Aidan Dawson
Chief Executive
Public Health Agency
Linenhall Street Unit
12-22 Linenhall Street
Belfast
BT2 8BS

5 August 2022

Dear Sir,

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

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

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

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

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

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

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

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

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

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

You will note that certain questions raise issues regarding PHA documentation. However if you in your personal capacity hold any additional documentation which you consider are of relevance to our work and is not within the custody or power of PHA 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 your 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 67 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:

Aidan Dawson
Chief Executive
Public Health Agency
Linenhall Street Unit
12-22 Linenhall Street
Belfast
BT2 8BS

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 16th September 2022.**

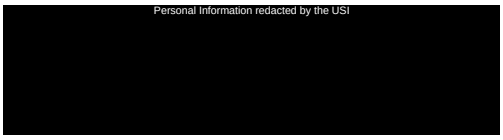
APPLICATION TO VARY OR REVOKE THE NOTICE

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 9th September 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 5th August 2022

Signed: 

Christine Smith QC

Chair of Urology Services Inquiry

SCHEDULE
[No 67 of 2022]

General

1. Having regard to the Terms of Reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraphs (a), (b) and (c) of those Terms of Reference. In particular you are required to address the circumstances in which the Public Health Agency ("the PHA") became aware of the issues relating to potential concerns about patient care and safety within the Southern Health and Social Care Trust ("the Trust"), and the engagement which subsequently took place between the Trust, the PHA and/or others and the processes and decision making which followed. You are asked to explain the PHA's role and input, if any, in the process which led to the Trust conducting a 'Lookback Review' and adopting a 'Structured Clinical Record Review' ("SCRR") process. You are also required to explain the processes which led to the decision to establish this public inquiry, and the reasons for that decision. Your narrative account should include an explanation of your role, responsibilities and duties, and you should provide a detailed description of any issues raised, meetings attended and actions or decisions taken by you, the PHA and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provided.

2. Provide any and all documents within your custody or under your control relating to paragraph (a), (b) and (c) of the Terms of Reference.

3. Unless you have specifically addressed the issues in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other

person. If you rely on the assistance of others to complete this Notice then we would be grateful if they could be identified in your response by way of their name and role within the PHA.

Your Position

4. Summarise your qualifications and occupational history, to include all positions held up to your current position and the dates you held each role, setting out your duties and responsibilities in each post.

5. Provide details of your current role within the PHA, including your date of appointment.

Background & Contextual Information

6. Outline the roles and responsibilities held by the PHA and, having regard to Section 13 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and the DHSSPS Framework Document dated September 2011, explain and outline the systems, mechanisms and procedures utilised by the PHA to comply with its statutory functions as follows:

    I. The health improvement functions referred to at Section 13(2) and (4) of the 2009 Act;
    II. The health protection functions referred to at Section 13(3) of the 2009 Act;
    III. Service development along with the Health and Social Care Board ("the HSCB"), now the Strategic Planning and Performance Group ("The SPPG") as referred to at paragraph 2.13 of the Framework Document.

7. Having regard to the Health and Social Care (Reform) Act (Northern Ireland) 2009 and the DHSSPS Framework Document dated September 2011 outline how the PHA interacted with the following bodies and explain any lines of accountability, reporting and the level of interaction, engagement and monitoring which may exist:

I. The Department of Health ("The Department");
II. The HSCB, now the SPPG;
III. Local Commissioning Groups;
IV. Health and Social Care Trusts (Generally);
V. Urology Services on a regional basis;
VI. Urology Services within the Trust;
VII. Management within the Trust for matters relevant to the Terms of Reference of the Inquiry.

8. Outline the organisational and management structure which existed within the PHA, including consideration of the Board of Directors, detailing all those who held positions that related in any way to the oversight, governance, service planning, monitoring and/or provision of Urology Services both within the Trust and on a regional basis in particular, to include but not limited to:

I. Organogram and description of the management and leadership structures for the PHA with an indication of where within the organisation engagement occurred with Urology Services both within the Trust and on a regional basis;
II. Job descriptions of the senior management and all roles which engage with or touch on Urology Services;
III. Terms of Reference for and minutes of all meetings, groups or otherwise which engage with or touch on Urology Services; and
IV. All policies or guidance, both internal, external and Departmental relating to any role the PHA has with regard to:
    A. Serious Adverse Incidents;
    B. Complaints;
    C. Handling of Concerns;
    D. Managing Performance of Trusts;
    E. Early Alerts;
    F. Lookback Reviews; and
    G. Any other matter relevant to the Terms of Reference of the Inquiry.

9. The Inquiry notes that as of 31 March 2022 the HSCB has ceased to exist and that responsibility for its functions have transferred to the Strategic Planning and Performance Group ("The SPPG") within the Department. With reference to your answers to questions 6-8 above, state how the statutory functions of the PHA under the Health and Social Care (Reform) Act (Northern Ireland) and the 2009 DHSSPS Framework Document dated September 2011, are currently being discharged where there is overlap with functions of the former HSCB / SPPG.

Managing the Performance of Urology Services within the Trust

10. Outline all processes, procedures, mechanisms and groups utilised by the PHA to manage, monitor or review the performance of Urology Services within the Trust with a view to discharging its statutory function.

11. Disclose and outline what data was collected by the PHA with regard to the management, monitoring or review of the performance of Urology Services within the Trust. With regard to any data collected outline:

    I. The source from which it was collected;
    II. How and in what way it was analysed;
    III. What, if any, trends were identified;
    IV. What, if any, action was taken to query, challenge or address any adverse trends.

12. Specifically with regard to:

    I. IV fluids and antibiotics;
    II. Benign Cystectomies;
    III. Prescription of Bicalutamide; and
    IV. Any other trends identified or data collected with regard to Urology Services within the Trust, whether positive or adverse,

    Address the following questions:

A. Provide a copy of any data available to the PHA;
B. Outline the source of any data available to the PHA;
C. Outline what, if any, analysis was conducted on any data collected;
D. Outline what, if any, trends were identified as a result of any analysis conducted;
E. What, if any, concerns were identified as a result.
F. Outline what, if any, action was taken to obtain any explanation or clarification of any trends identified or address any concerns which arose.

Serious Adverse Incidents ("SAIs")

13. Outline and explain the role, responsibilities and obligations of the PHA when SAIs are notified to the PHA by a HSC Trust and how same have evolved over time. The Inquiry is particularly interested to know what steps the PHA was required to take when notified of a SAI review, whether and how the progress of a SAI review is monitored, and what follow up steps are taken when a SAI investigation or review is concluded. Address the policy considerations which led to the reporting and follow up of SAIs being transferred from the Department to the PHA in May 2010 and explain any updates or amendments to the Procedures for the Reporting and Follow-Up of Serious Adverse Incidents in 2010, 2013 and 2016.

14. In the period prior to 2016 was the PHA made aware of any SAI and/or complaint (whether formal or informal) involving the care provided by, or the conduct of Mr Aidan O'Brien. If so, provide full details.

15. With regard to the following SAIs:

I. Patient Patient 10 (Personal Information redacted by the USI
II. The care of five patients (Personal Information redacted by the USI and
III. Patient Patient 16 (Personal Information redacted by the USI

Provide complete copies of all documentation held by the PHA relating to each SAI. In addition, address the following queries with regard to each of these SAI investigations or reviews:

A. Identify the Governance Lead and outline all actions taken by them.
B. Identify the Designated Review Officer and outline all actions taken by them.
C. Outline when and in what circumstances the PHA became aware of each SAI.
D. If there was any delay in reporting the SAI on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.
E. If there was any delay in preparing the investigation or review report on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.
F. Upon receipt of the investigation or review reports, what action was taken by the Designated Review Officer to quality assure the adequacy of the investigation and to reduce the risk of recurrence.
G. Outline what, if any, learning was identified by the Designated Review Officer.
H. How was any learning identified by the Designated Review Officer shared or communicated with the Trust or any other relevant person or body?
I. Outline the nature of any discussion relating to the SAI at the HSCB/PHA SAI Review Group and address if any trends were identified or problematic issues discussed. Provide any relevant documentation relating to any such discussions or follow up.
J. Outline if any of the issues, trends or concerns arising from the SAI review were attributed to the practice of Mr O'Brien.
K. Outline what, if any, discussions took place with the Trust with regard to any issues, trends or concerns arising from the SAI whether these were attributed to the practice of Mr O'Brien or otherwise.
L. What, if any, action was taken by the PHA to ensure that the recommendations from the SAI were implemented and the issues addressed.

16. With regard to the following SAIs:

    I. Patient "Patient 10" (Personal Information redacted by the USI
    II. The care of five patients (Personal Information redacted by the USI and
    III. Patient "Patient 16" (Personal Information redacted by the USI

    Was any pattern ever identified by the PHA about the common themes underlying each of these SAIs? If yes, please outline, what if any action was taken to challenge or address this pattern. If no, explain why.

17. From the perspective of PHA, indicate whether the process of SAI reviews has been regarded generally as an effective measure to identify and address patient safety, clinical issues and errant practice on the part of individual practitioners. In your opinion, did it operate as an effective measure to address patient safety and clinical issues in respect of the concerns identified concerning Urology Services within the Trust?

Concerns Prior to 31 July 2020

18. Was the PHA aware that a formal process under the framework contained within Maintaining High Professional Standards in the Modern HPSS commenced in December 2016 (in relation to Mr Aidan O'Brien), in part, as a response to information uncovered during the investigation into the SAI for Patient "Patient 10" (Personal Information redacted by the USI If so, outline when and in what circumstances the PHA became so aware and outline the PHA's understanding of how that process, progressed. If the PHA was not made aware of the commencement of this MHPS process, should it have been made aware?

19. When, if at all, and in what circumstances did the PHA first receive information which identified or could have identified concerns regarding Mr O'Brien's practice in relation to the following four areas:

    I. Un-triaged referrals;

II. Patient notes tracked out to Mr O'Brien and not returned;
III. Undictated patient outcomes from outpatient clinics; and
IV. The preferential scheduling of private patients.

20. If the PHA was aware of the four areas of concern identified at paragraph 19 above, what, if any, action did the PHA take to ensure that these matters were being addressed and that patient safety was not undermined.

21. Prior to 31 July 2020, were you, or others within the PHA, aware of any concerns in relation to Urology Services within the Trust, including service capacity or waiting list issues, or in relation to the practice of Mr Aidan O'Brien in particular. If you or others were so aware of any concerns relating to Urology Services, outline the following:

I. The date on which you or others within the PHA became aware;
II. The identity of the individual who told you of those concerns if applicable;
III. The specific information communicated to you in relation to any concerns;
IV. What, if any, action you took on behalf of the PHA to log, monitor, assess or address those concerns.

31 July 2020 – 30 October 2020

22. When and in what circumstances did the PHA become aware of the contents of an Early Alert Communication from the Trust to the Department dated 31 July 2020?

23. Outline all steps taken by the PHA upon receipt of the information contained within the Early Alert Communication from the Trust to the Department dated 31 July 2020. Specifically, outline the following:

I. The immediate action (naming each actor) taken by the PHA on receipt of the information contained within the Early Alert Communication;

II. The individuals within the PHA to whom the contents of the Early Alert Communication was shared;
III. The nature of any discussions which officials from the PHA had with the Trust concerning the contents of the Early Alert Communication or related matters;
IV. The nature of any discussions officials from the PHA had with the Department, the HSCB, the Regulation and Quality Improvement Agency ("the RQIA") and any other relevant organisation concerning the contents of the Early Alert Communication or related matters;
V. The nature of any internal discussions within the PHA regarding the content of the Early Alert Communication, or related matters, and next steps.

24. From the PHA's perspective, what is the purpose of an Early Alert, and was it properly used by the Trust in these circumstances?

25. Did the PHA reach any view concerning the appropriateness, quality and timeliness of the steps taken by the Trust to communicate and escalate the reporting of issues of concern within the Trust to the Department, the PHA or any other relevant body? If so, fully outline the view which has been reached and set out the reasons for the view which has been reached. If the PHA has not evaluated this issue, please explain why and provide such a view.

26. Did the PHA reach any view concerning the effectiveness of the corporate and clinical governance procedures and arrangements within the Trust in the context of the matters which gave rise to the need to issue an Early Alert? If so, fully outline the view which was reached and set out the reasons for the view which had been reached. If the PHA did not evaluate this issue, please explain why and provide such a view.

27. Outline what advice, if any, was given to the Trust by the PHA in response to the Early Alert and related matters.

28. After receipt of the Early Alert, outline whether the PHA gave any consideration to, or advised the Trust of the availability and appropriateness of utilising the Departmental Guidance contained within "*Practical Guide to Conducting Patient Service Reviews or Look Back Exercises: Regional Governance Network Northern Ireland Sub Group*" (February 2007) ("the 2007 Departmental Guidance").

29. As appropriate, outline what, if any, advice was given to the Trust with regard to the application of the 2007 Departmental Guidance and in particular with regard to paragraph 1.4 of that Guidance. If no such advice was given, please explain why it was not given.

30. Outline any meetings or discussions between officials from the PHA and the Trust, the Department, the HSCB, the RQIA and any other relevant organisation from the date of receipt of the Early Alert on 31 July 2020 to the first meeting of the Urology Assurance Group on 30 October 2020 concerning the handling of the concerns raised in the Early Alert, or related issues. With regard to each meeting or discussion, specify:

    I. The date;
    II. The attendees;
    III. The matters discussed;
    IV. Any decisions taken;
    V. Details of any follow up action required, including who was responsible for same and what action was taken;
    VI. Any advice provided by the Department or received by the PHA;
    VII. Disclose or refer to any and all documentation relating to same.

Establishment of the USI

31. Outline the decision making process which the PHA understands led to the announcement of the establishment of a public inquiry by the Minister on 24 November 2020. Specifically please address:

I. The steps which were taken as part of this process, and whether PHA participated in that process and if so, in what way;
II. The factors which led to the decision to establish a public inquiry;
III. The individuals involved in reaching that decision; and
IV. Any consultation the PHA had with any of the following persons/bodies as part of the process leading to the establishment of the public inquiry:
    A. The Trust;
    B. The Department;
    C. The HSCB;
    D. The RQIA;
    E. Mr O'Brien's representatives; and
    F. Any other relevant person or organisation.

'SCRR' Process and 'Lookback Review'

32. Outline the PHA's understanding of, and its involvement, if any, in the process leading to a decision by the Trust to adopt a SCRR process as opposed to utilising the Serious Adverse Incident ('SAI') process. In answering this question reference should be made to all relevant meetings, discussions or correspondence. Provide copies of all relevant documentation.

33. What assurances did the PHA seek and receive (if any) with regard to the appropriateness of the use of a SCRR process in the context of the concerns about patient care and safety which were made known to the PHA, as opposed to utilising the SAI process? In particular, the Inquiry is concerned to understand the extent to which the PHA sought to obtain assurances as to the robustness and thoroughness of the SCRR process, the assurances provided, how they were tested and whether the assurances were considered satisfactory.

34. With specific reference to all relevant meetings, discussions or correspondence, outline the PHA's understanding of and involvement in the decision by the Trust to engage in a Lookback Review.

35. What assurances did the PHA seek and receive (if any) with regard to the appropriateness of the use of the Lookback Review undertaken in relation to the patients of Mr O'Brien from 1 January 2019 to 30 June 2020? In particular, the Inquiry is concerned to understand the extent to which the PHA sought to obtain assurances as to the robustness and thoroughness of the Lookback Review process and its comprehensiveness in terms of the patient group which was to be reviewed and the temporal parameters of the review, the assurances provided, how they were tested and whether the assurances were considered satisfactory.

Oversight mechanisms now in place

36. The Inquiry understands that the oversight structures regarding urology and/or public inquiry engagement consists of the following:

Within the Trust

Urology Lookback Steering Group – Chaired by the Director of Acute Services

Within the Trust's internal Public Inquiry Governance structure

3 Strands –

(i) Urology Oversight Steering Group
(ii) Trust's Public Inquiry Steering Group
(iii) Trust's Public Inquiry Quality Assurance Group

Outside the Trust within the Strategic Performance and Planning Group ("SPPG") (formally HSCB),

Southern Urology Co-ordination Group – Chaired by the Acting Director of Planning and Commissions at SPPG and made up of Senior Trust Staff from SHSCT.

Outside the Trust within the Department

Urology Assurance Group – Chaired by the Permanent Secretary and made up of Senior Trust Staff from SHSCT.

You are asked to confirm that the Inquiry's understanding of the existence of these structures is correct to the best of your knowledge. If there are additional working groups or committees working in these areas which are not referred to above, you should identify them. You are asked to briefly outline the function and/or terms of reference of those working groups or committees referred to above or otherwise identified by you, which involve or are engaged with personnel from the Department. As relevant, explain how all such structures (working groups / committees) in place within the PHA, the HSCB / SPPG, the Department and the Trust interact and share information and learning, if at all. Your reply should detail the names of the group members as relevant to the PHA, and dates of all meetings, the frequency of meetings as well as all recommendations and actions to date.

Ongoing Assurance

37. In addition to the structures referred to above, outline the PHA's ongoing role and steps taken, if any, in monitoring, seeking assurance and ensuring patient and general public safety arising out of the concerns about patient care and safety raised which have emerged from urology services within the Trust. In addressing this question outline any engagement the PHA has had or continues to have with any of the following concerning these matters:

    I. The Trust;
    II. The staff working within the Department, but outside of the SPPG;
    III. The HSCB/SPPG;
    IV. The RQIA;
    V. Mr O'Brien's representatives; and
    VI. Any other relevant person or organisation.

38. Please set out:

    I. What, if any, reforms the PHA is aware of the Trust having made to clinical governance arrangements to address any issue which may have been identified?

II. What, if any, processes have been implemented or steps taken by the Trust to monitor or provide assurance that the clinical governance arrangements within the Trust are to the PHA's satisfaction and ensure patient safety?
III. What, if any, assurances has the PHA sought and received from the Trust with regard to any reforms to clinical governance arrangements?
IV. What, if any, monitoring has the PHA implemented to ensure that the clinical governance arrangements within the Trust protect patient safety?

39. How, if at all, have any reforms or assurances been tested? In addressing this question also outline what, if any, assurances the PHA received or continues to receive, and outline whether the assurances received to date are considered by the PHA to be satisfactory.

40. Does the PHA consider there remains outstanding work to be done by the Trust before its governance structures are sufficiently robust to prevent a reoccurrence of the issues which arose within the Trust's Urology Services? Whether your answer is yes or no, please explain.

41. In light of the Minister's Oral Statement to the Assembly on Tuesday 24 November 2020, where he stated:

> The consultant also had a significant amount of private practice and that much of this was carried out in private domestic premises, therefore sitting outside of the regulatory framework which requires registration and external assurance of facilities in the Independent Sector in which clinicians may undertake private practice. This is also of significant concern to me as many of these patients may be unknown to the Southern Trust or the wider HSC system.
>
> …
>
> *The Minister went on to list actions to be taken, which included the following:*
>
> Thirdly, in relation to his private patients who are not known to the Southern Trust, I have requested that his solicitors outline how Mr O'Brien intends to provide a similar independent process to ensure that those private patients are alerted to issues arising and that their immediate healthcare needs are being

met. Whilst the Department has no explicit duty to take this particular matter forward, as part of our wider healthcare responsibilities, I want to do all I can to safeguard patients who may have received care or treatment in a private capacity from this consultant.

What, if any, assurances has the PHA sought and received regarding the care and governance of Mr Aidan O'Brien's private patients from:

I. The Trust;
II. Mr Aidan O'Brien;
III. Mr O'Brien's legal representatives; or
IV. Any other relevant person, organisation or source.

42. If assurances have been sought and provided in respect of Mr O'Brien's private patients, how has the PHA tested the effectiveness of these assurances? Is the PHA satisfied by the assurances provided? If not, what are the PHA proposed next steps, if any, regarding Mr O'Brien's private patients?

43. Has the PHA reached any view concerning the appropriateness, quality and timeliness of the steps taken by the Trust to address the issues of concern and ensure patient safety? If so, fully outline the view which has been reached and set out the reasons for the view which has been reached. If the PHA has not evaluated this issue, please explain why.

Learning

44. From the information available to the PHA to date, what does it consider went wrong within the Trust's urology services and with regard to Trust governance procedures and arrangements? Has the PHA reached any view on how such issues may be prevented from recurring? Has the PHA taken any steps with a view to preventing the recurrence of such issues?

45. Does the PHA consider that it did anything wrong or could have done anything differently which could have prevented or mitigated the governance failings of the Trust?

46. From the PHA's perspective, what lessons have been learned from the issues of concern which have emerged from urology services within the Trust? Has this learning informed or resulted in new practices or processes for the PHA? Whether your answer is yes or no, please explain.

47. Is the PHA satisfied that issue which have emerged from urology services within the Trust have been adequately addressed? Whether your answer is yes or no, please explain.

48. Any other evidence or documents within the PHA's custody or control, including emails, letters, notes, minutes, memoranda, file notes, diary entries or otherwise, whether in electronic or hard copy, which relate to any matter relevant to the work of the Urology Service Inquiry or which might be relevant to the work of the Urology Services Inquiry (see note below).

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.

Office of the Chief Executive
Public Health Agency
4th Floor South
12-22 Linenhall Street
BELFAST
BT2 8BS

Tel: 0300 555 0114
Website: www.publichealth.hscni.net

BY EMAIL
Ms Anne Donnelly
Solicitor to the Urology Inquiry

Email: [redacted]

24 October 2022

Dear Ms Donnelly

PUBLIC HEALTH AGENCY SECTION 21 NOTICE SERVED ON 5 AUGUST 2022

Further to the S21 Notice served upon the Public Health Agency, please find the attached witness statement together with supporting documentation as required.

I trust that all of the enclosed is in order but should you have any further queries please do not hesitate to contact [redacted] (PHA Director of Operations – Interim) in the first instance.

Yours sincerely

[redacted]

Aidan Dawson, HMFPH
Chief Executive

Urology Services Inquiry

UROLOGY SERVICES INQUIRY

USI Ref: Notice 67 of 2022

Date of Notice: 5 August 2022

An addendum to this witness statement was received by the Inquiry on 01/02/24 and can be found at WIT-106837 to WIT-106874. Annotated by the Urology Services Inquiry.

Witness Statement of: Aidan Dawson, Chief Executive, Public Health Agency

I, Aidan Dawson, will say as follows:-

1	*Having regard to the Terms of Reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraphs (a), (b) and (c) of those Terms of Reference. In particular you are required to address the circumstances in which the Public Health Agency ("the PHA") became aware of the issues relating to potential concerns about patient care and safety within the Southern Health and Social Care Trust ("the Trust"), and the engagement which subsequently took place between the Trust, the PHA and/or others and the processes and decision making which followed. You are asked to explain the PHA's role and input, if any, in the process which led to the Trust conducting a 'Lookback Review' and adopting a 'Structured Clinical Record Review' ("SCRR") process. You are also required to explain the processes which led to the decision to establish this public inquiry, and the reasons for that decision. Your narrative account should include an explanation of your role, responsibilities and duties, and you should provide a detailed description of any issues raised, meetings attended and actions or decisions taken by you, the PHA and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provided.* **Introduction** 1 On behalf of the Public Health Agency can I begin by thanking the members of the Urology Services Inquiry for the very important work that they are undertaking. The Agency regrets that patients have suffered as a result of the care provided in the SHSCT by Mr O'Brien and we are fully committed to supporting the work of the Inquiry. 2 The Agency welcomes the opportunity to provide an account of our involvement and knowledge of all matters falling within the scope of the Inquiry's Terms of Reference and we have set this out in the following paragraphs to the best of our corporate memory informed by discoverable documentation. Can I also assure the Inquiry panel that the Agency is cognisant of its responsibilities as the

Urology Services Inquiry

Regional lead body for HSC Personal and Public Involvement and in fostering Quality Improvement and we are therefore committed to taking the appropriate learning on board arising from the Public Inquiry process.

3 Please note that the appended documentation has been catalogued and linked to the referencing in this statement. Should the Inquiry require the supporting information to follow a specific naming convention we will of course comply with the instruction provided. In addition, as the PHA did not discharge any responsibilities regarding the administration of processes/groups referenced within the following paragraphs, we have responded on the basis that the Inquiry team will be provided with relevant ToR, minutes and agendas pertaining to those processes and groups by the respective lead organisations.

Question 1 response:

4 The Serious Adverse Incident process is managed by HSCB, now SPPG, supported by professional advice from PHA staff. As part of this process, the PHA became aware in 2016, on receipt of SAI [redacted], of triage issues within Urology in Southern Trust. On receipt of the report for this SAI and the subsequent notification of SAIs [redacted] and [redacted] in 2017, further information was sought from the Trust regarding these issues. Assurance was forwarded by the Trust to HSCB stating that *"This SAI was in relation to triage by one urologist, the Trust has addressed this issue with the Consultant involved. Electronic triage has been rolled out for Urology, this should mitigate against late or uncompleted triage within the specialty"*

5 PHA became aware of further patient safety issues in Urology in the Southern Trust when the Trust report for SAI [redacted], relating to the care of 5 patients and which had been notified in 2017, was submitted in May 2020. Queries were sent to the Trust and responded to by the Trust on the 2nd July 2020 as below (Trust response in italics):

5.1 Was there a review of these cases carried out individually when they occurred and were there recommendations at this stage and have they been implemented?
The origins of the review was following the completion of an SAI –Datix [redacted] chaired by Mr Glackin and the recommendations contained within, which brought about this review into delay in triage for urology patients.

5.2 Can the Trust review and ensure required changes have been made in light of these cases?
Yes . The trust have implemented e triage which automatically records the referral electronically to ensure they are triaged according to their clinical priority. These happened in 2017 so therefore changes should have been put in place when these were identified.

Urology Services Inquiry

5.3 These happened in 2017 so therefore changes should have been put in place when these were identified?
Yes as above.

6 Subsequently an Early Alert was raised by SHSCT on the 31st July 2020.

7 Following consideration by the weekly incident review group (a multi professional group weekly meeting set up to review all SAI and early alert notifications and decide if further action is required) on the 12th August 2020 it was agreed that Denise Boulter, PHA Assistant Director of Nursing, Quality and Safety, would discuss the case with Dr Brid Farrell, PHA Deputy Director of Public Health. After discussion, Dr Farrell agreed that she would discuss it with the Medical Director of the Southern Health and Social Services Trust (SHSCT).

8 Dr Farrell phoned the Medical Director of the SHSCT, Dr Maria O'Kane, seeking more information about the issues associated with the early alert. Dr Farrell advised the Medical Director that there had been a previous Serious Adverse Incident (SAI) in 2017 concerning non-triage of urology referrals and that there had been other issues in Urology in relation to the prescribing of IV antibiotics (2009) and cystectomies (2010).

9 The Trust's Medical Director advised that the consultant concerned had retired at the end of June 2020. He had been referred to the NCAS and GMC in January 2019. He was also being managed under the *Maintaining High Professional Standards* process. She indicated that there were multiple issues under investigation, including inpatients with delayed follow up post discharge, and non-communication of patient management plans. SHSCT were seeking additional capacity from Hillsborough Clinic (an Independent Sector provider) to review cancer patients in a timely way. They had asked the Royal College of Surgeons of England (RCSE) and the British Association of Urological Surgeons (BAUS) to undertake an invited service review (ISR) of a sample of records from the last 5 years. They had asked a Dr Dermot Hughes to chair the SAI reviews to ensure independence of the process. Dr Farrell advised that the Trust needed to follow the current regional SAI guidance and also sent a copy of the 2007 lookback guidance to Dr O'Kane as a reference document after the telephone call.

10 Dr Farrell notified the Director of Public Health in the PHA (Prof Hugo Van Woerden) on the 14th August 2020 about the Early Alert.

11 At the time of the Early Alert notification, SHSCT had already begun a case note review to establish the scope of any lookback exercise. Based on the information provided in the Early Alert, it was likely a lookback exercise would be required to ensure:

- Patients were on the correct treatment pathway
- Patients with delayed reviews were seen.

12 SHSCT advised that several of the cases reviewed already met the threshold for SAIs, that these had commenced and the families had been notified.

Urology Services Inquiry

	13 On 16th August 2020 Dr Farrell contacted Dr Diane Corrigan, Consultant in Public Health Medicine, PHA, who had been based in the Southern Office of PHA and prior to that the SHSSB, to inquire if there were any issues in Urology in previous years which might be relevant. Dr Corrigan provided copies of emails and documents relating to intravenous therapy and cystectomy dating from 2009- 2011. Dr Farrell forwarded these to Dr Maria O'Kane, Trust Medical Director, for information. The documents should already have been held within Trust records, but as Dr O'Kane had not been in post in 2009/10 she might not have been aware of them at that point. 14 Following this, a group was established by HSCB. This group, titled the Southern Urology Co-ordination Group, was chaired by the HSCB Director of Commissioning, Paul Cavanagh; the PHA representative was Dr Farrell and Dr Helen Rodgers represented Integrated Care in HSCB, along with Southern Trust senior officers. At a meeting of this group in August 2020 it was reported that the SHSCT was continuing to scope the extent of the problem, clarify the GMC responsible officer role now that Mr O'Brien had retired, organise the level 3 SAI review, and make progress regarding the Invited Service Review from the Royal College of Surgeons. 15 When a Public Inquiry is announced it is usually the case that the SAI process for new cases is stood down. However, it was acknowledged that there was a need for an alternative method of review for subsequently identified cases of concern that would otherwise have met the threshold for SAIs. Following discussion on this point at a meeting of the Urology Assurance Group, which was established and chaired by the Permanent Secretary, it was proposed that a Structured Clinical Record Review (SCRR) approach would be used to identify any new learning. SCRR is an established process developed by the Royal College of Physicians to review care provided in a systematic way. It was agreed that SAIs that were already underway would continue to completion, as the families had been advised of the SAI and the process that would be followed. 16 The decision to launch a Public Inquiry was made by the Department of Health.
2	*Provide any and all documents within your custody or under your control relating to paragraph (a), (b) and (c) of the Terms of Reference.* 17 All current PHA staff have been asked to complete a document search. 18 The corporate records for Urology Commissioning, Performance Management and SAI Management are held by SPPG as successor to the HSCB and SHSSB and PHA are not proposing to provide additional copies of documents such as agendas and minutes of meetings which form part of the corporate record held by HSCB/SPPG. However, PHA have provided copies of documents held locally in PHA such as emails, personal notes etc.

Urology Services Inquiry

	19 The Agency's IT service provider, the Business Services Organisation (BSO),has been asked to search the digital archives of those individuals who have retired or left PHA and whose duties may have included work on urology within the Terms of Reference. Any additional relevant documentation found as a result of that search will be provided when the search has been concluded.
3	*Unless you have specifically addressed the issues in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you rely on the assistance of others to complete this Notice then we would be grateful if they could be identified in your response by way of their name and role within the PHA.* 20 PHA staff involved in the completion of this notice have included: Dr. Joanne McClean – Director of Public Health Dr. Brid Farrell – Deputy Director of Public Health Dr. Diane Corrigan – Consultant in Public Health Medicine Mr. Rodney Morton – Director of Nursing, Midwifery and Allied Health Professionals. (NMAHP) Mrs. Denise Boulter – Assistant Director (NMAHP) Mr. Stephen Wilson – Director of Operations (Interim) Ms. Karen Braithwaite – Senior Operations Manager (Delivery)
4	*Summarise your qualifications and occupational history, to include all positions held up to your current position and the dates you held each role, setting out your duties and responsibilities in each post.* 21 <u>Qualifications</u> Sept 1985 - June 87, Student, A Level Study [redacted] Personal Information redacted by the USI 1987-1990 - Under Graduate Student, Degree in Economics, [redacted] Personal Information redacted by the USI 22 <u>Employment History</u> Belfast Health and Social Care Trust Period: 20.02.2017 – 30 June 2021 Position: Director Specialist Hospitals and Women's Health and Mental Health 23 I was responsible and accountable to the Chief Executive for the Strategic, Operational and Financial management of the Specialist Hospitals and Women's Health and Mental Health Directorate of the BHSCT. I was responsible for the service delivery, the quality of services, data management and financial

governance of the Directorate. I was responsible for the corporate management of the organisation along with other members of the executive team, I was responsible and accountable for the management of over 3000 staff and a budget in excess of £300m across a range of services in specialist hospitals, mental health hospitals and in the community.

24 I worked with a wide range of stakeholders including the Department of Health, the Health and Social Care Board, the Public Health Agency, Trade Unions and professional bodies, the public, private organisations, the media, Community and Voluntary sector groups, and patients and service users.

25 Belfast Health and Social Care Trust
Period: 15.02.2016 – 19.02.2017
Position held: Interim Director Specialist Hospitals and Women's Health

26 I was responsible and accountable to the Chief Executive for the Strategic, Operational and Financial management of the Specialist Hospitals and Women's Health Directorate of the BHSCT. I was responsible for the service quality, information and financial governance of the Directorate. I was responsible for the corporate management of the organization along with other members of the executive team. I was responsible and accountable for the management of approximately 2500 staff and a budget of £170m across a range of services in specialist hospitals and in the community. I worked with a wide range of stakeholders including the Department of Health, the Health and Social Care Board, the Public Health Agency, Unions and professional bodies, the public, private organizations, the media, Community and Voluntary sector groups, and patients and service users.

27 Greenpark Heath and Social Care Trust
Period: 01.02.2004 - 19.05.2007
Position: General Manager, Medicine and Rehabilitation Medicine

28 Strategic, Operational and Financial management of a wide range of medical and rehabilitation services. Working with the Trust's executive team and reporting to the Chief Executive to manage the Trust.

