1	5	6	83%
	CAH - Stroke Geriatric - Medical		1	1	100%
	CAH - Stroke Nurse Specialist	2		2	0%
	CAH - Ward 3 Ramone (Frailty Ward)	2	20	22	91%
	CAH 1 North - Cardiology Ward	17	34	51	67%
	CAH 1 South - Medical Ward	11	30	41	73%
	CAH 2 North - Respiratory Ward	12	35	47	74%
	CAH Catheterisation Laboratory Dep Mgr 1	1		1	0%
	CAH Catheterisation Laboratory Dep Mgr 2	1		1	0%
	Cardiology Neurology & Dermatology	4	6	10	60%
	Dementia Improvement Service	1	2	3	67%
	DHH - Cardiology	4	1	5	20%
	DHH - Day Clinical Centre	1	2	3	67%
	DHH - Diabetes Endocrine - Medical		1	1	100%
	DHH - Diabetic Nurse Specialist	2		2	0%
	DHH - Discharge Lounge	1		1	0%
	DHH - E.C.G.	1	5	6	83%
	DHH - Female Medical Ward	14	31	45	69%
	DHH - Female Medical Ward Deputy 1	1		1	0%
	DHH - Female Medical Ward Deputy 2		1	1	100%
	DHH - Female Medical Ward Deputy 4		1	1	100%
	DHH - Female Medical Ward Deputy 5	1		1	0%
	DHH - Gastroenterology - Medical	2	4	6	67%
	DHH - General Medical	4	1	5	20%
	DHH - Geriatric Medical	2	2	4	50%
	DHH - Male Medical Ward	8	40	48	83%
	DHH - Nursing	1		1	0%
	DHH - Physician Associates		1	1	100%
	DHH - Physician Associates - Med & Surg		6	6	100%
	DHH - Renal	3	2	5	40%
	DHH - Renal Dialysis Nurse Spec	1	2	3	67%
	DHH - Renal Nursing Dep	18	24	42	57%
	DHH - Renal Unit - Medical	4	4	8	50%
	DHH - Respiratory - Medical		1	1	100%
	DHH - Respiratory Nurse Spec	1		1	0%
	DHH - Respiratory Ward		1	1	100%
	DHH - Stroke & Rehab Level 4	19	25	44	57%
	DHH - Stroke & Rehab Level 4 Dep 1	1	3	4	75%
	DHH - Stroke & Rehab Level 4 Dep 4	1	1	2	50%
	DHH - Stroke Nurse Specialist	1		1	0%
	DHH-Male Medical Dep	1		1	0%
	Donning & Doffing CAH	1	2	3	67%
	Donning & Doffing DHH	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Gastro Rheum Diabetes Endo & Neurology		1	1	100%
	Hospital Social Work Team - CAH	9	12	21	57%
	Hospital Social Work Team - CAH Deputy	1		1	0%
	Hospital Social Work Team - DHH	6	9	15	60%
	Hospital Social Work Team CAH-Sen Pract		2	2	100%
	Lead Nurse Gastro Diabet Endo Neuro Med	1		1	0%
	LN Cardiology Respiratory		1	1	100%
	Medicine Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine		2	2	100%
	Stroke Frailty Dermatology & Medicine	1	1	2	50%
	TRF-CAH -1 South Medical Ward Deputy 5/6		1	1	100%
	Trustwide Heart Failure	3	7	10	70%
	<b>Medicine Division Total</b>	<b>262</b>	<b>516</b>	<b>778</b>	<b>66%</b>
Pharmacy Division	Acute Care at Home & OPPC Pharmacy Team	1	6	7	86%
	Anticoagulation Team		4	4	100%
	Antimicrobial Pharmacist	3	1	4	25%
	Aseptic Services TPN	2	2	4	50%
	Aseptics Biologics Pharmacy Services	1		1	0%
	CAH - Clinical Pharmacy Team	5	14	19	74%
	CAH - Community Technicians	1	2	3	67%
	CAH - Critical Care		2	2	100%
	CAH - Dispensary Team	1	3	4	75%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	5	7	12	58%
	CAH - Emergency and Admissions Team		6	6	100%
	CAH - IMM Technician Services	4	21	25	84%
	CAH - Medicines Information		1	1	100%
	CAH - Pharmacy Ward Services	3	6	9	67%
	CAH - Procurement Technician Team	5	2	7	29%
	CAH - Procurement Technician Team 2	1	4	5	80%
	CAH - Trainee Technicians	1	6	7	86%
	Chemotherapy Pharmacy Services	6	4	10	40%
	Cytotoxic Services	5	3	8	38%
	DHH - Clinical Pharmacy Team	3	11	14	79%
	DHH - Dispens & Distrib Technician Team	1	7	8	88%
	DHH - Dispensary Team		3	3	100%
	DHH - Procurement Technician Team		3	3	100%
	DHH - Ward Technicians		8	8	100%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		2	2	100%
	MH Clinical Pharmacy	1	3	4	75%
	MOOP Clinical Pharmacy	2	2	4	50%
	Palliative Care Pharmacist	1	1	2	50%
	Pharmacy Admin		1	1	100%
	Pharmacy Chief Technicians	1	1	2	50%
	Pharmacy Clinical Services		5	5	100%
	Pharmacy Finance Team		5	5	100%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement	3		3	0%
	Pharmacy QA/Aseptic Services	1		1	0%
	Pharmacy Specialist Medicines	2	3	5	
	Purchasing/IT Team	1		1	0%
	Respiratory Pharmacist		1	1	100%
	Specialist Medicines	6	8	14	57%
	Surgery Clinical Pharmacy	2	15	17	88%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services		2	2	100%
Unscheduled Care Division	Acute Medicine Patient Flow & Ambulatory	1		1	0%
	Ambulatory Unit	3	7	10	
	CAH - Acute Med Admission Unit	21	33	54	
	CAH - Acute Med Admission Unit Deputy 2		1	1	100%
	CAH - Acute Medical Unit	1	6	7	86%
	CAH - Emergency Dental		1	1	100%
	CAH - Emergency Medical	7	13	20	
	CAH - Emergency Nurse Practitioners	2	2	4	50%
	CAH - Emergency Nursing	49	53	102	52%
	CAH - Medical	6	4	10	40%
	CAH-EmergMed-Amb-EmerDent-MIU DHH ED DAU	2	3	5	
	DHH - Direct Assessment Unit Medical	2	3	5	
	DHH - Direct Assessment Unit Nursing	2	13	15	87%
	DHH - Emergency Medical	6	10	16	
	DHH - Emergency Nurse Practitioners		2	2	100%
	DHH - Emergency Nursing	20	40	60	
	Lead Nurse EM	1		1	0%
	Patient Flow		1	1	100%
	Patient Flow - CAH	12	21	33	
	Patient Flow - DHH	4	7	11	
	Quality & Safety	2	1	3	33%
	STH - Emergency Minor Injuries Unit	1	6	7	86%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
	Unscheduled Care Division		1	1	100%
Grand Total					
		1600	3206	4806	

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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

**Southern Health & Social Care Trust****Summary of Fire Safety Training Compliance for Staff in Acute Directorate by Division & Organisational Unit**  
**including % of Staff trained as at 30th September 2022**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