29 British Red Cross Society Period:
01.08.2000 – 14.12.2001
Position: Regional Support Services Manager, NI and Isle of Man

30 I was responsible for managing services in NI and Isle of Man. Responsible for managing projects on a UK wide and International basis. Provided operational management for services and developed strategy as part of a UK wide team. worked with a wide range of government and private sector agencies.

31 Southern Health and Social Care Board
Period: 01.05.1998 – 31.08.2000
Position: Acute Services Planner

	32 Strategic planning for acute services in SHSSB area. Management of projects such as Y2K, Transfer of Maternity Services and establishment of Local Commissioning Pilots. 33 Central Services Agency Period: 01.05.1998 0 31.08.2000 Position: Business Manager 34 Supporting the Chief Executive to manage operational performance. To work with Executive team on strategy development. To lead on business planning, to develop contracting and lead on contract monitoring. 35 NiCare, CSA Period: 01.05.1994 – 31.12.1995 Position: Support Services Manager 36 I managed the office including the finances. I managed a number of international projects and provided support to international projects. 37 NHS General Management Trainee Period: 02.09.1991 – 30.04.1994 Position: Management Trainee 38 I undertook a range of planning and operational posts in a number of health and social care organizations. I completed an MSc in Health and Social Care Management. I undertook study at Manchester Business School.
5	*Provide details of your current role within the PHA, including your date of appointment.* 39 As Chief Executive I am responsible to the Department of Health (DoH) for leading and managing the Public Health Agency (PHA) for Northern Ireland. I am also accountable to the Board of the PHA for the efficient and effective management of the organisation and ensuring it meets objectives set by the Minister and Department of Health. I act as Accounting Officer for the PHA and in that capacity I am directly responsible to the Permanent Secretary for Health for all funds allocated by the Department. Answerable to the Minister for the PHA.
6	*Outline the roles and responsibilities held by the PHA and, having regard to Section 13 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and the DHSSPS Framework Document dated September 2011, explain and outline the systems, mechanisms and procedures utilised by the PHA to comply with its statutory functions as follows:* *I. The health improvement functions referred to at Section 13(2) and (4) of the 2009 Act;* *II. The health protection functions referred to at Section 13(3) of the 2009 Act;* *III. Service development along with the Health and Social Care Board ("the HSCB"), now the Strategic Planning and Performance Group ("The SPPG") as referred to at paragraph 2.13 of the Framework Document*.

40 **1) Statutory Framework**
The Public Health Agency is a statutory body, which came into existence on 1 April 2009. The Headquarters of the Agency is at 12-22 Linenhall Street, Belfast, BT2 8BS.

41 The Agency is governed by Statutory Instruments: HPSS (NI) Order 1972 (SI 1972/1265 NI14), the HPSS (NI) Order 1991 (SI 1991/194 NI1), the Audit and Accountability (NI) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009.

42 As a statutory body, the Agency has specific powers to act as a regulator, to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Minister responsible for Health.

43 **2) Functions of the Agency**
The PHA incorporates and builds on the work previously carried out by the Health Promotion Agency, the former Health and Social Services Boards and the Research and Development office of the former Central Services Agency. Its primary functions can be summarised under three headings:

• **Improvement in health and social well-being** – with the aim of influencing wider service commissioning, securing the provision of specific programmes and supporting research and development initiatives designed to secure the improvement of the health and social well-being of, and reduce health inequalities between, people in Northern Ireland;

• **Health protection** – with the aim of protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies;

• **Service development** – working with the Health and Social Care Board (now SPPG) with the aim of providing professional input to the commissioning of health and social care services that meet established safety and quality standards and support innovation.

44 Working with the HSCB, the PHA has an important role to play in providing professional leadership to the HSC. The PHA also aims to improve the early detection and treatment of illness through provision of a range of screening programmes.

45 In exercise of these functions, the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being and for anticipating the new opportunities offered by community planning.

46 The PHA acts as a corporate host for the Safeguarding Board for Northern Ireland (SBNI), supporting the SBNI by securing HR, financial and other corporate support functions. The SBNI and its objectives and functions of safeguarding and promoting the welfare of children in NI are entirely separate from that of the PHA. The PHA is accountable to the Department for the discharge of its corporate host obligations to SBNI but is not accountable for how the SBNI discharges its own statutory objectives and functions. A Memorandum of Understanding is in place which sets out in detail the respective obligations of the PHA and the SBNI.

47 **3) Health and Social Care Frameworks**
(Ministerial Codes and Guidance)
In addition to the statutory requirements, the Minister, through the Department of Health (DoH), issues instructions and guidance. Where appropriate these are incorporated within the Agency's Standing Orders or other corporate governance documentation.

48 Principal examples are as follows:

i) The Department produced the Framework Document (September 2011) meeting the requirement of The Health and Social Care (Reform) Act (NI) 2009, Section 5(1). The Framework Document sets out, in relation to each health and social care body:

- The main priorities and objectives of the body in carrying out its functions and the process by which it is to determine further priorities and objectives;
- The matters for which the body is responsible;
- The manner in which the body is to discharge its functions and conduct its working relationship with the Department and with any other body specified in the document; and
- The arrangement for providing the Department with information to enable it to carry out its functions in relation to the monitoring and holding to account of HSC bodies.

49 (ii) The Code of Conduct and Code of Accountability for Board Members of Health and Social Care Bodies (April 2011), was issued by the Department under cover of letter dated 18 July 2012. The Code of Accountability requires the board of the Agency to:

- Specify its requirements in terms of the accurate and timely financial and other information required to allow the board to discharge its responsibilities;
- Be clear what decisions and information are appropriate to the board and draw up standing orders, a schedule of decisions reserved to the board and standing financial instructions to secure compliance with the board's wishes;
- Establish performance and quality targets that maintain the effective use of resources and provide value for money;
- Ensure the proper management arrangements are in place for the delegation of programmes of work and for
- performance against programmes to be monitored and senior executives held to account;

	• Establish audit and remuneration committees on the basis of formally agreed terms of reference which set out the membership of the committee, the limit of their powers, and the arrangements for reporting back to the main board; and • Act within statutory, financial and other constraints. 50 The Code of Conduct draws attention to the requirement for public service values to be at the heart of Health and Social Care (HSC) in Northern Ireland. High standards of corporate and personal conduct are essential. Moreover, as the HSC is publicly funded, it is accountable to the Northern Ireland Assembly for the services provided and for the effective and economical use of taxpayers' money. It also sets out measures to deal with possible conflicts of interest of board members. 51 (iii) The Code of Practice on Openness in the HPSS sets out the requirements for public access to information and for the conduct of board meetings. The Agency is required to ensure appropriate compliance with the Freedom of Information Act (2000).
7	*Having regard to the Health and Social Care (Reform) Act (Northern Ireland) 2009 and the DHSSPS Framework Document dated September 2011 outline how the PHA interacted with the following bodies and explain any lines of accountability, reporting and the level of interaction, engagement and monitoring which may exist:* *I. The Department of Health ("The Department");* *II. The HSCB, now the SPPG;* *III. Local Commissioning Groups;* *IV. Health and Social Care Trusts (Generally);* *V. Urology Services on a regional basis;* *VI. Urology Services within the Trust;* *VII. Management within the Trust for matters relevant to the Terms of Reference of the Inquiry* 52 **i Interaction with the Department of Health (DoH)** The Chief Medical Officer (CMO) is responsible for sponsorship of the PHA. The PHA is required to report regularly to its sponsor branch in the DoH providing assurance on a range of governance areas including roles and responsibilities, business planning and risk management, governance and internal audit. 53 Sponsorship Review Meetings Sponsorship Review Meetings (SRM) are held bi-monthly/6 times per year. Standing membership includes the PHA Chief Executive, Director of Operations, Director of Public Health, Director of Nursing/AHP, Chief Medical Officer and Head of Population Health Development Branch (DoH). The agenda will normally include a Programme for Government update and sponsorship issues (grouped under the four dimensions of governance). 54 Accountability Reviews

The DoH continually monitors that the PHA is complying with all of the governance controls and delivering acceptable performance in its work. The DoH holds a Performance Review and Accountability Meeting twice a year which covers corporate governance, quality governance, financial governance and performance against objectives.

55 Corporate Planning – PHA Annual Business Plan/ Corporate Strategy / Directorate Business Plan
The PHA normally produces a Corporate Strategy setting out its medium term (usually 3 year period) direction, in line with departmental requirements as set out in the Management Statement. The strategy reflects the PHA's statutory duties and priorities set by the Minister. It sets out the purpose, vision and values of the organisation along with the goals for the following years.

56 The PHA Annual Business Plan sets out how the goals in the Corporate Strategy will be delivered in each year. It incorporates both organisational and service/programme delivery objectives and includes key targets and milestones for the year immediately ahead (including PHA targets from the Commissioning Directions) linked to budgeting information.

57 The PHA Corporate Strategy and the PHA Annual Business Plan are developed with the involvement of PHA board members and staff from all Directorates. Both documents are formally approved at a public board meeting. Regular monitoring reports showing progress against the targets and milestones in the Corporate Business Plan are brought to AMT and the PHA board.

58 Each Directorate produces an annual Directorate Business Plan, setting out in greater detail the particular actions that will be taken during the year to ensure that the corporate goals are met.

59 When preparing the annual Corporate and Directorate Business Plans the direction set out in the Corporate Strategy will also be reviewed to ensure its continued relevance to the work of the PHA in light of new or changing requirements.

60 **ii. The Health and Social Care Board / Strategic Planning and Performance Group (HSCB/SPPG)**
Section 8 of the Reform Act (2009) required the HSCB, in respect of each financial year, to prepare and publish a commissioning plan in full consultation with and approved by the PHA. The commissioning direction specified the form and content of the commissioning plan in terms of the services to be commissioned and the resources to be deployed. The plan was not to be published unless approved by the PHA.

61 The commissioning plan in turn provided the framework for each HSC Trust to develop its annual Trust Delivery Plan (TDP) detailing the Trust's response to the annual commissioning priorities and targets set out in the commissioning plan.

62 The HSCB/SPPG and PHA also work together closely in supporting providers, through professional leadership and management collaboration, to improve performance and achieve desired outcomes. The HSCB/SPPG is the lead organisation for supporting providers in relation to the delivery of a wide range of health and social care services and outcomes, with support provided by PHA professional staff. PHA is the lead organisation for supporting providers in the areas of health improvement, screening and health protection, with support provided by the performance, commissioning, finance, primary and social care staff of the HSCB/SPPG.

63 **iii) Local Commissioning Groups (LCGs)**
As committees of the HSCB, LCGs work within strategic priorities set by the Department, the HSCB, regional policy frameworks, available resources and performance targets. Section 9 (4) of the Reform Act requires LCGs to work in collaboration with the PHA and have due regard to any advice or information provided by it. To ensure a joint approach to commissioning, LCGs are supported by fully integrated, locally based, multi-disciplinary commissioning support teams made up of staff from the PHA and HSCB. Professional staff from both the HSCB and PHA are included in the membership of LCGs.

64 **iv) Health and Social Care Trusts (Generally)**
Joint Commissioning Teams led by the HSCB or PHA, as appropriate, are responsible for monitoring:
i Implementation of Service Frameworks;
ii Implementation of mandatory policy or guidance issued by the Department, which are not subject to formal performance arrangements, e.g. pandemic flu plans, quality of screening programmes, etc
iii Compliance with safety and quality and clinical and social care governance requirements specified by the commissioners of HSC services.

65 The HSCB/SPPG is in the lead for monitoring and supporting providers in relation to the delivery of a wide range of HSC services and outcomes, with support from PHA professional staff. The PHA is in the lead for monitoring and supporting providers in the areas of health improvement, screening and health protection, with relevant support provided by the HSCB. The organisations are therefore to establish and maintain a number of joint programme teams, consisting of relevant staff from each organisation.

66 In relation to the monitoring of provider performance, the resolution of any performance issues is a matter for the HSCB/SPPG, in close co-operation with the PHA, escalating to the Department only if required.

67 With the approval of the Department, the HSCB/SPPG leads (with PHA support if appropriate) on producing detailed practical definitions for the application of targets. They also put in place arrangements to: monitor progress against targets, assess risks to achievement; hold regular performance meetings with providers; and escalate risks as appropriate.

68 In pursuit of service improvements in their respective areas of responsibility, the HSCB and the PHA were required to:
i identify evidenced-based good practice and develop an annual programme of action;
ii take account of patient, client and carer experience, including lessons learnt from complaints;
iii lead regional reform programmes, issuing guidance and specifying required actions;
iv provide training and support;
v review Trust action plans;
vi provide support to individual providers to address specific issues and manage provider-provider interfaces;
vii review implementation of reforms and make available any reports on progress;
viii make regular reports to the Department, as required, on their activities in this field.

69 ***(v) Urology Services on a Regional basis***
As described in the sections on PHA engagement with SPPG and Trusts, PHA staff participate as required in regional working groups. A regional review of urology services was undertaken in 2008, led by the Service Delivery Unit (SDU) of the Department of Health (DoH). The HSCB, PHA and all Trusts were represented on a regional working group, supported by external advice from a consultant urologist from GB. The implementation of the recommendations, including funding, was led by the HSCB.

70 PHA staff are members of the NI Cancer Network (NICaN) Board, which has a Urology clinical reference group (CRG). PHA staff are not members of the Urology CRG, but as with other CRGs may attend by invitation to discuss certain topics. NICaN is accountable to the SPPG Director of Hospital and Community Services (previously the Director of Commissioning).

71 HSCB/SPPG is responsible for elective care commissioning, including actions and investment to reduce waiting times, and has a regional group covering a range of specialties and disciplines. PHA staff provide advice but as staffing is limited it has not been possible to provide permanent support to this group.

72 ***(vi) Urology Services within the Trust***
Prior to 2009, the Southern Health and Social Services Board (SHSSB) was the primary commissioner of Urology services from SHSCT, although the other 3 HSS Boards also had contractual relationships with the Trust, reflecting attendance of their residents at the Trust for treatment. At that time commissioning, performance management, and professional staff worked for the SHSSB as their single employer. The roles of professional staff were similar to that described above between HSCB/SPPG, the Southern LCG and PHA, with joint working in formal and informal teams.

	73	Accountability for commissioning, performance management, waiting list reduction and SAIs was through the SHSSB Director of Commissioning and Performance via the Executive Team to the SHSS Board.
	74	Meetings took place between SHSSB staff, clinicians and senior managers to discuss urology services, covering issues such as capacity, staffing and waiting list initiatives. Urology services would have been included both in cancer service meetings and in wider acute service performance management meetings. SHSSB professional staff who subsequently transferred to the PHA would have attended some of these meetings.
	75	In 2009, the role of PHA staff changed, with a greater emphasis on regional commissioning issues, and since then there has been more limited direct engagement with clinicians or service managers at Trust level in respect of individual specialties or performance management; PHA staff attend meetings if requested by HSCB/SPPG.
	76	**(vii) Management within the Trust for matters relevant to the Terms of Reference of the Inquiry** Please refer to answer (vi) above and the response to Q 1.
8	*Outline the organisational and management structure which existed within the PHA, including consideration of the Board of Directors, detailing all those who held positions that related in any way to the oversight, governance, service planning, monitoring and/or provision of Urology Services both within the Trust and on a regional basis in particular, to include but not limited to:* *I. Organogram and description of the management and leadership structures for the PHA with an indication of where within the organisation engagement occurred with Urology Services both within the Trust and on a regional basis;* *II. Job descriptions of the senior management and all roles which engage with or touch on Urology Services;* *III. Terms of Reference for and minutes of all meetings, groups or otherwise which engage with or touch on Urology Services; and* *IV. All policies or guidance, both internal, external and Departmental relating to any role the PHA has with regard to:* *A. Serious Adverse Incidents;* *B. Complaints;* *C. Handling of Concerns;* *D. Managing Performance of Trusts;* *E. Early Alerts;* *F. Lookback Reviews; and* *G. Any other matter relevant to the Terms of Reference of the Inquiry*	

Urology Services Inquiry

	77	**i. (Organogram and description of the management and leadership structures for the PHA with an indication of where within the organisation engagement occurred with Urology Services both within the Trust and on a regional basis***)* The PHA is structured with the Chief Executive at the helm, with four Directors who are supported by thirteen Assistant Directors. An organisational chart of the PHA can be found on the PHA website https://www.publichealth.hscni.net/pha-structure. When the PHA was established in 2009 the Senior Leadership Team was comprised of a Chief Executive, three Directors and eight Assistant Directors. An organisational chart of the structure at that time is included (Attachment 1)
	78	The key organisational structures which support the delivery of good governance in the PHA are:- • PHA Board; • Governance and Audit Committee; and • Remuneration and Terms of Service Committee.
	79	**II. Job descriptions of the senior management and all roles which engage with or touch on Urology Services;** PHA senior management job descriptions from 2009 can be found at (Attachments 2,3,4,5,6,7,8,9, & 10) Job descriptions of relevant PHA staff can be found at (Attachments11 & 12) Engagement with Urology services both at a Trust and regional basis was by staff from the Public Health Directorate, in particular the Service Development division. PHA staff from the Nursing and Allied Health Professionals Directorate were involved in relation to the serious adverse incident process.
	80	**III. Terms of Reference for and minutes of all meetings, groups or otherwise which engage with or touch on Urology Services;** See reference to Q2 response
	81	SPPG in their capacity as the lead organisation for the commissioning of Urology services hold the corporate record for all groups established by the HSCB, SLCG and their predecessor the SHSSB. These include the SAI process, performance management, commissioning and NI Cancer Network groups. Department of Health hold the records of the Urology Assurance Group. The PHA did not discharge any responsibilities regarding the administration of such groups and we would therefore assume that the Inquiry team will have been furnished with the particulars of the groups by the respective lead Organisations.
	82	**IV. All policies or guidance, both internal, external and Departmental relating to any role the PHA has with regard to:** A. **Serious Adverse Incidents**;

	Documents setting out HSCB/PHA processes for management of SAIs have been provided (Attachment 13). Department of Health (DoH) circulars which include those on SAIs, early alerts and lookback reviews are available here Safety and quality standards circulars | Department of Health (health-ni.gov.uk) **B. Complaints;** PHA complaint policy (Attachment 14) **C. Handling of Concerns;** The PHA is not responsible for handling concerns pertaining to HSC services outwith of those services that are commissioned by the Agency directly. The PHA Whistleblowing policy which deals with the handling of concerns raised by PHA staff is included at (Attachment 15). D. **Managing Performance of Trusts**; As addressed in the answer to Q7 (iv) under the DoH Framework document (2011), in relation to the monitoring of provider performance, the resolution of any performance issues is a matter for the HSCB/SPPG, in close co-operation with the PHA, escalating to the Department only if required. The PHA plays a supporting role to the HSCB/SPPG in such matters and consequently does not have a corporate policy regarding management of HSC Trusts. Notwithstanding, as the lead partner in the contracting of Health Improvement programmes delivered by Trust partners the PHA does require a monitoring report to be completed on a timely basis. A copy of this template is included at (Attachment 16) E. **Early Alerts**; F. **Lookback Reviews; HSS(SQSD) 18/2007** lookback reviews are available here Safety and quality standards circulars | Department of Health (health- ni.gov.uk)
9	*The Inquiry notes that as of 31 March 2022 the HSCB has ceased to exist and that responsibility for its functions have transferred to the Strategic Planning and Performance Group ("The SPPG") within the Department. With reference to your answers to questions 6-8 above, state how the statutory functions of the PHA under the Health and Social Care (Reform) Act (Northern Ireland) and the 2009 DHSSPS Framework Document dated September 2011, are currently being discharged where there is overlap with functions of the former HSCB / SPPG.* 83 The migration of the former HSCB and its statutory roles and responsibilities across to the DoH SPPG took place as of 31 March 2022. At present the extant working arrangements in general continue to operate however the DoH are currently leading on work to amend the 2011 HSC Framework to clarify the roles of the respective HSC bodies following migration. The demands of the Covid 19 Pandemic response operation have necessitated the PHA to stand up Business Continuity plans over the past 2 years leading to staff being repurposed away from core business as usual roles into other areas of PHA Activity. As the PHA

	begins to return to full business as usual it will be able to determine the full operational impact of the HSCB migration process more clearly.
Managing the Performance of Urology Services within the Trust	
10	*Outline all processes, procedures, mechanisms and groups utilised by the PHA to manage, monitor or review the performance of Urology Services within the Trust with a view to discharging its statutory function.* 84 Commissioning and performance management processes have evolved over the last two decades, reflecting changes in Government policy and organisational restructuring. Throughout that period, and as set out in the response to Questions 6, 7 and 8, the HSCB, and prior to that the SHSSB, was the lead organisation for commissioning, monitoring and performance managing the Trust in relation to the delivery of urology services, with support from PHA nursing, medical or allied health professional staff as required. 85 The files detailing the procedures, mechanisms and groups involved are held by the HSCB/SPPG and are not currently available to the PHA.
11	*Disclose and outline what data was collected by the PHA with regard to the management, monitoring or review of the performance of Urology Services within the Trust. With regard to any data collected outline:* *I. The source from which it was collected;* *II. How and in what way it was analysed;* *III. What, if any, trends were identified;* *IV. What, if any, action was taken to query, challenge or address any adverse trends.* 86 The PHA did not routinely collect or analyse data on urology services within the Trust. The data collected to fulfil these functions were collected by the Trust, primarily via its Patient Administration System (PAS), and its collation and analysis was undertaken by the HSCB Performance Management and Service Improvement Directorate (PMSID). If PHA staff wished to obtain service activity information over and above that prepared by PMSID for HSCB commissioning purposes, that could be requested from PMSID. This approach was consistent with the respective roles of the HSCB and PHA as outlined in Q10 above. 87 Notwithstanding the above, the response to Question 12 (II) sets out how Dr D Corrigan, Consultant in Public Health Medicine, PHA, made a specific data request in respect of the number of cystectomy procedures over a 5 year period in Northern Ireland by hospital site.
12	*Specifically, with regard to:* *I. IV fluids and antibiotics;*

Urology Services Inquiry

II. Benign Cystectomies;

III. Prescription of Bicalutamide; and

III. Any other trends identified or data collected with regard to Urology Services within the Trust, whether positive or adverse,

Address the following questions:

A. Provide a copy of any data available to the PHA;
B. Outline the source of any data available to the PHA;
C. Outline what, if any, analysis was conducted on any data collected;
D. Outline what, if any, trends were identified as a result of any analysis conducted;
E. What, if any, concerns were identified as a result.
F. Outline what, if any, action was taken to obtain any explanation or clarification of any trends identified or address any concerns which arose.

88 I. **IV Fluids and antibiotics**

A. Provide a copy of any data available to the PHA
No data are held by the PHA.

89 **B. Outline the source of any data available to the PHA**
Data on patient activity in respect of IV fluids and antibiotics (IVT) may be held by the Trust or by SPPG but are not available to the PHA.

90 **C. Outline what, if any, analysis was conducted on any data collected** There was no analysis of data, however, there is correspondence between Dr Diane Corrigan, PHA Consultant in Public Health Medicine, and senior Trust staff, including the Medical Director, Dr P Loughran, and the Clinical Director of Surgery/Associate Medical Director, Mr E Mackle, between April 2009 and July 2011.

91 **D. Outline what, if any, trends were identified as a result of any analysis conducted**
This issue did not relate to trends in activity. The correspondence demonstrates that management and clinical staff within the Trust had identified a treatment pathway within the specialty of urology that appeared at odds with usual practice. Following a discussion with Dr Corrigan in April 2009, the Trust's Medical Director sought independent expert advice from a consultant urologist and a consultant microbiologist from GB on this matter. On 24th April 2009 Dr Corrigan emailed Dr Loughran with the contact details of a consultant urologist who had provided expert advice to the DoH Review of Urology in 2008, as a potential source of independent advice to the Trust (Attachment 18).

92 **E. What, if any, concerns were identified as a result**

In April 2009, the initial concern expressed by the Trust Medical Director was that the procedure did not have a published evidence base and was potentially wasteful of resources, as it required a patient to be admitted to receive IV fluids via a peripheral venous line, along with IV antibiotics, instead of having oral antibiotics as an outpatient. A draft report from Dr Loughran, including the views of the independent experts, was shared with Dr Corrigan in January 2010 as it referred to her by name (Attachment 19). The draft report was not supportive of the practice. Dr Corrigan provided some suggested wording amendments.
These included "*I have discussed the above with Dr D Corrigan, the PHA adviser to the HSCB Southern office. On the basis of the information provided, she has advised that it would not be appropriate for SHSCT to continue to provide a treatment for which there is neither a published evidence base, nor a supporting consensus of professional opinion outwith the Trust. If SHSCT urologists feel strongly that this treatment is of value they should participate in a recognised clinical trial, with ethical committee approval. For those patients already on this treatment regimen an orderly process should be agreed and implemented to move them onto alternative treatment regimes, with the support of medical microbiology. It will be important that the reasoning behind this decision is sensitively communicated to this cohort of patients."* The final report was not shared with Dr Corrigan; she assumed that the Trust would now complete the process to bring the treatment to an end.

93 However, Dr Corrigan became aware at a meeting in July 2010 with the Trust, in respect of implementation of the Regional Review of Urology, that the practice of admission for IV fluids and antibiotics had not completely stopped, and that 2 patients may by then have been receiving IV fluids via a central line. Placement of a central line can result in significant short or longer-term complications. If a central line was not required as part of an accepted clinical pathway this raised a safety concern.

94 In reviewing earlier correspondence on the issue, Dr Corrigan re-read the draft report received in January 2010 and noted a comment in an Appendix stating that some of the patients having this treatment had had a cystectomy (removal of bladder) and an ileal conduit (creation of a new tube from a piece of small bowel into which both kidneys drain via the ureters, and from which urine is diverted through a stoma on the surface of the abdomen). One sentence read *"Whether these patients have been well served by the major bladder surgery they have undergone is difficult to say as the records do not include the original letters leading up to the surgery."* In the context of the new concern about persisting use of the IV fluid treatment regime within the urology specialty, despite an understanding that this had been phased out by the Trust, Dr Corrigan decided to seek data on the numbers of patients having cystectomy operations in NI hospitals for a 5 year period from April 2005 to March 2010 to explore if practice in Southern Trust was in line with that elsewhere in NI. This information was obtained from the HSCB information team within the HSCB Performance management and Service Improvement Directorate (PMSID).

95 **F. Outline what, if any, action was taken to obtain any explanation or clarification of any trends identified or address any concerns which arose** Dr Corrigan emailed Mr Eamon Mackle, Clinical Director of Surgery in the Trust, on 9th August 2010 (within Attachment 20) indicating concern that IVT was ongoing and that some patients were receiving this via a central line. She suggested the Trust should establish a multidisciplinary team to address the issue. This email also stated that she planned to seek information on trends regionally in cystectomy operations.

Correspondence between Dr Corrigan and the Medical Director of the Trust on 1st September 2010 (Attachment 25), copied to the Trust's Director of Acute Services Dr Gillian Rankin, and Mr Eamon Mackle Clinical Director of Surgery, sought an assurance that the practice of admitting patients for IV fluids and antibiotics (IVT) was being brought to an orderly end. Further actions were requested in respect of benign cystectomy in the same correspondence which are set out in the next section.

96 **II. Benign Cystectomies**

A. Provide a copy of any data available to the PHA
Three Excel spreadsheets, provided to Dr Corrigan by the HSCB Performance Management and Information Directorate in August 2010, are provided as attachments in (Attachment 20, 21 & 22). The first two show annual numbers of cystectomy and ileal conduit procedures in NI, by hospital and consultant. The second is a refinement of the first with different search criteria. The third spreadsheet shows Craigavon Hospital data only.

97 **B. Outline the source of any data available to the PHA**
The data available to the PHA was sourced from the HSCB Performance Management and Information Directorate and is extracted from coded inpatient episodes held on Trust Patient Administration Systems (PAS). The quality of this information, and any conclusions drawn from it, relies upon the completeness and accuracy of coding within Trusts.

98 **C. Outline what, if any, analysis was conducted on any data collected**
Dr Corrigan reviewed the data. Once cystectomy operations done for malignancy or for complex neurological conditions were excluded, the remaining numbers were small and varied from year to year. Over the time period complex cancer surgery had been expected to move towards centralisation in Belfast, and this appeared to be reflected in the data. Of the small number of cystectomy procedures done for benign reasons, there appeared to be a slightly higher proportion done in Craigavon Area Hospital than expected compared to other hospitals.

99 **D. Outline what, if any, trends were identified as a result of any analysis conducted**
The response to the previous question covers this point.

100 **E. What, if any, concerns were identified as a result**
Dr Corrigan shared a summary of the issues to date, including the link to IV fluids and antibiotics and the data collected, with the Director of Public Health, Dr Carolyn Harper (the DPH), and Dr Corrigan's line manager, Dr Janet Little, Assistant Director for Service Development and Screening (AD). She sought their advice on potential next steps (emails of 19th 23rd and 25th August 2010, (Attachment 20, 23 & 24), in light of the information to date.

101 **F. Outline what, if any, action was taken to obtain any explanation or clarification of any trends identified or address any concerns which arose** Dr Corrigan's email to the DPH and AD explained that she could not be sure if the data demonstrated a significant clinical issue in respect of benign cystectomy, but suggested sharing the data with the Trust, asking that they reviewed the data and undertook their own investigation based on the greater clinical detail available to the Trust in patient records. In the DPH's absence on annual leave, Dr Little agreed with this approach (email of 25th August 2010, (Attachment 24). Dr Corrigan wrote to the Medical Director of the Trust on 1st September 2010, copied to the Trust's Director of Acute Services Dr Gillian Rankin, and Mr Eamon Mackle Clinical Director of Surgery (Attachment 25). This letter

- shared the cystectomy and ileal conduit data described under B above;
- asked the Trust to check the accuracy of the data and depending on the outcome consider seeking expert independent advice;
- asked for an assurance that all patients requiring radical pelvic surgery were now being referred to the regional centre (in Belfast);
- asked the Trust to provide a report detailing steps on manage ongoing risks associated with IVT, including the timeframe for this to cease.

102 On the same date Dr Corrigan emailed Beth Malloy, HSCB Assistant Director for Elective Care, who led on both cancer services commissioning and managed implementation of the 2008 Regional Review of Urology, and Caroline Cullen, Senior Contracts Manager, HSCB Southern Locality Commissioning Group (SLCG) to check the commissioning position in respect of an expectation that benign cystectomy procedures should be done in Belfast (Attachment 26).

103 Dr Corrigan emailed Mrs Lyn Donnelly, HSCB Assistant Director of Commissioning for the Southern Locality Commissioning Group (SLCG) on 3rd September 2010 (Attachment 27), copying the correspondence that had been sent to the Trust, to inform her of the issues. Mrs Donnelly in an email dated 8th September (Attachment 28) stated that she had informed the HSCB Director of Commissioning, Mr Dean Sullivan.

104 Dr Corrigan also forwarded email (Attachment 27) to Mrs Pat Cullen, Assistant Director of Nursing, Quality and Safety on 7th September 2010. The same email was later shared on 2nd December 2010 with the HSCB Director of Performance Management and Service Improvement, Ms Louise McMahon, who was leading implementation of the Urology Review, to provide context for a discussion on cystectomy which had taken place at a regional meeting.

105 The Trust Medical Director, Dr P Loughran, emailed a response to Dr Corrigan's letter of 1st September 2010 on 16th September (Attachment 29). This confirmed that:

- IVT had not ceased, but plans to do so, including a weekly report on progress to him, were now agreed;
- a remit had been agreed for a review of the cystectomy operations for benign disease over the previous 10 years, led by Mr E Mackle;
- that there were definite arrangements to ensure no further radical pelvic surgery cases would be done in the Trust.

Dr Loughran's email was forwarded to Dr J Little and Mrs L Donnelly on 20th September 2010 for information.

106 On 11 March 2011 Dr P Loughran's office forwarded a letter to Dr Corrigan providing an updated position and resolution of clinical matters within the Trust urology service. This stated that

- None of the original cohort of patients on IVT remained on this treatment
- An internal, clinically-led, review had taken place of benign cystectomy cases over a 3 year period (13 cases).
- The Trust had engaged an external specialist urologist as independent assessor who was expected to visit the Trust at the end of March 2011.

This letter was forwarded to Lyn Donnelly, AD, SLCG on 29th March 2011 (email and letter , (Attachment 30)
In a final email dated 28th July 2011 from Dr Loughran to Dr Corrigan (Attachment 31) he stated that the external review by Mr Marcus Drake from Bristol was almost complete, and that having seen the interim report there were no gross errors or faults and that overall he expected the final report would be supportive/indeterminate. He reiterated that this surgery was no longer being undertaken in the Southern Trust.

107 **III. Prescription of Bicalutamide**

Prior to receiving the early alert and subsequent meetings, the PHA was not aware of prescribing issues.

108 **IV. Any other trends identified or data collected with regard to Urology Services within the Trust, whether positive or adverse**

In the early 2000s Urology would have been one of many specialties within Southern Trust where the SHSSB would have been in regular contact with the Trust in relation to waiting lists, waiting times, the implementation of new models of care, requests for new funding and contract adjustments. Professional staff who subsequently became employees of the PHA would have attended many of these meetings. The master copies of agendas, minutes, business cases and performance management data are held by the HSCB as successors of the SHSSB and are not currently available to the PHA. The PHA document search includes a small number of emails and copies of these documents which were held in individual PHA staff personal files.

Urology Services Inquiry

	Serious Adverse Incidents ('SAIs')
13	*Outline and explain the role, responsibilities and obligations of the PHA when SAIs are notified to the PHA by a HSC Trust and how same have evolved over time. The Inquiry is particularly interested to know what steps the PHA was required to take when notified of a SAI review, whether and how the progress of a SAI review is monitored, and what follow up steps are taken when a SAI investigation or review is concluded. Address the policy considerations which led to the reporting and follow up of SAIs being transferred from the Department to the PHA in May 2010 and explain any updates or amendments to the Procedures for the Reporting and Follow-Up of Serious Adverse Incidents in 2010, 2013 and 2016.* 109 Serious Adverse Incidents (SAI) are notified to the HSCB /SPPG governance team via the Serious incidents inbox by Health and Social Care Trusts. Once received, these notifications are allocated as appropriate to either a professional group (level 1 SAIs) or a designated review officer (DRO) (level 2/3 SAIs). These professionals may be medical, nursing or allied health professionals from the PHA or social care or primary care professionals from HSCB. 110 **Initial steps following submission of SAIs from 2010-2020** • SAI reported to HSCB • DRO or professional group appointed and they advise if any urgent action required • Notification copied to all Directors HSCB/PHA for any action 111 **Initial steps following submission of SAIs from 2020** • SAI reported to HSCB • DRO or professional group is appointed and they will advise the HSCB if any urgent action is required. • Each notification is also included on a Daily Report which is circulated to all relevant DROs and Directors following review by the Assistant Director of Safety and Quality. If there is any urgent escalation required on any notification this will be highlighted on the report. • All notifications reviewed by a multi-professional weekly review team for any further actions. • Any urgent actions/ responses or any identification of specific themes or trends will be escalated to the Safety Brief meeting which occurs with the designated Directors for safety within PHA/SPPG every Friday morning. 112 These new processes were put in place as a result of COVID-19 pressures but will remain in situ as they have been found to provide a better oversight of all notifications received. These processes also allow for improved detection of any increased themes or trends in notifications either by programme of care or by particular Trusts. This allows any required action to be taken in a more timely fashion either by the weekly incident review group or via Safety Brief as required. 113 Once a SAI is notified there are timescales in place for submission of the report in line with the Procedure for the Reporting and Follow up of Serious Adverse Incidents (2016) and the monitoring and of these timescales is through the governance team in HSCB.

Urology Services Inquiry

	114 When a report is submitted by the HSCT for a SAI to HSCB Governance it is forwarded to the DRO/ Professional group for consideration of the robustness of the report and any regional learning. Once the DRO/ Group are content with the report and have or have not indicated any regional learning the report will be closed via email from the SPPG serious incidents inbox. 115 If regional learning is identified this will be taken forward by the relevant DRO/ Professional group in the form of a learning letter, reminder of best practice letter or a Learning Matters newsletter article. 116 The policy decision for the transfer of the procedure is a matter for the Department of Health. 117 The oversight of the Procedure for the Reporting and Follow up of Serious Adverse Incidents is overseen by HSCB/SPPG and they are best placed to explain any updates or amendments to the procedure.
14	*In the period prior to 2016 was the PHA made aware of any SAI and/or complaint (whether formal or informal) involving the care provided by, or the conduct of Mr Aidan O'Brien. If so, provide full details.* 118 The computerised system (Datix) for SAI management is managed by the SPPG, previously HSCB. Some, but not all DROs within PHA have "read only" access to Datix: the data held is owned by SPPG. PHA staff who contribute to the HSCB/SPPG SAI process may have emails and documents relating to individual SAIs or copies of minutes of meetings and action logs issued by the SPPG or HSCB, but these personally-held records are incomplete. 119 The PHA is aware of an additional SAI Ref. Personal Information redacted by, involving the specialty of urology in CAH prior to 2016. As is the case in all Trust RCA reports, individual staff members are not identified. This incident occurred on 7th July 2010 and was notified to HSCB on 3rd September 2010. The incident was reported as a retained swab after major urological cancer surgery. The DRO, Dr Diane Corrigan, Consultant in Public Health Medicine, identified that the incident also involved a problem in respect of management of a radiology result. The emails and reports which are held by PHA are included in the response to question 48. Additional information may be held by the SPPG on the Datix system or elsewhere. 120 **Detail on SAI** Personal Information redacted by **A. Identify the Governance Lead and outline all actions taken by them** The HSCB lead this process. 121 **B. Identify the DRO and outline all actions taken by them** Dr Diane Corrigan, Consultant in Public Health Medicine, PHA. The HSCB position report (Attachment 37) states that Dr Corrigan was forwarded the SAI Report (Attachment 32) on 7 January 2011. On 7th April 2011 Dr Corrigan emailed Dr C McAllister, lead investigator for the SAI seeking advice (Attachment

33). The HSCB position report states on 4th May 2011 that Dr Corrigan was intending to meet the Trust about open SAIs that month to clarify outstanding issues. On 14th November 2011 Dr Corrigan wrote to Mrs Debbie Burns, Assistant Director Clinical and Social Care Governance in SHSCT (Attachment 34). The detail of subsequent correspondence is set out in sections F, G and H below.

122 **C. Outline when and in what circumstances the PHA became aware of each SAI**

The HSCB position report states that the SAI was notified on 3rd September 2010.

123 **D. If there was any delay in reporting the SAI on behalf of the Trust, outline what if any steps were taken by PHA to address same**

HSCB manages the timelines for submission of notifications.

124 **E. If there was any delay in preparing the investigation or review report on behalf of the Trust, outline what, if any, actions or steps were taken by PHA to address same**

The HSCB manages the process to seek reports from Trusts. The HSCB position statement (Attachment 37) indicates that the Trust sought an extension for submission of the RCA report.

125 **F. Upon receipt of the investigation or review reports, what action was taken by the DRO to quality assure the adequacy of the investigation and to reduce the risk of recurrence**

The DRO felt that the SAI report, while comprehensive in respect of the issue of a revised process to avoid recurrence of a retained swab, had not addressed a more important issue. The patient was to have a CT scan some months after their operation, and then to be reviewed at outpatients a short time later. The scan was done and the report indicated an abnormal finding. The differential diagnosis included a potential cancer recurrence; in fact, this abnormality was the retained swab. However, the result was filed, the patient was not reviewed as planned, and the problem only came to light following hospital admission many months later. If the abnormality had been a cancer recurrence the patient could have come to even greater harm. The DRO wrote to the Trust on 14th November 2011 asking that the issue of filing results without them being seen by a clinician was addressed (Attachment 34).

126 **G. Outline what if any learning was identified by the DRO**

The DRO also suggested on 14 November 2011 that there was additional action that could be taken by the Trust to avoid a similar incident. In particular, that the Trust could develop a formal Trust policy for all specialties, so that results of investigations were not filed in patient charts before they had been seen by a doctor.

127 **H. How was any learning identified by the DRO shared or communicated with the Trust or any other relevant person or body**

The emails and letters between Dr Corrigan and the Trust's Assistant Director for Clinical & Social Care Governance, Medical Director and Governance Manager (Documents (Attachments 34, 35, 36, 38) indicate that her suggestion was not considered easy to implement. Alternative protocols were shared with HSCB but none appeared to address the underlying issue. However, it was confirmed on 17th December 2014 (Attachment 39) that the process was as follows:

'Secretaries have confirmed that they do not file results without them first being viewed by the consultant; Consultants mostly sign these and some then dictate a letter.'

128 Dr Corrigan accepted this statement on 29 October 2015 (in e-mail string, (Attachment 40). As she did not know if there had been similar SAIs reported she shared the Trust email with Ms Lynne Charlton, PHA Head of Nursing (Quality, Safety and Patient Experience) who asked HSCB to run a Datix query in respect of SAIs filed away without action (Attachment 40). It was reported by HSCB staff on 16th January 2017 that it was not possible to undertake this search as this category of incident was not coded on Datix (in e-mail string (Attachment 42).

129 **Outline the nature of the discussion at the HSCB/PHA SAI Review Group and address if any trends were identified or problematic issues discussed. Provide any relevant documentation relating to any such discussions or follow up**

Emails show that there was a further request to see a copy of the CAH laboratory protocol (in HSCB position report, (Attachment 41). This was provided. The SAI was closed by email to the Trust on 30th November 2017 (Attachment 43). This email stated that 'learning issues raised within this SAI have been taken forward within the Delayed Diagnosis Exercise and the Newsletter article 'Accurate Communication of actions and results', published in edition 6 of the Learning Matters Newsletter'.

130 **I. Outline if any of the issues, trends or concerns arising from the SAI review were attributed to the practice of Mr O'Brien**

The report did not identify the clinicians involved.

131 **J. Outline what, if any discussions took place with the Trust with regard to any issues, trends or concerns arising from the SAI whether these were attributed to the practice of Mr O'Brien or otherwise**

Email correspondence took place between Dr Corrigan, the HSCB governance team, and Trust officers as described in answers F, G and H and provided to the Inquiry.

132 **K. What if any action was taken by the PHA to ensure the recommendations from the SAI were implemented and the issues addressed.**

All the recommendations in the Trust RCA Report were for action within the Trust. As stated in section 8.0, page 27, of the *Procedure for the Reporting and Follow up of Serious Adverse Incidents*, Trusts are expected to have mechanisms in place to cascade local learning from adverse incidents and SAIs. Implementation of local recommendations are therefore not followed up by HSCB or PHA. The correspondence to the Trust from HSCB on closing this SAI on 30 November 2017 (Document 23) stated "In line with the HSCB Procedure for the Reporting and Follow up of SAIs (Nov 2016), please note that it is the responsibility of the Trust to take forward any local recommendations or further actions identified and monitor these through the Trust's own governance arrangements. This is an essential element in reassuring the public that lessons learned, where appropriate, have been embedded in practice."

Urology Services Inquiry

15	*With regard to the following SAIs:* *I. Patient "Patient 10" (Personal Information redacted by the USI* *II. The care of five patients (Personal Information redacted by the USI and* *III. Patient "Patient 16" (Personal Information redacted by the USI* *Provide complete copies of all documentation held by the PHA relating to each SAI. In addition, address the following queries with regard to each of these SAI investigations or reviews:* *A. Identify the Governance Lead and outline all actions taken by them.* *B. Identify the Designated Review Officer and outline all actions taken by them.* *C. Outline when and in what circumstances the PHA became aware of each SAI.* *D. If there was any delay in reporting the SAI on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.* *E. If there was any delay in preparing the investigation or review report on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.* *F. Upon receipt of the investigation or review reports, what action was taken by the Designated Review Officer to quality assure the adequacy of the investigation and to reduce the risk of recurrence.* *G. Outline what, if any, learning was identified by the Designated Review Officer.* *H. How was any learning identified by the Designated Review Officer shared or communicated with the Trust or any other relevant person or body?* *I. Outline the nature of any discussion relating to the SAI at the HSCB/PHA SAI Review Group and address if any trends were identified or problematic issues discussed. Provide any relevant documentation relating to any such discussions or follow up.* *J. Outline if any of the issues, trends or concerns arising from the SAI review were attributed to the practice of Mr O'Brien.* *K. Outline what, if any, discussions took place with the Trust with regard to any issues, trends or concerns arising from the SAI whether these were attributed to the practice of Mr O'Brien or otherwise.* *L. What, if any, action was taken by the PHA to ensure that the recommendations from the SAI were implemented and the issues addressed* 133 The HSCB corporate record on these SAIs will be within the documents provided by HSCB/SPPG to the Inquiry. Any additional email correspondence held by PHA staff is included as part of the documents provided. 134 **Specific SAIs** **1) <u>Patient "Patient 10" (Personal Information redacted by the USI</u>** 135 A. **Identify the Governance Lead and outline all actions taken by them.** The PHA does not have a governance lead for SAIs, the governance role is provided by the HSCB/SPPG.

Urology Services Inquiry

136 B. **Identify the Designated Review Officer and outline all actions taken by them.**

The DRO for this SAI was initially Dr Paul Darragh, consultant in Public Health Medicine. The Trust submitted terms of reference and team membership for consideration by the DRO on 5 April 2016.
On 5 April 2016, Dr Darragh (via the SAI office) made the following request: Attachment 44.

137 *"I would encourage the Trust to consider adding someone from outside the Trust to the team membership."*

Reminder emails were sent to the Trust to ask them to respond to this request from Dr Darragh".

138 The Trust responded by email on 9 June 2016 to advise that Mrs Trudy Reid (Trust Governance) had spoken to Dr Darragh and it was agreed that membership would stay the same (without external input) at present. However, it is noted that Dr Darragh did state that during the review the panel may take the opportunity to ask for an independent opinion..(Attachment 44)

139 Dr Darragh retired in June 2016 and the SAIs for which he was responsible were transferred to other consultants in the PHA. Dr Joanne Mc Clean, Consultant in Public Health Medicine, was allocated this SAI along with the other Southern Trust SAIs for which Dr Darragh was DRO on 16 June 2016. (Attachment 45)

140 **C. Outline when and in what circumstances the PHA became aware of each SAI.**

The SAI related to patient Patient 10 was reported to HSCB on 22/03/2016 and DRO assigned (therefore PHA made aware on this date).

141 **D. If there was any delay in reporting the SAI on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.**

The position report (Attachment 44) states that the Trust became aware of the SAI on 6 January 2016 the notification to HSCB was made on 22 March 2016. The responsibility for oversight of the SAI process, including timescales for reporting incidents, rests with HSCB/SPPG.

142 **E. If there was any delay in preparing the investigation or review report on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.**

The report for this SAI was received in March 2017. Responsibility for performance management of the SAI process including meeting timelines for reports rests with HSCB/SPPG.

143 **F. *Upon receipt of the investigation or review reports, what action was taken by the Designated Review Officer to quality assure the adequacy of the investigation and to reduce the risk of recurrence***

Responsibility for ensuring SAI reviews and the reports produced are carried out appropriately rests primarily with the Trust. The DRO does not have access to the patient records and staff interviews; their assessment of the report is via the initial notification and subsequent report. In this case, the Trust review was carried out by senior staff from appropriate professional backgrounds. They included a consultant urologist (not the one involved in the incident) a consultant radiologist, a senior administrative manager and senior governance nurse. The team followed terms of reference which covered all aspects of the case. They carried out the review in line with the regional procedure using root cause analysis methodology, an accepted approach widely used to identify all the factors which contribute to an incident. The team considered all aspects of the patient's care which contributed to the delay in the patient being assessed at a urology outpatient clinic. The review identified several areas for improvement in the Trust requiring local action and the team made recommendations for the Trust to reduce the risk of recurrence.

144 The report was considered at the Acute Services SAI Group on 6 June 2017. Following this meeting the following questions were asked of the Trust (by email via the SAI office)

- Request further clarification on who ordered the CT scan, Ultrasound and MRI and why the results were not acted upon. It should be noted to the Trust that the onus for following up investigations is on the person who requests the investigations.
- The HSCB note the triage of urology referrals is unacceptable. Can the Trust advise how this has been addressed?
- Ensure Trust urologists are compliant in accordance with IEAP.

These questions were passed to the Trust on 12 June 2017.

145 The Trust responded to the questions on 15 September 2017. Responses were as follows:

Request further clarification on who ordered the CT scan, Ultrasound and MRI and why the results were not acted upon. It should be noted to the Trust that the onus for following up investigations is on the person who requests the investigations.

The CT, MRI and US were ordered by or on behalf of an individual consultant general surgeon. A further CT was ordered by a breast surgeon. The Trust currently has a short life working group reviewing systems and processes for the management of results. I am checking if the case was presented at M&M for wider learning.

The HSCB note the triage of urology referrals in unacceptable. Can the Trust advise how this has been addressed?

The SAI was in relation to triage by one urologist. The Trust has addressed the issue with the consultant involved. Electronic triage has been rolled out for urology. This should mitigate against late or uncompleted triage within the specialty.

Ensure Trust urologists are compliant in accordance with IEAP.

The Trust urology team have been made aware of the requirements within the IEAP in relation to triage of clinical referrals.

146 ***G. Outline what, if any, learning was identified by the Designated Review Officer***

In this particular case, the Trust review team identified several areas where action needed to be taken at local Trust level. These included improving the quality of written radiology reports to make their meaning clearer, as well as improving practice around the follow up of investigations by the doctor who requested them. Both these issues relate to providing a good standard of care and are in line with the GMC guidance on good medical practice. The Trust advised, following specific queries being raised by the SAI team, that a short lived working group had been established to review the systems and processes for managing results.

147 The report stated that failure to triage GP referrals was not an isolated incident and the team were aware of other occasions where the doctor involved (who is identified as Dr 6) had not carried out triage as required. A paper based system was in operation at that time. The report recommends that the Trust urgently address this.

148 The Trust answers to the questions asked by the SAI review team set out above detail the actions the Trust advised had been taken. The report included a recommendation that the Trust urology management team immediately address the issues.

149 **H. How was any learning identified by the Designated Review Officer shared or communicated with the Trust or any other relevant person or body?**

As explained above, Trust had identified failure to triage GP referrals as being an issue in this case. The Trust also identified that this was not an isolated incident and recommended it was addressed immediately by the management team. While the responsibility for governance of the service and management of individual doctors rests with the Trust, the DRO, conscious of considering wider applicability and reducing the risk of recurrence, sought advice from a primary care colleague as to whether e-triage which was available in other specialties could provide a failsafe which would mean it was visible to clinical and

managerial leads when referrals were not triaged so action could be taken. The conclusion was that e-triage would have the capability to provide a failsafe. The Trust confirmed following a request from the SAI office that e-triage was being introduced in urology. Therefore, the risk of recurrence would be reduced by the introduction of this system.

150 The other issues highlighted about not following up on results by other clinicians were, the Trust advised, being addressed through a group in the Trust.

151 **I. Outline the nature of any discussion relating to the SAI at the HSCB/PHA SAI Review Group and address if any trends were identified or problematic issues discussed. Provide any relevant documentation relating to any such discussions or follow up**.

While the learning in this case was local and with respect to non-triage of referrals, the introduction of e-triage provided a failsafe to reduce the risk of this happening again.

152 The acute group did agree that Dr McClean, Dr Farrell (Assistant Director PHA) and Ms Lisa McWilliams (Assistant Director for performance management HSCB) should meet with the Trust to discuss the non-triage. However, this meeting did not take place. The issue in this case related to an individual and the Trust advised they were addressing the issues. The Trust submitted an action plan confirming the recommendations in the report with respect to urology were addressed. (Attachment 46)

153 It was agreed by the acute review group on 20 November 2011 that, while these issues related to the performance of an individual clinician, the use of e-triage as a failsafe to reduce the risk of referrals not being triaged should be highlighted to other Trusts.

154 This learning was shared with the HSCB elective care group, chaired by Michael Bloomfield, Director of Performance Management and Service Improvement at HSCB, which has responsibility for the commissioning and performance management of elective care. That group was asked to consider the applicability of e-triage to reduce the risk of non-triage more widely .

155 J**. Outline if any of the issues, trends or concerns arising from the SAI review were attributed to the practice of Mr O'Brien.**

Individual clinicians or staff are not named in SAI reports. The case and learning were discussed at the SAI review group. Consideration was given to meeting with the Trust to discuss the case however, this meeting did not take place since the incident related to the performance of an individual practitioner who was known to, and being managed by, the Trust. Page 21 of the Procedure for the reporting and follow up of SAIs states '*It is important to protect the integrity of the SAI review process from situations where there is the probability of disciplinary action,*

or criminal charges. The SAI review team must be aware of the clear distinction between the aims and boundaries of SAI reviews, which are solely for the identification and reporting learning points, compared with disciplinary, regulatory or criminal processes.'

156 **K. Outline what, if any, discussions took place with the Trust with regard to any issues, trends or concerns arising from the SAI whether these were attributed to the practice of Mr O'Brien or otherwise**.

The SAI process is set up in such a way that correspondence is mainly electronic and via the SAI office. In most instances, there is not direct discussion with the Trust. However, following this incident, the Trust reviewed other cases and found more instances of non-triage of referrals which were subsequently notified as SAIs to HSCB (RCA Personal Information redacted by the USI below). At the same time the Trust notified another SAI relating to urology which related to a delay in organising elements of care for a cancer patient.

157 When these subsequent SAIs were reported in September 2017, the DRO noted the similarity with respect to non-triage. The other SAI was about failure to follow up care appropriately and since these were clustered in the same specialty (which is unusual) the DRO contacted the medical director by email to ask to speak to him about the cases. (q15 doc 5).

158 L. What, if any, action was taken by the PHA to ensure that the recommendations from the SAI were implemented and the issues addressed

The responsibility for implementing local learning from SAIs rests with the Trust. The Trust submitted an action plan to HSCB (attachment 47) in which the Trust confirmed that they had addressed the issues identified.

159 Following notification of RCA Personal Information redacted by the USI (below) on 21 September 2017, Dr McClean spoke to Dr Richard Wright, Medical Director SHSCT on 27 September 2017. He confirmed that the incidents had been uncovered as part of further work the Trust undertook following the identification of the issue with non-triage of referrals highlighted by the SAI as set out above. The Medical Director confirmed that the issue related to one consultant who had been referred into the *Maintaining High Professional Standards* process and had a restriction placed on his practice. It is the responsibility of the Medical Director and Trust to manage a doctor in this situation and to ensure the restrictions placed on their practice protect patients and the public from harm. The PHA does not have a role in the management of concerns about a doctor's practice. Since the issues related to the practice of an individual, dealing with that individual and any wider issues with Trust governance processes this uncovered were a matter for the Trust.

160 **2) The care of five patients (** Personal Information redacted by the USI

A. Identify the Governance Lead and outline all actions taken by them
As above – The PHA does not have a governance lead for SAIs.

161 **B. Identify the Designated Review Officer and outline all actions taken by them.**
Dr Joanne McClean, Consultant in Public Health Medicine, was initially the DRO for this SAI. However, following a change to the SAI process in HSCB and PHA the DRO transferred away from an individual to the acute professional group. Dr McClean asked the SAI office to draw the Trust's attention to the SAI relating to patient [Patient 10] above as the issues were similar. She also asked the SAI office to ask the following questions on 21st September 2017. The Trust responded on 29 September 2017 as follows:

1. What action has been taken to prevent further referrals slipping through processes like this?
Electronic referral process is being piloted which make triage more accessible and timely. It allows easy identification of referrals that have not been triaged & reporting of same

2. Has the Trust assured itself that there are no other urology referrals have slipped through?
There has been a look back exercise within urology to identify any other referrals which were not triaged, this review is complete.

3. Have they considered if this is likely to be a problem in other specialities?
If Consultants fail to comply with the IEAP process and there are delays in triaging this is escalated to the HoS & AD for action

162 The DRO contacted the Medical Director in the Trust to ask about the cases and to ask whether they were linked to SAI "[Patient 10]" ([Personal Information redacted by the USI] described in the section above. The Medical Director confirmed that the cases had been identified through follow up work carried out by the Trust to identify other patients affected by the Consultant who had been identified as not triaging GP referrals in SAI [Personal Information redacted by the USI] He advised that the consultant in question had been placed into a M*aintaining High Professional Standards* process and that his practice had been restricted. As mentioned above, it is the responsibility of the Trust to manage this process and ensure that the restrictions placed on the doctor at the centre of the case protect patients and the public from harm. (Attachment 48)

163 In the course of this conversation, the Medical Director did name in passing that the doctor involved was Mr Aidan O'Brien. However, since PHA do not have a role in the management of individual doctors working in Trusts, this information was not of relevance to the DROs. The name of the doctor was not shared further as the SAI process anonymises clinicians. The DRO emailed the Director of Public Health and other senior staff to summarise the conversation with the

Urology Services Inquiry

Medical Director but did not name the doctor involved as the identity was not relevant to PHA. (Attachment 49)

164 The issues relating to non-triage of referrals were similar to the issues identified in Personal information redacted by case above. Discussions about the two cases were similar and the actions relating to Patient 10 above are relevant and recorded in the record for both SAIs.

165 **C. Outline when and in what circumstances the PHA became aware of each SAI.**

This SAI was notified to HSCB and therefore the PHA on the 21st September 2017

166 **D. If there was any delay in reporting the SAI on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.**

The incident occurred in May 2017 and was reported in September. No reason was given for this delay.

167 **E. If there was any delay in preparing the investigation or review report on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.**

This SAI was reported in September 2017 as a level one SAI as per the agreed process. On 18 February 2020, the Trust submitted an updated SAI report which changed the level to level 3. Level 3 SAIs are the most complex and an independent review is required. Following review of the Team Membership and Terms of Reference at the acute SAI review group it was felt they did not meet the levels of independence required for Level 3 as there was no independent person included in the Team Membership. The arrival of the COVID pandemic meant that PHA staff were re-deployed to work on the management of the pandemic. Interim arrangements were put in place for SAI management at this time.

168 On 25 May 2020 an email was sent to the Trust seeking further information. The Trust responded on 2 July 2020 as follows:

1. *Was there a review of these cases carried out individually when they occurred and were there recommendations at this stage and have they been implemented.*
   The origins of the review was following the completion of an SAI –Datix Personal information redacted by chaired by Mr Glackin and the recommendations contained within, which brought about this review into delay in triage for urology patients.
2. *Can the Trust review and ensure required changes have been made in light of these cases.*
   Yes . The trust have implemented e triage which automatically records the referral electronically to ensure they are triaged according to their clinical priority.
3. *These happened in 2017 so therefore changes should have been put in place when these were identified*
   Yes as above.

The review was received on 29 May 2022.

Urology Services Inquiry

169 **F. Upon receipt of the investigation or review reports, what action was taken by the Designated Review Officer to quality assure the adequacy of the investigation and to reduce the risk of recurrence.**

On receipt of the report the Acute Professional Group considered the report and since it had been submitted as an RCA determined it was a robust report. Queries went back to the Trust as to whether this SAI was included in the level 3 overarching urology SAI that had been submitted. The Trust responded that it had not been, so it was considered as a standalone report. There were recommendations within this report for other areas and the Trust were asked to take this forward via a separate route. No regional learning was identified. The SAI was closed in April 2021

170 **G. Outline what, if any, learning was identified by the Designated Review Officer**

No regional learning was identified by the acute group

171 **H. How was any learning identified by the Designated Review Officer shared or communicated with the Trust or any other relevant person or body?**

No regional learning was identified by the group

172 **I. Outline the nature of any discussion relating to the SAI at the HSCB/PHA SAI Review Group and address if any trends were identified or problematic issues discussed. Provide any relevant documentation relating to any such discussions or follow up.**

It had been noted that these cases were similar to other SAIs and the Trust were asked if these would therefore be included in the overarching SAI to which they stated they were not. Discussions with the Trust re the trends in all of these SAIs took place

173 **J. Outline if any of the issues, trends or concerns arising from the SAI review were attributed to the practice of Mr O'Brien.**

All SAI's are anonymised so no individual practitioner was identified. However, as indicated above, the medical director had named the doctor involved in passing when Dr McClean spoke to him about the cases. Since PHA do not have any role in the management of Trust employed doctors this information was not recorded or shared within PHA.

174 **K. Outline what, if any, discussions took place with the Trust with regard to any issues, trends or concerns arising from the SAI whether these were attributed to the practice of Mr O'Brien or otherwise.**

As in section E response

175 **L. What, if any, action was taken by the PHA to ensure that the recommendations from the SAI were implemented and the issues addressed**

The Trust were asked to take forward specific recommendations via the appropriate route

176 **3) Patient "** Patient 16 **" (** Personal Information redacted by the USI

A. Identify the Governance Lead and outline all actions taken by them As above – The PHA does not have a governance lead for SAIs. The Governance role is undertaken by HSCB /PHA SAI process

177 **B. Identify the Designated Review Officer and outline all actions taken by them.**

The DRO for this SAI is the level 1 acute professional group

178 **C. Outline when and in what circumstances the PHA became aware of each SAI**

This SAI was reported to HSCB and DRO assigned (therefore PHA made aware) on 22/09/2017.

179 **D. If there was any delay in reporting the SAI on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.**

The incident in this case occurred in July 2016 and was not notified until September 2017. Action taken by PHA was to identify that this was similar to other SAIs from SHSCT and agreed to have a discussion with the Medical Director. Following discussion with the medical director is outlined in the responses above. The practice of an individual doctor had been identified as an issue in this case as well, As mentioned above, the medical director advised that the doctor was being managed under the maintaining high professional standards process and that his practice was restricted. The responsibility for this process including the application of restrictions to protect patients from harm is the responsibility of the medical director in a Trust.

180 **E. If there was any delay in preparing the investigation or review report on behalf of the Trust, outline what, if any, actions or steps were taken by the PHA to address same.**

This SAI was notified in September 2017 and the report was not submitted until February 2020. A series of reminders were sent by HSCB to the Trust outlining the delay as per procedure.

181 **F. Upon receipt of the investigation or review reports, what action was taken by the Designated Review Officer to quality assure the adequacy of the investigation and to reduce the risk of recurrence.**

This SAI had been notified as a level 1 review which requires a learning summary report to be provided. However, when the Trust submitted the report they identified they had carried out a level 3 review and provided Terms of Reference along with the report. The report was reviewed by the acute professional group who did not agree the report met the robustness of a level 3 investigation, but agreed it was a robust level 2 report. They were content with the robustness of the review.

Urology Services Inquiry

	182	**G. Outline what, if any, learning was identified by the Designated Review Officer** Learning was identified in respect of communication and referred for a *Learning Matters* article (the regional publication produced by PHA). It was also referred to Performance Management Service Improvement Directorate (PMSID) within HSCB for information regarding waiting lists management.
	183	**H. How was any learning identified by the Designated Review Officer shared or communicated with the Trust or any other relevant person or body?** Learning Matters article was issued
	184	**I. Outline the nature of any discussion relating to the SAI at the HSCB/PHA SAI Review Group and address if any trends were identified or problematic issues discussed. Provide any relevant documentation relating to any such discussions or follow up.** The SAI professional group had noted that there had been related SAIs within the Trust and a discussion occurred with the Medical Director regarding.
	185	**J. Outline if any of the issues, trends or concerns arising from the SAI review were attributed to the practice of Mr O'Brien.** All SAIs are anonymous
	186	**K. Outline what, if any, discussions took place with the Trust with regard to any issues, trends or concerns arising from the SAI whether these were attributed to the practice of Mr O'Brien or otherwise.** As in section D above
	187	**L. What, if any, action was taken by the PHA to ensure that the recommendations from the SAI were implemented and the issues addressed** Regional learning was issued as above as a *Learning Matters* article. Implementation of learning which is local to the Trust involved in a SAI is not monitored by the PHA.

Urology Services Inquiry

16	*With regard to the following SAIs :* *I. Patient "Patient 10" (Personal Information redacted by the USI* *II. The care of five patients (Personal Information redacted by the USI and* *III. Patient "Patient 16" (Personal Information redacted by the USI* *Was any pattern ever identified by the PHA about the common themes underlying each of these SAIs? If yes, please outline, what if any action was taken to challenge or address this pattern. If no, explain why.* 188 The DROs and Acute professional group did identify similarities between these SAIs and asked questions of the Trust regarding this. Queries were sent to the Trust outlining this and they responded in 2017 to state "*This SAI was in relation to triage by one urologist, the Trust has addressed this issue with the Consultant involved no further assurances were sought as the Trust had outlined they had dealt with the matter*". Please see Q.15 for more details.
17	*From the perspective of PHA, indicate whether the process of SAI reviews has been regarded generally as an effective measure to identify and address patient safety, clinical issues and errant practice on the part of individual practitioners. In your opinion, did it operate as an effective measure to address patient safety and clinical issues in respect of the concerns identified concerning Urology Services within the Trust?* 189 The aim of the SAI process is to provide a mechanism to effectively share learning in a meaningful way, with a focus on safety and quality, ultimately leading to service improvement for service users (Procedure for the Reporting and Follow up of Serious Adverse Incidents, HSCB 2016). It was not designed as a measure to address the types of patient safety and clinical issues identified within the Urology Service in the Southern Trust. It follows that the PHA does not regard the SAI process as an effective measure to address concerns relating to errant practice on the part of individual practitioners. 190 On the SAI process itself, since 2014 there are have been 3 reports published in Northern Ireland relating to SAIs or governance processes, and extracts from these reports are shown below in italics. All advised that changes were required. The most recent report (RQIA, 2022) recommends a need for major change. 191 **Quality Assurance of the Review of the handling of all Serious Adverse Incidents reported between 1 January 2009 and 31 December 2013 December 2014 Extract from** Section 1: Introduction (rqia.org.uk) *The majority of trusts felt that the SAI system has become increasingly process driven. Concerns were raised that this has the potential to erode the learning element which is the core function of the SAI reporting and investigation procedure. All trusts were keen to ensure that the SAI reporting system is maintained as an open and honest system, supporting high quality investigations and leading to sharing of learning arising from SAIs.*

Urology Services Inquiry

192 **Extract from The Right Time, The Right Place; December 2014** Donaldson Report (health-ni.gov.uk)

5.4.13 Overall, the system of Serious Adverse Incident reporting in Northern Ireland, in comparison to best practice, scores highly on securing accountability, reasonably highly on the level of reporting, does moderately well on meaningful engagement with patients and families, and is weak in producing effective, sustained reduction in risk. Also, the climate of accountability and intense political and media scrutiny does not sit easily with what best practice has repeatedly shown is the key to making care safer: a climate of learning not judgment.