		Key: % Trained			
		0% - 59%			
		60% - 79%			
		80% - 100%			
		Fire Safety			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU		1	1	100%
	Anaesthetics/Theatres/ICU 2	3	1	4	25%
	Assistant Medical Director		1	1	100%
	ATICS & Surgery & Elective Division	3		3	0%
	ATICS Admin	7	20	27	74%
	Banbridge and N&M - Outpatients	11	11	22	50%
	Breast Care	1	4	5	80%
	Breast Screening Admin	2	9	11	82%
	CAH - Anaesthetics	12	17	29	59%
	CAH - Chronic/Acute Pain Clinic	1	2	3	67%
	CAH - Day Surgery Unit	12	18	30	60%
	CAH - Day Surgery Unit Deputy		1	1	100%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - ENT Medical	9	4	13	31%
	CAH - I.C.U.	16	50	66	76%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Orthodontics Dental		4	4	100%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	6	22	28	79%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	14	19	33	58%
	CAH - Outpatients Dep Manager	1	1	2	50%
	CAH - Progressive Care Ward Bd 6 Staff	2	4	6	67%
	CAH - Progressive Care Ward Deputy	14	27	41	66%
	CAH - Recovery Areas	7	31	38	82%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1	1		1	0%
	CAH - T&O - Fracture Clinic	1	16	17	94%
	CAH - Theatres 1 - 4	34	16	50	32%
	CAH - Theatres 1 - 4 Deputy 1		2	2	100%
	CAH - Theatres 1 - 4 Deputy 2	1	1	2	50%
	CAH - Theatres 1 - 4 Deputy 3	2		2	0%
	CAH - Theatres 1 - 4 Deputy 5		1	1	100%
	CAH - Theatres 5 - 8	22	19	41	46%
	CAH - Theatres 5 - 8 Deputy 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Theatres 5 - 8 Deputy 3	2		2	0%
	CAH - Theatres 5 - 8 Deputy 4	1	1	2	50%
	CAH - Thorndale Unit Dep Mgr		6	6	100%
	CAH - Trauma & Orthopaedics Medical	9	10	19	53%
	CAH - Trauma Ward	22	18	40	45%
	CAH - Trauma Ward Deputy Manager		2	2	100%
	CAH - X-Ray - Nursing	3	3	6	50%
	CAH 1 West - Elective Admission Ward	9	14	23	61%
	CAH 3 South - Short Stay Surgical Ward	13	17	30	57%
	CAH 4 North - Emerg Surg Adm/Urology	16	21	37	57%
	CAH 4 South - Progressive Care Ward	1		1	0%
	CAH I.C.U Deputy 1	1		1	0%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	15	5	20	25%
	CAH Urology Medical	4	6	10	60%
	CAH-Orthopaedic Ward Deputy 2		1	1	100%
	CAH-Trauma Ward Deputy Manager 2		1	1	100%
	Clinical Director General Surgery	1		1	0%
	DECC - Pre Assessment	1	2	3	67%
	DECC-Theatre	4	3	7	43%
	DHH - Anaesthetics	5	12	17	71%
	DHH - Endoscopy	1	21	22	95%
	DHH - Female Surgical Winter Pressure	1		1	0%
	DHH - Female Surgical/Gynae Deputy	1	2	3	67%
	DHH - Female Surgical/Gynae Ward	17	12	29	41%
	DHH - General Surgery Medical	1	2	3	67%
	DHH - High Dependency Unit	5	19	24	79%
	DHH - Male Surgical Deputy	1		1	0%
	DHH - Male Surgical Ward	16	8	24	33%
	DHH - Pain Clinic	1		1	0%
	DHH - Theatres	29	15	44	34%
	DHH - Theatres Deputy 1	1		1	0%
	DHH - Theatres Deputy 2	1	1	2	50%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	2	3	5	60%
	Endoscopy Pain & Day Units	3		3	0%
	General Surgery/Orthodontics	1		1	0%
	Independent Sector Admin Team		8	8	100%
	Operational Support Admin	2	4	6	67%
	Orthopaedics Practitioners	2	1	3	33%
	PCL ENT/Urology/Outpatients	1		1	0%
	Pre OP Assessment Admin	3	4	7	57%
	Pre OP Assessment Team	1	15	16	94%
	Scheduling Team	5	5	10	50%
	Specialist Endoscopy	2	6	8	75%
	STH - Outpatients	5	9	14	64%
	STH - Theatres	16	21	37	57%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Surgery & Elective Division Admin	6	2	8	25%
	Surgery & Elective Lead Nurse A	1		1	0%
	Surgery & Elective Lead Nurse B	1		1	0%
	Surgery & Elective Lead Nurse C	3	1	4	25%
	Trauma & Orthopaedics	4		4	0%
	Ward Support SEC	1	1	2	50%
	<b>ATICS &amp; Surgery &amp; Elective Division Total</b>	<b>426</b>	<b>593</b>	<b>1019</b>	<b>58%</b>
Cancer & Clinical Services Division	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Associate MD Cancer & Clinical Services		1	1	100%
	C&CS Service Improve		1	1	100%
	CAH - Acute Dietetics Admin		1	1	100%
	CAH - Acute OT Admin	2	2	4	50%
	CAH - Acute OT Inpatient	5	11	16	69%
	CAH - Acute OT MAU & ED & GLT	4	3	7	43%
	CAH - Acute OT Outpatient	2	6	8	75%
	CAH - Acute Physiotherapy	18	20	38	53%
	CAH - Acute Speech & Language Therapy	5	6	11	55%
	CAH - Audiology	6	7	13	54%
	CAH - Audiology Deputy Manager		1	1	100%
	CAH - Biochemistry	6	42	48	88%
	CAH - Cancer Unit	12	9	21	43%
	CAH - Cellular Pathology	2	25	27	93%
	CAH - General Laboratories	1	3	4	75%
	CAH - Haematology	9	20	29	69%
	CAH - Haemovigilance		2	2	100%
	CAH - Hearing Therapy		1	1	100%
	CAH - Microbiology	6	21	27	78%
	CAH - Mortuary		3	3	100%
	CAH - Orthoptics SHSCT	2	6	8	75%
	CAH - Palliative Care	2	2	4	50%
	CAH - Pathology		2	2	100%
	CAH - Pathology - Cellular	2	5	7	71%
	CAH - Pathology - Chemical		2	2	100%
	CAH - Pathology - Haematology	2	2	4	50%
	CAH - Pathology - Microbiology		6	6	100%
	CAH - Radiology	10	11	21	52%
	CAH - T&O Physiotherapy	1	11	12	92%
	CAH - Transfusion		1	1	100%
	CAH 2 North - Haematology Ward	6	20	26	77%
	CAH 2 North - Haematology Ward Dep Mgr		2	2	100%
	CAH/DHH - Acute Dietetics		12	12	100%
	CAH/DHH - Acute Podiatry	1		1	0%
	Cancer & Clinical Services Admin	1		1	0%
	Cancer & Clinical Services Division	2		2	0%
	Cancer MDT Administration	7	11	18	61%
	Cancer Services	1	2	3	67%
	Cancer Services Admin	4	23	27	85%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Cancer Services Haematology	1	3	4	75%
	Colorectal	1	4	5	80%
	Contracts Team	1		1	0%
	DHH - Acute Occupational Therapy	6	10	16	63%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy	6	8	14	57%
	DHH - Acute Spch & Lang Therapy		2	2	100%
	DHH - Audiology		4	4	100%
	DHH - Dietetics Renal Unit		3	3	100%
	DHH - Radiology	1		1	0%
	DHH Cancer & Clinical Admin	1	7	8	88%
	Diagnostics	1	1	2	50%
	Diagnostics Admin		26	26	100%
	General Radiography	8	12	20	60%
	Gynae Nursing		1	1	100%
	IM&WH Community Admin	1	2	3	67%
	ISAS TEAM	1		1	0%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	6	25	31	81%
	Lead Nurse	1		1	0%
	Lung Cancer Nursing		2	2	100%
	NICRN Cancer Research Nurse		2	2	100%
	Oncology		3	3	100%
	PACS Team	2	2	4	50%
	Paediatric Audiology	7	1	8	13%
	Palliative Nursing	2	3	5	60%
	Peripatetic Holding Positions	3	5	8	63%
	Peripatetic Holding Positions - C.T		1	1	100%
	Peripatetic Holding Positions - MRI Unit	2	1	3	33%
	Radiography Support		4	4	100%
	Reporting Radiographers	1	6	7	86%
	SHSCT Orthoptics Team	1	1	2	50%
	STH - Audiology	2		2	0%
	STH - Radiology Admin		3	3	100%
	TRF-CAH 2 North - Haematology Ward Dep		2	2	100%
	Upper GI Nursing		1	1	100%
	X-Ray - ACH	1	3	4	75%
	X-Ray - CAH Breast Screening		1	1	100%
	X-Ray - CAH C.T.	2	13	15	87%
	X-Ray - CAH Cath Lab	1	1	2	50%
	X-Ray - CAH E.E.G.	1	5	6	83%
	X-Ray - CAH Fluoroscopy	4	2	6	33%
	X-Ray - CAH General	5	10	15	67%
	X-Ray - CAH MRI Unit	14	5	19	26%
	X-Ray - CAH Nuclear Medicine	2	5	7	71%
	X-Ray - CAH Trauma & Orthopaedics	3	5	8	63%
	X-Ray - CAH Ultra Sound	8	12	20	60%
	X-Ray - DHH	8	20	28	71%
	X-Ray - DHH Deputy 1		1	1	100%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	X-Ray - DHH Deputy 2	1		1	0%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	3	11	14	79%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	3	15	18	83%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>234</b>	<b>561</b>	<b>795</b>	<b>71%</b>
Director's Office	Acute Governance	5	2	7	29%
	Acute Governance Team 2	3	3	6	50%
	Acute Services	3	1	4	25%
<b>Director's Office Total</b>		<b>11</b>	<b>6</b>	<b>17</b>	<b>35%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		7	7	100%
	A&D Support Services Dep Mgr 1	1		1	0%
	Area Board Support Services	2		2	0%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records	2		2	0%
	Armagh Community Support Services	8	2	10	20%
	Armagh Support Services	9	3	12	25%
	Banbridge H&CC Support Services	2	2	4	50%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	2		2	0%
	Bluestone Support Services	2	1	3	33%
	Bluestone Support Services 1	10	1	11	9%
	Bluestone Support Services 2	10	1	11	9%
	Bluestone Support Services 3	7	2	9	22%
	C&B Community Support Services		1	1	100%
	C&B Community Units	1	3	4	75%
	C&B Functional Support Switchboard	7	9	16	56%
	C&B Health Records Team	4	39	43	91%
	C&B Locality Health Records		1	1	100%
	C&B Locality Health Records Asst Manager		1	1	100%
	C&B Locality Health Records Supervisor 1		1	1	100%
	C&B Locality Health Records Supervisor 2	1	1	2	50%
	CAH - Breast Admin	1	1	2	50%
	CAH - Dermatology Admin	1	1	2	50%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	6	30	36	83%
	CAH - Med Rec ENT (Surg)	4	5	9	56%
	CAH - Med Rec Maternity	4	8	12	67%
	CAH - Med Records Obs/Gynae	5	6	11	55%
	CAH - Sterile Services Department	2	26	28	93%
	CAH - Trauma & Ortho Admin	5	2	7	29%
	CAH - Urology Admin	1	6	7	86%
	CAH Security	2	6	8	75%
	CAH Support Services		1	1	100%
	CAH/ACH/STH - General Medicine Admin	43	34	77	44%
	CAH/STH - Emergency Admin	2	1	3	33%
	CAH/STH - Emergency Admin Supervisor 1	1		1	0%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH/STH - Emergency Admin Team	27	6	33	18%
	CAH-Ward Clerks	10	24	34	71%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	3	2	5	40%
	Chaplains - Daisy Hill Hospital		3	3	100%
	Chaplains - Lurgan Hospital	2	1	3	33%
	Chaplains - South Tyrone Hospital	2		2	0%
	Community Domestic Services	4		4	0%
	Craigavon Catering 1	8	10	18	56%
	Craigavon Catering 2	9	14	23	61%
	Craigavon Catering 3	6	8	14	57%
	Craigavon Catering Service	1	2	3	67%
	Craigavon Catering Service (L2)		1	1	100%
	Craigavon Domestic Services	1	1	2	50%
	Craigavon Domestic Services - Evening		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	4	5	9	56%
	Craigavon Domestic Services Team 1	11	58	69	84%
	Craigavon Domestic Services Team 2	17	13	30	43%
	Craigavon Domestic Services Team 3	49	53	102	52%
	Craigavon Domestic Services Team 4	5	7	12	58%
	Craigavon Portering 1	5	5	10	50%
	Craigavon Portering 2	4	3	7	43%
	Craigavon Portering 3	7	3	10	30%
	Craigavon Portering 4	6	6	12	50%
	Craigavon Portering Service	6	1	7	14%
	Decontamination Services		1	1	100%
	Dermatology Admin	1	1	2	50%
	DHH - Emergency Admin Team	3	20	23	87%
	DHH - ENT Admin	1	2	3	67%
	DHH - General Medicine Admin	2	8	10	80%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service	2		2	0%
	DHH - Obs & Gynae Admin	12		12	0%
	DHH - Obs&Gynae O/P Admin	1	4	5	80%
	DHH - Sterile Services Department	1	9	10	90%
	DHH & Community Domestic Services	1	5	6	83%
	DHH Emergency Admin & Ward Clerks		2	2	100%
	DHH-Ward Clerks	2	15	17	88%
	Domestic Services Manager	5	3	8	38%
	Domestic Services Team	18	20	38	53%
	Dungannon Catering	1	2	3	67%
	Functional Support Services Division	1	2	3	67%
	General & Oral Surgery Admin	11	9	20	45%
	Health Records	1		1	0%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services	1	7	8	88%
	Lurgan Domestic Services	5	9	14	64%
	Lurgan Support Services		2	2	100%
	Midwifery/Gynae Service Admin	2	1	3	33%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Minor Injuries Admin STH		3	3	100%
	N&M C&B and Community Support Services		2	2	100%
	N&M Catering Services	4	21	25	84%
	N&M Functional Support Switchboard	2	3	5	60%
	N&M Health Records Team	4	11	15	73%
	N&M Locality Health Records	1		1	0%
	N&M Locality Health Records Supervisor 1		1	1	100%
	N&M Locality Health Records Supervisor 2	1		1	0%
	N&M Portering & Security Services 1	2	6	8	75%
	N&M Portering & Security Services 2	4	7	11	64%
	N&M Renal Admin Team	2	5	7	71%
	N&M Surgical & Medical Admin	1	8	9	89%
	Portadown Support Services	7	2	9	22%
	Porters	2	1	3	33%
	Referral & Booking Centre	27	10	37	27%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager		1	1	100%
	St Lukes Hospital Villa 3 Health Records		4	4	100%
	Sterile Services Department		1	1	100%
	STH Day Support Services	7	5	12	42%
	STH Evening Support Services	7	2	9	22%
	Switchboard & Residential Accommodation		2	2	100%
	Trauma & Orthopaedics/Ophthalmology Admin	1		1	0%
	Trustwide Support Services Admin	1	2	3	67%
<b>Functional Support Services Division Total</b>		<b>479</b>	<b>656</b>	<b>1135</b>	<b>58%</b>
Int Mat Service & Womens Health Division	A&D Comm Midwifery Nsg-Armagh	3	24	27	89%
	Breast Feeding Support		1	1	100%
	C&B Community Midwives	12	11	23	48%
	CAH - Adm & Asses Unit O&G	8	7	15	47%
	CAH - Delivery Suite	2	2	4	50%
	CAH - Delivery Suite 1	4	6	10	60%
	CAH - Delivery Suite 2	2	5	7	71%
	CAH - Delivery Suite 3	4	2	6	33%
	CAH - Delivery Suite 4	3	5	8	63%
	CAH - Delivery Suite 5	4	1	5	20%
	CAH - Delivery Suite 6	2	3	5	60%
	CAH - DOU Maternity	1	3	4	75%
	CAH - Obstetrics/Gynae	10	8	18	44%
	CAH - Parentcraft		1	1	100%
	CAH - Student Midwives	11	2	13	15%
	CAH 1 East - Gynae Ward	7	13	20	65%
	CAH 1 East - Gynae Ward Deputy	1		1	0%
	CAH 2 East - Midwifery Led Unit	7	7	14	50%
	CAH 2 West - Maternity Ward	25	19	44	43%
	CAH Ante Natal Outpatients Dept	15	13	28	46%
	Community Home Birthing Team		1	1	100%
	Continuity of Care Lead	1		1	0%
	DC&B Family Planning Services		3	3	100%
	DHH - Admission & Assessment Unit	3	3	6	50%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Ante/Post Natal	25	13	38	34%
	DHH - Delivery Suite 1	5	3	8	38%
	DHH - Delivery Suite 3	3	1	4	25%
	DHH - Delivery Suite 4	5		5	0%
	DHH - Delivery Suite 5	4	1	5	20%
	DHH - Delivery Suite 6	4	1	5	20%
	DHH - Delivery Suite 7	4	2	6	33%
	DHH - MLU	3	5	8	63%
	DHH - Obs & Gynae	9	6	15	40%
	DHH - Outpatients-Mat/Gynae	18	5	23	22%
	Family Planning Services	1	1	2	50%
	Int Mat Service & Womens Health Division		1	1	100%
	Midwifery/Gynae Service	13	4	17	24%
	N&M Community Midwives	3	20	23	87%
	N&M Gen Med Pract - Gum Clinic	1		1	0%
	N&M Sexual Health Clinic	2		2	0%
	NMT Sexual Health Clinic Nurses	3	3	6	50%
	P.C.L Maternity CAH	1		1	0%
	P.C.L Maternity CAH (1)		1	1	100%
	P.C.L Maternity DHH	2		2	0%
	P.C.L Mgs Community	1		1	0%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>232</b>	<b>207</b>	<b>439</b>	<b>47%</b>
Medicine Division	Acute Geriatric & Stroke		3	3	100%
	Acute Hospital Social Work Department		1	1	100%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 South Acute Elderly	15	16	31	52%
	CAH - 2 South Stroke	13	13	26	50%
	CAH - 2 South Stroke Deputy 1		1	1	100%
	CAH - 2 South Stroke Deputy 2		1	1	100%
	CAH - 3 North Medicine	12	30	42	71%
	CAH - Cardiac Rehabilitation	2	2	4	50%
	CAH - Cardiology Medical	5	10	15	67%
	CAH - Cardiovascular Research	2	1	3	33%
	CAH - Catheterisation Laboratory	11	4	15	27%
	CAH - Day Clinical Care		9	9	100%
	CAH - Dermatology - Medical	6	4	10	40%
	CAH - Dermatology - Nursing	8	11	19	58%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Diabetes Endocrine - Medical	1	2	3	67%
	CAH - Diabetic Nurse Specialist	2		2	0%
	CAH - E.C.G.	6	11	17	65%
	CAH - Gastroenterology - Medical	1	5	6	83%
	CAH - Gastroenterology Nurse Specialist	4	2	6	33%
	CAH - Neurology - Medical	3	6	9	67%
	CAH - Neurology Nursing	1	2	3	67%
	CAH - Pacing and Cath Lab	4	3	7	43%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pulmonary Function Lab	6	5	11	45%
	CAH - Rapid Acc Chest Pain Clinic	4	1	5	20%
	CAH - Respiratory - Medical	5	3	8	38%
	CAH - Respiratory Nrs Specialst	5	2	7	29%
	CAH - Resuscitation	2	1	3	33%
	CAH - Rheumatology - Medical	2	5	7	71%
	CAH - Rheumatology Nurse Specialists		6	6	100%
	CAH - Stroke Geriatric - Medical		1	1	100%
	CAH - Stroke Nurse Specialist		2	2	100%
	CAH - Ward 3 Ramone (Frailty Ward)	5	17	22	77%
	CAH 1 North - Cardiology Ward	18	33	51	65%
	CAH 1 South - Medical Ward	12	29	41	71%
	CAH 2 North - Respiratory Ward	3	44	47	94%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	Cardiology Neurology & Dermatology	5	5	10	50%
	Dementia Improvement Service	1	2	3	67%
	DHH - Cardiology	4	1	5	20%
	DHH - Day Clinical Centre	3		3	0%
	DHH - Diabetes Endocrine - Medical		1	1	100%
	DHH - Diabetic Nurse Specialist	2		2	0%
	DHH - Discharge Lounge	1		1	0%
	DHH - E.C.G.	1	5	6	83%
	DHH - Female Medical Ward	21	24	45	53%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Female Medical Ward Deputy 4	1		1	0%
	DHH - Female Medical Ward Deputy 5		1	1	100%
	DHH - Gastroenterology - Medical	3	3	6	50%
	DHH - General Medical	4	1	5	20%
	DHH - Geriatric Medical	1	3	4	75%
	DHH - Male Medical Ward	35	13	48	27%
	DHH - Nursing	1		1	0%
	DHH - Physician Associates	1		1	0%
	DHH - Physician Associates - Med & Surg	6		6	0%
	DHH - Renal	1	4	5	80%
	DHH - Renal Dialysis Nurse Spec		3	3	100%
	DHH - Renal Nursing Dep	7	35	42	83%
	DHH - Renal Unit - Medical	4	4	8	50%
	DHH - Respiratory - Medical		1	1	100%
	DHH - Respiratory Nurse Spec	1		1	0%
	DHH - Respiratory Ward		1	1	100%
	DHH - Stroke & Rehab Level 4	33	11	44	25%
	DHH - Stroke & Rehab Level 4 Dep 1	2	2	4	50%
	DHH - Stroke & Rehab Level 4 Dep 4	2		2	0%
	DHH - Stroke Nurse Specialist	1		1	0%
	DHH-Male Medical Dep	1		1	0%
	Donning & Doffing CAH	1	2	3	67%
	Donning & Doffing DHH	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Gastro Rheum Diabetes Endo & Neurology	1		1	0%
	Hospital Social Work Team - CAH	17	4	21	19%
	Hospital Social Work Team - CAH Deputy	1		1	0%
	Hospital Social Work Team - DHH	10	5	15	33%
	Hospital Social Work Team CAH-Sen Pract		2	2	100%
	Lead Nurse Gastro Diabet Endo Neuro Med	1		1	0%
	LN Cardiology Respiratory		1	1	100%
	Medicine Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine	1	1	2	50%
	Stroke Frailty Dermatology & Medicine	1	1	2	50%
	TRF-CAH -1 South Medical Ward Deputy 5/6		1	1	100%
	Trustwide Heart Failure	3	7	10	70%
<b>Medicine Division Total</b>		<b>339</b>	<b>439</b>	<b>778</b>	<b>56%</b>
Pharmacy Division	Acute Care at Home & OPCC Pharmacy Team	2	5	7	71%
	Anticoagulation Team	1	3	4	75%
	Antimicrobial Pharmacist	1	3	4	75%
	Aseptic Services TPN	1	3	4	75%
	Aseptics Biologics Pharmacy Services		1	1	100%
	CAH - Clinical Pharmacy Team	5	14	19	74%
	CAH - Community Technicians	2	1	3	33%
	CAH - Critical Care		2	2	100%
	CAH - Dispensary Team		4	4	100%
	CAH - Dispensary Team 2	1	1	2	50%
	CAH - Dispensary Technician Team	2	10	12	83%
	CAH - Emergency and Admissions Team	2	4	6	67%
	CAH - IMM Technician Services	6	19	25	76%
	CAH - Medicines Information		1	1	100%
	CAH - Pharmacy Ward Services	5	4	9	44%
	CAH - Procurement Technician Team	4	3	7	43%
	CAH - Procurement Technician Team 2	3	2	5	40%
	CAH - Trainee Technicians	2	5	7	71%
	Chemotherapy Pharmacy Services	6	4	10	40%
	Cytotoxic Services	3	5	8	63%
	DHH - Clinical Pharmacy Team	4	10	14	71%
	DHH - Dispens & Distrib Technician Team		8	8	100%
	DHH - Dispensary Team		3	3	100%
	DHH - Procurement Technician Team	1	2	3	67%
	DHH - Ward Technicians		8	8	100%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		2	2	100%
	MH Clinical Pharmacy	1	3	4	75%
	MOOP Clinical Pharmacy		4	4	100%
	Palliative Care Pharmacist	1	1	2	50%
	Pharmacy Admin	1		1	0%
	Pharmacy Chief Technicians	1	1	2	50%
	Pharmacy Clinical Services	1	4	5	80%
	Pharmacy Finance Team	3	2	5	40%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement	1	2	3	67%
	Pharmacy QA/Aseptic Services		1	1	100%
	Pharmacy Specialist Medicines		5	5	100%
	Purchasing/IT Team	1		1	0%
	Respiratory Pharmacist		1	1	100%
	Specialist Medicines	6	8	14	57%
	Surgery Clinical Pharmacy	5	12	17	71%
	Teacher Practitioner Pharmacists	1	1	2	50%
	TPN Pharmacy Services		2	2	100%
Pharmacy Division Total		73	178	251	71%
Unscheduled Care Division	Acute Medicine Patient Flow & Ambulatory		1	1	100%
	Ambulatory Unit	4	6	10	60%
	CAH - Acute Med Admission Unit	42	12	54	22%
	CAH - Acute Med Admission Unit Deputy 2	1		1	0%
	CAH - Acute Medical Unit	3	4	7	57%
	CAH - Emergency Dental		1	1	100%
	CAH - Emergency Medical	5	15	20	75%
	CAH - Emergency Nurse Practitioners	1	3	4	75%
	CAH - Emergency Nursing	62	40	102	39%
	CAH - Medical	4	6	10	60%
	CAH-EmergMed-Amb-EmerDent-MIU DHH ED DAU	3	2	5	40%
	DHH - Direct Assessment Unit Medical	3	2	5	40%
	DHH - Direct Assessment Unit Nursing	3	12	15	80%
	DHH - Emergency Medical	7	9	16	56%
	DHH - Emergency Nurse Practitioners		2	2	100%
	DHH - Emergency Nursing	39	21	60	35%
	Lead Nurse EM	1		1	0%
	Patient Flow	1		1	0%
	Patient Flow - CAH	17	16	33	48%
	Patient Flow - DHH	5	6	11	55%
	Quality & Safety	1	2	3	67%
	STH - Emergency Minor Injuries Unit	5	2	7	29%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
	Unscheduled Care Division		1	1	100%
Unscheduled Care Division Total		207	165	372	44%
Grand Total		2001	2805	4806	58%

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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



**Southern Health & Social Care Trust****Summary of Manual Handling Training Compliance for Staff in Acute Directorate by Division & Organisational Unit**  
**including % of Staff trained as at 30th September 2022**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