5.4.14 The Review concluded that front-line clinical staff are insufficiently supported to fulfil the role of assessing and improving the quality and safety of the care that they and their teams provide. The lack of time, the paucity of reliable, well-presented data, the absence of in-service training in quality improvement methods, and the patchiness of clinical leadership are all major barriers to achieving this vital shift to mass clinical engagement

193 **June 2022: RQIA report Review of the Systems and Processes for Learning from SAIs in N Ireland**

https://www.rqia.org.uk/getattachment/24765aab-014c-42bb-ba0b-9aa85e739704/SAI_Review_-Report_Final-for-Web.pdf.aspx

The Expert Review Team found that neither the SAI review process nor its implementation is sufficiently robust to consistently enable an understanding of what factors, both systems and people, have led to a patient or service user coming to harm.

The work undertaken for this review has, alongside other related projects, determined that the SAI procedure and its implementation across Northern Ireland is not working as intended.

It frequently fails to:

- *Answer patient and family questions.*
- *Determine where safety breaches have occurred.*
- *Achieve a systemic understanding of those safety breaches.*
- *Design recommendations and action plans to reduce the opportunity for the same or similar safety breaches in future.*

194 *The SAI review reports largely do not evidence a defendable approach to the review and identification of learning arising from unexpected patient harm. There are several contributory factors, including:*

- *Staff asked to lead the reviews are mostly asked to do this on top of pre-existing work commitments, including frontline patient care duties.*
- *The level of training provided to staff that are tasked with leading SAI reviews is insufficient and is not informed by regionally agreed competencies or a core patient safety training strategy or curriculum.*
- *The regional timescales allowed for undertaking a complex review, including meaningful engagement with a patient and their family, are unrealistic and lead to a bureaucratic process.*
- *The regional report templates are not designed to support the delivery of a quality, evidence-based report.*

	195 The PHA supports the need to change HSC SAI procedures.
18	*Was the PHA aware that a formal process under the framework contained within Maintaining High Professional Standards in the Modern HPSS commenced in December 2016 (in relation to Mr Aidan O'Brien), in part, as a response to information uncovered during the investigation into the SAI for Patient "Patient 10" (Personal Information redacted by the USI) If so, outline when and in what circumstances the PHA became so aware and outline the PHA's understanding of how that process, progressed. If the PHA was not made aware of the commencement of this MHPS process, should it have been made aware?* 196 Following receipt of a cluster of three SAIs relating to urology services in the Southern Trust which had similar themes – mainly failure to triage referrals – Dr Joanne Mc Clean contacted Dr Richard Wright who was Medical Director in the Southern Trust on 27 September 2017. Dr McClean asked to speak to Dr Wright about the cases and specifically asked whether it was a problem with an individual's practise or a system problem with triage in urology or more generally. 197 Dr McClean subsequently spoke to Dr Wright who advised that the problem was with an individual doctor. He advised that all the cases relate to an individual doctor who was being managed in the Maintaining High Professional Standards (MHPS) process and whose practice was restricted. The PHA does not have a role in the MHPS process for doctors employed in the Trust. This is the responsibility of the Trust and the PHA has no role. 198 The PHA does not have a role in the management of individual doctors employed by Trusts, the name of the doctor involved was not of interest to the PHA. However, Dr Wright did name the doctor during the course of the conversation with Dr McClean.
19	*When, if at all, and in what circumstances did the PHA first receive information which identified or could have identified concerns regarding Mr O'Brien's practice in relation to the following four areas:* *I. Un-triaged referrals;* *II. Patient notes tracked out to Mr O'Brien and not returned;* *III. Undictated patient outcomes from outpatient clinics; and* *IV. The preferential scheduling of private patients.* 199 The PHA became aware of untriaged referrals through the SAIs notified above in 2017. Further information was available once the reports were received in 2017 through 2020. 200 To the best of our knowledge concerns in the other three areas of concern above were not brought to the attention of the PHA until the early alert was received.

Urology Services Inquiry

20	*If the PHA was aware of the four areas of concern identified at paragraph 19 above, what, if any, action did the PHA take to ensure that these matters were being addressed and that patient safety was not undermined.* 201 The PHA was only aware of untriaged referrals. The actions taken by PHA are set out in the answers to question 15
21	*Prior to 31 July 2020, were you, or others within the PHA, aware of any concerns in relation to Urology Services within the Trust, including service capacity or waiting list issues, or in relation to the practice of Mr Aidan O'Brien in particular. If you or others were so aware of any concerns relating to Urology Services, outline the following:* *I. The date on which you or others within the PHA became aware;* *II. The identity of the individual who told you of those concerns* *if applicable;* *III. The specific information communicated to you in relation to any concerns;* *IV. What, if any, action you took on behalf of the PHA to log, monitor, assess or address those concerns.* 202 There were concerns in respect of IVT and cystectomy. The details and the actions taken by PHA staff are set out in the response to Q12. There were also SAIs, the details of which are set out in the responses to Q14 and Q15. Urology was one of many services within Southern Trust which were included in service planning and commissioning meetings. 203 Southern Health and Social Services Board (SHSSB) staff were in regular contact with the Trust in relation to waiting lists, waiting times, the implementation of new models of care, requests for new funding and contract adjustments from the early 2000s onwards. Professional staff who subsequently became employees of the PHA attended some of these meetings. The corporate record containing agendas, minutes, business cases and performance management data are held by the SPPG as successor of the SHSSB and HSCB and are not currently available to the PHA. The PHA document search includes a small number of emails and copies of these documents which were held in individual PHA staff personal files. 204 Although PHA does not have the commissioning documents which are expected to include minutes of meetings, it is recollected by a staff member in post at that time, that one issue of concern was long waiting times for Urology outpatient review appointments, and a low new patient to review patient ratio. The latter was one of a number of measures of service performance being monitored by SHSSB for all specialties. It is recollected that the need for action by the Trust to improve this ratio was discussed at meetings between senior SHSSB staff and Trust service managers; the dates of these meetings are not held by PHA. The

	planning and commissioning directorate of the SHSSB led on performance management issues until March 2009. Thereafter the HSCB Performance Management and Service Improvement Directorate (PMSID) took on this role. Details on the dates of meetings, the content and actions agreed, should be in the SPPG corporate record and are not held by PHA. 205 On 21 October 2014 the Western Health and Social Care Trust notified an interface incident relating to urology services SHSCT. The incident was described as follows: *"Female patient suffered significant intra-abdominal haemorrhage following nephrostomy insertion in CAH. Unable to transfer back to CAH and eventually transferred to BCH. Very poor service from CAH with no ownership of patient."* 206 Interface incidents are submitted when a Trust wants to raise an issue relating to the provision of care in another Trust. The other Trust should look at the issue and consider if an SAI should be undertaken relating to the care. This is not automatic and the Trust will look at the case and decide if an SAI should be completed. In this instance there were numerous communications with SHSCT asking them for a response and to submit an SAI. WHSCT made several interventions to ask for updates. 207 Dr Carolyn Harper, Director of Public Health wrote to Dr John Simpson on 15 June 2015 asking for further information. The position report shows multiple communications with SHSCT. Eventually SHSCT advised that they had looked at the case and that they would not be submitting an SAI. It is the Trust and not PHA who determine if an SAI is to be notified. Attachment 17 – position report and associated correspondence.
22	*When and in what circumstances did the PHA become aware of the contents of an Early Alert Communication from the Trust to the Department dated 31 July 2020?* 208 An early alert was sent to HSCB on the 31st July 2020 and circulated to the Lead officer (Dr Joanne Mc Clean) and all Directors within PHA as per procedure at that time. It was subsequently discussed at the weekly incident review group. See response to question 1.
23	*Outline all steps taken by the PHA upon receipt of the information contained within the Early Alert Communication from the Trust to the Department dated 31 July 2020. Specifically, outline the following:* *I. The immediate action (naming each actor) taken by the PHA on receipt of the information contained within the Early Alert Communication;* *II. The individuals within the PHA to whom the contents of the Early Alert Communication was shared;* *III. The nature of any discussions which officials from the PHA had with the Trust concerning the contents of the Early Alert Communication or related matters;*

	IV. The nature of any discussions officials from the PHA had with the Department, the HSCB, the Regulation and Quality Improvement Agency ("the RQIA") and any other relevant organisation concerning the contents of the Early Alert Communication or related matters; *V. The nature of any internal discussions within the PHA regarding the content of the Early Alert Communication, or related matters, and next steps.* 209 I. On receipt of the EA the lead officer requested from HSCB- "This early alert relates to record keeping etc in urology in CAH. There was an SAI a few years ago in SHSCT which related to management of OP lists in urology. There are some similar issues. Could you see if you can find it in the SAI's. It would have been closed. Learning was probably local only". At the weekly incident review group (IRG) it was agreed that Denise Boulter would speak to Dr Brid Farrell re any required actions. Following this conversation Dr Farrell agreed to speak to the medical director in the SHSCT re the early alert and the 2 previous SAI's. The EA was closed from IRG. See response to Question 1. 210 II. Dr Joanne Mc Clean, Dr Brid Farrell, Mrs Denise Boulter, Mr Rodney Morton, Prof Hugo Van Woerdon, Mrs Briege Quinn, Mr Edmund Mc Clean 211 III. The outcome of the discussion with the medical director is described in the response to Question 1. 212 IV. Any correspondence with HSCB will be noted on the position report for this EA which is the corporate record which will be provided by SPPG to the enquiry.no discussions occurred with any other organisations Dr Farrell confirmed there were no discussions between the PHA and the Department of Health at this time. 213 V. As above a discussion between Dr Farrell and Denise Boulter and Dr Farrell agreed to speak to medical director ST
24	*From the PHA's perspective, what is the purpose of an Early Alert, and was it properly used by the Trust in these circumstances?* 214 The Early Alert System provides a channel which enables Chief Executives and their senior staff (Director level or higher) in HSC organisations to notify the Department in a prompt and timely way of events or incidents which have occurred in the services provided or commissioned by their organisations, and which may require immediate attention by Minister, Chief Professional Officers or policy leads and/or require urgent action by the Department. https://www.health-ni.gov.uk/sites/default/files/publications/health/HSC-SQSD-5-19.pdf 215 The PHA receives Early Alerts via the HSCB/ PHA, this is a departmental process to ensure Minister and professional colleagues are made aware promptly of any issues. Not all early alerts proceed to an SAI notification. 216 The view of the PHA is this was an appropriate use of this process.

Urology Services Inquiry

25	*Did the PHA reach any view concerning the appropriateness, quality and timeliness of the steps taken by the Trust to communicate and escalate the reporting of issues of concern within the Trust to the Department, the PHA or any other relevant body? If so, fully outline the view which has been reached and set out the reasons for the view which has been reached. If the PHA has not evaluated this issue, please explain why and provide such a view.* 217 Actions of the SHSCT following issuing of the Early Alert Dr Farrell phoned the Medical Director to get additional information (see response to question 1). The Medical Director described the problems they had uncovered including: delays in putting patients onto the waiting list, delays in patients being followed up after hospital discharge, non communication of management plans for patients and not acting on results of investigation. In response to the issues identified SHSCT were in discussions with the Royal College of Surgeons (RCS) and British Association of Urological Surgeons (BAUS) about an invited service review (ISR) to look at a sample of records of records for the previous 5 years and organising an Independent chair for the Serious Adverse Incident reviews. They had already started a case note review and were trying to find additional capacity in the Independent sector for patients to be reviewed. Dr Farrell advised that the Chief Medical Officer needed to be informed if patients were being contacted following case note review. 218 The PHA's priority after the Early Alert was to ensure that measures were taken to ensure patients were on the correct treatment pathway and patients with a delayed review were seen in a timely manner. PHA also clarified that Aidan O Brien was not seeing patients and that the appropriate regulatory authorities e.g. GMC and RQIA were involved. As more patient reviews were completed new issues emerged e.g.suboptimal prescribing. 219 The PHA subsequently attended the meetings with SHSCT where updates were provided. PHA did express concerns (19/11/20, 04/03/21, 03/03/22) at these meetings that more cases will need to be reviewed when the initial case note review of cases between the 01/01/19 and the 30/06/20 is completed. PHA also raised the issue that more support was needed to be given to the clinician who was doing these reviews and that a more structured approach was needed for extracting information from case notes (see e mail to from Dr Farrell to Paul Cavanagh of 3rd December 2020 advising that minutes did not reflect discussion on need for structured proforma for extracting information from casenotes and reviewing the outcome of patient reviews) 220 Actions of the SHSCT following receipt of the Overarching SAI report When the overarching SAI report was received, Dr Farrell emailed the medical director in SHSCT (4/03/21) and the Director of Commissioning in HSCB/SPPG giving a general comment about the report and raised concerns about the commentary relating to how urology cancer multidisciplinary teams (MDTs) operated and whether this way of working was happening in other cancer MDTs

	in the SHSCT. Following this a meeting was arranged with the SHSCT and NICAN representatives to explore further and seek assurances that they were operating as effective MDM. 221 The PHA experience is that compared to the Neurology Lookback exercise, a lot of the work being undertaken by the SHSCT following the issuing of the early alert had been completed by the BHSCT before the PHA / HSCB became involved. When the public announcement was made of the Neurology lookback Belfast Trust already had capacity secured for everyone to be reviewed and patients were able to book their appointment to be reviewed by a neurologist after they received a letter from the BHSCT advising them of the neurology lookback. In the neurology lookback the invited service review had been completed and because of the result of the invited service review all neurology patients in a certain time period were invited to be reviewed and high risk patients would be seen early in the recall. 222 Urology as a speciality is not comparable to Neurology but the processes to be followed when clinical concerns emerge about a single doctor should be similar. When patients need to be reviewed in a lookback ideally this needs to be expedited as quickly as is practicable. However, SHSCT experienced difficulty securing additional urology capacity and already had significant waiting lists. New issues also emerged during the casenote review which needed to be addressed eg prescribing. 223 The new Lookback Guidance is much clearer on what needs to be done when there are concerns about the practice of an individual.
26	*Did the PHA reach any view concerning the effectiveness of the corporate and clinical governance procedures and arrangements within the Trust in the context of the matters which gave rise to the need to issue an Early Alert? If so, fully outline the view which was reached and set out the reasons for the view which had been reached. If the PHA did not evaluate this issue, please explain why and provide such a view.* 224 The PHA has not made an assessment of corporate and clinical governance procedures in SHSCT. 225 As described in the responses to question 1 and question 25 the PHA's priority after the Early Alert was to ensure that patients were on the correct treatment pathway and patients with a delayed review were seen in a timely manner. PHA also clarified that AOB was not seeing patients and that the appropriate regulatory authorities e.g. GMC and RQIA were involved. 226 Several of the recommendations of the Neurology Independent Inquiry (June 2022) are relevant to this question. Recommendations 27, 46, 47 and 48 of the Inquiry report concern actions to follow when there are issues with one aspect of practice eg triaging of letters do you need to review other aspects of practice at the same time? How do Trusts ensure regional guidelines are followed? How do Trust identify variations or changes in practice in a timely way?

Urology Services Inquiry

	227 From the information provided by the SHSCT the clinician was subject to MHPS in 2016 which resulted in him being suspended for a number of weeks, restrictions to his practice and a referral to the GMC was made in 2019. In spite of these actions the clinician appears to have to have been able to practice in an unsafe way between 2019 and 2020. 228 Current information systems do not report outcomes in terms of individual clinicians and mainly report at a service level. There are several initiatives that promote better patient care eg participation in National audits and reviews, drive quality improvement and better outcomes in certain clinical areas Eg SSNAP (Stroke), NHFD (Hip fractures) etc. Participation in local Trust mortality and morbidity reviews and Confidential Enquiries also can drive service improvements. 229 In the response to question 40 an approach is described to identify clinicians with clinical performance issues. 230 RQIA has a specific role in clinical and social care governance. The Paragraph 2,21,iii of the 2011 Framework states *Reviewing and reporting on clinical and social care governance in the HSC - the RQIA also undertakes a programme of planned thematic and governance reviews across a range of subject areas, reporting to the Department and the Health and Social Care and making recommendations to take account of good practice and service improvements. Such reviews may be instigated by RQIA or commissioned by the Department;* 231 Para 2.46 and para 6.41 of the 2011 Framework are also relevant to clinical governance.
27	*Outline what advice, if any, was given to the Trust by the PHA in response to the Early Alert and related matters.* 232 As advised in response to question 1, Dr Farrell advised Dr O'Kane of previous issues she was aware of and forwarded to her the 2007 "Lookback guidance" and information about previous incidents in Urology dating back to 2009/10.
28	*After receipt of the Early Alert, outline whether the PHA gave any consideration to, or advised the Trust of the availability and appropriateness of utilising the Departmental Guidance contained within "Practical Guide to Conducting Patient Service Reviews or Look Back Exercises: Regional Governance Network Northern Ireland Sub Group" (February 2007) ("the 2007 Departmental Guidance").* 233 Dr Farrell sent a copy of the 2007 Lookback Guidance to the Medical Director after speaking to her on the phone (as per response to Q1) and information related to earlier issues in urology in the SHSCT in 2009/10. Question 25 response also describes the different experience of the PHA with this lookback compared to the Neurology lookback.

Urology Services Inquiry

29	*As appropriate, outline what, if any, advice was given to the Trust with regard to the application of the 2007 Departmental Guidance and in particular with regard to paragraph 1.4 of that Guidance. If no such advice was given, please explain why it was not given.* **1.4** The decision to conduct a look back exercise will be taken by the Health & Social Services Board /Health & Social Services Authority (HSSA) and Department of Health, Social Services and Public Safety (DHSSPS). There may be occasions when the Trust initiates a look back review and it is undertaken internally. Look back reviews would, by their nature, be reported as a serious adverse incident to the relevant authorities. 234 (Please refer to response to question 26) In view of the problems associated with the individual clinician, Dr Farrell advised a lookback was likely but the Trust needed to quantify and describe the issues so that patients could be contacted. When the Early alert was issued, the SHSCT had not yet quantified the problem to identify which patients needed to be reviewed. These issues were regularly discussed at the HSCB-PHA Trust meetings that took place after the Early Alert was received.
30	*Outline any meetings or discussions between officials from the PHA and the Trust, the Department, the HSCB, the RQIA and any other relevant organisation from the date of receipt of the Early Alert on 31 July 2020 to the first meeting of the Urology Assurance Group on 30 October 2020 concerning the handling of the concerns raised in the Early Alert, or related issues. With regard to each meeting or discussion, specify:* *I. The date;* *II.The attendees;* *III. The matters discussed;* *IV. Any decisions taken;* *V. Details of any follow up action required, including who was responsible for same and what action was taken;* *VI. Any advice provided by the Department or received by the PHA;* *VII. Disclose or refer to HSCB any and all documentation relating to same.* 235 A series of regular meetings were held between the SHSCT and HSCB/PHA. 236 Most issues relating to planned lookback were discussed at the HSCB/PHA Trust meetings that were organised by the HSCB/SPPG and minutes of all the meetings are available from SPPG. 237 The Department set up a Urology Assurance Group chaired by the Permanent Secretary. The Department of Health arranged these meetings and minutes are available for all meetings. 238 The SHSCT had internal groups that were attended by SHSCT staff only.

Urology Services Inquiry

31	*Outline the decision making process which the PHA understands led to the announcement of the establishment of a public inquiry by the Minister on 24 November 2020. Specifically please address:* *I. The steps which were taken as part of this process, and whether PHA participated in that process and if so, in what way;* *II. The factors which led to the decision to establish a public inquiry;* *III. The individuals involved in reaching that decision; and* *IV. Any consultation the PHA had with any of the following persons/bodies as part of the process leading to the establishment of the public inquiry:* *A. The Trust;* *B. The Department;* *C. The HSCB;* *D. The RQIA;* *E. Mr O'Brien's representatives; and* *F. Any other relevant person or organisation.* 239 The decision to launch a Public Inquiry was taken by the Department of Health. 240 The need for a Public Inquiry was discussed at the Urology Assurance but the decision about an Independent Inquiry was taken by the Minister for Health after being briefed by Departmental officials.
32	*Outline the PHA's understanding of, and its involvement, if any, in the process leading to a decision by the Trust to adopt a SCRR process as opposed to utilising the Serious Adverse Incident ('SAI') process. In answering this question reference should be made to all relevant meetings, discussions or correspondence. Provide copies of all relevant documentation.* 241 In previous Independent Inquiries the SAI process was stood down when the Independent Inquiry was set up and a similar decision was made with the Urology Inquiry except where the SAI process had already started which would continue to completion. Experience of previous Public Inquiries is that that they can take up to 3-5 years to report. During that time period there is a need to continue to review cases that would have reached the threshold for being reported as a SAI to ensure that learning is identified with a view to reducing the risk of recurrence. This was discussed at the PHA/HSCB meeting with SHSCT and also at the DoH Urology Oversight Group. (Minutes of these meetings are available from SPPG and DoH). 242 It was agreed that the SCRR was an appropriate way to review cases while the Inquiry was running. Training on SCRR was provided to staff before it was introduced.

Urology Services Inquiry

33	*What assurances did the PHA seek and receive (if any) with regard to the appropriateness of the use of a SCRR process in the context of the concerns about patient care and safety which were made known to the PHA, as opposed to utilising the SAI process? In particular, the Inquiry is concerned to understand the extent to which the PHA sought to obtain assurances as to the robustness and thoroughness of the SCRR process, the assurances provided, how they were tested and whether the assurances were considered satisfactory.* 243 The SCRR is an established method of identifying learning from reviewing clinical records NMCRR guide England 0.pdf (rcplondon.ac.uk). It is based on the Structured Judgement Review developed by the Royal College of Physicians 244 *Structured judgement review (SJR) blends traditional, clinical-judgement based review methods with a standard format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments about care for each phase, and to scorecare for each phase. The result is a relatively short but rich set of information about each case in a form that can also be aggregated to produce knowledge about clinical services and systems of care* 245 The SJR essentially is three stages: 1. Understanding your problem 2. Diagnosing why the problem is occurring 246 Allows more focussed improvement activities. Using several SJRs in a speciality allows the learning and themes to be identified in a clinical area 247 Using a SCRR allows Trusts to identify and use learning and develop action plans for Improvement. 248 PHA is not aware of any research comparing SAI reviews and SJRS. 249 The SHSCT asked RQIA to review the use of SCRR with urology patients and the report was provided in September 2022.
34	*With specific reference to all relevant meetings, discussions or correspondence, outline the PHA's understanding of and involvement in the decision by the Trust to engage in a Lookback Review.* 250 It was necessary to ensure patients were on the correct treatment pathway and arrangements were made to have patients with delayed reviews seen to ensure they were on the correct treatment pathway. 251 The HSCB-Trust-PHA meetings were held weekly initially and then fortnightly were to ensure that all issues as they emerged from the case note reviews and the SAI reports were reviewed and actioned appropriately. 252 The PHA role was advisory in these meetings.

Urology Services Inquiry

35	*What assurances did the PHA seek and receive (if any) with regard to the appropriateness of the use of the Lookback Review undertaken in relation to the patients of Mr O'Brien from 1 January 2019 to 30 June 2020? In particular, the Inquiry is concerned to understand the extent to which the PHA sought to obtain assurances as to the robustness and thoroughness of the Lookback Review process and its comprehensiveness in terms of the patient group which was to be reviewed and the temporal parameters of the review, the assurances provided, how they were tested and whether the assurances were considered satisfactory.* 253 Please see response to question 25 and 30 254 The PHA participated in regular meetings with the Trust and received regular updates on the outcomes of the case note reviews and ensuring patients were as listed in the answer to question 30. 255 PHA representative Dr Farrell was not able to attend all meetings with the Trust because of the pandemic response but had an expectation that SPPG/HSCB would contact her if there were significant concerns. As described in question 25 response the PHA was involved earlier in the process than they were in the neurology lookback. 256 The updated 2021 guidance on management of lookbacks provides a stepwise approach to lookback exercise.
36	*The Inquiry understands that the oversight structures regarding urology and/or public inquiry engagement consists of the following:* *Within the Trust* *Urology Lookback Steering Group – Chaired by the Director of Acute Services* *Within the Trust's internal Public Inquiry Governance structure* *3 Strands –* *(i) Urology Oversight Steering Group* *(ii) Trust's Public Inquiry Steering Group* *(iii) Trust's Public Inquiry Quality Assurance Group* *Outside the Trust within the Strategic Performance and Planning Group ("SPPG") (formally HSCB),* *Southern Urology Co-ordination Group – Chaired by the Acting Director of Planning and Commissions at SPPG and made up of Senior Trust Staff from SHSCT.* *Outside the Trust within the Department* *Urology Assurance Group – Chaired by the Permanent Secretary and made up of Senior Trust Staff from SHSCT.* *You are asked to confirm that the Inquiry's understanding of the existence of these structures is correct to the best of your knowledge. If there are additional working groups or committees working in these areas which are not referred to above, you should identify them. You are asked to briefly outline the function and/or terms of*

Urology Services Inquiry

	reference of those working groups or committees referred to above or otherwise identified by you, which involve or are engaged with personnel from the Department. As relevant, explain how all such structures (working groups / committees) in place within the PHA, the HSCB / SPPG, the Department and the Trust interact and share information and learning, if at all. Your reply should detail the names of the group members as relevant to the PHA, and dates of all meetings, the frequency of meetings as well as all recommendations and actions to date. 257 We can confirm that the PHA attended: Southern Urology Co-ordination Group – chaired by the Acting Director of Planning and Commissions at SPPG and made up of Senior Trust Staff from SHSCT; Urology Assurance Group – chaired by the Permanent Secretary and made up of Senior Trust staff from SHSCT, HSCB/SPPG, RQIA, and PHA. 258 The PHA was not familiar with the internal Trust working groups and did not attend any of these meetings.
37	*In addition to the structures referred to above, outline the PHA's ongoing role and steps taken, if any, in monitoring, seeking assurance and ensuring patient and general public safety arising out of the concerns about patient care and safety raised which have emerged from urology services within the Trust. In addressing this question outline any engagement the PHA has had or continues to have with any of the following concerning these matters:* *I. The Trust;* *II. The staff working within the Department, but outside of the SPPG;* *III. The HSCB/SPPG;* *IV. The RQIA;* *V. Mr O'Brien's representatives; and* *VI. Any other relevant person or organisation*. 259 The PHA will continue to attend regular meetings with the Trust and Department of Health via the Southern Urology Co-ordination Group and the Urology Assurance Group. 260 The PHA has no direct involvement with RQIA, Mr O Brien's representatives or the GMC regarding Mr O Brien.
38	*Please set out:* *I. What, if any, reforms the PHA is aware of the Trust having made to clinical governance arrangements to address any issue which may have been identified?* *II. What, if any, processes have been implemented or steps taken by the Trust to monitor or provide assurance that the clinical governance arrangements within the Trust are to the PHA's satisfaction and ensure patient safety?* *III. What, if any, assurances has the PHA sought and received from the Trust with regard to any reforms to clinical governance arrangements?* *IV) What, if any, monitoring has the PHA implemented to ensure that the clinical*

	governance arrangements within the Trust protect patient safety? 261 Please see response to Question 26. 262 The PHA is not aware of changes made to clinical governance in SHSCT 263 The PHA understands that as with all HSC Trusts, the SHSCT works to the 2011 Framework and external assurances about the effectiveness of clinical governance arrangements is undertaken by RQIA.
39	*How, if at all, have any reforms or assurances been tested? In addressing this question also outline what, if any, assurances the PHA received or continues to receive, and outline whether the assurances received to date are considered by the PHA to be satisfactory.* 264 Please see answer to question 38.
40	*Does the PHA consider there remains outstanding work to be done by the Trust before its governance structures are sufficiently robust to prevent a reoccurrence of the issues which arose within the Trust's Urology Services? Whether your answer is yes or no, please explain.* 265 Yes. 266 There are a range of systems required to support high quality healthcare which include: Mandatory regulation of professionals eg GMC registration and license to practice Maintaining High Professional Standards (MHPS) Annual appraisal and revalidation; Private practice is part of annual appraisal Monitoring of complaints Monitoring of SAIs relating to individuals clinicians practice, timeliness of notification and reporting of outcomes Participation in national (where they exist) and local audits RQIA reviews Prescribing reviews Recording and analysis of minimum datasets for selected conditions Monitoring of Healthcare acquired infections. Concerns raised by GPs in the preceding 12 months Multidisciplinary Team (MDT) meetings Professional Duty of Candour Peer Review NICE Clinical Guidelines and Technology Appraisals 267 With the exception of annual appraisal which is undertaken at an individual level, most of the initiatives in this list occur at HSC system level or Speciality level

	268	All of these systems where applicable need to be linked together to get an overall view of a clinician's practice and all considered in the annual appraisal. This does not always happen in practice. As a result of the findings of the neurology review in the Belfast Trust, before annual appraisal the appraiser receives a copy of complaints and SAIs that the individual is involved to assist in appraisal so they can form part of the appraisal discussion.
	269	In parallel with these HSC initiatives we need to empower patients and their carers/families to ensure they are informed about what treatment they are getting, the expected outcomes of treatment and what will happen next. In the event of not being reviewed in a timely way, who they can contact. Patients should receive copies of the discharge letters and outpatient clinic letters and be made aware of who to contact if they experience any difficulties. This is not universally in place in all specialities.
41	*In light of the Minister's Oral Statement to the Assembly on Tuesday 24 November 2020, where he stated:* *The consultant also had a significant amount of private practice and that much of this was carried out in private domestic premises, therefore sitting outside of the regulatory framework which requires registration and external assurance of facilities in the Independent Sector in which clinicians may undertake private practice. This is also of significant concern to me as many of these patients may be unknown to the Southern Trust or the wider HSC system.* *…* *The Minister went on to list actions to be taken, which included the following:* *Thirdly, in relation to his private patients who are not known to the Southern Trust, I have requested that his solicitors outline how Mr O'Brien intends to provide a similar independent process to ensure that those private patients are alerted to issues arising and that their immediate healthcare needs are being met. Whilst the Department has no explicit duty to take this particular matter forward, as part of our wider healthcare responsibilities, I want to do all I can to safeguard patients who may have received care or treatment in a private capacity from this consultant.* *What, if any, assurances has the PHA sought and received regarding the care and governance of Mr Aidan O'Brien's private patients from:* *I. The Trust;* *II. Mr Aidan O'Brien;* *III. Mr O'Brien's legal representatives; or* **A.** *Any other relevant person, organisation or source.* 270 The Trust has sought these assurances from Mr O Brien which the PHA understands is via his legal representatives regarding the management of private patients.	

	271 The PHA has not sought assurances from any of the people/organisations listed and does not consider it appropriate for more than one organisation to be contacting Mr O Brien.
42	*If assurances have been sought and provided in respect of Mr O'Brien's private patients, how has the PHA tested the effectiveness of these assurances? Is the PHA satisfied by the assurances provided? If not, what are the PHA proposed next steps, if any, regarding Mr O'Brien's private patients?* 272 Please see answer to question 41.
43	*Has the PHA reached any view concerning the appropriateness, quality and timeliness of the steps taken by the Trust to address the issues of concern and ensure patient safety? If so, fully outline the view which has been reached and set out the reasons for the view which has been reached. If the PHA has not evaluated this issue, please explain why*. 273 The PHA does not have access to patient information and is acting in an advisory role in the lookback process. At the regular meeting between the SHSCT and HSCB/PHA clarification was regularly sought on a range of issues. 274 Ongoing assurance that patients are being reviewed in a timely way was being provided through this group and the Department of Health led oversight group.
44	*From the information available to the PHA to date, what does it consider went wrong within the Trust's urology services and with regard to Trust governance procedures and arrangements? Has the PHA reached any view on how such issues may be prevented from recurring? Has the PHA taken any steps with a view to preventing the recurrence of such issues?* 275 All HSC organisations are expected to meet extant DoH requirements as set out in the relevant Circulars such as those on complaints, early alerts and lookback reviews. Trusts are also expected to adhere to HSCB/SPPG guidance on the management of SAIs. Individual Trusts have flexibility in establishing internal structures within certain parameters to manage clinical governance issues. They are also responsible for managing individual clinician performance issues. The PHA does not have an oversight role in this regard. Although senior PHA staff have participated in the HSCB and DoH groups established to oversee the process from 2020 onwards, PHA had no regular engagement with the Trust between January 2017 and the issuing of the Early Alert. 276 It follows that the PHA does not have a final view on this question, but the following issues appear relevant. 277 The SAI process, although not designed to identify or manage failings in individual clinical practice, did on this occasion flag a problem in 2016 within urology and when asked the Trust stated this was in relation to one clinician. The HSCB/PHA process sought and received assurances from the Trust that the issue had been resolved (primarily by the introduction of an e-triage system). The SAI system relies upon trust in communication between HSCB/PHA and Trusts. It is not resourced to test the veracity of Trust assurances.