		Key: % Trained			
		0% - 59%			
		60% - 79%			
		80% - 100%			
		Manual Handling			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2		4	4	100%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	2	1	3	33%
	ATICS Admin	4	23	27	85%
	Banbridge and N&M - Outpatients	9	13	22	59%
	Breast Care	4	1	5	20%
	Breast Screening Admin	3	8	11	73%
	CAH - Anaesthetics	9	20	29	69%
	CAH - Chronic/Acute Pain Clinic	2	1	3	33%
	CAH - Day Surgery Unit	17	13	30	43%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - ENT Medical	7	6	13	46%
	CAH - I.C.U.	14	52	66	79%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Orthodontics Dental	1	3	4	75%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	8	20	28	71%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	10	23	33	70%
	CAH - Outpatients Dep Manager	1	1	2	50%
	CAH - Progressive Care Ward Bd 6 Staff	4	2	6	33%
	CAH - Progressive Care Ward Deputy	12	29	41	71%
	CAH - Recovery Areas	7	31	38	82%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - T&O - Fracture Clinic	6	11	17	65%
	CAH - Theatres 1 - 4	18	32	50	64%
	CAH - Theatres 1 - 4 Deputy 1		2	2	100%
	CAH - Theatres 1 - 4 Deputy 2		2	2	100%
	CAH - Theatres 1 - 4 Deputy 3	1	1	2	50%
	CAH - Theatres 1 - 4 Deputy 5		1	1	100%
	CAH - Theatres 5 - 8	7	34	41	83%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Theatres 5 - 8 Deputy 3		2	2	100%
	CAH - Theatres 5 - 8 Deputy 4		2	2	100%
	CAH - Thorndale Unit Dep Mgr	2	4	6	67%
	CAH - Trauma & Orthopaedics Medical	9	10	19	53%
	CAH - Trauma Ward	7	33	40	83%
	CAH - Trauma Ward Deputy Manager	2		2	0%
	CAH - X-Ray - Nursing		6	6	100%
	CAH 1 West - Elective Admission Ward	12	11	23	48%
	CAH 3 South - Short Stay Surgical Ward	13	17	30	57%
	CAH 4 North - Emerg Surg Adm/Urology	7	30	37	81%
	CAH 4 South - Progressive Care Ward	1		1	0%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	8	12	20	60%
	CAH Urology Medical	5	5	10	50%
	CAH-Orthopaedic Ward Deputy 2		1	1	100%
	CAH-Trauma Ward Deputy Manager 2		1	1	100%
	Clinical Director General Surgery		1	1	100%
	DECC - Pre Assessment		3	3	100%
	DECC-Theatre	3	4	7	57%
	DHH - Anaesthetics	2	15	17	88%
	DHH - Endoscopy	8	14	22	64%
	DHH - Female Surgical Winter Pressure	1		1	0%
	DHH - Female Surgical/Gynae Deputy		3	3	100%
	DHH - Female Surgical/Gynae Ward	5	24	29	83%
	DHH - General Surgery Medical		3	3	100%
	DHH - High Dependency Unit	9	15	24	63%
	DHH - Male Surgical Deputy		1	1	100%
	DHH - Male Surgical Ward	6	18	24	75%
	DHH - Pain Clinic	1		1	0%
	DHH - Theatres	25	19	44	43%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2	1	1	2	50%
	DHH - Theatres Deputy 3	1		1	0%
	DHH Observation Area	1	4	5	80%
	Endoscopy Pain & Day Units	2	1	3	33%
	General Surgery/Orthodontics	1		1	0%
	Independent Sector Admin Team		8	8	100%
	Operational Support Admin	1	5	6	83%
	Orthopaedics Practitioners	2	1	3	33%
	PCL ENT/Urology/Outpatients		1	1	100%
	Pre OP Assessment Admin		7	7	100%
	Pre OP Assessment Team	7	9	16	56%
	Scheduling Team	4	6	10	60%
	Specialist Endoscopy	4	4	8	50%
	STH - Outpatients	6	8	14	57%
	STH - Theatres	17	20	37	54%
	STH - Theatres Deputy 1	1		1	0%
	STH - Theatres Deputy 2		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Surgery & Elective Division Admin	4	4	8	50%
	Surgery & Elective Lead Nurse A	1		1	0%
	Surgery & Elective Lead Nurse B		1	1	100%
	Surgery & Elective Lead Nurse C	3	1	4	25%
	Trauma & Orthopaedics	3	1	4	25%
	Ward Support SEC		2	2	100%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>335</b>	<b>684</b>	<b>1019</b>	<b>67%</b>
Cancer & Clinical Services Division	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Associate MD Cancer & Clinical Services		1	1	100%
	C&CS Service Improve	1		1	0%
	CAH - Acute Dietetics Admin	1		1	0%
	CAH - Acute OT Admin	2	2	4	50%
	CAH - Acute OT Inpatient	5	11	16	69%
	CAH - Acute OT MAU & ED & GLT	2	5	7	71%
	CAH - Acute OT Outpatient	1	7	8	88%
	CAH - Acute Physiotherapy	9	29	38	76%
	CAH - Acute Speech & Language Therapy	3	8	11	73%
	CAH - Audiology	4	9	13	69%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry	4	44	48	92%
	CAH - Cancer Unit	14	7	21	33%
	CAH - Cellular Pathology	1	26	27	96%
	CAH - General Laboratories	1	3	4	75%
	CAH - Haematology	1	28	29	97%
	CAH - Haemovigilance		2	2	100%
	CAH - Hearing Therapy		1	1	100%
	CAH - Microbiology	3	24	27	89%
	CAH - Mortuary	2	1	3	33%
	CAH - Orthoptics SHSCT	5	3	8	38%
	CAH - Palliative Care	2	2	4	50%
	CAH - Pathology		2	2	100%
	CAH - Pathology - Cellular	1	6	7	86%
	CAH - Pathology - Chemical		2	2	100%
	CAH - Pathology - Haematology	1	3	4	75%
	CAH - Pathology - Microbiology		6	6	100%
	CAH - Radiology	3	18	21	86%
	CAH - T&O Physiotherapy	2	10	12	83%
	CAH - Transfusion		1	1	100%
	CAH 2 North - Haematology Ward	6	20	26	77%
	CAH 2 North - Haematology Ward Dep Mgr		2	2	100%
	CAH/DHH - Acute Dietetics	1	11	12	92%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer & Clinical Services Admin	1		1	0%
	Cancer & Clinical Services Division		2	2	100%
	Cancer MDT Administration	3	15	18	83%
	Cancer Services	1	2	3	67%
	Cancer Services Admin	4	23	27	85%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Cancer Services Haematology	1	3	4	75%
	Colorectal	2	3	5	60%
	Contracts Team		1	1	100%
	DHH - Acute Occupational Therapy	5	11	16	69%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy	3	11	14	79%
	DHH - Acute Spch & Lang Therapy		2	2	100%
	DHH - Audiology	1	3	4	75%
	DHH - Dietetics Renal Unit	1	2	3	67%
	DHH - Radiology		1	1	100%
	DHH Cancer & Clinical Admin		8	8	100%
	Diagnostics		2	2	100%
	Diagnostics Admin	2	24	26	92%
	General Radiography	5	15	20	75%
	Gynae Nursing	1		1	0%
	IM&WH Community Admin		3	3	100%
	ISAS TEAM	1		1	0%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	1	30	31	97%
	Lead Nurse	1		1	0%
	Lung Cancer Nursing	1	1	2	50%
	NICRN Cancer Research Nurse		2	2	100%
	Oncology	3		3	0%
	PACS Team	1	3	4	75%
	Paediatric Audiology	1	7	8	88%
	Palliative Nursing		5	5	100%
	Peripatetic Holding Positions	3	5	8	63%
	Peripatetic Holding Positions - C.T		1	1	100%
	Peripatetic Holding Positions - MRI Unit	1	2	3	67%
	Radiography Support		4	4	100%
	Reporting Radiographers		7	7	100%
	SHSCT Orthoptics Team	1	1	2	50%
	STH - Audiology		2	2	100%
	STH - Radiology Admin		3	3	100%
	TRF-CAH 2 North - Haematology Ward Dep	1	1	2	50%
	Upper GI Nursing		1	1	100%
	X-Ray - ACH	2	2	4	50%
	X-Ray - CAH Breast Screening		1	1	100%
	X-Ray - CAH C.T.	3	12	15	80%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH E.E.G.	1	5	6	83%
	X-Ray - CAH Fluoroscopy	1	5	6	83%
	X-Ray - CAH General	4	11	15	73%
	X-Ray - CAH MRI Unit	14	5	19	26%
	X-Ray - CAH Nuclear Medicine	2	5	7	71%
	X-Ray - CAH Trauma & Orthopaedics	4	4	8	50%
	X-Ray - CAH Ultra Sound	9	11	20	55%
	X-Ray - DHH	10	18	28	64%
	X-Ray - DHH Deputy 1	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	X-Ray - DHH Deputy 2		1	1	100%
	X-Ray - Practice Educator		1	1	100%
	X-Ray - STH	5	9	14	64%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	2	16	18	89%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>182</b>	<b>613</b>	<b>795</b>	<b>77%</b>
Director's Office	Acute Governance	4	3	7	43%
	Acute Governance Team 2	1	5	6	83%
	Acute Services	1	3	4	75%
<b>Director's Office Total</b>		<b>6</b>	<b>11</b>	<b>17</b>	<b>65%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		7	7	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services		2	2	100%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records	1	1	2	50%
	Armagh Community Support Services	1	9	10	90%
	Armagh Support Services	5	7	12	58%
	Banbridge H&CC Support Services	3	1	4	25%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	2		2	0%
	Bluestone Support Services	2	1	3	33%
	Bluestone Support Services 1	7	4	11	36%
	Bluestone Support Services 2	5	6	11	55%
	Bluestone Support Services 3	4	5	9	56%
	C&B Community Support Services		1	1	100%
	C&B Community Units	2	2	4	50%
	C&B Functional Support Switchboard	5	11	16	69%
	C&B Health Records Team	5	38	43	88%
	C&B Locality Health Records		1	1	100%
	C&B Locality Health Records Asst Manager		1	1	100%
	C&B Locality Health Records Supervisor 1		1	1	100%
	C&B Locality Health Records Supervisor 2		2	2	100%
	CAH - Breast Admin	1	1	2	50%
	CAH - Dermatology Admin	1	1	2	50%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	13	23	36	64%
	CAH - Med Rec ENT (Surg)	3	6	9	67%
	CAH - Med Rec Maternity	4	8	12	67%
	CAH - Med Records Obs/Gynae	4	7	11	64%
	CAH - Sterile Services Department	11	17	28	61%
	CAH - Trauma & Ortho Admin		7	7	100%
	CAH - Urology Admin	2	5	7	71%
	CAH Security	1	7	8	88%
	CAH Support Services	1		1	0%
	CAH/ACH/STH - General Medicine Admin	29	48	77	62%
	CAH/STH - Emergency Admin	2	1	3	33%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH/STH - Emergency Admin Team	16	17	33	52%
	CAH-Ward Clerks	3	31	34	91%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	2	3	5	60%
	Chaplains - Daisy Hill Hospital	1	2	3	67%
	Chaplains - Lurgan Hospital	1	2	3	67%
	Chaplains - South Tyrone Hospital	1	1	2	50%
	Community Domestic Services	4		4	0%
	Craigavon Catering 1	2	16	18	89%
	Craigavon Catering 2	4	19	23	83%
	Craigavon Catering 3	1	13	14	93%
	Craigavon Catering Service		3	3	100%
	Craigavon Catering Service (L2)	1		1	0%
	Craigavon Domestic Services	1	1	2	50%
	Craigavon Domestic Services - Evening		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	4	5	9	56%
	Craigavon Domestic Services Team 1	53	16	69	23%
	Craigavon Domestic Services Team 2	20	10	30	33%
	Craigavon Domestic Services Team 3	50	52	102	51%
	Craigavon Domestic Services Team 4	9	3	12	25%
	Craigavon Portering 1	4	6	10	60%
	Craigavon Portering 2	3	4	7	57%
	Craigavon Portering 3	4	6	10	60%
	Craigavon Portering 4	6	6	12	50%
	Craigavon Portering Service	3	4	7	57%
	Decontamination Services		1	1	100%
	Dermatology Admin	1	1	2	50%
	DHH - Emergency Admin Team	3	20	23	87%
	DHH - ENT Admin	2	1	3	33%
	DHH - General Medicine Admin	3	7	10	70%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service	2		2	0%
	DHH - Obs & Gynae Admin	4	8	12	67%
	DHH - Obs&Gynae O/P Admin	1	4	5	80%
	DHH - Sterile Services Department	4	6	10	60%
	DHH & Community Domestic Services	2	4	6	67%
	DHH Emergency Admin & Ward Clerks		2	2	100%
	DHH-Ward Clerks	2	15	17	88%
	Domestic Services Manager	5	3	8	38%
	Domestic Services Team	31	7	38	18%
	Dungannon Catering	1	2	3	67%
	Functional Support Services Division		3	3	100%
	General & Oral Surgery Admin	6	14	20	70%
	Health Records		1	1	100%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services	1	7	8	88%
	Lurgan Domestic Services	6	8	14	57%
	Lurgan Support Services	1	1	2	50%
	Midwifery/Gynae Service Admin		3	3	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Minor Injuries Admin STH		3	3	100%
	N&M C&B and Community Support Services	1	1	2	50%
	N&M Catering Services	7	18	25	72%
	N&M Functional Support Switchboard	2	3	5	60%
	N&M Health Records Team	4	11	15	73%
	N&M Locality Health Records	1		1	0%
	N&M Locality Health Records Supervisor 1		1	1	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	4	4	8	50%
	N&M Portering & Security Services 2	11		11	0%
	N&M Renal Admin Team	3	4	7	57%
	N&M Surgical & Medical Admin	1	8	9	89%
	Portadown Support Services	2	7	9	78%
	Porters	2	1	3	33%
	Referral & Booking Centre	11	26	37	70%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager		1	1	100%
	St Lukes Hospital Villa 3 Health Records		4	4	100%
	Sterile Services Department		1	1	100%
	STH Day Support Services		12	12	100%
	STH Evening Support Services		9	9	100%
	Switchboard & Residential Accommodation		2	2	100%
	Trauma & Orthopaedics/Ophthalmology Admin		1	1	100%
	Trustwide Support Services Admin		3	3	100%
<b>Functional Support Services Division Total</b>		<b>434</b>	<b>701</b>	<b>1135</b>	<b>62%</b>
Int Mat Service & Womens Health Division	A&D Comm Midwifery Nsg-Armagh	5	22	27	81%
	Breast Feeding Support		1	1	100%
	C&B Community Midwives	7	16	23	70%
	CAH - Adm & Asses Unit O&G	9	6	15	40%
	CAH - Delivery Suite	2	2	4	50%
	CAH - Delivery Suite 1	3	7	10	70%
	CAH - Delivery Suite 2	2	5	7	71%
	CAH - Delivery Suite 3	1	5	6	83%
	CAH - Delivery Suite 4	3	5	8	63%
	CAH - Delivery Suite 5	2	3	5	60%
	CAH - Delivery Suite 6	1	4	5	80%
	CAH - DOU Maternity	1	3	4	75%
	CAH - Obstetrics/Gynae	5	13	18	72%
	CAH - Parentcraft		1	1	100%
	CAH - Student Midwives	11	2	13	15%
	CAH 1 East - Gynae Ward	8	12	20	60%
	CAH 1 East - Gynae Ward Deputy	1		1	0%
	CAH 2 East - Midwifery Led Unit	9	5	14	36%
	CAH 2 West - Maternity Ward	24	20	44	45%
	CAH Ante Natal Outpatients Dept	10	18	28	64%
	Community Home Birthing Team	1		1	0%
	Continuity of Care Lead		1	1	100%
	DC&B Family Planning Services	2	1	3	33%
	DHH - Admission & Assessment Unit	2	4	6	67%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Ante/Post Natal	19	19	38	50%
	DHH - Delivery Suite 1	4	4	8	50%
	DHH - Delivery Suite 3	3	1	4	25%
	DHH - Delivery Suite 4	4	1	5	20%
	DHH - Delivery Suite 5	3	2	5	40%
	DHH - Delivery Suite 6	1	4	5	80%
	DHH - Delivery Suite 7	2	4	6	67%
	DHH - MLU	2	6	8	75%
	DHH - Obs & Gynae	4	11	15	73%
	DHH - Outpatients-Mat/Gynae	11	12	23	52%
	Family Planning Services	1	1	2	50%
	Int Mat Service & Womens Health Division	1		1	0%
	Midwifery/Gynae Service	7	10	17	59%
	N&M Community Midwives	3	20	23	87%
	N&M Gen Med Pract - Gum Clinic		1	1	100%
	N&M Sexual Health Clinic	2		2	0%
	NMT Sexual Health Clinic Nurses	2	4	6	67%
	P.C.L Maternity CAH		1	1	100%
	P.C.L Maternity CAH (1)		1	1	100%
	P.C.L Maternity DHH	2		2	0%
	P.C.L Mgs Community	1		1	0%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>181</b>	<b>258</b>	<b>439</b>	<b>59%</b>
Medicine Division	Acute Geriatric & Stroke	1	2	3	67%
	Acute Hospital Social Work Department	1		1	0%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4	1		1	0%
	CAH - 2 South Acute Elderly	5	26	31	84%
	CAH - 2 South Stroke	8	18	26	69%
	CAH - 2 South Stroke Deputy 1		1	1	100%
	CAH - 2 South Stroke Deputy 2	1		1	0%
	CAH - 3 North Medicine	9	33	42	79%
	CAH - Cardiac Rehabilitation	2	2	4	50%
	CAH - Cardiology Medical	3	12	15	80%
	CAH - Cardiovascular Research		3	3	100%
	CAH - Catheterisation Laboratory	9	6	15	40%
	CAH - Day Clinical Care	3	6	9	67%
	CAH - Dermatology - Medical	6	4	10	40%
	CAH - Dermatology - Nursing	12	7	19	37%
	CAH - Dermatology - Nursing Dep Mgr	1		1	0%
	CAH - Diabetes Endocrine - Medical		3	3	100%
	CAH - Diabetic Nurse Specialist	1	1	2	50%
	CAH - E.C.G.	9	8	17	47%
	CAH - Gastroenterology - Medical	1	5	6	83%
	CAH - Gastroenterology Nurse Specialist	5	1	6	17%
	CAH - Neurology - Medical	2	7	9	78%
	CAH - Neurology Nursing	2	1	3	33%
	CAH - Pacing and Cath Lab	5	2	7	29%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pulmonary Function Lab	2	9	11	82%
	CAH - Rapid Acc Chest Pain Clinic	3	2	5	40%
	CAH - Respiratory - Medical	1	7	8	88%
	CAH - Respiratory Nrs Specialst	3	4	7	57%
	CAH - Resuscitation	1	2	3	67%
	CAH - Rheumatology - Medical		7	7	100%
	CAH - Rheumatology Nurse Specialists	1	5	6	83%
	CAH - Stroke Geriatric - Medical		1	1	100%
	CAH - Stroke Nurse Specialist	1	1	2	50%
	CAH - Ward 3 Ramone (Frailty Ward)	5	17	22	77%
	CAH 1 North - Cardiology Ward	16	35	51	69%
	CAH 1 South - Medical Ward	10	31	41	76%
	CAH 2 North - Respiratory Ward	15	32	47	68%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	Cardiology Neurology & Dermatology	5	5	10	50%
	Dementia Improvement Service	1	2	3	67%
	DHH - Cardiology	2	3	5	60%
	DHH - Day Clinical Centre	1	2	3	67%
	DHH - Diabetes Endocrine - Medical		1	1	100%
	DHH - Diabetic Nurse Specialist	1	1	2	50%
	DHH - Discharge Lounge	1		1	0%
	DHH - E.C.G.	3	3	6	50%
	DHH - Female Medical Ward	14	31	45	69%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2		1	1	100%
	DHH - Female Medical Ward Deputy 4		1	1	100%
	DHH - Female Medical Ward Deputy 5		1	1	100%
	DHH - Gastroenterology - Medical	1	5	6	83%
	DHH - General Medical	4	1	5	20%
	DHH - Geriatric Medical		4	4	100%
	DHH - Male Medical Ward	13	35	48	73%
	DHH - Nursing	1		1	0%
	DHH - Physician Associates		1	1	100%
	DHH - Physician Associates - Med & Surg		6	6	100%
	DHH - Renal	1	4	5	80%
	DHH - Renal Dialysis Nurse Spec		3	3	100%
	DHH - Renal Nursing Dep	21	21	42	50%
	DHH - Renal Unit - Medical	4	4	8	50%
	DHH - Respiratory - Medical		1	1	100%
	DHH - Respiratory Nurse Spec	1		1	0%
	DHH - Respiratory Ward	1		1	0%
	DHH - Stroke & Rehab Level 4	20	24	44	55%
	DHH - Stroke & Rehab Level 4 Dep 1	1	3	4	75%
	DHH - Stroke & Rehab Level 4 Dep 4	1	1	2	50%
	DHH - Stroke Nurse Specialist	1		1	0%
	DHH-Male Medical Dep	1		1	0%
	Donning & Doffing CAH	1	2	3	67%
	Donning & Doffing DHH	1		1	0%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Gastro Rheum Diabetes Endo & Neurology		1	1	100%
	Hospital Social Work Team - CAH	8	13	21	62%
	Hospital Social Work Team - CAH Deputy	1		1	0%
	Hospital Social Work Team - DHH	3	12	15	80%
	Hospital Social Work Team CAH-Sen Pract	1	1	2	50%
	Lead Nurse Gastro Diabet Endo Neuro Med	1		1	0%
	LN Cardiology Respiratory	1		1	0%
	Medicine Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine	1	1	2	50%
	Stroke Frailty Dermatology & Medicine	2		2	0%
	TRF-CAH -1 South Medical Ward Deputy 5/6		1	1	100%
	Trustwide Heart Failure	2	8	10	80%
<b>Medicine Division Total</b>		<b>267</b>	<b>511</b>	<b>778</b>	<b>66%</b>
Pharmacy Division	Acute Care at Home & OPIC Pharmacy Team	1	6	7	86%
	Anticoagulation Team	1	3	4	75%
	Antimicrobial Pharmacist	4		4	0%
	Aseptic Services TPN		4	4	100%
	Aseptics Biologics Pharmacy Services	1		1	0%
	CAH - Clinical Pharmacy Team	2	17	19	89%
	CAH - Community Technicians	1	2	3	67%
	CAH - Critical Care		2	2	100%
	CAH - Dispensary Team		4	4	100%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team		12	12	100%
	CAH - Emergency and Admissions Team	1	5	6	83%
	CAH - IMM Technician Services	2	23	25	92%
	CAH - Medicines Information	1		1	0%
	CAH - Pharmacy Ward Services		9	9	100%
	CAH - Procurement Technician Team	2	5	7	71%
	CAH - Procurement Technician Team 2	1	4	5	80%
	CAH - Trainee Technicians		7	7	100%
	Chemotherapy Pharmacy Services	6	4	10	40%
	Cytotoxic Services	1	7	8	88%
	DHH - Clinical Pharmacy Team	3	11	14	79%
	DHH - Dispens & Distrib Technician Team	1	7	8	88%
	DHH - Dispensary Team		3	3	100%
	DHH - Procurement Technician Team		3	3	100%
	DHH - Ward Technicians		8	8	100%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		2	2	100%
	MH Clinical Pharmacy	1	3	4	75%
	MOOP Clinical Pharmacy	1	3	4	75%
	Palliative Care Pharmacist	1	1	2	50%
	Pharmacy Admin		1	1	100%
	Pharmacy Chief Technicians		2	2	100%
	Pharmacy Clinical Services	1	4	5	80%
	Pharmacy Finance Team	4	1	5	20%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement	1	2	3	67%
	Pharmacy QA/Aseptic Services		1	1	100%
	Pharmacy Specialist Medicines	1	4	5	80%
	Purchasing/IT Team	1		1	0%
	Respiratory Pharmacist		1	1	100%
	Specialist Medicines	3	11	14	79%
	Surgery Clinical Pharmacy		17	17	100%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services		2	2	100%
	<b>Pharmacy Division Total</b>	<b>42</b>	<b>209</b>	<b>251</b>	<b>83%</b>
Unscheduled Care Division	Acute Medicine Patient Flow & Ambulatory	1		1	0%
	Ambulatory Unit	4	6	10	60%
	CAH - Acute Med Admission Unit	28	26	54	48%
	CAH - Acute Med Admission Unit Deputy 2	1		1	0%
	CAH - Acute Medical Unit		7	7	100%
	CAH - Emergency Dental	1		1	0%
	CAH - Emergency Medical	9	11	20	55%
	CAH - Emergency Nurse Practitioners	2	2	4	50%
	CAH - Emergency Nursing	45	57	102	56%
	CAH - Medical	5	5	10	50%
	CAH-EmergMed-Amb-EmerDent-MIU DHH ED DAU	2	3	5	60%
	DHH - Direct Assessment Unit Medical	3	2	5	40%
	DHH - Direct Assessment Unit Nursing	6	9	15	60%
	DHH - Emergency Medical	4	12	16	75%
	DHH - Emergency Nurse Practitioners	1	1	2	50%
	DHH - Emergency Nursing	25	35	60	58%
	Lead Nurse EM	1		1	0%
	Patient Flow		1	1	100%
	Patient Flow - CAH	18	15	33	45%
	Patient Flow - DHH	3	8	11	73%
	Quality & Safety		3	3	100%
	STH - Emergency Minor Injuries Unit	4	3	7	43%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2	1		1	0%
	Unscheduled Care Division	1		1	0%
	<b>Unscheduled Care Division Total</b>	<b>165</b>	<b>207</b>	<b>372</b>	<b>56%</b>
<b>Grand Total</b>		<b>1612</b>	<b>3194</b>	<b>4806</b>	<b>66%</b>