	278	The PHA is now aware that the Trust had been trying to address issues in Mr O'Brien's practice from 2016. The MHPS process was prolonged and unfortunately did not resolve the situation. It is noted that the majority of the issues identified appear to relate not to the clinician's technical competence as a surgeon, but instead to appropriate and timely triage of referrals, ordering of diagnostic tests, action on results and MDT teamwork. It appears possible that governance systems are more focussed on failings in clinicians' technical competence and are less capable of managing poor practice in areas of 'patient administration'. The latter are equally capable of causing patient harm and need to be given equal weight.
	279	There needs to be a systematic approach within Trusts to identify and flag clinical or administrative issues meriting further exploration. In the Submission from Mr Paul Cavanagh, HSCB Director of Commissioning to Mrs Sharon Gallagher, HSCB Chief Executive in May 2021 it was noted that data infrastructure in the HSC makes routine audit of care across all pathways very challenging. However, recommendations 5, 6, 8, and 9 in the Submission address issues in cancer pathways which should prevent recurrence in this high risk field of practice. These recommendations are supported by the PHA.
	280	In addition, all measures described in Q 40 need to be working effectively and efficiently to detect suboptimal practice and there needs to be single oversight of all of these within a Trust.
45		*Does the PHA consider that it did anything wrong or could have done anything differently which could have prevented or mitigated the governance failings of the Trust?*
	281	The PHA regrets that patients have suffered as a result of the care provided in the SHSCT by Mr O'Brien. As set out in the response to Q43, the PHA is not fully sighted on the internal processes which took place within the Southern Trust between 2016 and notification of the early alert in 2020. However, it is noted that the SAI process, although primarily designed to identify regional learning, and not to identify or manage individual clinician failings, did allow the Trust to flag that there was a problem and that action was needed to address a risk to patients. It was reported to HSCB/PHA that actions were being taken; it is not yet clear why that did not resolve the issues. In this context PHA staff working within the SAI process were not in a position to prevent or mitigate Trust failings.
	282	To prevent or minimise the risk of this happening in the future requires a significant system and culture change within Trusts to ensure that all approaches listed in response to Q40 operate efficiently and effectively and are considered as a whole.
	283	The recommendations of the Neurology Inquiry are also relevant to what happened in Urology in the SHSCT.
46		*From the PHA's perspective, what lessons have been learned from the issues of concern which have emerged from urology services within the Trust? Has this learning informed or resulted in new practices or processes for the PHA? Whether your answer is yes or no, please explain.*

	284	As background to this response, Trusts are responsible for clinician appraisal, identification of problems in individual clinician practice, and managing any such issues via established HR and professional processes. The PHA as an organisation does not have a role in assessing or managing individual professional performance of Trust employees. Individual members of PHA staff may be made aware of professional issues in the course of their duties and may advise a Trust Medical Director, Director of Nursing, or Lead Allied Health Professional as appropriate, especially if there is a patient safety issue, but the final decision on what action to take remains with the Trust concerned. The PHA has no formal role in what are internal Trust/employee processes in regard to professional standards or HR matters.
	285	Regional learning arising from the Southern Trust's SAIs was identified for Trusts and clinicians, and the relevant recommendations from the SAIs were referred to NICaN. There was no specific learning for the PHA.
	286	As described in the response to Question 13, the SAI process is led by HSCB/SPPG, supported by PHA professional advice. The primary purpose of the SAI process is to identify regional learning. Trust reports submitted to HSCB/SPPG and shared with PHA do not identify individual clinicians. Trusts retain responsibility to manage any failings in individual professional performance which resulted in a SAI. Page 21 of the Procedure for the reporting and follow up of SAIs states 'It is important to protect the integrity of the SAI review process from situations where there is the probability of disciplinary action, or criminal charges. The SAI review team must be aware of the clear distinction between the aims and boundaries of SAI reviews, which are solely for the identification and reporting learning points, compared with disciplinary, regulatory or criminal processes.'
	287	There are no new practices or processes which have been introduced by PHA as a direct result of the Urology service issues in Southern Trust. However, improvements in SAI processes more generally have taken place, some of which were introduced because of staff redeployment as part of the PHA's pandemic response. These have streamlined the process and, as agreed with SPPG, will continue post-pandemic. The PHA also supports the need for wider change in the SAI process as set out in the 2022 RQIA Review.
47	*Is the PHA satisfied that issues which have emerged from urology services within the Trust have been adequately addressed? Whether your answer is yes or no, please explain.*	
	288	No, more work needs to be done with Urology services in the SHSCT.
	289	Based on the reviews done to date and the issues identified a decision needs to be made on whether or not to the timescale relevant to the lookback needs to extend before January 2019. This will be informed by the information collected to

Urology Services Inquiry

	date and the outcome of the Invited Service Review by the Royal College of Surgeons / BAUS which was received by the SHSCT at the beginning of October 2022 and was shared with PHA on 20th October 2022. 290 When PHA was originally notified of the 2017 SAI (see response to Q 15) and raised queries with SHSCT re triage of urology referrals from general practice, PHA accepted at face value the responses received from the SHSCT at that time that the problem related to a single doctor whose practice had been restricted and would be dealt with under the MHPS procedures. PHA does not have access to original notes and is reliant on all information being disclosed in the SAI report and subsequent clarifications provided. 291 The 2007 Lookback guidance was updated in 2021 and the update provides a more structured approach to managing lookbacks with step wise progression on actions to follow when investigating problems associated with a single service or single practitioner. 292 The timeliness of undertaking and sharing of SAI reports remains problematic and together with the RQIA review of SAIs published in 2022 demonstrates the need for an overhaul of the SAI process is required. 293 The recommendations of the Independent Inquiry into Neurology (June 2022) are relevant and an action plan for implementation of its findings needs to be agreed regionally and applied to all specialities.
48	*Any other evidence or documents within the PHA's custody or control, including emails, letters, notes, minutes, memoranda, file notes, diary entries or otherwise, whether in electronic or hard copy, which relate to any matter relevant to the work of the Urology Service Inquiry or which might be relevant to the work of the Urology Services Inquiry (see note below).* 294 Documents have been scoped in answers to the above questions. Also searches of Email systems have been conducted across the PHA and are referenced in the documentation return.

Statement of Truth

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

Signed [redacted]

Personal Information redacted by the USI

Aidan Dawson,
HMFPH PHA Chief Executive

Date: 24 October 2022

Index for Attachments supporting Aidan Dawson, PHA Statement to Urology Services Inquiry

Attachment	Title of Attached Document
1.	Organogram
2.	Job Description Chief Executive
3.	Job Description Director of Operations
4.	Job Description Director of Nursing AHP
5.	Job Description Director of Public Health
6.	Job Description Assistant Director Communications and Knowledge Management
7.	Job Description Assistant Director Planning and Corporate Services
8.	Job Description Assistant Director Allied Health Professionals (AHP) and Patient and Public Involvement (PPI)
9.	Job Description Assistant Director Health Improvement
10.	Job Description Assistant Director Health Protection
11.	Job Description – Consultant in Public Health Medicine – Dr D Corrigan
12.	Job Description – Consultant in Public Health Medicine – Dr B Farrell
13.	Overview of SAI Process for Public Inquiries
14.	Complaints Procedure
15.	Whistleblowing Procedure
16.	PMR (Progress Monitoring Report) Trust Template May 2022
17.	Interface Incident Record and Associated Correspondence
18.	Email - Contact Details for Mr Fordham
19.	Email - Intravenous Fluid & Antibiotic Therapy IVT
20.	Email - Advice needed on issues relating to clinical practice in Urology
21.	Email - Cystectomy Information
22.	Email - Cystectomy Information
23.	Email - Addendum to email on cystectomy figures in NI send 23rd August
24.	Email - Advice needed on issues relating to clinical practice in Urology
25.	Letter to SHSCT Regarding Urology Review
26.	Radical pelvic surgery at CAH
27.	Email - Concern re Urology at CAH
28.	Email - Urology at CAH
29.	Email - Urology Cystectomies
30.	Email - Urology
31.	Email - Urology Review
32.	Email - Findings of the Root Cause Analysis - Personal Information redacted by Incident Ref - Personal Information redacted by SAI Ref - Personal Information
33.	Email - Re SAI - Retained swab
34.	Letter Untitled
35.	Email - SAI Personal Information redacted by Response
36.	Letter - Untitled Ref mm-bmc
37.	Email - Trust protocol SHSCT ID Personal Information redacted by HSCB Ref Personal Information redacted by
38.	Email - SAI Personal Information - Incident ref Personal Information redacted by - retained swab
39.	Email - Trust resp DRO request for update-Outstanding Trust response SHSCT SAI Personal Information redacted by - Personal Information redacted HSCB Ref Personal Information redacted by
40.	Email - SAI CLOSURE FEMALE (DOB Personal Information redacted by the USI) Personal Information redacted HSCB Ref Personal Information redacted by
41.	Copy of HSCB /PHA Position Report
42.	Email - Request for update on closure FEMALE Personal Information redacted by the USI) Personal Information redacted HSCB Ref Personal Information redacted by
43.	Email - Closure of SAI Trust Ref FEMALE Personal Information redacted by the USI) Personal Information HSCB Ref Personal Information redacted by

44.	SAI Personal Information redacted by the Position Report
45.	Allocation of SAIs from Dr Darragh to Dr McClean
46.	Learning Actions for Noting at HSCB/PHA Quality Safety and Experience Group
47.	Trust Action Plan
48.	E-mail to Medical Director 27 September 2017
49.	E-mail to Director of Public Health summarising call with Medical Director 27 September 2017

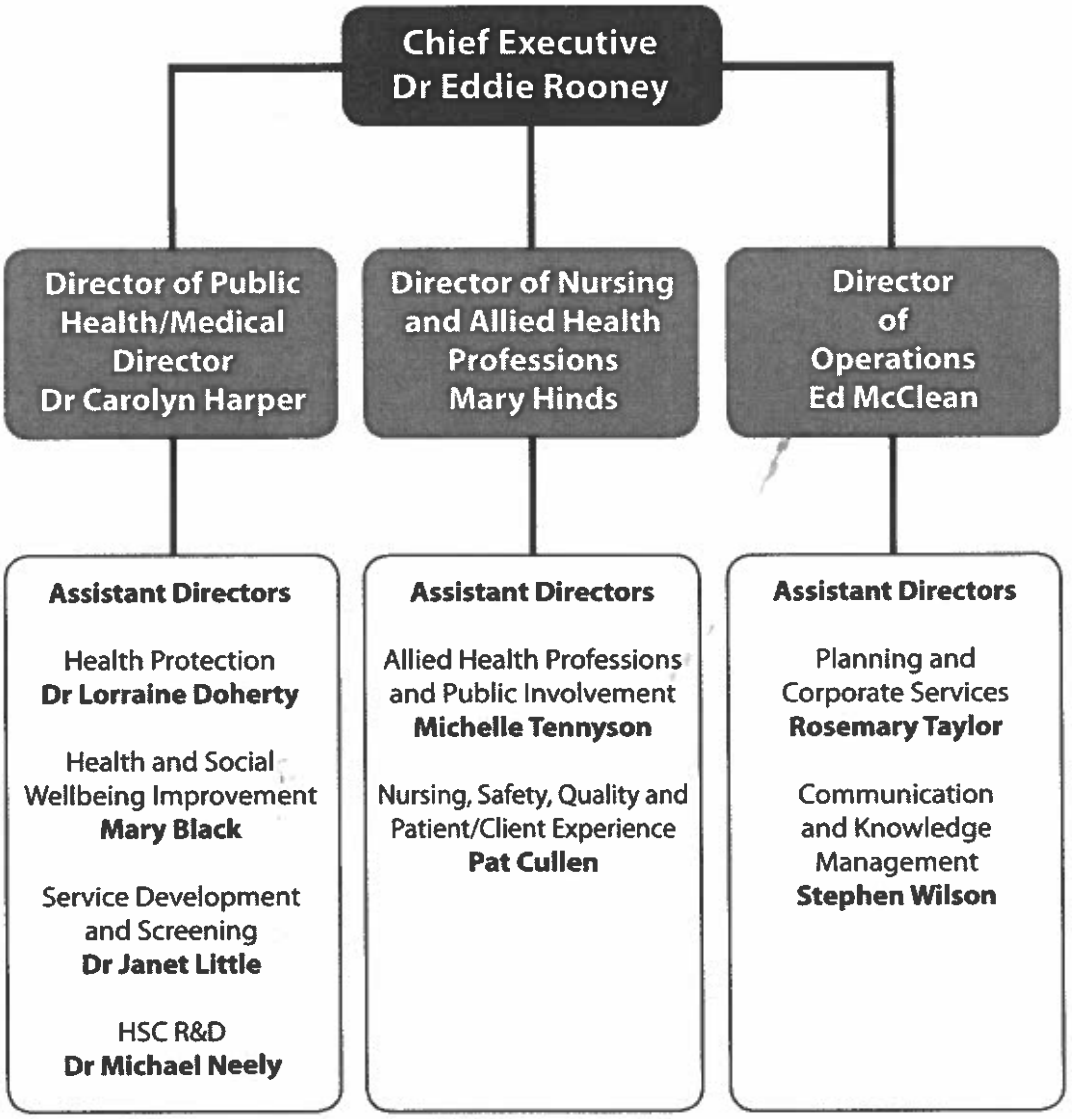
PUBLIC HEALTH AGENCY

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2013

Management commentary

The PHA comprises three Directorates as shown in the organisational structure below:

Diagram 2: PHA organisational structure to tier three level

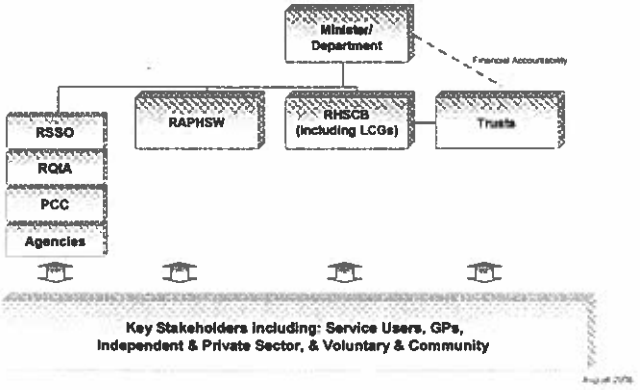


Health and Social Care

Organisational Structure

New organisational structure of the HPSS

Health & Social Care Model



Health and Social Care

Chief Executive
Regional Agency for Public Health and Social Well-being

Job Description

JOB SUMMARY

The Chief Executive (designate to 1 April 2009) will be responsible to the Minister/Department for establishing, leading and managing the new Regional Agency for Public Health and Social Well-being (RAPHSW) to be established on 1 April 2009. The postholder will be accountable to the board of the RAPHSW for the efficient and effective management of the organisation and ensuring it meets objectives set by the Minister and Department of Health, Social Services and Public Safety (DHSSPS). He/she will also act as accounting officer for the RAPHSW and in that capacity will be directly responsible to the Permanent Secretary for all funds allocated by the Department. The postholder is ultimately answerable to the Minister.

The Chief Executive will work in partnership with the Chief Executive of the Regional Health and Social Care Board, DHSSPS and Trusts, to oversee the development of new commissioning arrangements for the provision of health and personal social services to deliver responsive, patient and client-centred services.

Working with the Department within a framework of policies, standards and targets that reflect Ministerial priorities, the postholder's key responsibilities will be as follows:

KEY RESULT AREAS

DELIVERY

- To lead the process of establishing the new Regional Agency for Public Health and Social Well-being (RAPHSW);
- To provide the vision and leadership necessary to determine the strategic direction of the Agency and translate this into effective working practices;

- Once the RAPHSW is operational, to manage it in order to achieve priority outcomes including improvements in the health and well-being of the people of Northern Ireland;
- Deliver against Ministerial priorities as established in departmental strategies and policies and translated into RAPHSW targets;
- Work with the Chief Executive of the Regional Health and Social Care Board to ensure a seamless approach to the working of both organisations and the development of an integrated health and social care commissioning plan for Northern Ireland;
- Work with the Chief Executive of the RHSCB to bring about new arrangements for the commissioning of health and social care for the population of Northern Ireland that will secure real, demonstrable improvement in public health and social wellbeing;
- Ensure that the RAPHSW delivers its functions, specifically health protection, health improvement and working with the RHSCB and Local Commissioning Groups on commissioning;
- Establish close working arrangements with local government and an infrastructure, processes and governance framework that support those arrangements;
- Manage an effective process to ensure the continuing, objective and systematic evaluation and monitoring of Health Improvement and Health Protection and ensure the rapid and effective implementation of indicated improvements;
- Ensure that systems are based on good practice, research evidence, national standards and in accordance with guidelines, and to audit compliance to those standards and the statutory duty of care; and
- Achieve and sustain high level of public confidence in the appropriateness, priority, safety and effectiveness of services provided.

STRATEGIC LEADERSHIP

- Provide clear leadership to the RAPHSW in the development of business plans, ensuring these reflect and contribute to meeting targets set by the Minister and the Department;
- Development of a common understanding of the vision and strategic aims of the RAPHSW;
- Work in partnership with the Chief Executive of the Regional Public Health and Social Care Board to provide strategic direction on regional and local issues;
- Work with Trusts in the development of effective health promotion and health protection issues;
- Provision of clear and positive leadership, motivation and development of all staff of the RAPHSW to ensure their engagement with and commitment to achieving the business plan; and
- Work with the RAPHSW board, staff and partners in the local health economy to ensure delivery against the agreed business plan.

Information Pack – Chief Executive – Regional Public Health and Well-being Agency

CORPORATE MANAGEMENT

- With the Chair, be responsible for the organisational structure of the RAPHSW, its probity and effectiveness;
- Manage the RAPHSW through the senior management team, ensuring and maintaining effective operational management processes;
- Ensure that the work of the RPHSW is clearly and effectively communicated to employees throughout the organisation and that members of the board are aware of issues and opinions of key staff groups;
- Continually evaluate and review all services changing systems and practices as necessary to improve services and establish a culture of continuous improvement; and
- Ensure that systems and processes are in place to enable the Department and board of the RAPHSW to evaluate the effectiveness of its use of human, capital and financial resources and that under-performance is addressed quickly and effectively.

GOVERNANCE

- Work with the Chair to ensure that the board works effectively in setting strategic objectives for the RAPHSW and ensuring their achievement;
- Work with the Chair and board to deliver effective governance in accordance with public sector values and the Codes of Conduct and Accountability;
- Work with the senior management team to ensure that reports on statutory functions are completed as necessary ensuring that any action needed internally in the RAPHSW is taken promptly;
- Ensure that robust arrangements are in place to meet the statutory governance requirements;
- Ensure that arrangements are in place to assure all quality standards; and
- Monitor and report on performance against RAHSW targets and ensure corrective action is taken when there is unacceptable deviation from the board's agreed business plan.

EXTERNAL RELATIONSHIPS

- Establish collaborative relationships with external partners in the public, private, community and voluntary sectors to develop initiatives which will improve services and inter-agency communication;
- Develop linkages with the DHSSPS, reflecting the responsibility of the Board and the Chief Executive to deliver the Minister's decisions and priorities;
- Develop linkages with the Regional Health and Social Care Board, Regional Support Services Organisation, Patient and Client Council and Health and Social Care Trusts, to promote best practice and innovation in the provision of services;

- Work with the Department, other Agencies and Trusts in developing a strategy for dealing with the media which reflects ministerial views and which secures the confidence of public representatives; and
- Develop a strategy to maximise effective engagement of users and local communities in the planning, delivery and evaluation of health and social care services.

FINANCES

- Work through the senior management team to ensure that budgets are managed appropriately and give the best outcomes for resources available;
- Ensure that robust financial systems and controls are in place to achieve "break-even" on budgets and that immediate action is taken to control over-spends;
- Develop, through the Finance Director, management information on financial spend and inter-linkages such as overtime, absence and agency costs, which inform management and control of budgets; and
- To ensure fair and equitable allocation of resources, promote value for money and achieve financial probity, accountability and control by developing, operating and maintaining robust business planning and financial systems.

PEOPLE MANAGEMENT

- Ensure that people management practices support continuous improvement in staff capability and quality of services provided including encouragement of and widening participation in learning opportunities;
- Lead the development of systems to promote the health and well-being of staff;
- Develop and maintain systems to support development and performance appraisal for all staff to ensure that poor performance is dealt with quickly and remedial action taken;
- Develop, through the HR Director, management information on staff utilization; development and return on investment, which improve management and a rigorous continuous improvement culture; and
- Ensure that the RAPHSW board has a diverse and representative workforce, and that the right skills are in the right place to deliver its objectives.

COMMUNICATION

- To promote a common understanding of the role of the RAHSW, both within and outside the organisation, and ensure effective working relationships and lines of accountability and communication are developed and maintained in relation to the Department, Regional Health and Social Care Board, Regional Support Services

Organisation, Patient and Client Council, Trust Chief Executives Local Commissioning Groups and key external stakeholders.

DEVELOPMENT OF SELF

- Lead by example to ensure that the RAPHSW demonstrates respect, through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services;
- Lead by example in practicing the highest standards of conduct in accordance with the Code of Conduct for HPSS managers; and
- Continuously strive to develop self and improve capability in the leadership of the RAPHSW and its staff

General Responsibilities

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

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.
- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- comply with No Smoking Policies.
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- adhere to equal opportunities policy throughout the course of their employment.
- ensure the ongoing confidence of the public in service provision.
- as the accountable officer comply with the code of business conduct.

Records Management

Chief Executives are responsible for all records held, created or used as part of their business including patient/client, 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

Note: This job description is an indication of the responsibilities of the Chief Executive. It is not a definitive description and may change in light of final Ministerial decisions and the proposed Framework Document.

The post holder, as Chief Executive, will lead and manage a wide range of staff drawn from professional, technical, administrative and financial disciplines. They will primarily be drawn from people previously employed in the HPSS and the Department.

This is a permanent full time appointment.

HSC Health and Social Care

Terms and Conditions

Salary will be determined within the band range £106,072 - £141,427 per annum (under review) within which pay progression will be determined by performance. Applicants can expect to be paid the minimum of the range although a higher starting salary may be available if the successful candidate has exceptionally relevant skills/experience. If the successful candidate is currently employed as a medical consultant it will be possible to retain current terms and conditions of employment.

In addition to the 10 public holidays, the annual leave allowance will be 30 days.

The successful applicant will be based initially in Belfast but will be relocated to the headquarters of the Agency in due course. He or she may be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit them to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

The Department will consider any request for re-location expenses should the successful candidate be required to move home.

Applicants should note that the DHSSPSNI has engaged Odgers Ray & Berndtson to carry out an executive search to assist it in attracting as wide a field of applicants as possible. For an informal discussion about the opportunities please contact the advising consultants at Odgers Ray & Berndtson, 11 Hanover Square, London, W1S 1JJ. Telephone 084 5130 9005 quoting reference CWH/25049ST.

Any applicant wishing to speak to someone about this position please contact Dr Carolyn Harper, Deputy Chief Medical Officer, DHSSPSNI, Castle Buildings, Belfast, BT4 3SQ. Telephone No: Personal Information redacted by the USI or by email to Personal Information redacted by the USI

HSC Health and Social Care

Chief Executive (Designate) Personnel Specification:

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they have:

- Successfully discharged, for a period of at least 5 years, within the last 8 years, senior management responsibilities at Chief Executive/Director level.
- At least 3 years' experience within the last 6 years of managing major change programmes addressing significant[1] organisational, managerial or service change.
- Delivered against challenging performance management programmes meeting a full range of key targets and making significant improvements.
- Worked with a diverse range of stakeholders, external to the organisation, to achieve successful outcomes.
- Had personal accountability for a significant budget for 3 years, within the last 6 years, in a complex organisation, securing value for money by effective prioritisation and driving efficiencies.
- Successfully demonstrated high level governance and organisational skills (including strategic planning, risk management, financial and people management skills).

SHORTLISTING

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

[1] "significant" is defined as contributing directly to key corporate objectives of the organisation concerned.

The following additional desirable criteria may be introduced dependant upon the number of applications received.
-Experience of leadership in Public Health.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the HPSS Leadership Qualities Framework at www.nhsleadershipqualities.nhs.uk

Health and Social Care

Selection Process

The Merit Principle

In accordance with Recruitment good practice all appointments to the Chief Executive (Designate) will be made under the 'merit principle' where the best person for any given post is selected in fair and open competition.

Making your application:

The application form is designed to ensure that applicants provide the necessary information to determine how they meet the essential criteria.

Please note:

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 for receipt of application;
- Applications will not be examined until after the closing deadline;
- Do not use acronyms, complex technical detail etc. Write for the reader who may not know what it means. Include concise examples and be sure you can expand on these at interview;
- Write down clearly your personal involvement in any experience you quote. Write "I" statements e.g. I planned meetings, I managed a budget, I prepared a presentation. It is how you actually carried out a piece of work that the panel will be interested in; and
- Identify relevant examples – This is very important as the examples which you provide may be checked out at interview and you may need to be prepared to talk about these in detail if you are invited to interview. It is your unique role the panel are interested in, not that of your team or division.

Application Form submission

- We will not accept incomplete application forms, application forms received after the closing deadline or reformatted application forms; and
- 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 RPA Unit.

Equal Opportunity Monitoring Form

Please note that this information is regarded as part of your application and failure to compete and return this part of you application will result in disqualification.

Disability requirements

We ask on the application form if you require any reasonable adjustments, due to disability, to enable you to attend the interview. Details of any disability are only used for this purpose and do not form any part of the selection process. If you wish to discuss you disability requirements further, please contact the RPA Unit on [redacted]

Personal Information redacted by the USI

Interview information

The interview process may include an assessment centre, preliminary interview and final interview with a presentation or any combination of the above.
Candidates required to give a 10-minute presentation as part of their interview will be advised of the presentation topic and given time to prepare prior to their interview.

Access NI

You have applied for a position in an organisation providing care to patients and vulnerable adults. Before appointing anyone to such a post, it is our policy to ask for an Access (NI) check to be carried out by the Department of Health, Social Services and Public Safety (DHSSPS). This check is to make sure that people who might be a risk to vulnerable adults and children are not appointed.

The check will tell us if you have a criminal record, or if your name is included in the DHSSPS Disqualification from Working with Children and Vulnerable Adults List or the Department of Education list of those unsuitable to work with children. Any information received will be treated confidentially and we will talk to you about it before we make a final decision. After the decision is made the information will be destroyed.

The successful applicant will be required to complete an Access NI form.

Health and Social Care

Department, Board, Agency andTrust links

Further details may be obtained on the Department of Health, Social Services and Public Safety and each of the current Trusts' using the following links:

Department of Health, Social Services and Public Safety
www.DHSSPS.Gov.uk
Eastern Health and Social Services Board
www.ehssb.n-i.nhs.uk
Southern Health and Social Services Board
www.shssb.n-i.nhs.uk
Northern Health and Social Services Board
www.nhssb.n-i.nhs.uk
Western Health and Social Services Board
www.whssb.n-i.nhs.uk
Central Services Agency
www.centralservicesagency.com
Health Promotion Agency
www.healthpromotionagency.org.uk
Belfast Health and Social Services Trust:
www.belfasttrust.hscni.net
Northern Health and Social Services Trust:
www.northerntrust.hscni.net
Southern Health and Social Services Trust:
www.southerntrust.hscni.net
South Eastern Health and Social Services Trust:
www.setrust.hscni.net
Western Health and Social Services Trust:
www.westerntrust.hscni.net

HSC Health and Social Care

Director of Operations
Regional Agency for Public Health and Social Wellbeing

Job Description

Job Summary

The Director of Operations (Designate) will be an Executive Member of the Regional Agency for Public Health and Social Well-being's (RAPHSW)[1] Board. He/She will be responsible for ensuring the provision of comprehensive operational and corporate services to the Chief Executive and the RAPHSW Board. This will include taking lead responsibility for driving partnership arrangements with local government and ensuring proper governance and probity arrangements are in place and maintained.

He/She will lead a Directorate the overall role of which will be to:-

- Give strategic leadership to the development of partnerships with local government and to the implementation of joint-working pilots and longer term arrangements to support partnerships in the development of community plans from April 2009,
- To take forward partnership development of the joint commissioning plan of the Regional Board and RAPHSW to reflect the public health and social wellbeing agenda.
- To contribute to local government reforms from a health and social well being agenda.

KEY RESULT AREAS

Strategy

- To develop and manage the Regional Agency for Public Health and Social Well-being internal strategic planning and performance management processes. This will include working with the Chief Executive, other Directors and the Board in the development, implementation, and monitoring of the Agency's corporate and annual business plans, and to monitor and report to the Board on agreed key performance indicators.

- As a member of the executive team there is a requirement to provide leadership and strategic direction to staff and to manage organisational change and development.

[1] RAPHSW – Regional Agency for Public Health and Social Wellbeing

- Develop and implement planning arrangements to ensure agreed strategic priorities are translated into action through the joint Commissioning Plan and local government Community Plans.

- Develop information and knowledge management strategy and capability in support of the Agency and its HSC and inter-sectoral partners.

Local Government Partnerships

- Responsible for the strategic development of partnership working with local government and engaging with local government on the health and social well-being agenda.
- Responsible for strategic leadership in establishing joint working arrangements with local government and ensuring that those arrangements are underpinned by robust planning, delivery and performance management processes.
- Ensure coherence between Agency partnerships and the HSC and local government reform programmes.
- With other Directors in the Agency, ensure that joint working between the Agency and local government achieves agreed health and social well-being outcomes and reduces health inequalities.
- Work closely with the Regional Director of Public Health to ensure that the Agency provides high quality input to its work with local government.
- Ensure that the joint commissioning plan of the RHSCB and RAPHSW takes account of the health and social wellbeing agenda and Community Plans with local government, working closely with the Regional Director of Commissioning and Local Commissioning Groups.
- Ensure that local government Community Plans takes account of the health and social well-being agenda and the joint Commissioning Plan, working in partnership with local Councils.

Governance

- To undertake the role of Board Secretary as set out in the Board's Standing Orders. This will include the provision of objective advice based on sound evidence and analysis to the Chief Executive, the RAPHSW Board and relevant sub-committees on corporate governance.

- Ensure that arrangements are in place to reassure the RAPHSW Board that all standards of corporate governance are complied with.

- To develop and maintain an appropriate Corporate Risk Register to ensure that the RAPHSW is able to take all required actions to minimise risks.

- To oversee the development and management of a financial strategy and accounting process to ensure probity and value for money.

Relationships

- Establish and maintain effective relationships with all of the Agency's inter-sectoral partners from Health and Social Care and other statutory, voluntary and private sectors.

- Manage service level agreements with all external partners and ensure that appropriate mechanisms are in place to allow the RAPHSW to consult with its stakeholders, in the statutory, voluntary and private sector on a regular basis, as appropriate.

- Maintain effective working relationship with the Regional Business Services Organisation from which a range of services will be provided including, Finance, Human Resources, ICT support, Procurement and Information Management

Delivery programme and performance

- Responsible for establishing arrangements within the Agency to continuously assess and improve its own performance and to ensure that health and well-being outcomes are achieved.

- To take management responsibility for all operational and corporate services in support of the RAPHSW's strategic objectives ensuring a satisfactory interface between departments and functions, to identify strategic aims and objectives and to continuously monitor performance. This will include undertaking needs assessments, establishing appropriate systems, building successful teams, managing resources and keeping under review all aspects of:

  Communications and public relations
  Equality and diversity
  Finance
  Human resources
  Information and knowledge management
  Information and communication technology (ICT)
  Legal services
  Policy development and planning
  Procurement
  Risk management
  Committee services for the RAPHSW Board.

Resources

- To ensure the establishment and maintenance of a robust financial and planning system so that the RAPHSW manages its resources both effectively and efficiently and achieves its business targets and objectives. This will include negotiating an annual budget for the RAPHSW with the DHSSPS and ensuring that all audit and financial forecasting and monitoring procedures are adhered to; and

- To develop flexible and modern office and ICT facilities to enable the RAPHSW staff to undertake their duties confidently and competently.

Communication, Information and Knowledge Management

- To advance the aims of the Agency and to contribute to the development and maintenance of an appropriate public profile for the RAPHSW. This will include: representing the RAPHSW's interests in a wide range of meetings, negotiations and consultations with appropriate stakeholders; managing the drafting and publication of the RAPHSW's Annual Report and Accounts; developing and implementing an appropriate Communications Strategy.

- Develop and maintain the Agency's communication capability ensuring high quality products for a range of public and professional audiences.

- Develop and maintain the Agency's capability in analyzing health and well-being related information to inform policy makers, providers, and the commissioning and community planning processes.

People Management

- Provide clear and strategic leadership to staff within the directorate to ensure the Agency has a highly skilled, flexible and motivated workforce.

- Develop management information on staff utilisation, development and return on investment, which improves management decision making and supports a rigorous continuous improvement culture.

- Ensure that structures and practices within the directorate support a culture of effective team working, continuous improvement and innovation.

- Develop links and maintain effective working relationships with RHSCB and LCGs to form a sound partnership working arrangement to deliver on the Agency's strategic objectives.

Corporate Management

- Contribute to the corporate decision making of the RAPHSW Board;

- Develop a performance management system for the Agency Board and Chief Executive.

- Lead responsibility for the Agency's corporate planning, policy and decision making processes as a member of the executive team.

- Develop and maintain working relationships with other director colleagues and non-executive directors to ensure achievement of RAPHSW objectives and the effective functioning of the senior management team and RAPHSW Board;

- Lead responsibility for ensuring that the Agency's objectives and decisions are effectively communicated to staff and to the other inter-sectoral partners.

- Participate in and comply with Departmental requirements in the production of performance reports;

- Lead responsibility for the Agency's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability;

- Lead by example in practicing the highest standards of conduct in accordance with the Code of Conduct for HSC Managers;

General Management Responsibilities

Ensure that appropriate appraisal and performance review processes are in place for all staff;

Maintain good staff relationships and morale amongst the staff reporting to him/her;

Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate;

Ensure all budgets within the postholder's remit are managed within authorised limits;

Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results;

Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Agency;

Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Agency;

Promote the Agency's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

Other General Responsibilities

Employees of the Agency will be required to:

Treat those with whom they come into contact in a courteous and respectful manner;

Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;

Comply with the Agency's No Smoking Policy;

Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;

Adhere to equal opportunities policy throughout the course of their employment;

Ensure the ongoing confidence of the public in service provision;

Comply with the HSC code of conduct for Managers.