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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

**Southern Health & Social Care Trust****Summary of IPC Compliance for Staff in Acute Directorate by Division & Organisational Unit including % of Staff trained as at 30th September 2022**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

		Infection Prevention & Control			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2	2	2	4	50%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	3		3	0%
	ATICS Admin	8	19	27	70%
	Banbridge and N&M - Outpatients	3	19	22	86%
	Breast Care	2	3	5	60%
	Breast Screening Admin	6	5	11	45%
	CAH - Anaesthetics	6	23	29	79%
	CAH - Chronic/Acute Pain Clinic	2	1	3	33%
	CAH - Day Surgery Unit	7	23	30	77%
	CAH - Day Surgery Unit Deputy		1	1	100%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - ENT Medical	8	5	13	38%
	CAH - I.C.U.	12	54	66	82%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Orthodontics Dental		4	4	100%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	7	21	28	75%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	7	26	33	79%
	CAH - Outpatients Dep Manager		2	2	100%
	CAH - Progressive Care Ward Bd 6 Staff		6	6	100%
	CAH - Progressive Care Ward Deputy	8	33	41	80%
	CAH - Recovery Areas	5	33	38	87%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - T&O - Fracture Clinic	3	14	17	82%
	CAH - Theatres 1 - 4	19	31	50	62%
	CAH - Theatres 1 - 4 Deputy 1		2	2	100%
	CAH - Theatres 1 - 4 Deputy 2		2	2	100%
	CAH - Theatres 1 - 4 Deputy 3	2		2	0%
	CAH - Theatres 1 - 4 Deputy 5		1	1	100%
	CAH - Theatres 5 - 8	4	37	41	90%
	CAH - Theatres 5 - 8 Deputy 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Theatres 5 - 8 Deputy 3		2	2	100%
	CAH - Theatres 5 - 8 Deputy 4		2	2	100%
	CAH - Thorndale Unit Dep Mgr		6	6	100%
	CAH - Trauma & Orthopaedics Medical	9	10	19	53%
	CAH - Trauma Ward	7	33	40	83%
	CAH - Trauma Ward Deputy Manager		2	2	100%
	CAH - X-Ray - Nursing		6	6	100%
	CAH 1 West - Elective Admission Ward	4	19	23	83%
	CAH 3 South - Short Stay Surgical Ward	8	22	30	73%
	CAH 4 North - Emerg Surg Adm/Urology	4	33	37	89%
	CAH 4 South - Progressive Care Ward		1	1	100%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	11	9	20	45%
	CAH Urology Medical	6	4	10	40%
	CAH-Orthopaedic Ward Deputy 2		1	1	100%
	CAH-Trauma Ward Deputy Manager 2		1	1	100%
	Clinical Director General Surgery	1		1	0%
	DECC - Pre Assessment	2	1	3	33%
	DECC-Theatre	2	5	7	71%
	DHH - Anaesthetics	4	13	17	76%
	DHH - Endoscopy	1	21	22	95%
	DHH - Female Surgical Winter Pressure		1	1	100%
	DHH - Female Surgical/Gynae Deputy	1	2	3	67%
	DHH - Female Surgical/Gynae Ward	2	27	29	93%
	DHH - General Surgery Medical	1	2	3	67%
	DHH - High Dependency Unit	4	20	24	83%
	DHH - Male Surgical Deputy		1	1	100%
	DHH - Male Surgical Ward	1	23	24	96%
	DHH - Pain Clinic	1		1	0%
	DHH - Theatres	9	35	44	80%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		2	2	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area		5	5	100%
	Endoscopy Pain & Day Units	2	1	3	33%
	General Surgery/Orthodontics	1		1	0%
	Independent Sector Admin Team		8	8	100%
	Operational Support Admin	3	3	6	50%
	Orthopaedics Practitioners	1	2	3	67%
	PCL ENT/Urology/Outpatients		1	1	100%
	Pre OP Assessment Admin	1	6	7	86%
	Pre OP Assessment Team	7	9	16	56%
	Scheduling Team	4	6	10	60%
	Specialist Endoscopy	2	6	8	75%
	STH - Outpatients	6	8	14	57%
	STH - Theatres	14	23	37	62%
	STH - Theatres Deputy 1	1		1	0%
	STH - Theatres Deputy 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Surgery & Elective Division Admin	5	3	8	38%
	Surgery & Elective Lead Nurse A		1	1	100%
	Surgery & Elective Lead Nurse B	1		1	0%
	Surgery & Elective Lead Nurse C	2	2	4	50%
	Trauma & Orthopaedics	4		4	0%
	Ward Support SEC	1	1	2	50%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>252</b>	<b>767</b>	<b>1019</b>	<b>75%</b>
Cancer & Clinical Services Division	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Associate MD Cancer & Clinical Services		1	1	100%
	C&CS Service Improve	1		1	0%
	CAH - Acute Dietetics Admin	1		1	0%
	CAH - Acute OT Admin	2	2	4	50%
	CAH - Acute OT Inpatient	4	12	16	75%
	CAH - Acute OT MAU & ED & GLT	4	3	7	43%
	CAH - Acute OT Outpatient	3	5	8	63%
	CAH - Acute Physiotherapy	15	23	38	61%
	CAH - Acute Speech & Language Therapy	4	7	11	64%
	CAH - Audiology	7	6	13	46%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry	3	45	48	94%
	CAH - Cancer Unit	9	12	21	57%
	CAH - Cellular Pathology	2	25	27	93%
	CAH - General Laboratories	1	3	4	75%
	CAH - Haematology	7	22	29	76%
	CAH - Haemovigilance		2	2	100%
	CAH - Hearing Therapy		1	1	100%
	CAH - Microbiology	2	25	27	93%
	CAH - Mortuary	2	1	3	33%
	CAH - Orthoptics SHSCT	4	4	8	50%
	CAH - Palliative Care	2	2	4	50%
	CAH - Pathology		2	2	100%
	CAH - Pathology - Cellular	1	6	7	86%
	CAH - Pathology - Chemical		2	2	100%
	CAH - Pathology - Haematology		4	4	100%
	CAH - Pathology - Microbiology		6	6	100%
	CAH - Radiology	5	16	21	76%
	CAH - T&O Physiotherapy		12	12	100%
	CAH - Transfusion		1	1	100%
	CAH 2 North - Haematology Ward	7	19	26	73%
	CAH 2 North - Haematology Ward Dep Mgr		2	2	100%
	CAH/DHH - Acute Dietetics	1	11	12	92%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer & Clinical Services Admin		1	1	100%
	Cancer & Clinical Services Division		2	2	100%
	Cancer MDT Administration	6	12	18	67%
	Cancer Services	3		3	0%
	Cancer Services Admin	2	25	27	93%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Cancer Services Haematology	1	3	4	75%
	Colorectal		5	5	100%
	Contracts Team		1	1	100%
	DHH - Acute Occupational Therapy	5	11	16	69%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy	6	8	14	57%
	DHH - Acute Spch & Lang Therapy	1	1	2	50%
	DHH - Audiology		4	4	100%
	DHH - Dietetics Renal Unit	1	2	3	67%
	DHH - Radiology		1	1	100%
	DHH Cancer & Clinical Admin	1	7	8	88%
	Diagnostics		2	2	100%
	Diagnostics Admin		26	26	100%
	General Radiography	6	14	20	70%
	Gynae Nursing		1	1	100%
	IM&WH Community Admin		3	3	100%
	ISAS TEAM		1	1	100%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	4	27	31	87%
	Lead Nurse	1		1	0%
	Lung Cancer Nursing		2	2	100%
	NICRN Cancer Research Nurse	1	1	2	50%
	Oncology	1	2	3	67%
	PACS Team	2	2	4	50%
	Paediatric Audiology	1	7	8	88%
	Palliative Nursing	1	4	5	80%
	Peripatetic Holding Positions	2	6	8	75%
	Peripatetic Holding Positions - C.T		1	1	100%
	Peripatetic Holding Positions - MRI Unit		3	3	100%
	Radiography Support		4	4	100%
	Reporting Radiographers		7	7	100%
	SHSCT Orthoptics Team	1	1	2	50%
	STH - Audiology	2		2	0%
	STH - Radiology Admin		3	3	100%
	TRF-CAH 2 North - Haematology Ward Dep	1	1	2	50%
	Upper GI Nursing		1	1	100%
	X-Ray - ACH		4	4	100%
	X-Ray - CAH Breast Screening		1	1	100%
	X-Ray - CAH C.T.	2	13	15	87%
	X-Ray - CAH Cath Lab	1	1	2	50%
	X-Ray - CAH E.E.G.		6	6	100%
	X-Ray - CAH Fluoroscopy	1	5	6	83%
	X-Ray - CAH General	3	12	15	80%
	X-Ray - CAH MRI Unit	9	10	19	53%
	X-Ray - CAH Nuclear Medicine	2	5	7	71%
	X-Ray - CAH Trauma & Orthopaedics	3	5	8	63%
	X-Ray - CAH Ultra Sound	3	17	20	85%
	X-Ray - DHH	7	21	28	75%
	X-Ray - DHH Deputy 1		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	X-Ray - DHH Deputy 2	1		1	0%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	1	13	14	93%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	2	16	18	89%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>176</b>	<b>619</b>	<b>795</b>	<b>78%</b>
Director's Office	Acute Governance	6	1	7	14%
	Acute Governance Team 2	2	4	6	67%
	Acute Services	3	1	4	25%
<b>Director's Office Total</b>		<b>11</b>	<b>6</b>	<b>17</b>	<b>35%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		7	7	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services		2	2	100%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records		2	2	100%
	Armagh Community Support Services	4	6	10	60%
	Armagh Support Services	8	4	12	33%
	Banbridge H&CC Support Services	2	2	4	50%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	2		2	0%
	Bluestone Support Services	1	2	3	67%
	Bluestone Support Services 1	4	7	11	64%
	Bluestone Support Services 2	3	8	11	73%
	Bluestone Support Services 3	4	5	9	56%
	C&B Community Support Services	1		1	0%
	C&B Community Units	3	1	4	25%
	C&B Functional Support Switchboard	2	14	16	88%
	C&B Health Records Team		43	43	100%
	C&B Locality Health Records		1	1	100%
	C&B Locality Health Records Asst Manager		1	1	100%
	C&B Locality Health Records Supervisor 1		1	1	100%
	C&B Locality Health Records Supervisor 2	1	1	2	50%
	CAH - Breast Admin	2		2	0%
	CAH - Dermatology Admin	2		2	0%
	CAH - Health Rec Admissions	1		1	0%
	CAH - Laundry Service	3	33	36	92%
	CAH - Med Rec ENT (Surg)	5	4	9	44%
	CAH - Med Rec Maternity	7	5	12	42%
	CAH - Med Records Obs/Gynae	6	5	11	45%
	CAH - Sterile Services Department	3	25	28	89%
	CAH - Trauma & Ortho Admin	5	2	7	29%
	CAH - Urology Admin	2	5	7	71%
	CAH Security	2	6	8	75%
	CAH Support Services		1	1	100%
	CAH/ACH/STH - General Medicine Admin	46	31	77	40%
	CAH/STH - Emergency Admin	1	2	3	67%
	CAH/STH - Emergency Admin Supervisor 1	1		1	0%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH/STH - Emergency Admin Team	18	15	33	45%
	CAH-Ward Clerks	9	25	34	74%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	2	3	5	60%
	Chaplains - Daisy Hill Hospital		3	3	100%
	Chaplains - Lurgan Hospital	1	2	3	67%
	Chaplains - South Tyrone Hospital	2		2	0%
	Community Domestic Services	4		4	0%
	Craigavon Catering 1		18	18	100%
	Craigavon Catering 2	1	22	23	96%
	Craigavon Catering 3		14	14	100%
	Craigavon Catering Service	2	1	3	33%
	Craigavon Catering Service (L2)		1	1	100%
	Craigavon Domestic Services	1	1	2	50%
	Craigavon Domestic Services - Evening	1		1	0%
	Craigavon Domestic Services Dep Tm Mgr	1	8	9	89%
	Craigavon Domestic Services Team 1	63	6	69	9%
	Craigavon Domestic Services Team 2	28	2	30	7%
	Craigavon Domestic Services Team 3	91	11	102	11%
	Craigavon Domestic Services Team 4	10	2	12	17%
	Craigavon Portering 1	4	6	10	60%
	Craigavon Portering 2	4	3	7	43%
	Craigavon Portering 3	8	2	10	20%
	Craigavon Portering 4	7	5	12	42%
	Craigavon Portering Service	3	4	7	57%
	Decontamination Services	1		1	0%
	Dermatology Admin	1	1	2	50%
	DHH - Emergency Admin Team	6	17	23	74%
	DHH - ENT Admin	1	2	3	67%
	DHH - General Medicine Admin	2	8	10	80%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service	2		2	0%
	DHH - Obs & Gynae Admin	7	5	12	42%
	DHH - Obs&Gynae O/P Admin	3	2	5	40%
	DHH - Sterile Services Department	3	7	10	70%
	DHH & Community Domestic Services	3	3	6	50%
	DHH Emergency Admin & Ward Clerks	1	1	2	50%
	DHH-Ward Clerks	2	15	17	88%
	Domestic Services Manager		8	8	100%
	Domestic Services Team	5	33	38	87%
	Dungannon Catering		3	3	100%
	Functional Support Services Division		3	3	100%
	General & Oral Surgery Admin	14	6	20	30%
	Health Records		1	1	100%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services	1	7	8	88%
	Lurgan Domestic Services	7	7	14	50%
	Lurgan Support Services	1	1	2	50%
	Midwifery/Gynae Service Admin	2	1	3	33%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Minor Injuries Admin STH	2	1	3	33%
	N&M C&B and Community Support Services		2	2	100%
	N&M Catering Services	1	24	25	96%
	N&M Functional Support Switchboard	2	3	5	60%
	N&M Health Records Team	6	9	15	60%
	N&M Locality Health Records	1		1	0%
	N&M Locality Health Records Supervisor 1	1		1	0%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Porter & Security Services 1	4	4	8	50%
	N&M Porter & Security Services 2	11		11	0%
	N&M Renal Admin Team	1	6	7	86%
	N&M Surgical & Medical Admin	1	8	9	89%
	Portadown Support Services	3	6	9	67%
	Porters	3		3	0%
	Referral & Booking Centre	13	24	37	65%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager		1	1	100%
	St Lukes Hospital Villa 3 Health Records	1	3	4	75%
	Sterile Services Department		1	1	100%
	STH Day Support Services	1	11	12	92%
	STH Evening Support Services	1	8	9	89%
	Switchboard & Residential Accommodation	1	1	2	50%
	Trauma & Orthopaedics/Ophthalmology Admin	1		1	0%
	Trustwide Support Services Admin	1	2	3	67%
<b>Functional Support Services Division Total</b>		<b>501</b>	<b>634</b>	<b>1135</b>	<b>56%</b>
Int Mat Service & Womens Health Division	A&D Comm Midwifery Nsg-Armagh	4	23	27	85%
	Breast Feeding Support		1	1	100%
	C&B Community Midwives	10	13	23	57%
	CAH - Adm & Asses Unit O&G	4	11	15	73%
	CAH - Delivery Suite	2	2	4	50%
	CAH - Delivery Suite 1	1	9	10	90%
	CAH - Delivery Suite 2		7	7	100%
	CAH - Delivery Suite 3	1	5	6	83%
	CAH - Delivery Suite 4	3	5	8	63%
	CAH - Delivery Suite 5		5	5	100%
	CAH - Delivery Suite 6	3	2	5	40%
	CAH - DOU Maternity		4	4	100%
	CAH - Obstetrics/Gynae	7	11	18	61%
	CAH - Parentcraft		1	1	100%
	CAH - Student Midwives	11	2	13	15%
	CAH 1 East - Gynae Ward	9	11	20	55%
	CAH 1 East - Gynae Ward Deputy	1		1	0%
	CAH 2 East - Midwifery Led Unit	6	8	14	57%
	CAH 2 West - Maternity Ward	15	29	44	66%
	CAH Ante Natal Outpatients Dept	7	21	28	75%
	Community Home Birthing Team		1	1	100%
	Continuity of Care Lead		1	1	100%
	DC&B Family Planning Services	2	1	3	33%
	DHH - Admission & Assessment Unit	3	3	6	50%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Ante/Post Natal	14	24	38	63%
	DHH - Delivery Suite 1	2	6	8	75%
	DHH - Delivery Suite 3		4	4	100%
	DHH - Delivery Suite 4	2	3	5	60%
	DHH - Delivery Suite 5	2	3	5	60%
	DHH - Delivery Suite 6		5	5	100%
	DHH - Delivery Suite 7	2	4	6	67%
	DHH - MLU	2	6	8	75%
	DHH - Obs & Gynae	6	9	15	60%
	DHH - Outpatients-Mat/Gynae	11	12	23	52%
	Family Planning Services		2	2	100%
	Int Mat Service & Womens Health Division	1		1	0%
	Midwifery/Gynae Service	10	7	17	41%
	N&M Community Midwives	7	16	23	70%
	N&M Gen Med Pract - Gum Clinic		1	1	100%
	N&M Sexual Health Clinic	1	1	2	50%
	NMT Sexual Health Clinic Nurses		6	6	100%
	P.C.L Maternity CAH		1	1	100%
	P.C.L Maternity CAH (1)		1	1	100%
	P.C.L Maternity DHH	1	1	2	50%
	P.C.L Mgs Community	1		1	0%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>151</b>	<b>288</b>	<b>439</b>	<b>66%</b>
Medicine Division	Acute Geriatric & Stroke	1	2	3	67%
	Acute Hospital Social Work Department		1	1	100%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 South Acute Elderly	4	27	31	87%
	CAH - 2 South Stroke	5	21	26	81%
	CAH - 2 South Stroke Deputy 1		1	1	100%
	CAH - 2 South Stroke Deputy 2		1	1	100%
	CAH - 3 North Medicine	5	37	42	88%
	CAH - Cardiac Rehabilitation		4	4	100%
	CAH - Cardiology Medical	6	9	15	60%
	CAH - Cardiovascular Research	1	2	3	67%
	CAH - Catheterisation Laboratory	2	13	15	87%
	CAH - Day Clinical Care	2	7	9	78%
	CAH - Dermatology - Medical	6	4	10	40%
	CAH - Dermatology - Nursing	7	12	19	63%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Diabetes Endocrine - Medical	1	2	3	67%
	CAH - Diabetic Nurse Specialist	1	1	2	50%
	CAH - E.C.G.	3	14	17	82%
	CAH - Gastroenterology - Medical		6	6	100%
	CAH - Gastroenterology Nurse Specialist	3	3	6	50%
	CAH - Neurology - Medical	3	6	9	67%
	CAH - Neurology Nursing		3	3	100%
	CAH - Pacing and Cath Lab	1	6	7	86%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pulmonary Function Lab	5	6	11	55%
	CAH - Rapid Acc Chest Pain Clinic	3	2	5	40%
	CAH - Respiratory - Medical	2	6	8	75%
	CAH - Respiratory Nrs Specialist	1	6	7	86%
	CAH - Resuscitation	2	1	3	33%
	CAH - Rheumatology - Medical	4	3	7	43%
	CAH - Rheumatology Nurse Specialists		6	6	100%
	CAH - Stroke Geriatric - Medical		1	1	100%
	CAH - Stroke Nurse Specialist		2	2	100%
	CAH - Ward 3 Ramone (Frailty Ward)	1	21	22	95%
	CAH 1 North - Cardiology Ward	4	47	51	92%
	CAH 1 South - Medical Ward	12	29	41	71%
	CAH 2 North - Respiratory Ward	3	44	47	94%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2	1		1	0%
	Cardiology Neurology & Dermatology	3	7	10	70%
	Dementia Improvement Service	1	2	3	67%
	DHH - Cardiology	2	3	5	60%
	DHH - Day Clinical Centre		3	3	100%
	DHH - Diabetes Endocrine - Medical		1	1	100%
	DHH - Diabetic Nurse Specialist	2		2	0%
	DHH - Discharge Lounge		1	1	100%
	DHH - E.C.G.	3	3	6	50%
	DHH - Female Medical Ward	13	32	45	71%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2		1	1	100%
	DHH - Female Medical Ward Deputy 4	1		1	0%
	DHH - Female Medical Ward Deputy 5		1	1	100%
	DHH - Gastroenterology - Medical	2	4	6	67%
	DHH - General Medical	4	1	5	20%
	DHH - Geriatric Medical	2	2	4	50%
	DHH - Male Medical Ward	16	32	48	67%
	DHH - Nursing		1	1	100%
	DHH - Physician Associates	1		1	0%
	DHH - Physician Associates - Med & Surg	1	5	6	83%
	DHH - Renal		5	5	100%
	DHH - Renal Dialysis Nurse Spec		3	3	100%
	DHH - Renal Nursing Dep	8	34	42	81%
	DHH - Renal Unit - Medical	4	4	8	50%
	DHH - Respiratory - Medical		1	1	100%
	DHH - Respiratory Nurse Spec	1		1	0%
	DHH - Respiratory Ward	1		1	0%
	DHH - Stroke & Rehab Level 4	25	19	44	43%
	DHH - Stroke & Rehab Level 4 Dep 1	3	1	4	25%
	DHH - Stroke & Rehab Level 4 Dep 4	1	1	2	50%
	DHH - Stroke Nurse Specialist		1	1	100%
	DHH-Male Medical Dep	1		1	0%
	Donning & Doffing CAH	1	2	3	67%
	Donning & Doffing DHH	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Gastro Rheum Diabetes Endo & Neurology		1	1	100%
	Hospital Social Work Team - CAH	17	4	21	19%
	Hospital Social Work Team - CAH Deputy	1		1	0%
	Hospital Social Work Team - DHH	6	9	15	60%
	Hospital Social Work Team CAH-Sen Pract	2		2	0%
	Lead Nurse Gastro Diabet Endo Neuro Med	1		1	0%
	LN Cardiology Respiratory		1	1	100%
	Medicine Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine		2	2	100%
	Stroke Frailty Dermatology & Medicine	2		2	0%
	TRF-CAH -1 South Medical Ward Deputy 5/6		1	1	100%
	Trustwide Heart Failure	3	7	10	70%
	<b>Medicine Division Total</b>	<b>219</b>	<b>559</b>	<b>778</b>	<b>72%</b>
Pharmacy Division	Acute Care at Home & OPPC Pharmacy Team	1	6	7	86%
	Anticoagulation Team	2	2	4	50%
	Antimicrobial Pharmacist	4		4	0%
	Aseptic Services TPN	4		4	0%
	Aseptics Biologics Pharmacy Services	1		1	0%
	CAH - Clinical Pharmacy Team	8	11	19	58%
	CAH - Community Technicians	1	2	3	67%
	CAH - Critical Care		2	2	100%
	CAH - Dispensary Team	1	3	4	75%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	6	6	12	50%
	CAH - Emergency and Admissions Team	1	5	6	83%
	CAH - IMM Technician Services	9	16	25	64%
	CAH - Medicines Information		1	1	100%
	CAH - Pharmacy Ward Services	5	4	9	44%
	CAH - Procurement Technician Team	5	2	7	29%
	CAH - Procurement Technician Team 2	1	4	5	80%
	CAH - Trainee Technicians	2	5	7	71%
	Chemotherapy Pharmacy Services	9	1	10	10%
	Cytotoxic Services	6	2	8	25%
	DHH - Clinical Pharmacy Team	5	9	14	64%
	DHH - Dispens & Distrib Technician Team	5	3	8	38%
	DHH - Dispensary Team	1	2	3	67%
	DHH - Procurement Technician Team		3	3	100%
	DHH - Ward Technicians	2	6	8	75%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		2	2	100%
	MH Clinical Pharmacy	3	1	4	25%
	MOOP Clinical Pharmacy		4	4	100%
	Palliative Care Pharmacist	1	1	2	50%
	Pharmacy Admin	1		1	0%
	Pharmacy Chief Technicians	1	1	2	50%
	Pharmacy Clinical Services	2	3	5	60%
	Pharmacy Finance Team	4	1	5	20%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement	1	2	3	67%
	Pharmacy QA/Aseptic Services	1		1	0%
	Pharmacy Specialist Medicines	1	4	5	80%
	Purchasing/IT Team		1	1	100%
	Respiratory Pharmacist		1	1	100%
	Specialist Medicines	10	4	14	29%
	Surgery Clinical Pharmacy	6	11	17	65%
	Teacher Practitioner Pharmacists	1	1	2	50%
	TPN Pharmacy Services	1	1	2	50%
Pharmacy Division Total		112	139	251	55%
Unscheduled Care Division	Acute Medicine Patient Flow & Ambulatory	1		1	0%
	Ambulatory Unit	3	7	10	70%
	CAH - Acute Med Admission Unit	26	28	54	52%
	CAH - Acute Med Admission Unit Deputy 2	1		1	0%
	CAH - Acute Medical Unit	2	5	7	71%
	CAH - Emergency Dental		1	1	100%
	CAH - Emergency Medical	3	17	20	85%
	CAH - Emergency Nurse Practitioners	2	2	4	50%
	CAH - Emergency Nursing	42	60	102	59%
	CAH - Medical	5	5	10	50%
	CAH-EmergMed-Amb-EmerDent-MIU DHH ED DAU	2	3	5	60%
	DHH - Direct Assessment Unit Medical	3	2	5	40%
	DHH - Direct Assessment Unit Nursing	2	13	15	87%
	DHH - Emergency Medical	4	12	16	75%
	DHH - Emergency Nurse Practitioners	1	1	2	50%
	DHH - Emergency Nursing	11	49	60	82%
	Lead Nurse EM		1	1	100%
	Patient Flow		1	1	100%
	Patient Flow - CAH	15	18	33	55%
	Patient Flow - DHH	10	1	11	9%
	Quality & Safety		3	3	100%
	STH - Emergency Minor Injuries Unit	4	3	7	43%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
	Unscheduled Care Division	1		1	0%
Unscheduled Care Division Total		138	234	372	63%
Grand Total		1560	3246	4806	68%