This job description is 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 Director of Operations (Designate) works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive.

Records Management

Directors are responsible to the Chief Executive (Designate) for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

9th December 2008

HSC Health and Social Care

Terms and Conditions

Salary will be Band xx £xxxx per annum.
In addition to the 10 public holidays the annual leave allowance will be 33 days.
This is a substantive RAPHSW post, although the post holders as part of the transitional arrangements will be seconded from their current organisation to work on the establishment of the new organisation and will transfer to the new RAPHSW when the relevant legislative instruments are in effect.

The successful applicant will be based initially in Belfast but will be relocated to the headquarters of the Agency in due course. He/she may be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

Any applicant wishing to speak to someone about the process for appointment to the above position should contact the DHSSPS – RPA Unit – Beeches Management Centre (telephone [redacted]).

Health and Social Care

Director of Operations (Designate)

Regional Agency for Public Health and Social Wellbeing

Personnel Specification: [DN- These should be the same as for the Dir Commissioning in the RHSCB]

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they are working in a substantive post in the HSC or an organisation affected by RPA and:

- a university degree or relevant professional qualification and worked for at least 3 years in a senior management role[2] [DN – Assistant Director is included in the list below but for the other posts, it had to be at Director level. Is this correct and can it be justified] in a complex organization [DN – complex organization is not defined]

OR

have worked for at least 5 years in a senior management role[3] in a complex organisation.

[DN – are the rest the same as for equivalent posts in the Board]

- delivered against challenging objectives/targets for a minimum of 3 years in the last 6 years meeting a full range of key targets and making significant improvements;

- for a minimum of 3 years in the last 6, have worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes;

- successfully demonstrated high level people management, governance and organisational skills for a minimum of 2 years in the last 6 years;

[2] senior management is defined as experience gained at Chief Executive, Director, Assistant Director or equivalent in a complex organization.

Minds.

Director of Nursing and Allied Health Professions (Designate)
Regional Agency for Public Health and Social Wellbeing

Job Description

JOB SUMMARY

The Director of Nursing, Allied Health Professions (Designate) will be an Executive Director and a member of the Regional Agency for Public Health and Social Wellbeing (RAPHSW) Board. The postholder will provide professional leadership and professional inputs both within the Agency and Regional Board and leadership more broadly across the health and social care system. To facilitate this, the postholder should attend all Regional Health and Social Care Board (RHSCB) Board meetings and have attendance and speaking rights.

The post holder will be accountable to the Chief Executive of the Agency and on matters of professional appraisal and revalidation reporting arrangements will be to the Chief Nursing Officer, DHSSPS. He/she will lead or contribute to a wide range of work programmes, of the Agency, and Board including quality and safety of services, service frameworks, health improvement, service development, reform and modernisation, commissioning and clinical governance. There will be a specific responsibility for work, which will enable the progressive improvement of patient, client and user experience. This post will primarily be outward facing to the Health and Social Care system, and Local Government and will require a close working relationship with the Director of Public health. There will also be a requirement for close working relationships with the DHSSPS, in particular the Chief Nursing Officer (CNO) and the Nursing and Midwifery Directorate, and with a broad range of stakeholders and professional organisations.

The postholder will lead a Directorate the overall role of which will be to;

- Ensure effective systems of governance for delivery of the Nursing, Midwifery and Allied Health Professionals (AHPs) functions within the Agency, and Regional Board.
- Provide the Regional statutory midwifery functions;
- Provide Nursing, Midwifery and AHP inputs (including guidance on legislation, policy initiatives and recognized good practice) to other functions of the RAPHSW e.g. Health Improvement and Health Protection, and to the Regional Board – in particular Commissioning and Performance Management/ Service Improvement.

KEY RESULT AREAS:

Professional Leadership

- Provide leadership to staff within the nursing, therapy services and patient experience directorate.
- Provide professional leadership to nurses and midwives within the Agency and Board, establishing appropriate networks and systems and, in general terms, promoting a culture which encourages professional learning and development, and meets the requirements for professional revalidation.
- Ensure the existence of appropriate professional leadership for allied health professionals. There will be a specific point of professional leadership in this regard within the directorate.
- Promote multi-professional development and multi-disciplinary team working.
- Provide professional advice to the Agency, Board and within the Executive Team, and as required to the Chief Nursing Officer of the DHSSPS.

Commissioning

- Facilitate the provision of appropriate professional input and advice into commissioning processes ensuring that commissioning plans are developed in accordance with professional standards.
- Ensure the existence of appropriate networks of and support for nurses, midwives and allied health professionals playing a central role in commissioning teams.
- Ensure the ongoing development of a multi-professional commissioning skills base.

Health Improvement

- Contribute to planning processes relating to improvements in public health and social wellbeing.
- Ensure the nursing and allied health professional workforce is engaged with health improvement programmes and equipped to play a full part in their implementation.
- Promote ongoing development of professional practice in line with best evidence.

Health Protection

- In collaboration with the Head of Health Protection, ensure that the health protection nurses are supported to discharge the statutory public health functions.

- Ensure that effective links are maintained between health protection and the wider quality and safety agenda.

Service Development

- Provide advice and contribute to planning processes relating to future models of service delivery. This will include the significant work programmes associated with the establishment of service frameworks.
- Lead and enable work programmes to ensure the significant development of non-medical prescribing, and work closely with relevant Departmental policy directorates.
- Focus particularly on long term conditions ensuring the enablement of new care delivery models.

Policy and Strategy

- Liaise and work closely with relevant Department colleagues in respect of appropriate policy development programmes.
- Participate fully in strategic planning processes for the health and social care system.
- Ensure the existence of strategies for the future development of nursing, midwifery and allied health professions.

Standards, Quality and Governance

- Lead appropriate programmes of work relating to the reduction in healthcare acquired infections across the HSC system.
- In conjunction with the Director of Public Health, lead on the development of systems to monitor safety and quality of service, including adverse incidents.
- Provide the Executive lead for the Local Supervisory Agency function for the statutory supervision of midwifes ensuring this supervision is delivered in line with the LSA framework and standards.
- Ensure effective working relationships are in place with bodies such as Nursing and Midwifery Council and the Regulation and Quality Improvement Authority (RQIA) for all relevant professional matters.
- Through professional leadership networks ensure the maintenance of rigorous systems to sustain high professional standards across HSC.

of 2

Patient, Client and User Experience

- Ensure appropriate process of engagement and involvement are in place to enable an understanding of patient, client and user expectations and satisfaction levels.
- Lead work programmes relating to the development of standards in relation to patient, client and user experience.
- Lead and co-ordinate enabling work to ensure the delivery of health and social care services in a manner which meets patient, client, provider and user experience.
- Focus particularly on service frameworks, patient pathways, inter-disciplinary team working and issues relating to diversity and personalisation of services.

People Management

- Provide clear and strategic leadership to staff within the Directorate to ensure the Agency has a highly skilled, flexible and motivated workforce to provide high quality performance management;

- Develop management information on staff utilisation, development and return on investment, which improves management decision making and supports a rigorous continuous improvement culture;

- Ensure that structures and practices within the directorate support a culture of effective team working, continuous improvement and innovation;

- Pursue a programme of Continuing Professional Development in accordance with the Faculty of Public Health requirements, or other recognised equivalent body, and undertake revalidation audit or other measures required to remain on the NMC, AHP, and/or Faculty of Public Health Register.

- Keep up to date with policies and guidelines on good practice from the Faculty of Public Health, Royal Colleges, and other organisations, and identify opportunities to enhance the quality of programmes and services.

Corporate Management

- Contribute to the corporate decision making of the Agency and regional Board;

- Advise the Agency and Chief Executive (Designate) on the development of the Agency's own performance management systems;

- Contribute to the Agency's corporate planning, policy and decision making processes as a member of the senior management team and ensure the Agency's objectives and decisions are effectively communicated;

- Develop and maintain working relationships with other director colleagues and non-executive directors within the Agency and Regional Board to ensure achievement of objectives and the effective functioning of the senior management teams;

- Participate in and comply with Departmental requirements in the production of performance reports;

- Contribute to the Agency's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability;

- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Managers;

General Management Responsibilities

- Ensure that appropriate appraisal and performance review processes are in place for all staff;

- Maintain good staff relationships and morale amongst the staff reporting to him/her;

- Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate;

- Ensure all budgets within the postholder's remit are managed within authorised limits;

- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results;

- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Agency;

- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Agency;

- Promote the Agency's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

Other General Responsibilities

Employees of the Agency will be required to:

- Treat those with whom they come into contact in a courteous and respectful manner;

- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;

- Comply with the Agency's No Smoking Policy;

- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;

- Adhere to equal opportunities policy throughout the course of their employment;
- Ensure the ongoing confidence of the public in service provision;
- Comply with the HSC code of conduct.

This job description is 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 Director of Nursing, Allied Health Professions works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive (Designate).

RECORDS MANAGEMENT

Directors are responsible to the Chief Executive (Designate) for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

Health and Social Care

Terms and Conditions

Salary will be Band 3 - £79,551 - £106,072 per annum.

For successful candidates the existing Senior Executive Performance Management arrangements will be amended as follows. The annual pay increase will consist of two elements: a salary review element and a performance element. The salary review increase will be determined by the NHS Pay Review Body. The performance element will be the difference between the salary review increase and the increase in staff in post limit set by HM Treasury.
Those staff currently on Senior Executive contracts will transfer on appointment to the amended performance management arrangements as outlined above.

In addition to the 10 public holidays the annual leave allowance will be 33 days.

These are substantive RAPHSW posts, although the postholders will initially be seconded to DHSSPS, but will then transfer to the RAPHSW on creation of the Agency, subject to Parliamentary approval of the necessary legislation.

Interim accommodation arrangements will be made in 2008/09 pending expected decisions on the location of the new body and can be further discussed at interview. He/she may be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

Any applicant wishing to speak to someone about the process for appointment to the above position should contact the DHSSPS – RPA Unit – Beeches Management Centre (telephone Personal Information redacted by the USI).

Health and Social Care

Director of Nursing Allied Health Professionals (Designate)
Regional Agency for Health and Social Wellbeing

Personnel Specification:

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they are working in a substantive post in the HSC or an organisation affected by RPA and:

- Must be on the NMC live register;
  and
  have a degree in Nursing or another appropriate subject (e.g. health service management, health studies etc);
  and
  worked at Director level for at least 3 years in the last 5 years with responsibility for a major programme of work or at Assistant Director level for at least 5 years with responsibility for a major programme of work.

- Successfully delivered against challenging management programmes for a minimum of 3 years in the last 6 years meeting a full range of key targets and making significant improvements in the provision of care standards and quality levels;

- worked with a diverse range of stakeholders, developing constructive working relationships, both internal and external to the organisation, to achieve successful outcomes for a minimum of 3 years in the last 6 years;

- successfully demonstrated high level financial management, governance and organisational skills for a minimum of 2 years in the last 6 years;

- have at least 3 years experience within the last 6 years of personal accountability for financial management in a complex organisation;

- demonstrate evidence of providing leadership in a change environment taking account of the impact of a devolved administration.

SUGGESTED AMENDMENTS TO DIRECTOR OF NURSING AND ALLIED HEALTH PROFESSIONS JOB DESCRIPTION

JOB SUMMARY

(Insert into main text)

- He/she will be the Lead Director for Personal and Public Involvement and will be responsible for delivery of those statutory responsibilities.

(Additional Bullet Point)

- Deliver Personal and Public Involvement Statutory Responsibilities

Personal and Public Involvement

(Insert after Standards, Quality and Governance)

- Ensure development and delivery of a PHA Personal and Public Involvement Strategy.
- Ensure the development of effective systems to monitor the effectiveness of Personal and Public Involvement across Health and Social Care.
- Ensure the PHA fulfils its statutory responsibilities in relation to Personal and Public Involvement.
- Ensure effective relationships are in place with bodies such as PCC and HSCB.
- Ensure effective arrangements are in place to drive improvements in PPI across Health and Social Care.

HSC Health and Social Care

Director of Public Health and Medical Director (Designate)

Regional Agency for Public Health and Social Wellbeing

Job Description

JOB SUMMARY

The Director of Public Health and Medical Director (Designate) will be a member of the Agency's Executive Team and Board. The post holder will advise the Board and Chief Executive on all issues relating to public health. He/she will be responsible for ensuring the Agency discharges its statutory public health functions.

The post holder will lead the Public Health Directorate in its role of providing 3 core functions. These are:

- Health protection
- Health improvement
- Public health input to the commissioning process.

The post holder will also be the Medical Director for the Agency. The post holder will also oversee the functions of the Research and Development Office in the Agency.

The post holder will be accountable to the Chief Executive of the Agency . The post holder will be responsible for the provision of strong professional medical leadership and direction and ensuring coherent arrangements for public health capability at a regional and local level. They will ensure that strong health intelligence systems are developed and implemented, including the establishment of public health networks linked to local government and other appropriate public bodies. This post will primarily be outward facing to the Health and Social Care system and Local Government and will require a close working relationship with the Director of Nursing and Allied Health professionals in the Agency. There will be a need to work with a broad range of stakeholders including the DHSSPS, the RHSCB and professional organisations.The postholder will be required to have a close and effective working relationship with the Chief Medical Officer in his or her role as DHSSPS policy lead for public health and will be required to ensure that

he/she takes part in medical appraisal that meet the requirement for revalidation and any other related extant processes.

A multi-disciplinary team including regional leads reporting directly to the post holder for Health Protection, Health Improvement, Commissioning and Screening and the Research and Development Office will support the post holder.

KEY RESULT AREAS SPECIFIC TO THE DIRECTOR OF PUBLIC HEALTH AND MEDICAL DIRECTOR (DESIGNATE) POST

1. Public health (general)

- Responsible for protecting and improving the health and social well-being of the population, working with others to ensure that agreed strategic public health and social well-being priorities are translated into action and that key outcomes are achieved.
- Advise the Agency Board and Chief Executive on all issues relating to public health policy and practice and statutory and professional requirements and ensure that the Agency discharges its statutory public health functions.
- Responsible for development of regional public health programmes, monitoring their performance and ensuring that corrective action is taken if outcomes are not achieved or standards are not met.
- Develop and maintain a multidisciplinary public health capacity at a regional and local level.
- Responsible for creating and maintaining strong public health intelligence systems and working with relevant academic institutions and other public health intelligence networks and organisations to maintain a robust information, research, analysis and evaluation capability in public health.
- Develop and maintain effective partnerships and external networks with local government and other appropriate public bodies, which reflect Ministerial policy and priorities.
- Provide public health input (including guidance on legislation, policy initiatives and recognised good practice) to other functions of the Agency and to the Regional Board, in particular, to Commissioning and Performance Management/ Service Improvement.
- Act as the point of primary liaison in respect of public health, with DHSSPS officials, particularly the Chief Medical Officer, and, as appropriate, other key professionals including Trust Medical Directors.
- Produce an independent report on the health of the population of Northern Ireland.

2. Health improvement/promotion

- Responsible for implementation of Ministerial health improvement policy and achievement of health and social well-being outcomes through development and management of an integrated Regional Health and Social Well-being Improvement Service that includes the current health improvement functions of the Health Promotion Agency and the Health and Social Services Boards.
- Responsible for developing regional parameters for action by local health and social well-being improvement teams and ensuring adherence to those parameters.
- Responsible for the Agency role in leading work with the Regional Board and Local Commissioning Groups to plan, design, commission, performance manage and support evidence-based local and regional health improvement plans, programmes and projects within the HSC system, ensuring that they are coherent with the work of local health and social well-being partnerships.
- Work with local government to plan, design, commission, performance manage and support evidence-based local and regional health improvement plans, programmes and projects within local government, ensuring that they are coherent with the work of local health and social well-being partnerships.
- Responsible for providing timely, responsive, high quality public health input to local government and ensuring that HSC and local government action on health and social well-being improvement is coordinated and achieves agreed outcomes.
- Develop and maintain Agency capability in providing advice, good practice guidance, and training on health improvement to staff in the HSC system, local government, and other sectors with a role in improving health and social well-being and reducing health inequalities.
- Responsible for ensuring that the Agency provides credible, accessible, timely messages and information to the public on health and well-being issues and ensure that the public is fully engaged in the health and social well-being agenda.

3. Health Protection

- Responsible for implementation of Ministerial health protection policy and achievement of health protection outcomes.
- Responsible for discharge of statutory public health functions.
- Responsible for development and provision of an integrated Regional Health Protection Service, including communicable disease control, environmental health and emergency preparedness.
- Responsible for ensuring that effective responsive arrangements exist for an in-hours and out-of-hours health protection service, including surge capacity, when necessary. Ensure provision of surveillance, investigation and control of communicable diseases

(including outbreak control plans), environmental hazards management (including responding to incidents/hazards, planning, IPPC applications) and emergency planning, with support from councils/Trusts/others.

- Responsible for the Agency role in leading work with the Regional Board and Local Commissioning Groups to plan, design, commission, performance manage and support evidence-based plans, programmes and projects to achieve health protection outcomes.
- Maintain and monitor a service level agreement with the Health Protection Agency and ensure strong links with other health protection centres nationally and internationally.
- Responsible for delivery of regional and local port health function with support from district councils.

4. Screening and Public health input to commissioning

- Responsible for implementing Ministerial screening policy and achievement of outcomes from population screening programmes.
- Responsible for the Agency role in leading work with the Regional Board and Local Commissioning Groups to plan, design, commission, performance manage and support evidence-based plans, programmes and projects to achieve screening programme outcomes.
- Responsible for ensuring that screening programmes are provided to agreed standards and that corrective action is taken if standards are not met.
- Responsible for working with the Regional Board and Local Commissioning Groups to plan, design, commission, performance manage and improve health and social care services through a joint commissioning plan and associated processes.
- Responsible for providing timely, high quality public health input to regional and local commissioning by the Regional Board and Local Commissioning Groups.
- Ensure that service developments reflect the evidence-base and meet good practice standards.

5. Research and development

- Responsible for ensuring that the Research & Development Office delivers its functions efficiently and effectively.
- Ensure that the research and development programme reflects the full range of health and social well-being and HSC priorities.
- Take a lead role in identifying best public health practice and liaise with academic institutions on research and development and organisations such as the Public Health Observatory.

6. Care standards – Strategic Service Improvement

- Assess the health and social wellbeing needs of a population and facilitate and bring resolved clinical and management advice on strategic service developments to meet those needs.
- Work with the Regional Board to ensure that service developments achieve Ministerial targets for service improvement.
- Responsible for the development of clinical networks that are clinician owned and led.

7. Care Standards – Clinical & Social Care Governance

- Support the Director of Nursing in the Agency in ensuring that services commissioned meet safety and quality standards set by DHSSPS, including service frameworks and DHSSPS-endorsed NICE guidance.
- Support the Director of Nursing in the Agency in ensuring that the HSC takes appropriate action in response to safety and quality issues, including those identified through risk assessment, learning from near misses and adverse events, complaints, litigation, RQIA and other independent reviews.
- Liaise closely with DHSSPS, the Regional Board, RQIA and others in respect of clinical and social care governance matters.
- Contribute to the development and maintenance of systems to enhance local professional regulation and the prevention, detection and management of underperformance, taking account of major national developments

8. Professional responsibilities

- Pursue a programme of Continuing Professional Development in accordance with the Faculty of Public Health requirements, or other recognised equivalent body, and undertake revalidation, audit or other measures required to remain on the GMC Specialist Register.
- Keep up to date with policies and guidelines on good practice from the Faculty of Public Health, Royal Colleges, GMC, universities etc. and identify opportunities to enhance the quality of public health programmes and services.
- Responsible for ensuring that medical staff employed by the Agency, and other staff that may be specified from time to time, meet requirements for medical regulation.

9. People Management

- Lead a network of professional leads and advisors.
- Ensure an integrated multi professional approach to key strategic planning and development processes.

- Provide clear and strategic leadership to staff to ensure the Agency has a highly skilled, flexible and motivated multidisciplinary public health workforce.
- Contribute actively to the training programme for Foundation year doctors and specialist registrars in public health medicine and public health specialist trainees as appropriate for the three domains of public health.
- Promotion of professional standards and contribution to training and development
- Participate in arrangements for recognition of clinical excellence including providing advice on nominations and citations for Distinction and Meritorious Service awards.

10. Financial and Resource Management

- Advise and assist the Agency Board and Chief Executive in determining its expenditure on public health programmes.
- Business case development to secure resources for public health functions and programmes.
- Manage the relevant salaries and goods and services budgets

11. Corporate Management

- Responsible for contributing to the Agency's corporate planning, policy and decision making processes as a member of the senior management team and ensure its objectives and decisions are effectively communicated.
- Advise the Agency Board and Chief Executive on the development of the Agency public health functions.
- Contribute to the corporate decision making of the Regional Health and Social Care Board.
- Develop and maintain working relationships with other director colleagues and non-executive directors within the Agency and Regional Board to ensure achievement of objectives and the effective functioning of the senior management teams.
- Participate in and comply with Departmental requirements in respect of policy and strategy development.
- Contribute to the Agency's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.
- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Managers.

12. General Management

- Ensure that appropriate appraisal and performance review processes are in place for all staff.
- Maintain good staff relationships and morale amongst the staff reporting to him/her.

- Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Agency.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Agency.
- Promote the Agency's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

13. Other General Responsibilities

Employees of the Agency will be required to:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.
- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- comply with the Agency's No Smoking Policy.
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- adhere to equal opportunities policy throughout the course of their employment.
- ensure the ongoing confidence of the public in service provision.
- comply with the HSC code of conduct.

This job description is 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 Director of Public Health & Medical Director (Designate) works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive.

RECORDS MANAGEMENT

Directors are responsible to the Chief Executive (Designate) for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

HSC Health and Social Care

Terms and Conditions

Consultant Contract Terms and Conditions
Salary: £69,991 - £94,706 per annum + Band A Director of Public Health Band supplement. (Under review)

In addition to the 10 public holidays the annual leave allowance will be 32/34 days dependant upon service.

This is a substantive post, although the post holder will initially be seconded to DHSSPS, but will then transfer to the Agency on 1 April 2009, subject to Assembly approval of the necessary legislation. In the event that the Assembly does not approve the necessary legislation for the creation of the Authority, the post holder will return to his/her parent employer. 'Secondment' is defined as a voluntary transfer from a permanent employer for a fixed period which does not sever the employment relationship of the person seconded with the permanent employer.

November 2008

Health and Social Care

Director of Public Health and Medical Director (Designate)

REGIONAL AGENCY FOR PUBLIC HEALTH AND SOCIAL WELL-BEING

Personnel Specification:

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they are working in a substantive post in the HSC and:

Inclusion in the GMC Specialist Register and if included in the GMC/GDC Specialist Register in a specialty other than public health medicine/dental public health, candidates must have equivalent training and/or appropriate experience of public health medicine practice;

have at least 3 years' experience in the last 5 years of working at senior management[1] level or have had responsibility for a significant programme of work in a major complex organisation,[2]

have achieved successful public health outcomes through working with a diverse range of stakeholders, both internal and external to the organisation

SHORTLISTING

Applicants must provide documentary evidence of inclusion in the GMC Specialist Register and that they meet the statutory criteria as described by the Faculty for Public Health.
A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

---

[1] senior management is defined as experience gained at the top management levels of an organisation, ie Director, Assistant Director or equivalent (e.g. Consultant in Public Health Medicine), or in the case of existing civil servants, being a member of the senior civil service.
[2] major complex organisation is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are outlined in the Personnel Specification from the Faculty of Public Health and can be accessed online at www.fph.org.uk (see appendix A of the information pack) and in the NHS Leadership Qualities Framework at www.leadershipqualities.co.uk

The arrangements for interview will follow the detailed guidance applying to Advisory Appointments Panels set out in the related Faculty of Public Health documentation and in accordance with the relevant Statutory Instrument for Northern Ireland relating to the Appointment of Consultants.

HSC Health and Social Care

Assistant Director of Communications and Knowledge Management

Public Health Agency

Job Description

JOB SUMMARY

The Assistant Director of Communications and Knowledge Management will be responsible through the Director of Operations for the operation of an effective, leading edge communication and health and social well-being Intelligence and Knowledge Management function within the Public Health Agency (PHA). He/she will support the Director of Operations in proactively developing these functions to promote understanding of the Agency's role and ensuring the development and implementation of comprehensive knowledge management strategies for the PHA that contribute to it as a proactive, dynamic organisation. He/she will also be responsible for the development and management of relations and agreements with relevant partners. He/she will also manage budgets in respect of communications and knowledge management.

KEY RESULTS AREAS

Setting Direction

- To support the Director of Operations in the development, implementation and delivery of an Intelligence and Knowledge Management Strategy for the PHA, ensuring integration with corporate strategy and wider Health and Social Care information development and management service delivery priorities;

- To ensure the development and implementation of a proactive communication strategy that will support and promote the PHA in protecting health and improving the health and social well-being of the population of Northern Ireland;

- Lead the development of innovative marketing strategies and communications campaigns for the PHA, working with colleagues in other directorates and disciplines within and outside the PHA;

- Maintain a close understanding of the PHA agenda, including commissioning, health and well-being improvement, health protection, screening and research and development, in order to provide health and well-being intelligence as a basis for supporting the Agency's planning and decision making (including commissioning), irrespective of any challenge to presumptions or the status quo;

Service Delivery

- Identifying and evaluating potential options regarding data sources and systems, negotiating and putting in place data agreements where appropriate, ensuring data protection and confidentiality requirements are fulfilled and that the PHA's communications, intelligence and knowledge management functions meet ethical and legal obligations;

- Liaise with the Business Services organisation (BSO) on the provision and support of Information & Communications Technology (ICT) equipment to the HPA (including desk top computers, lap tops, digital projectors and blackberries);

- Specify, procure and quality assure the provision of a full ICT service from the BSO;

- Contribute to the organisation's corporate planning, policy and decision making processes as a member of the senior management team and ensure the organisation's objectives are effectively communicated;

- Contribute to the overall corporate governance processes to ensure PHA compliance with public sector values and codes of conduct, operation and accountability;

- Manage the production of all PHA publications and advertising including specifying, procuring and quality assuring services provided by designers, printers, and advertising agencies;

- Provide an event management resource for the PHA enabling international standard conferences, seminar and events to be delivered including all aspects of associated hospitality and travel management;

- Be the designated individual for managing Freedom of Information (FOI) processes related to the HPA under the auspices of the Director of Operations;

- Ensure that the PHA uses and has access to robust and timely information, in particular in respect of performance management and accountability in those areas for which the PHA leads or is responsible. This will include liaison with the HSCB Performance Management and Service Improvement function, management of data collection in respect of health protection, screening and health improvement and liaison with the Assistant Director Planning and Corporate Services in the development of performance monitoring in respect of PHA goals and objectives;

Development and Innovation

- Develop and implement a health and social well-being intelligence and knowledge management strategy and function for the PHA that will set it out as an expert, dynamic and innovative organisation using this resource and expertise to drive forward improvements in health and social well-being;

- Responsibility for the development of a modern, leading edge registry and records management system. This will include the utilisation of appropriate ICT and liaison with the BSO and Health and Social Care Board (HSCB) to ensure that PHA staff working in Commissioning Support Units (CSUs) have access to

PHA systems and that processes and systems are harmonised across organisations where necessary;

- Develop and manage a full range of external communications, including public affairs, input to stakeholder management and Patient & Public Involvement (PPI), partnership communication support, the provision of a patient/client information service and the development of 'cutting edge' web based communication (including a 'live', dynamic and informative PHA website);

Collaborative Working

- Build good relations with local, regional, national and specialist media, and proactive 'scan' to ensure that positive news stories are communicated and potential problems are foreseen and managed;

- Actively collaborate on and coordinate public relations and communication campaigns with inter-sectoral partners and colleagues in the HSCB, Trusts and other key independent and statutory bodies in the planning and implementation of effective communication strategies using appropriate techniques, methods and materials;

- Identify, develop and maintain alliances and partnerships with organisations and individuals at the cutting edge of health and social well-being intelligence in Ireland, the UK and further afield, to ensure the supply of health intelligence and information flows which have relevance in supporting each of the PHA's functions;

Communication and Information Management

- Establish, manage and regularly evaluate the provision of a comprehensive communications service for the PHA working closely with the Chief Executive, Agency Board, health improvement, health protection, commissioning, screening and research and development leads. Brokering with local government, major national voluntary and community bodies, agreements for the delivery of services and associated resources. Managing effective relationships to ensure partners deliver agreed performance objectives.

- Managing messages about health protection issues, including infectious disease outbreaks, to the public and wider HSC through appropriate media.

- Lead the development of a proactive public and media relations service that will include handling of media inquiries, 24 hour on-call PR arrangements and PR management of emergency and crisis planning and communicable disease outbreaks;

- Provide expert advice to ensure that optimal techniques are used to ensure that PHA messages are delivered in appropriate formats to different audiences, enabling health improvement and protection for all of Northern Ireland's population;

- Lead communication with staff on ongoing change in organisation structure and roles with staff across a range of sites. Ensuring PHA objectives as well as PHA obligations to staff are sensitively communicated in a timely manner

- Develop and maintain effective internal communications systems for the PHA to

ensure that the Agency Board and management can communicate effectively with and listen to staff;

- Lead the Health and Social Well-being Intelligence and Knowledge Management function, through ensuring that information of the highest possible standard within available resources is provided to the HPA and that there are systematic processes for defining its information requirements, meeting these requirements through the exploitation of existing data and information sources, and defining and operationalising new collections as appropriate;

- Promote a consistent, robust and professional approach to information analysis and presentation, to secure maximum impact, utilising appropriate statistical, modelling and forecasting techniques. Keep abreast of, and draw on best practice and innovation in this area;

- Ensure that the PHA uses information ethically and legally in all its business both clinical and non clinical and, where needed, exchanges information with others to the same high standards;

- Negotiate with HSCB, access to and supply of timely and relevant information from the Data Warehouse and represent the PHA on the management committee for the Data Warehouse Management Board;

Quality

- Provide authoritative advice, information and knowledge management expertise in the evaluation of the impact of health and wellbeing improvement and protection programmes and projects;

- To work within the requirements of the PHA's governance framework, ensuring that policies and procedures related to knowledge management and communication and other aspects of the role meet relevant legislative requirements;

- To support the achievement of relevant controls assurance standards for intelligence, knowledge management and communications functions;

- Lead or commission, as appropriate, audits, projects or public health research in support of the communications and knowledge management functions of the PHA.

Financial and Resource Management

- Support the Director of Operations in the planning and negotiation of relevant budgets;

- Manage the Communication and Health and Social Well-being Intelligence Knowledge Management budget, highlighting and managing variation as appropriate;

- Ensure best value in the use and deployment of financial and other resources;

People Management and Development

- To contribute as an effective member of the HPA in all aspects of it work;
- To take responsibility for his/her own performance and take action to address identified personal development areas;
- To promote the corporate values and culture of the organisation through the development and implementation of relevant policies and procedures, and appropriate personal behaviour;
- Contribute to the PHA's overall corporate and integrated governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability;
- Participate in the PHA's Performance Review Scheme. Review individually on a regular basis the performance of direct reports. Provide guidance on personal development requirements and advise on and initiate appropriate action;
- Maintain good staff relationships and morale amongst the staff reporting to him/her;
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results;
- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the PHA;
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the PHA;
- To lead by example to ensure that the PHA demonstrates commitment through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services;
- Promote the PHA's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility;

General Responsibilities

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

- At all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner;
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;
- Comply with the PHA's No Smoking Policy;

- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;
- Adhere to equal opportunities policy throughout the course of their employment;
- Ensure the ongoing confidence of the public in service provision;
- Comply with the HPSS code of conduct;

Records Management

Assistant Directors are responsible to their Director for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

This job description is 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 post holder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director of Operations.

HSC Health and Social Care

Terms and Conditions

Salary will be Band 8B, £44,258 - £54,714 per annum.

In addition to 10 public holidays, the annual leave allowance will be as follows:-

- On appointment – 27 days
- After 5 years service – 29 days
- After 10 years service – 33 days.

This post will initially be based at the interim headquarters of the Public Health Agency in Annex E, Stoney Road, Dundonald. The location of this post may change, further to strategic decisions being made in relation to the permanent headquarters of the PHA. The location of this post will be determined by the business requirements of the PHA.

The post holder will be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

Any applicant wishing to speak to someone about the process for appointment to the above position should contact the DHSSPS – RPA Unit – Beeches Management Centre (telephone [redacted]).

Personal Information redacted by the USI

Health and Social Care

Job Title
Assistant Director of Communications & Knowledge Management

Public Health Agency

Personnel Specification

Applicants must provide evidence by the closing date for application that they are working in a Phase 2 Health and Social Care RPA affected group or identified as transferring to one of the new Phase 2 organisations on 1st April 2009.

Knowledge, skills and experience required:

- A university degree or relevant professional qualification **and** have worked for at least 3 years out of the past 6 in a senior management[1] role within a communications or knowledge management function;

OR

have worked for at least 4 years in the last 6 years in a senior management role within a communications or knowledge management function;

- demonstrate evidence of personal responsibility for achieving measurable improvements, at an organisational level, in communication or knowledge management functions;
- evidence of leadership and high level people management in a changing environment;
- evidence of involving and influencing a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes.
- have an up to date working knowledge of communication, knowledge management and records management functions.