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

If you believe the information in this report does not accurately reflect the current position, please contact the Organisational Development Team

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

**Southern Health & Social Care Trust****Summary of Corporatel Induction Compliance for Staff in Acute Directorate by Division & Organisational Unit including % of Staff trained as at 30th September 2022 (for the period 01/01/22 to 30/06/22)**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

		Key: % Trained			
		0% - 59%			
		60% - 79%			
		80% - 100%			
		Corporate Induction (for the period 01/01/22 to 30/06/22)			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ATICS Admin	1	2	3	67%
	Breast Screening Admin	1		1	0%
	CAH - Day Surgery Unit		1	1	100%
	CAH - ENT Medical	1		1	0%
	CAH - I.C.U.	6	2	8	25%
	CAH - Orthopaedic Ward	2	4	6	67%
	CAH - Progressive Care Ward Deputy	2	2	4	50%
	CAH - Recovery Areas	3		3	0%
	CAH - Theatres 1 - 4	5	1	6	17%
	CAH - Theatres 1 - 4 Deputy 3		1	1	100%
	CAH - Theatres 5 - 8	5	1	6	17%
	CAH - Trauma Ward	2	2	4	50%
	CAH 1 West - Elective Admission Ward	4		4	0%
	CAH 3 South - Short Stay Surgical Ward		2	2	100%
	CAH 4 North - Emerg Surg Adm/Urology	2	2	4	50%
	DHH - Anaesthetics		1	1	100%
	DHH - Endoscopy	1	2	3	67%
	DHH - Female Surgical/Gynae Ward	3		3	0%
	DHH - High Dependency Unit	3		3	0%
	DHH - Male Surgical Ward		2	2	100%
	DHH - Theatres	2	2	4	50%
	Independent Sector Admin Team	1		1	0%
	Scheduling Team	2	1	3	33%
	STH - Outpatients	1	1	2	50%
	STH - Theatres	2		2	0%
	Trauma & Orthopaedics	1		1	0%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>50</b>	<b>29</b>	<b>79</b>	<b>37%</b>
Cancer & Clinical Services Division	Acute Occupational Therapy	1		1	0%
	CAH - Acute OT Admin		2	2	100%
	CAH - Acute OT Inpatient		1	1	100%
	CAH - Acute Physiotherapy	3		3	0%
	CAH - Acute Speech & Language Therapy	1		1	0%
	CAH - Audiology	1		1	0%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry	3		3	0%
	CAH - Cancer Unit		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
Cancer & Clinical Services Division	CAH - Cellular Pathology		5	5	100%
	CAH - Haematology	3		3	0%
	CAH - Microbiology	1	2	3	67%
	CAH - Palliative Care		1	1	100%
	CAH - T&O Physiotherapy		1	1	100%
	CAH 2 North - Haematology Ward	1		1	0%
	Cancer MDT Administration		1	1	100%
	Cancer Services Admin	2	3	5	60%
	Cancer Services Haematology	1		1	0%
	DHH - Acute Occupational Therapy		2	2	100%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy		1	1	100%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH Cancer & Clinical Admin	1		1	0%
	Diagnostics Admin	1	2	3	67%
	Peripatetic Holding Positions		1	1	100%
	Radiography Support		1	1	100%
	SHSCT Orthoptics Team	1		1	0%
	Trustwide Radiography Bank	1		1	0%
	X-Ray - CAH C.T.		1	1	100%
	X-Ray - DHH	1		1	0%
	X-Ray CAH Breast Team		2	2	100%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>24</b>	<b>28</b>	<b>52</b>	<b>54%</b>
Functional Support Services Division	A&D Locality Health Records 2		1	1	100%
	Bluestone Support Services 1	1	1	2	50%
	Bluestone Support Services 3		1	1	100%
	C&B Health Records Team	1	7	8	88%
	CAH - Laundry Service	1		1	0%
	CAH - Med Rec Maternity		2	2	100%
	CAH - Med Records Obs/Gynae	1	1	2	50%
	CAH Security		2	2	100%
	CAH/ACH/STH - General Medicine Admin	3	5	8	63%
	CAH/STH - Emergency Admin Team	1		1	0%
	CAH-Ward Clerks	6	7	13	54%
	Chaplains - Craigavon Area Hospital		1	1	100%
	Chaplains - Lurgan Hospital		1	1	100%
	Craigavon Catering 2		3	3	100%
	Craigavon Domestic Services	1		1	0%
	Craigavon Domestic Services Team 1		7	7	100%
	Craigavon Domestic Services Team 2	1	2	3	67%
	Craigavon Domestic Services Team 3	3	4	7	57%
	Craigavon Domestic Services Team 4	1		1	0%
	Craigavon Portering 2	1		1	0%
	Craigavon Portering 4	2		2	0%
	Craigavon Portering Service	3		3	0%
	DHH - Emergency Admin Team		3	3	100%
	DHH - Obs & Gynae Admin	1		1	0%
	DHH - Obs&Gynae O/P Admin		1	1	100%
	DHH-Ward Clerks	4	3	7	43%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Domestic Services Manager	1		1	0%
	Domestic Services Team	2		2	0%
	N&M Catering Services	1		1	0%
	N&M Health Records Team	3		3	0%
	N&M Renal Admin Team	1	1	2	50%
	Referral & Booking Centre	2		2	0%
<b>Functional Support Services Division Total</b>		<b>41</b>	<b>53</b>	<b>94</b>	<b>56%</b>
Int Mat Service & Womens Health Division	C&B Community Midwives	1		1	0%
	CAH - Delivery Suite 1	1		1	0%
	CAH - Obstetrics/Gynae	1		1	0%
	CAH - Student Midwives	1		1	0%
	CAH 1 East - Gynae Ward	1		1	0%
	Midwifery/Gynae Service	1		1	0%
	NMT Sexual Health Clinic Nurses		1	1	100%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>6</b>	<b>1</b>	<b>7</b>	<b>14%</b>
Medicine Division	CAH - 2 South Acute Elderly	9		9	0%
	CAH - 2 South Stroke	7	1	8	13%
	CAH - 3 North Medicine	3	1	4	25%
	CAH - Cardiovascular Research	1		1	0%
	CAH - Dermatology - Medical	1		1	0%
	CAH - Dermatology - Nursing	1		1	0%
	CAH - E.C.G.		1	1	100%
	CAH - Neurology Nursing	1		1	0%
	CAH - Pacing and Cath Lab		1	1	100%
	CAH - Ward 3 Ramone (Frailty Ward)	4	2	6	33%
	CAH 1 North - Cardiology Ward	4		4	0%
	CAH 1 South - Medical Ward	3	1	4	25%
	DHH - Female Medical Ward	1	5	6	83%
	DHH - General Medical	1		1	0%
	DHH - Male Medical Ward	5		5	0%
	DHH - Renal	1		1	0%
	DHH - Renal Nursing Dep		1	1	100%
	DHH - Stroke & Rehab Level 4	8	1	9	11%
	Donning & Doffing DHH	1		1	0%
	Hospital Social Work Team - CAH		1	1	100%
	Hospital Social Work Team - DHH	1		1	0%
	Medicine Division	1		1	0%
	Operational Supp Lead Gen&Spec Medicine		1	1	100%
	Trustwide Heart Failure		1	1	100%
<b>Medicine Division Total</b>		<b>53</b>	<b>17</b>	<b>70</b>	<b>24%</b>
Pharmacy Division	CAH - Clinical Pharmacy Team		1	1	100%
	CAH - Dispensary Team		1	1	100%
	CAH - Dispensary Technician Team	1		1	0%
	CAH - Emergency and Admissions Team		1	1	100%
	CAH - IMM Technician Services		1	1	100%
	CAH - Pharmacy Ward Services	2	1	3	33%
	CAH - Procurement Technician Team	2		2	0%
	CAH - Procurement Technician Team 2	1		1	0%
	DHH - Dispens & Distrib Technician Team	1		1	0%



Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Dispensary Team		1	1	100%
	DHH - Procurement Technician Team		1	1	100%
	Pharmacy Clinical Services	2		2	0%
	Pharmacy Procurement		1	1	100%
	Specialist Medicines	1	1	2	50%
	Surgery Clinical Pharmacy	1		1	0%
					45%
Unscheduled Care Division	CAH - Acute Med Admission Unit	5		5	0%
	CAH - Acute Medical Unit	1		1	0%
	CAH - Emergency Medical	2		2	0%
	CAH - Emergency Nursing	10		10	0%
	CAH - Medical	1		1	0%
	DHH - Direct Assessment Unit Nursing	1		1	0%
	DHH - Emergency Medical	1		1	0%
	DHH - Emergency Nursing	4	2	6	33%
					7%
Grand Total		210	139	349	40%

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**Southern Health & Social Care Trust****Summary of Departmental Induction Compliance for Staff in Acute Directorate by Division & Organisational Unit**  
**including % of Staff trained as at 30th September 2022 (for the period 01/01/22 to 30/06/22)**

Prepared by/HR Contact: Bronagh Donnelly

Date : 18/10/2022

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ATICS Admin	3		3	0%
	Breast Screening Admin		1	1	100%
	CAH - Day Surgery Unit	1		1	0%
	CAH - ENT Medical	1		1	0%
	CAH - I.C.U.	8		8	0%
	CAH - Orthopaedic Ward	6		6	0%
	CAH - Progressive Care Ward Deputy	3	1	4	25%
	CAH - Recovery Areas	3		3	0%
	CAH - Theatres 1 - 4	6		6	0%
	CAH - Theatres 1 - 4 Deputy 3	1		1	0%
	CAH - Theatres 5 - 8	6		6	0%
	CAH - Trauma Ward	4		4	0%
	CAH 1 West - Elective Admission Ward	4		4	0%
	CAH 3 South - Short Stay Surgical Ward	1	1	2	50%
	CAH 4 North - Emerg Surg Adm/Urology	4		4	0%
	DHH - Anaesthetics		1	1	100%
	DHH - Endoscopy	2	1	3	33%
	DHH - Female Surgical/Gynae Ward	3		3	0%
	DHH - High Dependency Unit	3		3	0%
	DHH - Male Surgical Ward	1	1	2	50%
	DHH - Theatres	4		4	0%
	Independent Sector Admin Team	1		1	0%
	Scheduling Team	3		3	0%
	STH - Outpatients	1	1	2	50%
	STH - Theatres	2		2	0%
	Trauma & Orthopaedics	1		1	0%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>72</b>	<b>7</b>	<b>79</b>	<b>9%</b>
Cancer & Clinical Services Division	Acute Occupational Therapy	1		1	0%
	CAH - Acute OT Admin	2		2	0%
	CAH - Acute OT Inpatient	1		1	0%
	CAH - Acute Physiotherapy	3		3	0%
	CAH - Acute Speech & Language Therapy	1		1	0%
	CAH - Audiology	1		1	0%
	CAH - Audiology Deputy Manager	1		1	0%
	CAH - Biochemistry	1	2	3	67%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Cancer Unit	1		1	0%
	CAH - Cellular Pathology		5	5	100%
	CAH - Haematology	3		3	0%
	CAH - Microbiology	1	2	3	67%
	CAH - Palliative Care	1		1	0%
	CAH - T&O Physiotherapy	1		1	0%
	CAH 2 North - Haematology Ward	1		1	0%
	Cancer MDT Administration	1		1	0%
	Cancer Services Admin	4	1	5	20%
	Cancer Services Haematology	1		1	0%
	DHH - Acute Occupational Therapy	2		2	0%
	DHH - Acute OT Admin	1		1	0%
	DHH - Acute Physiotherapy	1		1	0%
	DHH - Acute Spch & Lang Therapy	1		1	0%
	DHH Cancer & Clinical Admin	1		1	0%
	Diagnostics Admin	3		3	0%
	Peripatetic Holding Positions	1		1	0%
	Radiography Support	1		1	0%
	SHSCT Orthoptics Team	1		1	0%
	Trustwide Radiography Bank	1		1	0%
	X-Ray - CAH C.T.	1		1	0%
	X-Ray - DHH	1		1	0%
	X-Ray CAH Breast Team	2		2	0%
<b>Cancer &amp; Clinical Services Division Total</b>		<b>42</b>	<b>10</b>	<b>52</b>	<b>19%</b>
Functional Support Services Division	A&D Locality Health Records 2	1		1	0%
	Bluestone Support Services 1	2		2	0%
	Bluestone Support Services 3	1		1	0%
	C&B Health Records Team	8		8	0%
	CAH - Laundry Service	1		1	0%
	CAH - Med Rec Maternity	2		2	0%
	CAH - Med Records Obs/Gynae	2		2	0%
	CAH Security	2		2	0%
	CAH/ACH/STH - General Medicine Admin	8		8	0%
	CAH/STH - Emergency Admin Team	1		1	0%
	CAH-Ward Clerks	13		13	0%
	Chaplains - Craigavon Area Hospital	1		1	0%
	Chaplains - Lurgan Hospital	1		1	0%
	Craigavon Catering 2	1	2	3	67%
	Craigavon Domestic Services	1		1	0%
	Craigavon Domestic Services Team 1	6	1	7	14%
	Craigavon Domestic Services Team 2	3		3	0%
	Craigavon Domestic Services Team 3	7		7	0%
	Craigavon Domestic Services Team 4	1		1	0%
	Craigavon Portering 2	1		1	0%
	Craigavon Portering 4	2		2	0%
	Craigavon Portering Service	3		3	0%
	DHH - Emergency Admin Team	3		3	0%
	DHH - Obs & Gynae Admin	1		1	0%
	DHH - Obs&Gynae O/P Admin	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH-Ward Clerks	7		7	0%
	Domestic Services Manager	1		1	0%
	Domestic Services Team	2		2	0%
	N&M Catering Services		1	1	100%
	N&M Health Records Team	2	1	3	33%
	N&M Renal Admin Team		2	2	100%
	Referral & Booking Centre	2		2	0%
<b>Functional Support Services Division Total</b>		<b>87</b>	<b>7</b>	<b>94</b>	<b>7%</b>
Int Mat Service & Womens Health Division	C&B Community Midwives	1		1	0%
	CAH - Delivery Suite 1	1		1	0%
	CAH - Obstetrics/Gynae	1		1	0%
	CAH - Student Midwives	1		1	0%
	CAH 1 East - Gynae Ward	1		1	0%
	Midwifery/Gynae Service	1		1	0%
	NMT Sexual Health Clinic Nurses	1		1	0%
<b>Int Mat Service &amp; Womens Health Division Total</b>		<b>7</b>		<b>7</b>	<b>0%</b>
Medicine Division	CAH - 2 South Acute Elderly	9		9	0%
	CAH - 2 South Stroke	8		8	0%
	CAH - 3 North Medicine	4		4	0%
	CAH - Cardiovascular Research	1		1	0%
	CAH - Dermatology - Medical	1		1	0%
	CAH - Dermatology - Nursing	1		1	0%
	CAH - E.C.G.	1		1	0%
	CAH - Neurology Nursing	1		1	0%
	CAH - Pacing and Cath Lab		1	1	100%
	CAH - Ward 3 Ramone (Frailty Ward)	6		6	0%
	CAH 1 North - Cardiology Ward	4		4	0%
	CAH 1 South - Medical Ward	4		4	0%
	DHH - Female Medical Ward	6		6	0%
	DHH - General Medical	1		1	0%
	DHH - Male Medical Ward	5		5	0%
	DHH - Renal	1		1	0%
	DHH - Renal Nursing Dep		1	1	100%
	DHH - Stroke & Rehab Level 4	9		9	0%
	Donning & Doffing DHH	1		1	0%
	Hospital Social Work Team - CAH	1		1	0%
	Hospital Social Work Team - DHH	1		1	0%
	Medicine Division	1		1	0%
	Operational Supp Lead Gen&Spec Medicine	1		1	0%
	Trustwide Heart Failure	1		1	0%
<b>Medicine Division Total</b>		<b>68</b>	<b>2</b>	<b>70</b>	<b>3%</b>
Pharmacy Division	CAH - Clinical Pharmacy Team		1	1	100%
	CAH - Dispensary Team		1	1	100%
	CAH - Dispensary Technician Team	1		1	0%
	CAH - Emergency and Admissions Team	1		1	0%
	CAH - IMM Technician Services	1		1	0%
	CAH - Pharmacy Ward Services	2	1	3	33%
	CAH - Procurement Technician Team	2		2	0%
	CAH - Procurement Technician Team 2	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Dispens & Distrib Technician Team	1		1	0%
	DHH - Dispensary Team		1	1	100%
	DHH - Procurement Technician Team	1		1	0%
	Pharmacy Clinical Services	2		2	0%
	Pharmacy Procurement		1	1	100%
	Specialist Medicines	2		2	0%
	Surgery Clinical Pharmacy		1	1	100%
<b>Pharmacy Division Total</b>		<b>14</b>	<b>6</b>	<b>20</b>	<b>30%</b>
Unscheduled Care Division	CAH - Acute Med Admission Unit	5		5	0%
	CAH - Acute Medical Unit	1		1	0%
	CAH - Emergency Medical	2		2	0%
	CAH - Emergency Nursing	10		10	0%
	CAH - Medical	1		1	0%
	DHH - Direct Assessment Unit Nursing	1		1	0%
	DHH - Emergency Medical	1		1	0%
	DHH - Emergency Nursing	6		6	0%
<b>Unscheduled Care Division Total</b>		<b>27</b>		<b>27</b>	<b>0%</b>
<b>Grand Total</b>		<b>317</b>	<b>32</b>	<b>349</b>	<b>9%</b>

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## COMMITTEE REPORT SUMMARY SHEET

Meeting Date	10 <sup>th</sup> February 2022 Governance Committee	
Agenda item	Accountable Officer Annual Report	
Accountable Director	Melanie McClements Director of Acute Services	
Report Author	Name	Dr Tracey Boyce
	Contact details	Personal Information redacted by the USI
This paper is presented for: <b>Choose an option</b>		
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input type="checkbox"/>	Supporting people to live long, healthy active lives
	<input type="checkbox"/>	Improving our services
	<input type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership

	<p><i>This report cover sheet has been prepared by the Accountable Director.</i></p> <p><i>Its purpose is to provide the Trust Committee with a clear summary of the paper being presented, with the key matters for attention and the ask of the Committee.</i></p> <p><i>It details how it impacts on the people we serve.</i></p>
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**1. Detailed summary of paper contents:**

This report is prepared to provide assurance to the Governance Committee the work of the Trust's Accountable Officer, under the post Shipman legislation on the management of Controlled Drugs, delivering on the Corporate Objectives of Safe, high quality care.

**2. Areas of improvement/achievement:**

The report outlines

- Overview of Accountable Officer activities
- Update on representation at the regional Local Intelligence Network meetings
- Update on Trust concerns and any staff member names shared at the regional Local Intelligence Network meetings

**3. Areas of concern/risk/challenge:**

The report demonstrates the ongoing challenge of managing controlled drug security across the organisation.



**Southern Health  
and Social Care Trust**

# **Annual Report from the Accountable Officer Responsible for Controlled Drugs**

## **January to December 2021**

**Dr Tracey Boyce  
Accountable Officer  
Director of Pharmacy**



**Background**

The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 came into operation on 1 October 2009. They apply to all healthcare settings and individual practices where controlled drugs are used and cover activities such as prescribing, administering, storage, transportation and disposal. They define the role of the Accountable Officer for Controlled Drugs within Designated Bodies such as the Southern Health and Social Care Trust. The Trust's Accountable Officer is the Director of Pharmacy.

This is the ninth annual report to the Trust Governance Committee from the Trust's Accountable Officer.

An annual report was a good practice recommendation in the RQIA Independent Review of the Management of Controlled Drug Use in Trust Hospitals Report, received by the Trust in June 2013 and discussed at the September 2013 Trust Governance Committee meeting.

**The Northern Ireland Local Intelligence Network (LIN)**

There have been four meetings of the LIN throughout this twelve month period. As required by the legislation, the Trust's Accountable Officer (AO) attended all four of the meetings in person.

**Occurrence Reports**

The Accountable Officer submitted four Occurrence Reports to the LIN in line with the legislation. These reports contained a total of six concerns and one staff members name was shared with the LIN, following the investigation of one of those concerns.

Appendix A summarises the detail of the Occurrence Reports submitted.

### **The Role of the Accountable Officer**

Under the legislation, the Accountable Officer (AO) must:

- Secure the safe management and use of controlled drugs. In establishing and operating appropriate arrangements, the following assurances are in place:
  - Pharmacy staff are trained on the Pharmacy Standard Operating Procedures (SOPs) for the handling of controlled drugs in the two Trust Pharmacies and the SOPs were updated with minor changes during 2021.
  - A Patients' Own Drug (POD) Controlled Drug register is in use on the Trust wards and departments. This register ensures that there is accountability for the patients' own drugs liable to abuse, that are brought into hospital from home.
- Ensure adequate destruction and disposal arrangements for controlled drugs
  - Adequate arrangements are in place for the destruction and disposal of controlled drugs on all five hospital sites. Expired ward stocks are returned to the Trust pharmacies where they are destroyed by one pharmacist whilst witnessed by another.
  - Expired pharmacy controlled drug stock may not be destroyed by the Trust pharmacists unless a DHSSPSNI authorised witness is present. The Trust has one Authorised Witness, Peter Douglas, Estates. Peter has been trained by the DHSSPSNI's Pharmacy Inspector to supervise and record the destruction of date-expired controlled drugs from the pharmacy stock. Peter's authorisation was reconfirmed during 2021 by the DoH Medicines Inspectorate.
  - Standard operating procedures are in place to cover the destruction of controlled drugs.

- Ensure relevant individuals receive appropriate training
  - Staff are trained in line with the standard operating procedures. Compliance with this was verified by a Medicines Inspectorate inspection in April 2017. There was no Medicines Inspectorate inspection again during 2021 due to the pandemic. An inspection is expected during 2022.
- Monitor and audit the management and use of controlled drugs by relevant individuals, and monitor and assess their performance
  - The management of controlled drugs at ward level is audited every 4 months by a named pharmacist using a standard audit template.
  - Copies of the completed audit report are sent to the ward manager, the Director of Pharmacy/AO and the Head of Service and Assistant Director responsible for that area.
  - The use of drugs of potential abuse is monitored by this ward pharmacist, in collaboration with the Ward Manager.
  - The monthly ward manager 'drugs of abuse report', based on the drug usage data recorded by the new pharmacy IT system continues to be sent to each ward manager. The report assists ward managers and ward pharmacists to identify areas of high or unusual drug use that can then be investigated further.
- Maintain a record of concerns regarding relevant individuals
  - The AO maintains a record of concerns.
  - During 2021 the AO reviewed the list of staff names previously shared with the LIN prior to 2021, in line with the regional LIN sharing protocol in place. All Southern Trust names were removed from the LIN list as each person had either a criminal conviction or a professional registration sanction against their name, which would be discoverable if they applied for health service employment in the future. (The

staff member name shared during 2021 will be removed once the ongoing NMC process is complete and a sanction becomes public on their register).

- Assess and investigate concerns
  - The AO has been actively involved in the assessment and investigation of concerns.
- Take action if there are well founded concerns
  - The Trust is proactive in ensuring that actions have been taken when concerns have related to the theft of medicines. Lessons are learnt and shared following each investigation.
- Establish arrangements for sharing information
  - The AO shared the six 'concerns' identified by the Trust, at the LIN during 2021.
  - The AO has also set up a system in collaboration with Human Resources and the Trust Governance Pharmacist where she is notified of all incidents that have been reported that involve controlled drugs.

### **External Inspections and Audits**

The DHSSPSNI Medicines Inspectorate last visited the Trust in April 2017 for their routine pharmacy inspection and was content with our processes and systems in place.

The next inspection is expected in 2022.

Tracey Boyce

Accountable Officer

Director of Pharmacy

31<sup>st</sup> January 2022

**Appendix A**
**Table 1: Summary of Southern HSC Trust Occurrence Reports 2021**

Date of LIN Meeting	Type of Occurrence Report	Summary	Trust Actions
February 2021	Concern	3 boxes (30s) of codeine 30mg tablets went missing shortly after being delivered and put away in one of the Trust's Delivery Suites	As the theft had been identified quickly, the staff on the shift were brought together and asked about the codeine. A review of the corridor CCTV in the area showed a member of staff going into the toilets with a package and returning without it. The person was asked about the package and admitted it was the codeine and that they had an addiction problem which stemmed from her time as a student midwife in the South of Ireland, which had not been declared on occ health pre-employment check. Counter fraud involved, Occ health referral, PSNI contacted. Disciplinary investigation under probationary procedure and NMC referral commenced.
June 2021	Name shared	Update given to LIN in relation to the concern noted at February 2021 meeting (above) and the staff members name was shared with other organisations.	The disciplinary investigation under probationary procedure resulted in dismissal. NMC referral was made. Name of the individual was shared at the June 21 meeting with other AOs during the confidential section of the June 21 meeting.
June 2021	Concern	Diazepam was reported missing from a client's medication in their Trust supported living residential home	Initial investigation found that this is the 3 <sup>rd</sup> theft – the previous two had been reported to the adult safeguarding team rather than the Trust AO. Small quantities (2-3 tabs) of diazepam and pregabalin unaccounted for over a 6 month period. Medicines security inspection visit carried out by AO on 26 <sup>th</sup> May and advice given for future security measures to be taken. Ongoing monitoring.
September 2021	Concern	The GP responsible for the Dungannon Covid Centre alerted the Trust to significant theft of CDs from the centre (400 mls morphine oral liquid, 450 cocodamol 30/500mg tablets, 72 lorazepam 1mg tablets and 49 diazepam 2mg	Covert CCTV installed for the 10days the centre remained open, however no illicit activity recorded. PSNI, Counter Fraud and HSCB involved. To date it has not been possible to determine when this theft occurred during a period Nov 20 to June 2021 or who was responsible. SAI (joint Trust and HSCB) has been commenced to determine how this happened given the medication security

		tablets).	measures provided by the Trust in the centre, to identify learning.
December 2021	Concern	A patient asked for the return of her significant supply of Longtec and Shortec that she claimed to have handed to nursing staff on arrival in ED.	Staff spoken to in ED and also in the admission ward, as the patient was vague about who the staff member was. No one remembered taking PODs or seeing the patient with them. On discharge the GP's pharmacist was alerted in case the patient needed to reorder sooner. The GP's pharmacist has since reported back that the date the patient reordered her next supply of these medicines from the practice was consistent with her having all tablets she said had been taken, therefore there was no loss by the Trust.
December 2021	Concern	One Tapentadol SR 100mg missing from a medical ward, DHH	Kardex checked, bins and floor in cupboard area searched, staff spoken to, statements taken. Appears to have been lost during stock check at shift handover. Ongoing monitoring in case of recurrence.
December 2021	Concern	31mls of Shortec missing from a medical ward, DHH	Register recalculated, staff statements, nursing team reminded of importance of use of oral syringe and bung for dose measurements to prevent waste and/or spillage. Ongoing monitoring in case of recurrence.