SHORTLISTING

[1] Senior management is defined as experience gained at a senior level in an organisation, i.e. as an Assistant Director, or head of a function or equivalent.

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

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at www.leadershipqualities.co.uk

- Effective and Strategic Influencing
- Holding to Account
- Leading Change through People
- Political Astuteness
- Seizing the future
- Drive for Results

HSC Health and Social Care

Assistant Director - Planning and Corporate Services

Public Health Agency

Job Description

JOB SUMMARY

The Assistant Director - Planning and Corporate Services will be responsible through the Director of Operations for the effective operation of the corporate business and associated performance management functions within Public Health Agency (PHA). He/she will also be responsible for specifying, securing, monitoring and quality assuring a range of financial, human resource, equality and related services delivered through Service & Budget Agreements by the Business Support Organisation (BSO) and Health and Social Care Board (HSCB). The post holder will be responsible for ensuring the optimal and efficient deployment of administrative and secretarial support across the PHA.

The post holder will have responsibility for ensuring that the financial management service provided by BSO/HSCB is effectively integrated in order to support the senior management team of the Agency to ensure effective stewardship of public funds. The post holder will also manage budgets in respect of facilities/corporate services.

He/she will support the Director of Operations in developing effective relationships with local government and other statutory and community partners on a range of issues of common interest, such as community planning and the alignment of planning and business processes.

The post holder will lead the management of consultation and engagement exercises relevant to the corporate business of the PHA in cooperation with the Assistant Director Communications & Knowledge Management and the Director of Nursing.

KEY RESULTS AREAS

Setting Direction

- Lead the modernisation and reshaping of corporate services support functions.
- Support the Director of Operations in the development, implementation and delivery of the corporate and business and associated performance management functions of the HPA, enabling delivery of corporate priorities.
- Support the Director of operations in building effective and outcome focused partnerships with local government to help support health and wellbeing improvement initiatives.

Service Delivery

- Work with the Director to design, develop and implement effective and efficient corporate planning and performance management systems for the PHA working closely with the Chief Executive, Directors and other Agency staff.

- Support and develop business and corporate planning through the provision of expert knowledge and advice reflecting leading edge thinking and an ethos of maximising participation, ownership and performance in these areas.

- Development and implementation of robust corporate governance arrangements for the operation of the PHA, including Standing Orders, Standing Financial Instructions and risk management processes.

- Lead the risk management functions of the PHA, taking corrective action where required to ensure the resources and the reputation of the PHA is protected.

- To liaise on behalf of the Director with colleagues in the HSCB and Local Commissioning Groups (LCGs) on the design, development and production of joint needs assessments, reviews and strategies including the Joint Commissioning Plan.

- To lead on the development and evaluation as appropriate of economic appraisals / business cases for the PHA meeting good practice and in compliance with extant standards for example the "Green Book".

- Responsibility for ensuring that the functions of the PHA are supported and facilitated by the provision of appropriate corporate business services. This will include the effective provision of a range of corporate services including Legal, Procurement , Human Resources, Finance, Facilities and Estates services from the BSO and other organisations where appropriate.

- To develop and maintain effective processes for the performance management of Ministerial targets where the PHA is the lead organisation. This will include liaison with the HSCB Performance Management and the PHA Health Intelligence and Knowledge Management function.

- Develop and manage complaint handling arrangements consistent with ensuring that legal obligations are met and that learning is applied.

- Responsibility for day to day management of the HQ premises and equipment.

- Responsibility for ensuring that health and safety regulations (including fire safety) are met.

- Where required by the Director negotiate with HSCB/BSO on access to and costs associated with use of accommodation by PHA staff/functions in Commissioning Support Units.

- Deputise for the Director of Operations as required.

Development and Innovation

- To proactively research and link with acknowledged centres of expertise and best practice nationally and internationally to ensure that the PHA business plans and planning processes are innovative, ambitious and based on sound evidence based processes where possible.

- To lead on the development of corporate strategies and be a source of expertise for the development of strategies and plans within other PHA Directorates.

- To develop and maintain robust corporate governance systems across all functions of the PHA, including facilitating and supporting any formal inquiries or investigations required by or of the Agency.

Collaborative Working

- Engage with Directors, Assistant Directors and other PHA staff, as well as senior officer in the HSCB and LCGs to co-ordinate on behalf of the Agency the design, development and production of the Joint Commissioning Plan, ensuring that the wider objectives of the PHA are embedded in this process.

- Build close links with local government on the development of Community Plans, ensuring that the health and social well-being agenda (including PHA priorities and the Joint Commissioning Plan) are given due regard, and that the HSCB and PHA Joint Commissioning Plan takes account of Community Plans and development of community planning pilots.

- To ensure effective liaison arrangements are in place with, other statutory agencies, voluntary and community groups as relevant to the work of the Director.

Communication and Information Management

- To liaise with other PHA Directorates and the Health Intelligence and Knowledge Management function to develop appropriate new performance indicators.

- Develop and implement a robust system for performance management of service level agreements with the HSCB, BSO and other organisations where appropriate.

- To compare, analyse and interpret highly complex information to ensure the effective discharge of the organisation's planning and corporate services functions

- To drive the development of relevant data bases and information systems relating to the PHA work.

Quality

- To work within the requirements of the PHA's governance framework, ensuring that policies and procedures related to planning and corporate services and other aspects of the role meet relevant legislative requirements.

- To support the achievement of relevant controls assurance standards for the Public Health Agency.

Financial and Resource Management

- To specify, procure and quality assure the provision of financial services for the PHA from the HSCB and BSO.
- To ensure that robust financial governance systems are in place.
- To assist the Director in negotiating the annual budget for the PHA from the DHSSPS and ensuring that all financial forecasting, monitoring and reporting systems are in place.
- To monitor the PHA budget, ensuring that systems are in place to identify variances at an early stage, and that regular reports are brought to the chief Executive and Directors.
- To lead on the development and management of systems for procurement, contracting and grant making.
- To keep under review and quality assure the financial strategy and management budget reporting mechanisms in terms of timeliness, fitness for purpose etc.
- Lead the preparation and evaluation of significant economic appraisals / business cases relevant to PHA business addressing both revenue and capital assets

People Management and Development

- Take a corporate lead in respect of arrangements in place for KSF, Agenda for Change, and the development of an appropriately skilled workforce within the PHA.
- Play a key role in the development, implementation and ongoing review of an organisational and staff development programme.
- To contribute as an effective member of the PHA.
- To take responsibility for his/her own performance and take action to address identified personal development areas.
- To lead by example to ensure that the PHA demonstrates commitment through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services.
- To promote the corporate values and culture of the organisation through the development and implementation of relevant policies and procedures, and appropriate personal behaviour.

- Contribute to the PHA's overall corporate and integrated governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.

- Participate in the PHA's Performance Review Scheme. Review individually on a regular basis the performance of direct reports. Provide guidance on personal development requirements and advise on and initiate appropriate action.

- Maintain good staff relationships and morale amongst the staff reporting to him/her.

- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.

- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the PHA.

- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the PHA.

- Promote the PHA's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.

This job description is 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 post holder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director of Operations.

General Responsibilities

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

- At all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner;

- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;

- Comply with the PHA's No Smoking Policy;

- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;

- Adhere to equal opportunities policy throughout the course of their employment;

- Ensure the ongoing confidence of the public in service provision;

- Comply with the HPSS code of conduct;

Records Management

Assistant Directors are responsible to their Director for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

HSC Health and Social Care

Terms and Conditions

Salary will be Band 8B, £44,258 - £54,714 per annum.

In addition to 10 public holidays, the annual leave allowance will be as follows:-

- On appointment – 27 days
- After 5 years service – 29 days
- After 10 years service – 33 days.

In addition to the 10 public holidays the annual leave allowance will be 33 days.

This post will initially be based at the interim headquarters of the Public Health Agency in Annex E, Stoney Road, Dundonald. The location of this post may change, further to strategic decisions being made in relation to the permanent headquarters of the PHA. The location of this post will be determined by the business requirements of the PHA.

The post holder will be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

Any applicant wishing to speak to someone about the process for appointment to the above position should contact the DHSSPS – RPA Unit – Beeches Management Centre (telephone Personal Information redacted by the USI)

Health and Social Care

Assistant of Planning and Corporate Services

Public Health Agency

Personnel Specification

Applicants must provide evidence by the closing date for application that they are working in a Phase 2 Health and Social Care RPA affected group or identified as transferring to one of the new Phase 2 organisations on 1st April 2009.

Knowledge, skills and experience required:

- a university degree or relevant professional qualification **and** have worked for at least 3 years in the past 6 in a senior management[1] role within a corporate services function;

OR

have worked for at least 4 years in the last 6 years in a senior management[1] role within a corporate services function;

- demonstrate evidence of personal responsibility for achieving measurable improvements, at an organisational level, across a range of corporate management activities;
- evidence of leadership and high level people management in a changing environment;
- evidence of involving and influencing a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes;
- have an up to date working knowledge of business planning, economic evaluation and corporate support functions.

SHORTLISTING

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

[1] Senior management is defined as experience gained at a senior level in an organisation, i.e. as an Assistant Director, or head of a function or equivalent.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at www.leadershipqualities.co.uk

- Effective and Strategic Influencing
- Holding to Account
- Leading Change through People
- Political Astuteness
- Seizing the future
- Drive for Results

Health and Social Care

Assistant Director of Allied Health Professions & Patient and Public Involvement

Public Health Agency

Job Description

JOB SUMMARY

The Assistant Director of Allied Health Professions & Patient and Client Involvement will be responsible through the Director of Nursing and Allied Health Professionals (AHPs) for the provision of AHP leadership and professional inputs both within the Public Health Agency (PHA) and Regional Health and Social Care Board (HSCB) and leadership more broadly across the Health and Social Care (HSC) system. This is a dual role; that is with responsibility as the lead AHP within the HSCB and as the professional with lead responsibility for Patient and Public involvement.

He/she will lead or contribute to a wide range of work programmes, of the PHA, and HSCB including quality and safety of services, service frameworks, health improvement, service development, reform and modernisation, commissioning and clinical governance. This post will primarily be outward facing to the HSC system, and Local Government. There will also be a requirement for close working relationships with the Department of Health and Social Services and Public Safety (DHSSPS), in particular the lead AHP officer, and with a broad range of stakeholders and professional organisations.

KEY RESULTS AREAS

Setting Direction

- Lead the development, implementation and delivery of a Strategy for Patient and Public Involvement for the PHA, ensuring integration with corporate strategy and service delivery priorities.

- Provide expert professional input, advice and leadership in developing and harnessing a modern AHP workforce to contribute significantly to the PHA key objectives of improving health and reducing inequalities.

- Participate fully in strategic planning processes within the PHA and partner organisations including the HSCB and DHSSPS, providing professional AHP input to the development of short and long term strategies aimed at improving health and reducing inequalities

Service Delivery

Service Development

- As the PHA lead AHP, provide expert professional AHP advice to the Agency, Board, and as required to the Lead AHP Officer of the DHSSPS.
- Provide expert professional AHP input and advice into commissioning processes ensuring that commissioning plans are developed in accordance with relevant professional standards.
- Ensure the existence and support of networks of appropriately skilled allied health professionals to contribute effectively to the commissioning process at local and regional level.
- Lead and to contribute to planning processes relating to future models of service delivery of AHP services and public involvement, this will include the significant work programmes associated with the establishment of service frameworks and patient pathways.
- Lead on AHP work programmes to ensure the significant development of non-medical prescribing, working closely with relevant Departmental policy directorates.
- Lead on behalf of the PHA, the development of effective systems to ensure that the views of the patients and public are appropriately taken account of and integrated into in the planning, commissioning, provision and evaluation of services.
- Develop a Regional strategy which takes account of the PPI guidelines currently being developed by the DHSSPSNI and the new statutory duty of public involvement and consultation in the draft Health and Social Services reform order 2007.

Health Improvement

- Contribute to planning processes relating to improvements in public health and social wellbeing.
- Ensure the AHP and PPI workforce is fully engaged with health improvement programmes and equipped to play a full part in their implementation.
- Promote ongoing development of professional practice in line with best evidence.

Health Protection.

- In collaboration with the Head of Health Protection, ensure that AHP and PPI staff are supported to discharge the statutory public health functions.
- Ensure that effective links are maintained between health protection and the wider quality and safety agenda.

Development and Innovation

- Lead a process to develop effective and innovative working practices leading to noticeable and meaningful patient and public involvement to inform the PHA and RHSCB corporate objectives and working processes.

- To work closely with the Director of Nursing and AHPs on the further development and successful integration of care delivery models for long-term conditions and take a lead role on the implementation of such models within Allied Health services.

- Lead or commission, as appropriate, audits, projects and research in support of the PPI functions of the PHA, taking responsibility for ensuring that findings are appropriately disseminated and implemented across relevant programmes of care.

Collaborative Working

- Liaise and work closely with relevant DHSSPS colleagues in respect of appropriate policy development programmes.

- Develop and maintain effective working relationships with Patient and Public Involvement (PPI), RQIA, voluntary organisations and other relevant organisations, ensuring expectations are taken account of and managed sensitively.

- Work with local government, in providing expert opinion and advocacy in integrating appropriate processes for patient and public involvement in the development of community plans.

- Represent the PHA locally, within the UK and internationally in regard to Patient and Public involvement and AHP professional issues.

- Ensure effective working relationships are in place with the Health Professions Council and the Regulation and Quality Improvement Authority (RQIA) for all relevant professional matters.

Communication and Information Management

- On behalf of the PHA, evaluate and communicate the impact of PPI within the wider HSC service, challenging organisational and decision making practice and negotiating for real improvements where required.

- Work closely with the Assistant Director of Communications and Knowledge Management in the development of innovative processes to achieve purposeful public involvement.

- Ensure appropriate systems are in place, and develop where necessary, to inform and enhance the process to improve patient and public involvement

Quality

- To work within the requirements of the PHA's governance framework, ensuring that policies and procedures related to Allied Health and other aspects of the role meet relevant legislative requirements.
- Establish and maintain effective systems of governance for delivery of the PPI functions within the Agency and Regional Board.
- Through professional leadership networks ensure the maintenance of rigorous systems to sustain high professional standards across HSC.
- Contribute to appropriate programmes of work relating to the reduction in health care acquired infection in the HSC system.
- Ensure that the appropriate processes of engagement and involvement are in place to enable an understanding of patient, client and user expectations and satisfaction levels.

Financial and Resource Management

- Advise and assist the Director of Nursing and AHPs in determining expenditure on AHP and PPI related programmes.
- Develop business cases to secure resources for AHP and PPI related programmes as required.
- Manage delegated budgets in relation to PPI functions of the PHA
- Mange budget in relation to all AHP services within the PHA
- Responsible for relevant delegated budgets highlighting and managing variation accordingly.

Professional responsibilities

- Provide professional leadership to AHPs within the Agency and Board, establishing appropriate networks and systems and, in general terms, promoting a culture, which encourages professional learning and development, and meets the requirements for professional revalidation.

People Management and Development

- To contribute as an effective member of the PHA team.
- To take responsibility for his/her own performance and take action to address identified personal development areas.
- To lead by example to ensure that the PHA demonstrates commitment through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services.

- To promote the corporate values and culture of the organisation through the development and implementation of relevant policies and procedures, and appropriate personal behaviour.

- Contribute to the PHA's overall corporate and integrated governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.

- Participate in the PHA's Performance Review Scheme. Review individually on a regular basis the performance of direct reports. Provide guidance on personal development requirements and advise on and initiate appropriate action.

- Maintain good staff relationships and morale amongst the staff reporting to him/her.

- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.

- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the PHA.

- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the PHA.

- Promote the PHA's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.

This job description is 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 post holder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director of Nursing and AHPs.

General Responsibilities

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

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner;

- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;

- comply with the PHA's No Smoking Policy;

- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;

- adhere to equal opportunities policy throughout the course of their employment;

- ensure the ongoing confidence of the public in service provision;
- comply with the HPSS code of conduct.

Records Management

Assistant Directors are responsible to their Director for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

HSC Health and Social Care

Assistant Director of Allied Health Professions

Public Health Agency

Personnel Specification

Applicants must provide evidence by the closing date for application that they are working in a Phase 2 Health and Social Care RPA affected group or identified as transferring to one of the new Phase 2 organisations on 1st April 2009.

Knowledge, skills and experience required:

- Be a registered Allied Health Professional (AHP) on the Health Professions Council (HPC) live register;

- Have a degree/Diploma in one of the AHP professions i.e.
  Dietetics
  Orthoptics
  Occupational Therapy
  Physiotherapy
  Podiatry
  Radiography
  Speech and Language Therapy

  And
  Worked for at least 3 years in the last 6 in a senior management role[1] in a large complex organisation

- demonstrate evidence of personal responsibility for achieving measurable improvements, at an organisational level, in the provision of AHP care standards and quality levels;

- evidence of leadership within the uni and multi disciplinary environment and high level people management in a changing environment;

- evidence of involving and influencing a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes;

- Have an up to date working knowledge of current issues patient and public involvement and associated policy and their implications across the full range of statutory, voluntary and independent sectors.

[1] Senior management is defined as experience gained at a senior level in an organisation, i.e. as an Assistant Director, or Head of a function or equivalent.

SHORTLISTING

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

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at http://www.nhsleadershipqualities.nhs.uk and Knowledge and Skills Framework as identified in the job description.

- Effective and Strategic Influencing
- Leading change through people
- Holding to Account
- Drive for Results
- Drive for Improvement
- Collaborative Working

HSC Health and Social Care

Assistant Director of Health and Social Wellbeing Improvement

Public Health Agency

Job Description

JOB SUMMARY

The Assistant Director of Health and Social Wellbeing Improvement will be responsible through the Director of Public Health (DPH) for leading the health and social wellbeing functions of the PHA and achieving measurable improvement in the health and social wellbeing of the population of Northern Ireland.

The post holder will take a lead role in developing a strategic approach to reducing health inequalities in Northern Ireland, working with a wide range of colleagues in health and social care and other sectors. In particular, the post holder will ensure close working with, and support to, local government to secure long term improvements in the health and social well being of the population.

He/she will monitor and evaluate the impact of the work of the Public Health Agency (PHA) on health and social wellbeing outcomes.

KEY RESULTS AREAS

Setting Direction

- Support the DPH in implementing Ministerial policies relating to health and social wellbeing improvement.
- Develop a strategic approach to addressing health inequalities within Northern Ireland, ensuring integration with corporate strategy and service delivery priorities.
- Responsibility for the PHA role in leading work with the Health and Social Care Board (HSCB) and Local Commissioning Groups (LCGs) to design, commission, monitor and improve evidence-based services, programmes and projects to improve health and social wellbeing outcomes.
- Lead and manage staff providing the health and social wellbeing functions of the PHA and ensure that related corporate objectives are met.

Service Delivery

Health Improvement

- To take a lead role in the development, implementation and monitoring of appropriate evidence based health and social wellbeing improvement programmes for the population of Northern Ireland, in line with agreed priorities and in collaboration with the Health and Social Care Board, Local Commissioning Groups, Trusts, General Practitioners and intersectoral partners.

- Develop and maintain joint working with Local Government; ensure provision of PHA support to the development, implementation and performance management of intersectoral plans to improve health and social wellbeing.

- Ensure processes are in place to identify and work effectively with local communities and vulnerable and hard to reach groups, helping them to take action to tackle health inequalities, using community development approaches as appropriate.

- Through the Director of Public Health, provide advice to the PHA Board and Chief Executive on issues relating to health and social wellbeing, including progress towards improved health and social wellbeing outcomes.

Service Improvement / Development

- Support evidence based commissioning of services to maximise opportunities for health and reduce health inequalities.

- Provide relevant input into the development and implementation of Guidelines and Service Frameworks or other standards.

- Lead service development, evaluation and quality assurance in areas relating to health and social wellbeing. Prepare and adjust action plans in line with changing needs.

- Work with colleagues to design, implement and evaluate activities to raise awareness of new and existing screening programmes and to promote screening uptake.

Health Protection

- Relevant to their background, provide surge capacity if required, in response to health protection incidents.

- Support the health protection service in, for example, communication of risk and in providing measures to protect and promote health and social wellbeing e.g. immunisation campaigns, hand washing.

Development and Innovation

- In partnership with all relevant agencies and disciplines, take a lead role on behalf of the PHA in developing intersectoral and interagency plans to secure health improvement in the general population, and in vulnerable groups.

- Develop public health capacity through education and training by raising awareness of the contribution of public health skills and knowledge in the local health community, including the local council and the voluntary sectors.

- Be responsible for the identification and implementation of appropriate health outcome measures, care pathways/protocols and guidelines for service delivery across patient pathways for the local population in respect of health and social wellbeing initiatives.

Collaborative Working

- Work effectively with a range of stakeholders such as other statutory authorities and local government to effect long term improvements in the health and social well being of the population.

- Influence external agencies in their policy decisions which may affect health and social wellbeing by working with complex professional, managerial and population groups and other organisations in the statutory, non-statutory and private sectors.

- Represent the PHA at relevant regional, UK and international working groups and meetings, as required.

Communication and Information Management

- Communicate effectively and diplomatically with a wide audience including the media and the public.

- With colleagues, develop and implement systems to measure the impact of projects and programmes designed to improve health and social wellbeing. Use these to inform commissioning plans and performance management activities.

- Analyse and evaluate quantitative and qualitative data and research evidence from a range of sources to make recommendations and inform decision making which has long term impacts on health and social wellbeing and health inequalities.

- Compare, analyse and interpret highly complex options for projects and programmes to address health improvement priorities, and communicate this information across organisations and the local community.

- Design and conduct health improvement-related aspects of the assessment of health needs and health impact assessments to identify areas for action within the local population based on the best available evidence. Responsible for short and long term planning and for providing advice on interventions for groups or populations.

- Work closely with the Assistant Director of Communications and Knowledge Management in the PHA to facilitate the establishment of a comprehensive communications service for the PHA in relation to health and social wellbeing improvement.

- Work with others to develop the research evidence base required to support health and social wellbeing improvement, initiating and collaborating with research as appropriate and linking with relevant academic institutions.

- Lead or commission, as appropriate, audits, projects or public health research in support of health and social wellbeing improvement functions of the PHA.

- To receive, interpret, provide and advise on highly complex epidemiological and statistical information about the health of populations to the DHSSPS, HSCB, LCGs, primary care, Trusts, local government and other relevant organisations

Quality

- To work within the requirements of the PHA's governance framework, ensuring that policies and procedures related to health and social wellbeing improvement and other aspects of the role meet relevant legislative requirements.

- Continuously improve the quality of the health and social wellbeing improvement function in the PHA and across the wider HSC.

Financial and Resource Management

- Advise and assist the Director of Public Health in determining expenditure on health and social wellbeing improvement programmes.

- Develop business cases to secure resources for the health and wellbeing functions and programmes as required.

- Responsible for relevant delegated budgets highlighting and managing variation accordingly.

People Management and Development

- Support education, training, competency development and assessment in health improvement for PHA health improvement staff, and where appropriate, the wider PHA and HSC workforce.

- Keep up to date with policies and guidelines on good practice from the Faculty of Public Health, Royal Colleges, GMC, universities etc. and identify opportunities to enhance the quality of public health programmes and services.

- Pursue a programme of Continuing Professional Development in accordance with the Faculty of Public Health requirements, or other recognised equivalent body. If the post holder is medically qualified they will be required to undertake annual

appraisal, revalidation, audit or other measures required to remain on the GMC Specialist Register.

- If the post holder is medically qualified they will be responsible for ensuring that medical staff employed by the Agency in the health and social wellbeing function, and other staff that may be specified from time to time, meet requirements for medical appraisal and regulation.

- Contribute actively to the training programme for Foundation year doctors and specialty registrars in public health medicine and public health specialist trainees as appropriate for health and social wellbeing.

- Promote professional standards and contribute to training and development.

- If the post holder is medically qualified, deputise for the DPH as required, including responsibilities under statutory health protection functions.

- Contribute as an effective member of the PHA team.

- Take responsibility for his/her own performance and take action to address identified personal development areas.

- Lead by example to ensure that the PHA demonstrates commitment through its culture and actions, for all aspects of diversity in the population it serves, and the staff who provide its services.

- Promote the corporate values and culture of the organisation through the development and implementation of relevant policies and procedures, and appropriate personal behaviour.

- Contribute to the PHA's overall corporate and integrated governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.

- Participate in the PHA's Performance Review Scheme. Review individually on a regular basis the performance of direct reports. Provide guidance on personal development requirements and advise on and initiate appropriate action.

- Maintain good staff relationships and morale amongst the staff reporting to him/her.

- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.

- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the PHA.

- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the PHA.

- Promote the PHA's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.

This job description is 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 post holder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director of Public Health and Social Wellbeing.

General Responsibilities

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

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.
- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;
- comply with the PHA's No Smoking Policy;
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;
- adhere to equal opportunities policy throughout the course of their employment;
- ensure the ongoing confidence of the public in service provision;
- comply with the HPSS code of conduct.

Records Management

Assistant Directors are responsible to their Director for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

HSC Health and Social Care

Terms and Conditions

Salary: Consultant salary or AFC Band 8C/D

Consultant salary: inclusion in the GMC Specialist Register and if included in the GMC Specialist Register in a specialty other than public health medicine, candidates must have equivalent training and/or appropriate experience of public health medicine practice; OR
University degree or relevant professional qualification in health and social wellbeing and included on the Public Health Register (8D) OR applicants working towards but not yet included on Public Health Register (8C) pending registration.

In addition to the 10 public holidays the annual leave allowance will be 33 days.

This post will initially be based at the interim headquarters of the Public Health Agency in Annex E, Stoney Road, Dundonald. The location of this post may change, further to strategic decisions being made in relation to the permanent headquarters of the PHA. The location of this post will be determined by the business requirements of the PHA.

The post holder will be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

If the post holder is medically qualified, they may be required to be on-call for health protection and public health and participate in the communicable disease, environmental hazards control, and emergency planning arrangements for Northern Ireland.

If the post holder is not on the GMC Specialist Register, they may be required to work towards submission of a portfolio to the Faculty of Public Health for inclusion on the UK Public Health Register.

Any applicant wishing to speak to someone about the process for appointment to the above position should contact the DHSSPS – RPA Unit – Beeches Management Centre (telephone Personal Information redacted by the USI)

The post holder will be responsible to the Director of Public Health Designate). As part of the transitional arrangements prior to 1st April 2009, the post holder will be seconded from their existing organisation to work on the establishment of the new organisation and will transfer to the new Public Health Agency when the relevant legislative instruments are in effect.

Health and Social Care

Assistant Director
Health and Social Wellbeing Improvement

Public Health Agency

Personnel Specification

The following post is open to both medically and non-medically qualified personnel

Applicants must provide evidence by the closing date for application that they are working in a Phase 2 Health and Social Care RPA affected group or identified as transferring to one of the new Phase 2 organisations on 1st April 2009.

Knowledge, skills and experience required:

- inclusion in the GMC Specialist Register / UK Public Health Register and have 3 years experience working at consultant level, or in a senior management role[1], in health and social wellbeing improvement. If included in the GMC Specialist Register in a specialty other than public health medicine, candidates must have equivalent training and/or appropriate experience of public health medicine practice.
  OR
- University degree or relevant professional qualification in health and social wellbeing and included on the Public Health Register (8D) OR applicants working towards but not yet included on Public Health Register (8C) pending registration and have worked for at least 3 years in a senior management role[1] in health and social wellbeing improvement;

AND

- evidence of personal responsibility for achieving measurable improvements, at an organisational level, across a range of health and social care targets and management activities;

- evidence of leadership and high level people management in a changing environment;

- evidence of involving and influencing a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes.

[1] Senior management is defined as experience gained at a senior level in an organisation, i.e. as an Assistant Director, or Head of a function or equivalent.

SHORTLISTING

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

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at www.nhsleadershipqualities.co.uk

- Leading change through people
- Effective and strategic influencing
- Drive for results
- Seizing the future
- Collaborative working
- Political astuteness

Additional specification as outlined by Faculty of Public Health – see appendix A

Health and Social Care

5520901 3

Assistant Director of Health Protection
Public Health Agency

Job Description

JOB SUMMARY

The Assistant Director of Health Protection will be responsible through the Director of Public Health (DPH) for leading the health protection function of the Public Health Agency (PHA) and achieving health protection outcomes. He/she will work closely with a range of stakeholders within the health and social care sector and with other public authorities to ensure an effective, integrated and comprehensive health protection service for Northern Ireland including responsibility for ensuring that processes are in place for the effective discharge of all statutory health protection functions.

The post holder will be responsible for providing leadership and direction in ensuring robust arrangements are in place for health protection capability such as the development, implementation and maintenance of strong health intelligence systems. He/she will provide professional advice via the Director of Public Health to the PHA Board and Chief Executive on all issues relating to health protection.

The post holder will be required to input to the overall aims of the PHA in improving health and reducing inequalities through involvement in commissioning, screening, service improvement and performance management processes, strategy development, partnership working and quality initiatives.

KEY RESULTS AREAS

Setting Direction

- Support the Director of Public Health in implementing Ministerial health protection policy and achievement of health protection outcomes.

- Lead and manage an integrated regional health protection service, including communicable disease control, environmental health and emergency preparedness, and ensure that related corporate objectives are met.

- Responsibility for the PHA role in leading work with the Health and Social Care Board (HSCB) and Local Commissioning Groups (LCGs) to design, commission, and improve evidence-based services, programmes and projects to achieve health protection outcomes.

Service Delivery

Health Protection

- Ensure the effective discharge of statutory health protection functions, including Port Health, with support from relevant local government organisations.

- Advise the PHA Board and Chief Executive via the Director of Public Health on all issues relating to health protection, including progress towards improved outcomes.

- Develop and manage a service level agreement with the Health Protection Agency (HPA). Maintain strong working relationships with the Health Protection Agency and ensure that the regional health protection service meets and draws on good practice standards for health protection.

- Ensure effective communicable disease prevention and control systems are in place.

- With colleagues, develop and implement systems to measure the impact of projects and programmes designed to improve health protection outcomes. Use these to inform commissioning plans and performance management activities.

- Lead, coordinate or support the control of outbreaks, working closely with infection control and other relevant staff in Health and Social Care (HSC) Trusts, primary care, and those involved in the local, regional and national health protection arrangements.

- Participate in a health protection on-call rota and ensure the provision of an emergency on-call rota for health protection in Northern Ireland.

- Lead and co-ordinate programmes to promote the prevention, surveillance and control of HIV and sexually transmitted infections, liaising with genito-urinary and infectious disease physicians and others as appropriate.

- Coordinate, monitor and support the implementation of national immunisation programmes and the development of local immunisation policies, working with relevant partners at local level.

- Provide expert advice and support to Integrated Pollution and Prevention Control (IPPC) and other legislative processes and planning issues which could have significant health impacts.

- Work closely with other statutory organisations to ensure the effective delivery of environmental public health services

- Lead on non-infectious environmental hazard incidents under the guidelines issued by the Department of Health and Social Services and Public Safety in Northern Ireland (DHSSPSNI), working closely with those involved in the local, regional and national health protection arrangements.

- Lead the PHA role in Emergency Planning, working closely with local Trusts, primary care and relevant others to prepare contingency plans for the control of major outbreaks and incidents.

- Provide expert public health advice and leadership to support and inform an evidence-based approach to communicable disease control and management of non-infectious environmental hazards.

- Lead on service development, evaluation and quality assurance of services to reduce the impact of communicable diseases and environmental hazards. Prepare and adjust action plans in line with changing needs.

Health Improvement

- Work with local communities to help them to address issues of communicable disease control and non-infectious environmental hazards, using community development approaches as appropriate.

- Reduce inequalities in the impact of communicable diseases and environmental hazards and work with groups at high risk of communicable diseases and environmental hazards.

Service Improvement / Development

- Support and encourage relevant activities to manage risk and reduce hazards (including clinical governance) for the control of communicable disease and non-infectious environmental hazards within Northern Ireland.

- Ensure provision of advice to commissioning teams on health protection issues and support to the HSCB performance management arrangements for Ministerial health protection targets.

Development and Innovation

- Maintain and develop effective systems for the surveillance of communicable disease and environmental hazards in Northern Ireland, and ensure that the local surveillance systems feed into regional and national surveillance.

Collaborative Working

- Create and maintain strong public health intelligence systems to support the health protection function, working with local government, relevant academic institutions and other public health intelligence networks and organisations. Maintain a robust information, research, analysis and evaluation capability for health protection.

- Establish and maintain strong links with other health protection centres nationally and internationally.

- Represent the PHA at relevant regional, UK and international working groups and meetings, as required.

Communication and Information Management

- Analyse and evaluate quantitative and qualitative data and research evidence related to health protection from a range of sources to make recommendations and inform decision making which has long term impacts.

- Compare, analyse and interpret highly complex options for projects and programmes to address health protection priorities, and communicate this information across organisations and the local community.

- Design and conduct health protection-related aspects of the assessment of health needs, health inequalities, and health impact assessment to identify areas for action within the local population based on the best available evidence. Responsible for short and long term planning and for providing advice on the treatment of groups or populations.

- Work closely with the Assistant Director of Communications and Knowledge Management in the PHA to facilitate the establishment of a comprehensive communications service for the PHA in relation to health protection.

- Play a key role in the development of a proactive public and media relations service that will include handling of media inquiries, 24 hour on-call public relations (PR) arrangements and PR management of emergency and crisis planning and communicable disease outbreaks.

- Work with others to develop the research evidence base required to support the control of communicable disease and the health protection function, initiating and collaborating with research as appropriate and linking with relevant academic institutions.