Southern Health  
and Social Care Trust

# Medicines Management Code

**April 2021**

CLINICAL GUIDELINES ID TAG	
Title:	<b><i>Medicines Management Code</i></b>
Author:	<b><i>Tracey Boyce</i></b>
Speciality / Division:	<b><i>Pharmacy</i></b>
Directorate:	<b><i>Acute</i></b>
Date Uploaded:	
Review Date	<b><i>20/04/2023</i></b>
<i>Clinical Guideline ID</i>	



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## **Chapter 1 Introduction**

Southern HSC Trust aims to respond to the health and social care needs of its population by providing high quality, accessible services which meet individual and family needs. All Trust policies and procedures aim to support the delivery of care and services through the application of evidenced based research, skilled practice and robust procedures.

The Trust Medicines Management Code provides guidance to staff employed within the Trust who have responsibility for the prescribing, supply and administration of medicines. In so doing the Trust is complying with current legislative requirements. All wards, theatres, departments, Trust run GP practices and facilities must have a system of procedures for the handling and use of medicines, that meet legal requirements and that ensure safety, security and efficiency. This document provides a framework for the preparation of any detailed local procedures required. Directors, Assistant Medical Directors, Assistant Directors, Clinical Directors, Heads of Service, ward managers, practice managers, departmental managers and pharmacy staff are responsible for establishing and maintaining such procedures.

The Trust's Medicines Management Code has a number of sections which demonstrate the wide range of activities associated with the handling of medicines and the special care that is needed to ensure safe practice. The aim of the code is to ensure the protection of the public by providing staff that are responsible for prescribing supplying and administering medicines with a guide to good practice which is based on the Trust's accountability framework.

Throughout the document, the senior nurse /midwife or nurse/midwife in charge is named as the responsible person for certain elements of the system. This includes senior nurse/nurse in charge, district nursing sisters, midwives, team leaders, health visitors, lead practice nurses and treatment room sisters.

Throughout the document, the term 'Kardex' is used to describe the Trust in-patient Medicines Prescription and Administration Record. The information given applies to all equivalent approved Trust prescribing documents, including anaesthetic sheets and those documents used in the community sections of the Trust.

Trust staff who prescribe, supply and administer medicines must practice within the current legislative requirements, their code of professional practice, the Trust Medicines Management Policy/ Strategy, this Code and any locally agreed procedures available. If necessary this code may be supplemented by additional departmental procedures. Any such procedure must be approved by the Trust Medicines Optimisation Committee.

Those staff undertaking any procedure involving prescribing, dispensing or administering medicines must be currently registered with their professional body. The individual is accountable for their practice and also for identifying any training needs with their line manager. A practitioner who does not fulfil this requirement must work under the direction and supervision of a registered practitioner, who will be responsible for ensuring that the person is competent to carry out the task.

Non-registered care staff may be involved in the administration of medicines in the community, residential and respite care homes, day centres and supported living facilities when they have received appropriate training in handling and administration of medicines and, following training, have been deemed to have the required knowledge and skills and have been assessed as competent in their application. Hereafter these staff are referred to as trained care staff.

## **Chapter 2 Definition of a medicine**

Medicines are substances that are introduced into the body, or externally applied to the body, for the purpose of:

- treating disease;
- preventing disease;
- diagnosing disease;
- ascertaining the existence, degree or extent of a physiological condition;
- contraception;
- inducing anaesthesia; or,
- otherwise preventing or interfering with the normal operation of a physiological function.

Medicines may be categorised as follows:

- medicines and medicinal preparations which come under the provisions of the Medicines Act (1968). They include medicines used in clinical trials, unlicensed medicines, dressings, and medical gases;
- controlled drugs i.e. substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under the Act; or,
- alternative medicinal products e.g. herbal or homeopathic remedies, which are used for therapeutic purposes.



## **Chapter 3 Trust accountability for medicines management**

The Chief Executive of the Trust has overall responsibility for the safe and secure handling of medicines as part of the Controls Assurance Standards for Medicines Management. The Director of Pharmacy is responsible for establishing, monitoring and reporting on a system for assuring the safe and secure handling of medicines. The Director of Pharmacy reports on these matters to the Chief Executive via the Director of Acute Services and/or the Medical Director, dependant on the issue in question.

### **3.1 The Medicines Optimisation Committee (MOC)**

The Medicines Optimisation Committee (previously known as the Drug and Therapeutics Committee) is accountable to the Trust Senior Management Team and the Trust Board via the Medical Director. It is responsible for promoting the safe and effective prescribing within the Southern HSC Trust and across the interface with primary care. The committee is responsible for supporting medicines governance, overseeing patient group directions, prescribing and other medication related policies, prescription charts and the introduction of new medicines. The committee also approves protocols for the supply and administration of medicines and for non-medical prescribing following full evaluation at the relevant subcommittee.

### **3.2 The Medicines Optimisation Committee Sub-committees**

#### **Medicines Management Sub-committee**

The Medicines Management Sub-committee develops and maintains policies and procedures to support the safe, effective and efficient use of medicines within the Trust. The key areas of work include prescribing, supply, administration, disposal, security and key performance indicators.

#### **The Non-medical Prescribing Sub-committee**

This committee monitors and advances the implementation of independent/supplementary prescribing and community practitioner nurse prescribing within the Trust in order to enhance the quality of the patient experience.

### **3.3 General Principles**

The multiplicity of medicines, their potency and potential toxicity means a heavy responsibility for doctors, nurses/ midwives and pharmacists. Errors can occur in any of the processes relating to medicines including prescribing, dispensing, interpretation of the prescription and administration.

All staff are accountable for properly discharging their duties and responsibilities in relation to medicines as detailed in this Code.

Senior staff, including Consultants, ward or departmental sisters/charge nurses/managers and the managers of nursing/residential homes and day care centres are responsible for ensuring that duties are delegated to staff with appropriate knowledge and assessed competence.

## **Chapter 4 Procurement of Medicines**

All pharmaceutical products to be used in the Trust hospitals must be purchased through the pharmacy department at Craigavon Area Hospital or Daisy Hill Hospital. Medicines may only be purchased or acquired for use in the Trust hospitals by a pharmacist or member of pharmacy staff acting under delegated authority of the procurement pharmacist or the Director of Pharmacy. The Pharmacy will adopt a Purchasing for Safety approach in the procurement of medicines and will comply with the Public Contract Regulations (2006) and relevant EU Procurement Directives.

In community facilities some medicines may be obtained from the Trust Pharmacy Department, such as vaccines for the childhood immunisation programme, whilst others will be obtained from a community pharmacy (Chemist) via the 'stock prescription' method. Some clinics, such as the Trust Family Planning Clinics will get all their medicines from the Trust Pharmacy Service.

Unlicensed medicines, except for medicines being used for research or in clinical trials, are only procured where no pharmaceutical equivalent of a licensed medicinal product is available and only after a full risk assessment of the unlicensed product has been carried out.

New pharmaceutical products will not be purchased by the Trust hospitals until funding has been secured and the use of the product has been approved by the Medicines Optimisation Committee. A request for a new product should be made, by a consultant, on a Trust 'New Product Request form' (found on the Trust Intranet, under Clinical Guidelines/ Pharmacy and Medicines Management) and accompanied by supporting evidence based literature. This information should be sent to the Director of Pharmacy's secretary (Pharmacy Department, CAH) for consideration at the next Medicines Optimisation Committee meeting. The Medicines Optimisation Committee meets at three monthly intervals.

Staff must not accept medicine samples, including dressings and feeds directly from a company's medical representatives or pharmaceutical companies. Company medical representatives may deliver medicine and dressing samples to the Pharmacy Departments at Craigavon Area and Daisy Hill Hospitals on the written authorisation of a consultant practitioner. The authorisation must include the name of the consultant practitioner who will be prescribing the medicine/dressing, the clinical area where it is to be used, and the quantity that is to be delivered. This information, along with the batch number and expiry date of the products will be recorded by each of the Trust pharmacies so that it may be used in the event of a product recall. The products will then be available for use by the consultant practitioner.

Medicines must be supplied to hospital wards and departments by the pharmacy department. This is essential to ensure an appropriate audit trail exists, to ensure that all medicines are appropriately assessed before use and to allow products to be traced in the event of a product recall for patient safety reasons.

The Southern HSC Trust expects the pharmaceutical industry representatives visiting any Trust facility to abide by the Trust Purchasing and Promotion of Pharmaceutical Products Protocol.

## **Chapter 5 Prescribing of medicines**

### **5.1 Prescribing of medicines in hospital**

Medicines may only be prescribed for patients registered with the Trust.

All medicines for administration to a patient must be prescribed in writing by an authorised prescriber except:

- in an emergency;
- where administration is undertaken in accordance with an authorised patient group direction;
- under exemption as a registered midwife; or
- under approved guidelines for administration of non-prescribed medication (household remedies) in residential care homes and nursing homes.

An authorised prescriber is:

- a registered doctor or dentist;
- an independent/supplementary prescriber approved by the Non-medical Prescribing Subcommittee of the Medicines Optimisation Committee, according to the Trust Non-medical Prescribing Framework (available on the Trust Intranet); or
- community practitioner nurse prescriber, when prescribing within the Nurse Prescribers' Formulary.

In an emergency such as resuscitation, medicines may be administered in accordance with the verbal directions of a registered doctor/dentist prescriber provided that the doctor/dentist is present with the person administering medication to the patient, the person administering the medicine checks the medicine and measured dose with the prescriber and that the directions and administration are recorded in writing as soon as possible after administration. Verbal directions by an independent/supplementary prescriber or community practitioner nurse prescriber are not permitted.

Any registered healthcare professional may administer adrenaline without direction or prescription in a life threatening emergency situation. However, ideally the Trust prefers that an authorised patient group direction should be in place to support staff in this situation.

Medicines administered in hospital must be prescribed on an approved Trust prescription, written in indelible ink or electronically generated using a Trust approved system. The Medicines Optimisation Committee approves Trust prescription documents and systems.

An authorised prescriber is expected to adhere to good practice advice and standards for prescribing produced by their relevant professional body, ensuring that their prescribing is appropriate, responsible and in the best interests of a patient. Prescribing should usually be in accordance with Trust guidelines, published reference texts or evidence. Where prescribing differs

from this, the rationale for a different approach must be fully documented within the patient's notes.

### **5.1.2 Medication history**

On admission to hospital, full details of the patient's medication history, including the allergy status must be recorded in the patient's notes as well as on the Kardex. Omission or delay of medicine doses on admission to hospital can lead to harm for patients, particularly when critical medicines are involved. Critical medicines are those where timeliness of administration is crucial. Therefore care should be taken to use all available sources of information to determine an accurate medication history. Medication history information should also be reviewed in light of the patient's medical history for any obvious omissions, for example insulin in an insulin dependent diabetic patient. If reviewing a patient's own supplies of medicines, do not send them home after review.

### **5.1.3 In-patient prescriptions**

The examples shown throughout this section use the acute Kardex however the same principles apply to other Kardexes, for example long-stay, maternity and paediatric Kardexes, and to electronically generated prescriptions. At all times, prescribers should seek to ensure that their intentions are clear and unambiguous.

Before prescribing medicines for an in-patient, the medication history should be reviewed to consider if any amendments to the patients medicines are required in view of their clinical condition or reason for admission. If medicines are intentionally withheld, this must be clearly documented in the medical notes and in the notes section of the Kardex.

Where an instruction is being given to another prescriber to commence a new medicine, the instruction must include the medicine, dose and frequency. If a prescriber is unsure of these details, clarity must be sought from a senior colleague before prescribing the medicine.

If a new medicine or a STAT dose of a medicine is prescribed the prescriber **must** inform a member of nursing & midwifery staff to enable timely administration. The prescriber **must** consider when the next routine dose of the medicine is due and if necessary prescribe a stat dose to ensure that treatment is started promptly.

#### **5.1.3.1 In-patient prescriptions**

The majority of in-patient prescribing on wards is on a Kardex. Other supplementary charts are in use, for example for warfarin, gentamicin or syringe pumps; these must be referenced on the main Kardex, as shown below.

Where the supplementary chart includes several medicines, such as a syringe driver or an insulin in a pump, details of these medicines should only be prescribed on the supplementary chart and not on the Kardex. The Kardex should be annotated to state 'Syringe pump – see chart' or 'Insulin – see chart'.

Medicine <b>WARFARIN</b>			Start date <b>1-11-16</b>	06 <sup>00</sup>																
Dose <b>As per chart</b>	Route <b>PO</b>	Frequency <b>OD</b>	Stop date	10 <sup>00</sup>																
Special instructions/Indication			Signature	12 <sup>00</sup>																
Medicines Reconciliation (circle)			Supply	14 <sup>00</sup>																
Pre-admission dose	Increased dose	Decreased dose	New	18 <sup>00</sup>																
Sign <b>A Doctor</b>	Prof. no. <b>654321</b>		Pharmacist	22 <sup>00</sup>																
Print <b>A DOCTOR</b>	Bleep <b>1234</b>																			

Intravenous infusions are prescribed on the reverse of the fluid balance chart. Where an intravenous infusion contains a medicine, the medicine must also be referenced on the main Kardex.

### 5.1.3.2 Allergy status

The patient's allergy status must be documented by the authorised prescriber on the Kardex and any other supplementary prescription charts used to prescribe medicines. The nature of the reaction, if known should also be documented. It is just as important to document that a patient has no known allergies. The allergy status record must be signed and dated.

Allergies / Medicine sensitivities			
This section must be completed before prescribing and administration except in exceptional circumstances			
Date of Reaction	Medicine/allergen	Type of reaction (eg. rash)	Signature/designation/date
or			
<input checked="" type="checkbox"/> No known allergies (Please tick)			
Signature / Designation: <b>A Doctor FY1</b>		Date: <b>1-11-16</b>	

Allergies / Medicine sensitivities			
This section must be completed before prescribing and administration except in exceptional circumstances			
Date of Reaction	Medicine/allergen	Type of reaction (eg. rash)	Signature/designation/date
<b>1999</b>	<b>PENICILLIN</b>	<b>rash</b>	<b>A Doctor FY1</b>
			<b>1-11-16</b>
or			
<input type="checkbox"/> No known allergies (Please tick)			
Signature / Designation:		Date:	

Do not prescribe medication if the allergy status is not documented and signed (unless in an emergency).

Where the allergy status has not been documented by the authorised prescriber, a pharmacist may complete this in accordance with clinical pharmacy procedures

In the following circumstances, a registered nurse or midwife must document allergy status on the Kardex or other supplementary prescription chart:

- where a medicine is being administered under a Patient Group Direction or midwives exemption, **and**
- before an authorised prescriber has clerked in the patient and documented the allergy status and the patient is due medication.

If the registered nurse or midwife has any doubt about the patient's allergy status, they should contact an authorised prescriber to document the patient's allergy status.

### 5.1.3.3 Patient details

An addressograph should be used for patient details but where this is not available the details should be printed clearly.

Print the hospital, ward and consultant and patient weight in kilograms. Where the dose of medication is related to body surface area, state the height and weight.

#### 5.1.3.4 Writing prescriptions

Before prescribing any medicine, check the allergy status of the patient. For combination products, ensure the patient is not allergic to either constituent.

Print the full name of the medicine in capitals. Abbreviations of medicine names are unacceptable.

Prescribe generically with the exception of the medicines given on the Generic Prescribing Exemption List on the HSCB website ([link](#)).

For each regular or 'as required' medicine, indicate whether this prescription is 'no change', 'increased dose', 'decreased dose' or 'new' from the patient's medication history on admission. This will enable medication changes to be more easily highlighted to primary care on discharge.

Medicine <b>Furosemide</b>		Start date <b>1.11.16</b>	06 <sup>00</sup>
Dose <b>40mg</b>	Route <b>PO</b>	Frequency <b>OD</b>	Stop date <b>10<sup>00</sup></b>
Special instructions/Indication			Signature <b>12<sup>00</sup></b>
Medicines Reconciliation (circle)			Supply <b>14<sup>00</sup></b>
<input checked="" type="checkbox"/> Pre-admission dose	<input type="checkbox"/> Increased dose	<input type="checkbox"/> Decreased dose	<input type="checkbox"/> New
Sign <b>A Doctor</b>	Prof. no. <b>654321</b>	Pharmacist	<b>18<sup>00</sup></b>
Print <b>A Doctor</b>	Bleep <b>1234</b>		<b>22<sup>00</sup></b>

Print numbers clearly for doses. Do not use 'trailing zeros' as 5.0mg can be misread as 50mg; prescribe as 5mg. Do not abbreviate 'micrograms', 'nanograms', 'international units' or units; write in full. Milligrams may be abbreviated to 'mg' and grams to 'g'. Express doses in metric units avoiding decimal points wherever possible, for example 500 micrograms should be prescribed instead of 0.5mg. Ensure that any decimal points that are used are clearly visible. Doses should be expressed in terms of the amount of active ingredient for example 'mg', not the number of dose units such as tablets, capsules or volume of liquid, unless the strength of preparation is also stated, for example co-codamol 30/500mg. Use of Roman numerals should be avoided; 'ii' can be misread as '11'.

Where a dose requires a complex calculation, it is recommended that a prescriber requests a second practitioner to independently conduct the calculation to confirm the correct dose has been calculated. This is particularly important where a medicine involves a loading dose and subsequent maintenance dose.

The following abbreviations may be used for the route of administration,

Buccal	= BUCC	Inhalations	= INH	Intramuscular	= IM
Intravenous	= IV	Nasogastric	= NG	Nebulised	= NEB
Oral	= PO	Per gastrostomy	= PEG	Per rectum	= PR
Subcutaneous	= SC	Sublingual	= SL	Topical	= TOP
Transdermal	= TD	Vaginal	= PV	Sublingual	= SL

Only one route of administration may be prescribed on a prescription for a regular medicine. There are separate sections for regular non-injectable medicines and regular injectable medicines. For 'as required' medicines, more than one route of administration may be prescribed on a prescription, provided the dose is the same for different routes.

Prescribing of medicines by the injectable route presents additional risks including microbial contamination and more complex administration techniques therefore medicines prescribed by this route should be reviewed regularly to consider if a change to a non-injectable route is appropriate.

Only those prescribers that have completed appropriate training, been deemed competent by the designated lead and whose names appear on the register of designated personnel for prescribing may prescribe chemotherapy by the intrathecal route.

The time for administration of once only medicines should be stated using 24 hour clock. When prescribing a once only medicine, ensure this is also communicated verbally to nursing staff to enable timely administration.

The frequency of administration for regular medicines must be clearly indicated by stating the prescribed frequency using the printed abbreviations, for example 'BD' twice a day and by circling the required pre-printed times on the prescription. Where a different time to the pre-printed time is required, this must be entered in the column beside the pre-printed times.

Medicine <b>CO-BENELDOPA</b>			Start date <b>1-11-16</b>	06 <sup>00</sup>																
Dose <b>25/100 mg</b>	Route <b>Po</b>	Frequency <b>QDS</b>	Stop date	10 <sup>00</sup>																
Special instructions/Indication			Signature	12 <sup>00</sup>																
Medicines Reconciliation (circle)			Supply	14 <sup>00</sup>																
Pre-admission dose	Increased dose	Decreased dose	New	18 <sup>00</sup>																
Sign <b>A DOCTOR</b>	Prof. no. <b>654321</b>		Pharmacist	22 <sup>00</sup>																
Print <b>A DOCTOR</b>	Bleep <b>1234</b>																			

Where the frequency of administration is less than daily, this should be indicated by highlighting the date and time on the administration record as shown below or else prescribing the medicine in individual 'once only' doses.

Medicine <b>METHOTREXATE</b>			Start date <b>1-11-16</b>	06 <sup>00</sup>																
Dose <b>15mg</b>	Route <b>Po</b>	Frequency <b>ONCE</b>	Stop date	10 <sup>00</sup>																
Special instructions/Indication <b>ON FRIDAYS</b>			Signature	12 <sup>00</sup>																
Medicines Reconciliation (circle)			Supply	14 <sup>00</sup>																
Pre-admission dose	Increased dose	Decreased dose	New	18 <sup>00</sup>																
Sign <b>A DOCTOR</b>	Prof. no. <b>654321</b>		Pharmacist	22 <sup>00</sup>																
Print <b>A DOCTOR</b>	Bleep <b>1234</b>																			

The maximum frequency of administration for as required medicines must be stated either numerically for example, 8 hourly or by using the following abbreviations,



Once daily = od

Twice daily = bd

Every morning = mane

Three times daily = tds or tid

Four times daily = qds or qid

Every night = nocte

Where appropriate the maximum dose in 24 hours should also be stated in the 'Special Instructions/Directions'. The indication for administration of an as required medicine should be included in the 'Special Instructions/Directions' wherever possible and particularly where more than one medicine from the same therapeutic class is prescribed.

Where 'as required' medicines are required frequently, consider re-prescribing these in the regular section of the Kardex. Similarly, where a regular medicine is no longer required routinely by a patient, consider prescribing this as an as required medicine.

Prescribers' signatures must be written in full; initials are not acceptable.

Where a regular medicine is to be temporarily withheld, the prescriber should either enter '8' in the administration section for each dose that is to be withheld as shown or else discontinue the prescription.

Medicine <b>ASPIRIN</b>		Start date <b>1.11.16</b>	06 <sup>00</sup>																	
Dose <b>75mg</b>	Route <b>Po</b>	Frequency <b>OD</b>	Stop date <b>10<sup>00</sup></b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>												
Special instructions/Indication			Signature <b>12<sup>00</sup></b>																	
Medicines Reconciliation (circle)			Supply <b>14<sup>00</sup></b>																	
Pre-admission dose	Increased dose	Decreased dose	New																	
Sign <b>ADOCTOR</b>	Prof. no. <b>654321</b>		Pharmacist																	
Print <b>ADOCTOR</b>	Bleep <b>1234</b>																			

Do not alter existing instructions on a prescription. Re-write any changes in medicine therapy as a new prescription.

Discontinue therapy by drawing a diagonal line through the prescription and the remainder of the administration record. Enter the date of discontinuation and signature in the 'Stop' space.

Medicine <b>BISOPROLOL</b>		Start date <b>1.11.16</b>	06 <sup>00</sup>																	
Dose <b>2.5mg</b>	Route <b>Po</b>	Frequency <b>OD</b>	Stop date <b>4.11.16</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>
Special instructions/Indication			Signature <b>ADOCTOR</b>																	
Medicines Reconciliation (circle)			Supply <b>14<sup>00</sup></b>																	
Pre-admission dose	Increased dose	Decreased dose	New																	
Sign <b>ADOCTOR</b>	Prof. no. <b>654321</b>		Pharmacist																	
Print <b>ADOCTOR</b>	Bleep <b>1234</b>																			

Medicine <b>BISOPROLOL</b>		Start date <b>5.11.16</b>	06 <sup>00</sup>																	
Dose <b>5mg</b>	Route <b>Po</b>	Frequency <b>OD</b>	Stop date <b>10<sup>00</sup></b>																	
Special instructions/Indication			Signature																	
Medicines Reconciliation (circle)			Supply																	
Pre-admission dose	Increased dose	Decreased dose	New																	
Sign <b>ADOCTOR</b>	Prof. no. <b>654321</b>		Pharmacist																	
Print <b>ADOCTOR</b>	Bleep <b>1234</b>																			



When prescribing a new medicine on a Kardex that is already in use, draw a line across from the time of administration to the day on which administration should commence as shown above.

Where more than one Kardex is in use at any one time, state 1 of 2 and 2 of 2 in the top right hand corner of the front page.

Where a Kardex has become unclear due to multiple deletions and revisions, rewrite the Kardex in full. On completing a rewritten Kardex, the prescriber should compare the previous and new Kardexes to ensure no medicines have been inadvertently omitted or dose details incorrectly transcribed. The previous Kardex should be clearly cancelled by drawing a diagonal line across each page.

Before prescribing a new medicine, all sections of the Kardex should be reviewed to confirm those medicines already prescribed and consider if any amendment is required. Where a new medicine is commenced, ensure this is also communicated verbally to nursing staff to enable timely administration.

All Kardexes should be reviewed regularly by prescribers during an in-patient admission to consider if current treatment should continue and include a review of the administration record to confirm medicine doses that have been administered.

A new Kardex should be commenced each time an in-patient is admitted. Where a patient is on a period of leave, the same Kardex can be used when the patient returns from leave.

Where a patient is transferred from another hospital within the trust, a new Kardex should be written if there is a separate set of clinical notes. Where the same clinical notes are in use, the existing Kardex can continue to be used. Where a patient is transferred from another hospital within or outside the Trust a new Kardex must be written, the Kardex or a copy of the Kardex from the previous hospital must be transferred with the patient.

#### 5.1.4 Discharge prescriptions

Discharge prescriptions should be a complete and accurate record of the inpatient's medication on discharge. "As before" and "No change" must not be used.

Medical staff must ensure that when making changes to a patient's medicines near to the point of discharge, confirmation is sought as to whether a discharge prescription has already been written. Where a discharge prescription has already been written, this must be updated and nursing/midwifery staff alerted to the change.

Preparation of a discharge prescription **must not** be viewed as an administrative task. Particular care should be taken to avoid transcription errors and ensure that the patient details are correct on all copies of a paper discharge prescription. Care should also be taken when using 'drop down menus' on the electronic discharge prescription to ensure the correct medicine is selected.

#### Paper discharge prescriptions

The Kardex should accompany a paper discharge prescription to Pharmacy in order to confirm correct transcription, unless a pharmacist has checked the transcription at ward level in which

case the yellow copy of discharge prescription will be signed by the pharmacist in the bottom right-hand corner.

#### Electronic discharge prescriptions (ECM)

For electronic discharge prescriptions (ECM), the Kardex must be sent to Pharmacy when an electronic discharge prescription is transmitted to Pharmacy unless a pharmacist has checked the transcription at ward level, in which case they will authorise this electronically and transmit the discharge prescription to pharmacy themselves.

#### Discharge prescriptions from Lurgan and South Tyrone Hospitals

Specific arrangements are in place for the delivery of Lurgan and South Tyrone Hospitals discharge prescriptions to the Craigavon Hospital dispensary for dispensing.

In preparing the discharge prescription, all sections of the Kardex should be reviewed, 'Hospital only' medicines discontinued and medicines temporarily withheld restarted as appropriate. Use of 'as required medicines' in hospital should be reviewed to determine if continued prescription post discharge is appropriate.

Discharge prescriptions should specify morning or night rather than daily and include the length of course where appropriate.

The discharge summary should include details of any changes that have been made to the patient's medication during the admission and associated monitoring and follow-up. For electronic discharge prescriptions, the correct medicines reconciliation status must be entered as this separates the medicine list in to different sections: Admission drugs (unamended), Drugs prescribed since admission, Admission drugs (amended) and Stopped medication.

The paper discharge prescription should be signed twice, once on the top white copy and once on the second yellow copy. A prescriber's signature is automatically added to an electronic discharge prescription when a prescriber is logged in. Prescribers must ensure that their login and password for an electronic discharge system are not shared with anyone and that they logout after use.

If a patient is prescribed medicines on discharge for administration by continuous subcutaneous McKinley T34 syringe pump, any diluents required to reconstitute or further dilute the medicines must also be prescribed. In addition to prescribing the medicines on a discharge prescription, a new "Prescription and administration record of medicines via subcutaneous CME T34 syringe pump chart" must be written to facilitate administration by community nursing. **Five days'** supply of medication should usually be prescribed as this corresponds with the length of time that administration can be recorded on the record, unless it is anticipated that the prescription may change sooner. Endorse the chart 'For use by community nursing'.

If a patient is prescribed intravenous medicines including antibiotics for administration at home, any required diluents or flushes must be included on the discharge prescription. A new Kardex must be also written to facilitate administration by community nursing. Only the intravenous antibiotics and any required diluents or flushes need to be prescribed on the Kardex.

If a patient is being prescribed a specialist (red/amber) medicine on discharge, additional arrangements must be made. For 'Red List' medicines, ensure that the full course of treatment is

prescribed or that arrangements have been made for continued supply from hospital. For 'Amber list' medicines, ensure that shared care arrangements are in place or that shared care with the GP has been requested in accordance with the Trust protocol; prescribe sufficient supplies until shared care with the GP has been arranged. Where a medicine requires monitoring, it is important to specify the required monitoring on the discharge summary. Further information on Shared Care Guidelines and Red/Amber list medicines is available on the Trust intranet or [www.ipnsm.hscni.net](http://www.ipnsm.hscni.net)

#### **5.1.5 Day case prescribing**

Prescribing for day case patients must follow the principles outlined in section 5.1.2 above. The medicines administered to day case patients must be prescribed on an approved Trust prescription, such as the anaesthetic sheet and/or the discharge summary sheet. The Medicines Optimisation Committee approves Trust prescription documents.

#### **5.1.6 Outpatient Prescribing**

Out-patient prescriptions are restricted to patients who require initiation of treatment without delay (ie within the 48 hours following their appointment) or require treatment that is not available in primary care, for example a 'Red list' medicine.

The standard prescription writing requirements described for in-patients, apply to out-patient prescriptions. Scanned or faxed prescriptions cannot be dispensed by pharmacy as the law requires an original signature on the document.

A separate advice form, in addition to any hospital out-patient prescription that is required, is used to provide information to the patient's GP, including any changes to medication. The form is completed for all Accident & Emergency patients and for any patients attending an out-patient appointment where the GP requires immediate information about the out-patient consultation. If a patient is commenced on any medication that requires monitoring, it is important to specify the required monitoring on this form. Further information on Shared Care Guidelines and Red/Amber medicines is available on the Trust intranet or <http://www.ipnsm.hscni.net/>. Ensure that shared care with the GP is requested in accordance with the Trust protocol.

Independent/Supplementary Prescribers who use HS21 prescriptions in the community must use out-patient prescriptions in the out-patient setting. HS21 prescriptions must only be used in the community setting. The exception to this is the New Models of Prescribing (NMOP) HSCB pilot commenced in 2020. Non-medical prescribers enrolled in the NMOP pilot will be issued with HS21 prescription pads that can be used during their out-patient clinics. **Only NMPs participating in this pilot scheme may access and use these HS21 prescription pads.**

#### **5.1.7 Virtual outpatient clinics**

Out-patient prescriptions as a result of virtual outpatient clinics are also restricted to patients who require initiation of treatment without delay (ie within the 48 hours following their appointment) or require treatment that is not available in primary care, for example a 'Red list' medicine.

If a patient requires a medicine within 48 hours of their appointment the prescriber must arrange for their prescription to be taken to the nearest Trust pharmacy department (CAH OR DHH) for dispensing and inform the patient that they or their representative must collect the medicines directly from that Trust pharmacy. Scanned or faxed prescriptions cannot be dispensed by pharmacy as the law requires an original signature on the document.

A separate advice form, in addition to any hospital out-patient prescription that is required, is used to provide information to the patient's GP, including any changes to medication. The form is completed for any patients attending a virtual out-patient appointment where the GP requires immediate information about the out-patient consultation.

For virtual clinics there is a template form in Patient Centre, which once completed, is sent electronically to the GP that evening via EDT.

If a patient is commenced on any medication that requires monitoring, it is important to specify the required monitoring on this form. Further information on Shared Care Guidelines and Red/Amber medicines is available on the Trust intranet or <http://www.ipnsm.hscni.net/>. Ensure that shared care with the GP is requested in accordance with the Trust protocol.

### **5.1.8 Outpatient procedures requiring pre-medication**

If a patient is to have a procedure as an outpatient that requires any form of pre-medication (for example a bowel preparation product, a beta blockers for a number of days prior to the appointment, etc.) it is the Trust team responsibility to prescribe and supply this product. The patient's GP must not be asked to prescribe these medicines. For details on how this is managed within your Trust speciality, including who writes the prescription, how the original copy is taken to pharmacy, etc. please contact your team lead.

The standard prescription writing requirements described for in-patients, apply to out-patient prescriptions. Scanned or faxed prescriptions cannot be dispensed by pharmacy as the law requires an original signature on the document.

### **5.1.9 Controlled Drugs**

The standard prescription writing requirements apply to in-patient prescriptions.

Discharge and out-patient prescriptions for controlled drugs must in addition:

- Be signed and dated by the prescriber
- State the name and address of the patient, printing clearly in the prescriber's own handwriting
- The form and strength of the medicine
- The dose
- The total quantity of the medicine to be supplied in words and figures (like writing a cheque) for example, 14 (fourteen) tablets or 4 (four) ampoules.

When using an electronic discharge prescription, details of the Controlled Drug Prescription must be included on the electronic discharge prescription so that this information is communicated to primary care. Where a patient requires a supply of a Controlled Drug to be dispensed on discharge, a paper discharge prescription must also be written in accordance with the above

requirements. Select the controlled drug from the medicine list on ECM and this will automatically generate a Word document which can be printed, total quantity in words and figures added and signed and dated.

Independent prescribers, (AHP, nursing and pharmacists) may prescribe controlled drugs in accordance with the current non-medical prescribing legislation. Such independent prescribers must have had the controlled drugs they will prescribe pre-approved via the Trust Non-medical Prescribing Framework.

#### **5.1.10 Loading doses**

A loading dose is an initial large dose of a medicine used to ensure a quick therapeutic response. It is usually given for a short period before therapy continues with a lower maintenance dose. The use of loading doses of medicines can be complex and error prone. The National Patient Safety Agency (NPSA) has stated that the incorrect use of loading doses or subsequent maintenance regimens may lead to severe harm or death.

A list of critical medicines where loading doses may be used has been developed along with calculation work sheets to assist in prescribing a loading dose and subsequent maintenance regimen.

The NPSA recommend that prescribers have such doses clinically checked by a second practitioner (doctor, nurse or pharmacist) to ensure that the loading and maintenance doses to be used are correct. It is recognised that this may not always be possible however prescribers are encouraged to request such a second check when feasible or if they are in any doubt/ have any concerns about the calculation.

## **5.2 Prescribing in residential care homes, nursing homes and day care centres**

Medicines for clients/residents of residential care homes, nursing homes and day care centres are prescribed by a General Practitioner/General Dental Practitioner/Community Practitioner Nurse Prescriber/Independent/Supplementary Prescriber on a HS21 prescription or by hospital prescribers on a discharge or out-patient prescription.

On admission to a residential care home, nursing home or day care centre full details of the client/resident's medication history, including the allergy status must be recorded on an admission letter.

All prescribed medicines must be recorded on a Medicines Administration Record in indelible ink. Medicine instructions must be completed legibly and in accordance with the directions of the prescriber.

A Medicine Administration Record must be maintained for each patient/client/resident that shows:

- Full name and date of birth of the patient/client/resident
- Allergy status of the client/resident
- Name, form and, where appropriate, strength of each medicine
- Dose to be administered
- Time and route of administration
- Frequency and, where appropriate, the dilution and rate of administration of the prescribed medicine. 'As required' medicines must state the minimum intervals.
- The duration of therapy
- Any special requirements
- The date prescribed and by whom

If amendments to a previously written medicine instruction are required, the previous instruction should be discontinued and the new instruction written on a new line. Medicine instructions are discontinued by drawing a line through the instructions and signing and dating the discontinuation column.

Signatures should be written in full, initials are not acceptable.

The prescriber is encouraged to verify and sign the prescription record where possible.

### **5.3 Prescribing in Trust managed GP practices**

Medical prescribers must prescribe for NHS patients using the standard HS21 prescription form (hand written or computer printed).

Non-medical prescribers working for the practice may prescribe on a standard HS21 form using the GP practice or service clinical computer system, provided this is set up to annotate the required prescriber details.

Non-medical prescribers who work in more than one practice or service must have a separate prescription pad for each practice/service, with the correct information in the identification details area of the prescription form.

#### **Prescription requirements**

Prescriptions must be in indelible ink (this includes typewritten and computer generated and carbon copied) and once completed, must be signed in indelible ink by the practitioner giving the prescription.

The prescription must include the name of the doctor or non-medical prescriber responsible for the prescription. For a non-medical prescriber this is the name of the non-medical prescriber who has signed the prescription.

The prescription must include the name and address and the telephone number of the surgery /service for GPs and practice /service employed non-medical prescribers; for CCG employed staff the name and address of the CCG/organisation.

The reference number (practice / service code) for the practice / service where the patient is registered.

## Repeatable Prescribing Under NHS Repeat Dispensing Arrangements

A repeatable prescription form allows items to be provided more than once. It must:

state the number of times that items may be dispensed

be generated by a computer

be signed by a repeatable prescriber. It is also the clinical authority to supply a medicine in the format specified in the Regulations.

Repeatable prescriptions may not be hand written

A batch issue is a form that is produced at the same time and has on it the same date as the repeatable prescription. The term 'associated' indicates that it is one of several batch issues that are linked to a repeatable prescription.

A batch issue must:

- be generated by a computer
- **NOT** be signed by a repeatable prescriber

The associated batch issues form a sequence of batch issues. The number on a batch issue indicates the number of times that the medicines or appliances ordered on the repeatable prescription can be dispensed. It will also have a number relating to its place in the sequence of batch issues.