- Lead or commission, as appropriate, audits, projects or public health research in support of the health protections functions of the PHA.

Quality

- To work within the requirements of the PHA's governance framework, ensuring that policies and procedures related to health protection and other aspects of the role meet relevant legislative requirements.

- Continuously improve the quality of the health protection function in the PHA and across the wider HSC.

Financial and Resource Management

- Advise and assist the Director of Public Health in determining expenditure on health protection programmes.

- Develop business cases to secure resources for health protection functions and programmes as required.

- Responsible for relevant delegated budgets highlighting and managing variation accordingly.

People Management and Development / Professional Responsibilities

- Support education, training, competency development and assessment in health protection for PHA health protection staff, and where appropriate, the wider PHA and HSC workforce.

- Pursue a programme of Continuing Professional Development in accordance with the Faculty of Public Health requirements, or other recognised equivalent body, and undertake annual appraisal, revalidation, audit or other measures required to remain on the GMC Specialist Register.

- Keep up to date with policies and guidelines on good practice from the Faculty of Public Health, Royal Colleges, GMC, universities etc. and identify opportunities to enhance the quality of public health programmes and services.

- Responsible for ensuring that health protection medical staff employed by the Agency, and other staff that may be specified from time to time, meet requirements for medical appraisal and regulation.

- Contribute actively to the training programme for Foundation year doctors and specialty registrars in public health medicine and public health specialist trainees as appropriate for Health Protection.

- Promote professional standards and contribute to training and development.

- Deputise for the DPH as required.

- Contribute as an effective member of the PHA team.

- Take responsibility for his/her own performance and take action to address identified personal development areas.

- Lead by example to ensure that the PHA demonstrates commitment through its culture and actions, for all aspects of diversity in the population it serves, and the staff who provide its services.

- Promote the corporate values and culture of the organisation through the development and implementation of relevant policies and procedures, and appropriate personal behaviour.

- Contribute to the PHA's overall corporate and integrated governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.

- Participate in the PHA's Performance Review Scheme. Review individually on a regular basis the performance of direct reports. Provide guidance on personal development requirements and advise on and initiate appropriate action.

- Maintain good staff relationships and morale amongst the staff reporting to him/her.

- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.

- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the PHA.

- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the PHA.

- Promote the PHA's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.

This job description is 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 post holder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director of Public Health.

General Responsibilities

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

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner;

- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;

- comply with the PHA's No Smoking Policy;

- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;

- adhere to equal opportunities policy throughout the course of their employment;

- ensure the ongoing confidence of the public in service provision;

- comply with the HPSS code of conduct.

Records Management

Assistant Directors are responsible to their Director for all records held, created or used as part of their business including 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 Environment Information Regulations 2004 and the Data Protection Act 1998.

HSC Health and Social Care

Terms and Conditions

Salary: Consultant salary (under review)

In addition to the 10 public holidays the annual leave allowance will be 33 days.

The post holder will be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

This post will initially be based at the interim headquarters of the Public Health Agency in Annex E, Stoney Road, Dundonald. The location of this post may change, further to strategic decisions being made in relation to the permanent headquarters of the PHA. The location of this post will be determined by the business requirements of the PHA.

Subject to discussions with the Health Protection Agency (HPA), the post holder is expected to have a contractual arrangement with the HPA to enable strong links with and access to HPA advice and systems.

The post holder will be required to be on-call for health protection and public health and participate in the communicable disease, environmental hazards control, and emergency planning arrangements for Northern Ireland.

Any applicant wishing to speak to someone about the process for appointment to the above position should contact the DHSSPS – RPA Unit – Beeches Management Centre (telephone Personal Information redacted by the USI)

The post holder will be directly responsible to the Director of Public Health. As part of the transitional arrangements prior to 1st April 2009, the post holder will be seconded from their existing organisation to work on the establishment of the new organisation and will transfer to the new Public Health Agency when the relevant legislative instruments are in effect.

Health and Social Care

Assistant Director of Health Protection
Public Health Agency

Personnel Specification

Applicants must provide evidence by the closing date for application that they are working in a Phase 2 Health and Social Care RPA affected group or identified as transferring to one of the new Phase 2 organisations on 1st April 2009 and be able to demonstrate:

- inclusion in the GMC Specialist Register and if included in the GMC Specialist Register in a specialty other than public health medicine, candidates must have equivalent training and/or appropriate experience of public health medicine practice;

- minimum 3 years working at consultant level in health protection;

- evidence of personal responsibility for achieving measurable improvements, at an organisational level, across a range of health and social care targets and management activities;

- evidence of leadership and high level people management in a changing environment;

- evidence of involving and influencing a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes.

SHORTLISTING

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

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at www.leadershipqualities.co.uk

- Leading change through people
- Effective and strategic influencing
- Drive for results
- Self Belief
- Political astuteness
- Seizing the future

Office of the Chief Executive
Direct Line: Personal Information redacted by the USI

12 March 2009

Dr Diane Corrigan
Personal Information redacted by the USI

Dear Dr Corrigan

I am writing to advise you that the statutory provisions enabling the movement of staff from the Southern Health and Social Services Board (SHSSB) to one of the four new organisations have been put in place. A Staff Transfer Scheme reflecting the 3rd PSC Guiding Principle, issued by the Public Service Commission and accepted by Government, has also been agreed. This covers the arrangements under which you will transfer. The Staff Transfer Scheme can be accessed on the RPA website or from your local HR Department.

You will transfer into the newly established **Public Health Agency**, which becomes operational on 1 April 2009.

As Chief Executive of the SHSSB I now write to inform you that your contract of employment will transfer from SHSSB to the **Public Health Agency** on 1 April 2009.

You will transfer with your existing terms and conditions of employment such as pay, annual leave entitlements, etc. and will carry your continuous HSC service with you for contractual purposes. If you are a member of the HSC Superannuation Scheme and have accrued entitlements these will carry forward automatically.

I want to take this opportunity to thank you for the commitment that you have given to the Board. The last few years have been very challenging but all of the staff have worked together and we have achieved success

in a number of areas. We should all be proud of the way the Board continued to perform and I want to personally thank you for your commitment. I would also like to offer you my best wishes for your future.

Yours sincerely

Sean McKeever
Acting Chief Executive
Southern Health and Social Services Board

Southern Health and Social Services Board DC

Job Description

Post: Consultant in Public Health Medicine

Professionally and Managerially Responsible to: Director of Public Health

Base: Headquarters

The Department of Health Strategy and Primary Care in the SHSSB is a large department with responsibilities not only for public health functions but also for managing the Board's Primary Care Unit and providing dental and pharmaceutical advice to the Board. The current structure is shown in Appendix 1.

The department is headed by a Director of Public Health and supported by 4.2 WTE Consultants in Public Health Medicine, a Consultant in Dental Public Health, a Senior Primary Care Medical Adviser, a Pharmaceutical Adviser and a Primary Care Nurse Adviser. It is a recognised training department with training posts for a Registrar and Senior Registrar in Public Health Medicine. The Primary Care Unit is led by the Senior Primary Care Medical Adviser and supported by a Medical Adviser, a Health Promotion Facilitator and a Unit Manager.

The Department of Public Health Medicine and its Primary Care Unit is further supported by a number of secretarial and clerical staff.

The ethos of the SHSSB is to promote interdisciplinary working through co-operation and partnership between departments.

Minimum Qualifications

Candidates must be fully registered Medical Practitioners and should be Fellows or Members of the Faculty of Public Health Medicine or equivalent.

Duties and Responsibilities

1. Through participation in one or more of the Board's Programme Commissioning Groups, the appointee will be expected to:-

   (a) Contribute to the Board's needs assessment programme.

   (b) Give professional advice on methods of ensuring the effectiveness and appropriateness of clinical and non-clinical interventions.

   (c) Identify or develop suitable outcome measures for inclusion in contracts and appropriate arrangements for monitoring these.

   (d) Contribute to the identification of priorities for investment within specific programmes of care.

Through membership of one or more of the Board's Locality Sensitive Purchasing Teams, the appointee will be expected to contribute to local assessment of need and the development of alliances for health and social gain.

3. Through membership of one or more of the Board's Contract Teams, the appointee will be expected to participate in contract monitoring and negotiation and development of new contract types.

4. To contribute to the preparation of the Annual Report of the Director of Public Health.

5. To participate in medical audit and continuing medical education.

6. To participate in the department's on-call rota.

7. To provide professional advice to the Director of Public Health and others as required.

8. To participate in the training of junior medical staff in the department.

9. To provide professional advice to the DPH and others on issues relating to acute hospital services.

10. To contribute to the planning, co-ordination and implementation of Regional Medical Services Consortium business.

11. To ensure continued development of medical and clinical audit in major providers through participation in Area and Regional Committees and input to the contracting process.

12. To participate in the management of medical negligence cases on behalf of the Board.

Note

This job description is an outline of the principal duties and responsibilities. It will be subject to review from time to time by the Director of Public Health and may be amended in consultation with the post holder.

Health and Safety Responsibilities

The appointee should note that under the Health and Safety at Work legislation he/she is required to take all reasonable steps while at work to ensure his/her own health and safety and the health and safety of those who may be affected h is/her acts or omissions at work. The appointee is also required to co-operate fully with regard to the implementation of health and safety arrangements and he/she should not interfere with or misuse anything provided in the interests of health, safety or welfare at work.

Board Headquarters has been designated "smoke free" and smoking is only permitted in the room set aside for this purpose.

August 1995

Sent

Personal Information redacted by the USI

3 February 2005

Southern Health and Social Services Board

Dr D Corrigan
Consultant in Public Health Medicine
Board Headquarters
Tower Hill
Armagh

Dear Dr Corrigan

POST OF: CONSULTANT IN PUBLIC HEALTH MEDICINE
NEW CONSULTANT CONTRACT

DR D CORRIGAN - OPTION B BACKDATING OF SENIORITY BY 12 MONTHS TO 01 APRIL 2003

1 Consultant

Your job title is **Consultant in Public Health Medicine (Part-time)**

Your employing organisation is **Southern Health and Social Service Board**

2 Commencement Of Employment

Your continuous employment for the purposes of this contract began on **01 August 1981(to be confirmed)**

Your continuous service for the purposes of the Employment Rights (Northern Ireland) Order 1996 began on 01February 1982 (to be confirmed)

Schedule 1 of the Terms and Conditions of Service contains guidance on commencement of employment.

3 General Mutual Obligations

Whilst it is necessary to set out formal employment arrangements in this contract, we also recognise that you are a senior and professional employee who will usually work unsupervised and frequently have the responsibility for making important judgements and decisions. It is essential therefore that you and we work in a spirit of mutual trust and

Chief Executive: Mr Colm Donaghy
Chairwoman: Mrs Fionnuala Cook, OBE
Tower Hill, Armagh BT61 9DR
Telephone: Personal Information redacted by the USI Fax: Personal Information redacted by the USI Textphone: Personal Information redacted by the USI
www.shssb.org

confidence. You and we agree to the following mutual obligations in order to achieve the best for patients and the public and to ensure the efficient running of the HPSS:

- to co-operate with each other;
- to maintain goodwill;
- to carry out our respective obligations in agreeing and operating a Job Plan;
- to carry out our respective obligations in accordance with appraisal arrangements;
- to carry out our respective obligations in devising, reviewing, revising and following the organisation's policies, objectives, rules, working practices and protocols.

THE WORK

4 Location

Your principal place of work is **SHSSB, Tower Hill, Armagh**. Other work locations including off site working may be agreed in your Job Plan where appropriate. You will generally be expected to undertake your Programmed Activities at the principal place of work or other locations agreed in the Job Plan or at other official meetings. Exceptions will include travelling between work sites and attending official meetings away from the workplace.

You may be required to work at any site within your employing organisation, including new sites.

5 Duties

5.1 Main Duties and Programmed Activities

Except in emergencies or where otherwise agreed with your manager, you are responsible for fulfilling the duties and responsibilities and undertaking the Programmed Activities set out in your Job Plan, as reviewed from time to time in line with the provisions in section 6 below.

5.2 Associated Duties

You are responsible for the associated duties as appropriate as set out in Schedule 2 of the Terms and Conditions of Service.

5.3 Objectives

The purpose of including agreed personal objectives in your Job Plan is to set out in clear and transparent terms what you and the Director of Public Health have agreed should reasonably be achieved in the year in question. These objectives are not contractually binding in themselves, but you have a duty to make all reasonable efforts to achieve them.

5.4 On-Call Duties and Emergency Responses

You are required to participate in a Category A Medium Frequency 1 in 6 on-call rota to provide health protection out of hours cover cover (see section 9). When not on an on-call rota, we may in exceptional circumstances ask for your support in handling health protection emergencies if we are able to contact you. You are not, however, required to be available for such eventualities. Where emergency recalls of this kind become frequent, we will review the frequency of the on-call rota as set out above.

6 Job Planning

You and the Director of Public Health have agreed a prospective Job Plan that sets out your main duties and responsibilities, an outline schedule for carrying out your Programmed Activities, your managerial responsibilities, your accountability arrangements, your objectives and supporting resources.

You and the Director of Public Health will review the Job Plan annually in line with the provisions in Schedule 3 of the Terms and Conditions of Service. Either may propose amendment of the Job Plan. You will help ensure through participating in Job Plan reviews that your Job Plan meets the criteria set out in the Terms and Conditions of Service and that it contributes to the efficient and effective use of HPSS resources.

7 Programmed Activities

7.1 Scheduling Of Activities

You and the Director of Public Health will agree in the schedule of your job plan the programmed activities that are necessary to fulfill your duties and responsibilities. You and the Director of Public Health will seek to reach agreement in the scheduling of all activities. We will not schedule non-emergency work during premium time without your agreement.

Subject to the provisions for recognising work done in Premium Time (see section 8 below), a Programmed Activity has a timetable value of four hours. Each Programmed Activity may include a combination of duties.

Your job plan will contain 9 Programmed Activities per week on average, subject to the provisions below for recognising emergency work arising from on-call rotas.

7.2 Flexibility

Attaching a time value to Programmed Activities is intended to provide greater transparency about the level of commitment expected of consultants by the HPSS. However, you and the Director of Public Health can agree flexible arrangements for timing of work.

Programmed Activities may be scheduled either as a single block of four hours, or in part units as agreed.

The precise length of Programmed Activities may vary from week to week around the average assessment set out in the Job Plan.

You and the Director of Public Health may agree, as part of your Job Plan, arrangements for the annualisation of Programmed Activities. In such a case, you and the Director of Public Health will agree an annual number of Programmed Activities and your Job Plan will set out variations in the level and distribution of Programmed Activities within the overall annual total.

You and the Director of Public Health may agree, as part of your Job Plan, other arrangements for flexible scheduling of commitments over an agreed period of time.

Any variations in your scheduled weekly commitments should be averaged out over 26 weeks, so that your average commitment is consistent with the provisions of the Working Time Regulations.

7.3 *Balance Between Direct Public Health Duties and Other Programmed Activities*

Subject to the provisions for recognising emergency health protection work arising from on-call rotas below, the schedule in your Job Plan will typically include an average of **6½** Programmed Activities for Direct Public Health duties and **2½** Programmed Activities for Supporting Professional Activities. Where your agreed level of duties in relation to supporting professional activities, additional responsibilities and other duties is significantly greater or lower than **2½** programmed activities there will be local agreement as to the appropriate balance between activities.

The precise balance will be agreed as part of Job Plan reviews and may vary to take account of circumstances where the agreed level of duties in relation to Supporting Professional Activities, Additional HPSS Responsibilities and External Duties is significantly greater or lower than **2½** Programmed Activities.

7.4 *External Duties*

Where you wish to seek agreement to have External Duties included in your Job Plan, you must notify the Director of Public Health in advance. Scheduling of such duties will be by agreement between you and the Director of Public Health. Where carrying out these External Duties might affect the performance of direct public health duties, where possible you will give us sufficient notice to ensure that, where such external duties are agreed, you and the Director of Public Health can agree a revised schedule of activities at least a month in advance.

7.5 Recognition For Emergency Work Arising From On-Call Duties

Where emergency work takes place at regular and predictable times, the Director of Public Health will seek to schedule it as part of the Programmed Activities in your Job Plan schedule.

The provisions in Schedule 5 of the Terms and Conditions of Service apply to recognise unpredictable emergency work arising from on-call rota duties that takes place other than during a Programmed Activity scheduled in your Job Plan.

7.6 Extra Programmed Activities

You and the Director of Public Health may agree, in exceptional circumstances, that you will undertake extra Programmed Activities over and above the **nine** Programmed Activities that constitute your standard contractual duties, up to the maximum permitted under the Working Time Regulations. The remuneration for these activities is covered by section 21 below and Schedules 13 and 14 of the Terms and Conditions of Service.

Any such agreement will be made in writing and the additional Programmed Activities will be incorporated into your Job Plan schedule.

Subject to the provisions in section 7.7 below, and without prejudice to section 7.8 below, you do not have to agree to carry out more than ten Programmed Activities on average per week. However, where you do give your agreement, you must undertake such activities. The remuneration for these activities is covered by Section 21 below and Schedules 13 and 14 of the Terms and Conditions of Service. Any agreed additional Programmed Activities that you carry out beyond the standard **ten** Programmed activities, will be paid at the rates set out in Schedules 13 and 14 of the Terms and Conditions of Service.

7.7 Transitional Arrangements

Where the provisions for recognising on-call work in Schedule 5 of the Terms and Conditions of Service would otherwise result in a reduction in the time available for the other duties undertaken by you and other colleagues on

these new contractual arrangements, compared with the time normally available for such duties in the immediate period before the introduction of this contract, we will agree appropriate arrangements with you and your consultant colleagues to prevent such a reduction, if necessary by arranging for additional Programmed Activities to be provided. These arrangements may apply only during the period ending on 31 March 2006.

7.8 Extra Programmed Activities And Additional Professional Capacity

Where you intend to undertake private professional services other than such work carried out under the terms of this contract, whether for the HPSS, for the independent sector or for another party, the provisions in Schedule 6 of the Terms and Conditions of Service will apply.

8 Premium Time

From 1 April 2004, the provisions in Schedule 7 of the Terms and Conditions of Service will apply to recognise the unsocial nature of work done in Premium Time and the flexibility needed by consultants who work at these times as part of a more varied overall working pattern.

On any occasion where a consultant is scheduled to work during the Premium Time period, the employing organisation will ensure that the consultant has adequate rest both before and after this period of duty.

9 On-Call And Emergency Duties

9.1 On-Call Rotas

Where you are on an on-call rota, the provisions in Schedule 8 of the Terms and Conditions of Service will apply.

Your on-call duties will be set out in the published rota or in accordance with any alternative arrangements that you agree with your colleagues for providing on-call cover.

9.2 On-Call Availability Supplements

Where you are on an on-call rota, you will receive an on-call availability supplement according to the provisions in Schedule 16 of the Terms and Conditions of Service. The level of supplement will depend on the frequency of your rota

and the typical nature of the required response when you are called and is set out in paragraph 5.4.

OTHER CONDITIONS OF EMPLOYMENT

10 Registration Requirements

It is a condition of your employment that you are, and remain, a fully registered medical practitioner and are included on the Specialist Register held by the General Medical Council (GMC), and continue to hold a licence to practice.

11 Fee Paying Services And Private Professional Services

11.1 Minimising Potential For Conflicts Of Interest

In carrying out any Fee Paying Services or Private Professional Services, you will observe the provisions in Schedule 9 of the Terms and Conditions of Service in order to help minimise the risk of any perceived conflicts of interest to arise with your work for the HPSS.

11.2 Fee Paying Services and HPSS Programmed Activities

Examples of Fee Paying Services are set out in Schedule 10 of the Terms and Conditions of Service.

You will not carry out Fee Paying Services during your Programmed Activities except where you and the Director of Public Health have agreed otherwise. Where the Director of Public Health has agreed that you may carry out Fee Paying Services during your Programmed Activities, you will remit to us the fees for such services except where you and the Director of Public Health have agreed that providing these services involves minimal disruption to your HPSS duties. Schedule 11 of the Terms and Conditions of Service contains guidance on this subject.

11.3 Private Professional Services and HPSS Programmed Activities

Subject to the provisions in Schedule 9 of the Terms and Conditions of Service, you may not carry out Private Professional Services during your Programmed Activities.

11.4 Publications, lectures, etc

A practitioner shall be free, without prior consent of the employing authority, to publish books, articles, etc., and to deliver any lecture or speak, whether on matters arising out of his or her HPSS service or not.

12 Deductions From Pay

We will not make deductions from or variations to your salary other than those required by law without your express written consent.

13 Appraisal And Clinical Governance

The Appraisal Scheme for Consultant Staff (DHSSPS Circulars HSS(TC8) 3/01 and HSS(TC8) 11/01) applies to your post. You must co-operate fully in the operation of the appraisal scheme. You must also comply with our clinical governance procedures.

14 Gifts And Gratuities

You are required to comply with our rules and procedures governing the acceptance of gifts and hospitalities.

15 Policies And Procedures

You are required to comply with our Policies and Procedures as may from time to time be in force.

16 Grievance Procedures

The grievance procedures, which apply to your employment are set out in the Board's Grievance Procedures

17 Disciplinary Matters

Wherever possible, any issues relating to conduct, competence and behaviour should be identified and resolved without recourse to formal procedures. However, should we consider that your conduct or behaviour may be in breach of your contract, or that your professional competence has been called into question, we will resolve the matter through our disciplinary procedures, subject to the appeal arrangements set out in those procedures.

18 Intellectual Property

You will comply with our procedures for intellectual property which are in line with 'A Framework for the Management of Intellectual Property in the HPSS"

19 Other Conditions of Service

The provisions in Schedule 12 of the Terms and Conditions of Service will apply.

PAY

20 Salary

20.1 Basic Salary And Pay Thresholds

Your basic salary on commencement **(01 APRIL 04) is** Personal Information redacted by the USI (Personal Information redacted by the USI **(Pro-rata)** This has been calculated in accordance with the provisions in Schedules 13 and 14 of the Terms and Conditions of Service.

This has been calculated in accordance with the provisions in Schedules 13 and 14 of the Terms and Conditions of Service.

Your pay progression date is **01 April**

Your basic salary will increase when you receive pay thresholds in accordance with the provisions of section 20.2 and Schedule 15 of the Terms and Conditions of Service.

The value of each pay threshold and the number of years' service required before you become eligible for pay thresholds are set out in Schedules 13 and 14 of the Terms and Conditions of Service.

Where a pay threshold is awarded, the date on which your salary will increase to take account of the threshold will be the anniversary of transfer to this contract.

Your basic salary, together with any payments for extra Programmed Activities (see section 21 below), includes payment for all Contractual and Consequential Services.

20.2 Criteria for Pay Thresholds

You will not receive pay thresholds automatically, but it is expected that you will progress through the thresholds and will do so if the criteria set out in Schedule 15 are met. We will make all reasonable efforts to support you in meeting the criteria for pay thresholds.

21 Payment For Additional Programmed Activities

Any additional Programmed Activities that you carry out, beyond the standard ten Programmed Activities, will be paid at the rates set out in Schedules 13 and 14 of the Terms and Conditions of Service.

22 Distinction Awards And Discretionary Points (or their agreed replacement)

Where the Distinction and Meritorious Service Awards Committee has recommended that you receive a Distinction Award (or their agreed replacement), or we have decided that you should receive one or more Discretionary Points (or their agreed replacement), these will be paid at the rates set out in the latest Circular from the Department of Health, Social Services and Public Safety concerning pay and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service.

23 On-Call Availability Supplement

As you are required to participate in an on-call rota, you will be paid a supplement in addition to your basic salary in respect of your availability to work during on-call periods. The supplement will be paid in accordance with, and at the appropriate rate shown in, Schedule 16 of the Terms and Conditions of Service.

24 Recruitment and Retention Premia

We may under certain circumstances decide to award a recruitment or retention premium in addition to your basic salary in line with the provisions in Schedule 16 of the Terms and Conditions of Service.

25 Directors of Public Health

Directors of Public Health will be entitled to supplements in addition to basic salary in line with the provisions in Schedule 16 of the terms and conditions of Service.

PENSION

26 Pension

The provisions in Schedule 17 of the Terms and Conditions of Service shall apply.

You will be eligible for membership of the HPSS Superannuation Scheme, the provisions of which are set out in the HPSS Superannuation Scheme Regulations 1995 (as amended). The Scheme is a final salary scheme with benefits based on the best of the last three years pensionable pay. Pensionable pay will include basic salary (up to ten programmed activities, but not any additional programmed activities above this), on-call availability supplements, any discretionary points or distinction awards (or their agreed replacement), and any other pay expressly agreed to be pensionable.

You are contracted out of the State Second Pension Scheme.

27 Sickness

You will be subject to the terms of the standard sick pay scheme, which requires an officer absent as a result of illness to notify his/her superior officer as soon as possible on the first day of illness. If the absence continues after the third calendar day the submission of a medical statement, which may be a self-certificate, is required in accordance with the terms of the scheme. If you are still sick beyond the seventh day, you are required to obtain a medical certificate from your GP. As with the self-certification certificate, this should be sent without delay to the **Director of Public Health.** It should be noted that statutory sick pay may be payable subject to entitlement and that sickness benefit, where appropriate, will be deducted from pay whether or not the officer claims such benefit.

LEAVE AND HOLIDAYS

28 Leave And Holidays

Schedule 18 of the Terms and Conditions of Service sets out your entitlements in respect of:

- annual leave and public holidays
- professional and study leave
- sabbaticals
- sick leave
- special leave
- maternity leave and domestic personal and care relief.

Your leave year is 01 April to 31 March the following year.

OTHER ENTITLEMENTS

29 Expenses

You are entitled to be paid expenses, which should be submitted in a timely manner (normally within one month), for:

- excess travel
- subsistence; and
- other expenses in accordance with schedule 21 of the Terms and Conditions of service

30 Charges for Residence

Except where facilities are provided for a doctor to be on-call a charge may, where appropriate, be made for residing at your place of work in accordance with our local procedures.

31 CONFIDENTIALITY

You shall not, as an employee of the Board, disclose other than to an authorised person or in the course of duty, without lawful authority any matter or information which you have obtained or to which you have had access owing to your official position.

In accordance with departmental guidance on the protection and use of patient/client information staff must adhere to Board policies and procedures to meet the requirements of the Data Protection Act (1998) and other relevant legislation, policy and guidance in relation to the protection and use of personal information, whether manual or computerised.

Confidentiality of information must be ensured at all times and failure to follow this requirement will lead to disciplinary action.

On termination of your employment with the Board you should not disclose any information or matter to which you had access during your employment. Should you do so the Board reserves its right to take any action considered appropriate in the circumstances.

32 CONFIDENTIALITY OF INFORMATION HELD ON COMPUTERS

Staff responsible for the handling of information held on computer systems will be held personally liable at law if they handle or process personal data in any way that is in variance with or in contravention of:

i) the appropriate terms of the Data Protection Act and/or

ii) the terms of the Board's registration with the Data Protection Register.

33 ACTIVITIES OUTSIDE NORMAL WORKING HOURS

It should be noted that the Code of Employment adopted by the Board provides that while an officer is free to do what he/she chooses in his/her spare time this freedom brings with it the responsibility of ensuring that he/she does not engage in any spare time activity which would bring into question his/her loyalty and reliability, in any way weaken public confidence in the conduct of the Board's business or in any other way prevent the efficient performance of his/her official duties. If in any doubt about the propriety of engaging in any additional employment or other activity an officer should seek and accept the advice of his/her employing authority. Any fee or emolument etc. which may be received by a full-time officer in the course of his/her employment as an officer of the Board

shall, unless the Board otherwise directs, be surrendered to the Board.

34 CLAIMS FOR DAMAGES AGAINST A THIRD PARTY

34.1 Where an officer, who is absent as a result of an accident involving a third party and makes a claim for damages, is paid a sum or sums under the Sick Pay Scheme, the officer will be required to make a refund to the Board out of damages received. This will be the total amount of such sum or sums as aforesaid or, if only a portion of the full damages is receivable, the proportion of such total amount as corresponds to the proportion of damages received or as agreed in advance with the appropriate officer of the Board at the sole discretion of same. Where an employee proceeds against the third party in a claim to a civil court then the claim must incorporate as part of the special damages claimed, those payments made by the Board during the period the employee was off work due to injuries sustained in the alleged accident.

34.2 Officers in this situation are required to sign an undertaking to make such repayment.

35 CRIMINAL CONVICTIONS

You are required to immediately notify the Board if you are charged or convicted of any criminal offence.

Consideration will then be given to the relevance of your conviction to the duties of your post and the appropriateness of disciplinary action.

36 EQUALITY (Section 75 NI Act 1998)

To demonstrate a clear understanding of the Board's Equality Scheme and ensure that the commitments contained therein, in particular the duty to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations, become an integral element of his/her day to day working practice.

37 HUMAN RIGHTS ACT 1998

The Human Rights Act 1998 makes it unlawful for public authorities, such as the Board, to act in a way that infringes the fundamental rights protected in the European Convention. Such rights include the right to life, the right to respect for private and family life etc. As an employee of the Board you are required to act in compliance with the principles contained in the Act.

38 HEALTH AND SAFETY

You are reminded that, as an employee of the Board, you have particular responsibilities under Health and Safety legislation. These are detailed in the Board's Health and Safety Policy Statement.

39 NO SMOKING POLICY

Successful applicants must comply with the Southern Health and Social Services Board's 'No Smoking Policy'.

DURATION OF EMPLOYMENT

40 This is a permanent post.

TERMINATION OF EMPLOYMENT

41 Provisions governing termination of employment are set out in Schedule 19 of the Terms and Conditions of Service.

ENTIRE TERMS

42 Entire Terms

This contract and the associated Terms and Conditions of Service contain the entire terms and conditions of your employment with us, such that all previous agreements, practices and understandings between us (if any) are superseded and of no effect. Where any external term is incorporated by reference such incorporation is only to the extent so stated and not further or otherwise.

Dr D Corrigan and Southern Health and Social Services Board have understood and agree to honour the terms and conditions set out in this contract of employment

Consultant's signature _____

Representative of employing authority's signature [redacted] Personal Information redacted by the USI

Date of this agreement _____

3 February 2005

Southern Health and Social Services Board

Dr Brid Farrell
Consultant in Public Health Medicine
Board Headquarters
Tower Hill
Armagh

Dear Dr Farrell

POST OF: CONSULTANT IN PUBLIC HEALTH MEDICINE NEW CONSULTANT CONTRACT

DR B FARRELL – OPTION B BACKDATING OF SENIORITY BY 12 MONTHS TO 01 APRIL 2003

1 Your job title is Consultant in Public Health Medicine

Your employing organisation is **Southern Health and Social Service Board**

2 Commencement Of Employment

Your continuous employment for **the purposes of this contract began on (to be confirmed)**

Your continuous service for the purposes of the Employment Rights (Northern Ireland) Order 1996 began on **01 OCT 1994**

Schedule 1 of the Terms and Conditions of Service contains guidance on commencement of employment.

3 General Mutual Obligations

Whilst it is necessary to set out formal employment arrangements in this contract, we also recognise that you are a senior and professional employee who will usually work unsupervised and frequently have the responsibility for making important judgements and decisions. It is essential therefore that you and we work in a spirit of mutual trust and confidence. You and we agree to the following mutual obligations in order to achieve the best for patients and the public and to ensure the efficient running of the HPSS:

- to co-operate with each other;
- to maintain goodwill;
- to carry out our respective obligations in agreeing and operating a Job Plan;
- to carry out our respective obligations in accordance with appraisal arrangements;
- to carry out our respective obligations in devising, reviewing, revising and following the organisation's policies, objectives, rules, working practices and protocols.

THE WORK

4 Location

Your principal place of work is **SHSSB, Tower Hill, Armagh**. Other work locations including off site working may be agreed in your Job Plan where appropriate. You will generally be expected to undertake your Programmed Activities at the principal place of work or other locations agreed in the Job Plan or at other official meetings. Exceptions will include travelling between work sites and attending official meetings away from the workplace.

You may be required to work at any site within your employing organisation, including new sites.

5 Duties

5.1 Main Duties and Programmed Activities

Except in emergencies or where otherwise agreed with your manager, you are responsible for fulfilling the duties and responsibilities and undertaking the Programmed Activities set out in your Job Plan, as reviewed from time to time in line with the provisions in section 6 below.

5.2 Associated Duties

You are responsible for the associated duties as appropriate as set out in Schedule 2 of the Terms and Conditions of Service.

5.3 Objectives

The purpose of including agreed personal objectives in your Job Plan is to set out in clear and transparent terms what you and the Director of Public Health have agreed should reasonably be achieved in the year in question. These objectives are not contractually binding in themselves, but you have a duty to make all reasonable efforts to achieve them.

5.4 On-Call Duties and Emergency Responses

You are required to participate in a **Category A Medium Frequency 1 in 6 on-call rota** to provide health protection out of hours cover (see section 9). When not on an on-call rota, we may in exceptional circumstances ask for your support in handling health protection emergencies if we are able to contact you. You are not, however, required to be available for such eventualities. Where emergency recalls of this kind become frequent, we will review the frequency of the on-call rota as set out above.

6 Job Planning

You and the Director of Public Health have agreed a prospective Job Plan that sets out your main duties and responsibilities, an outline schedule for carrying out your Programmed Activities, your managerial responsibilities, your accountability arrangements, your objectives and supporting resources.

You and the Director of Public Health will review the Job Plan annually in line with the provisions in Schedule 3 of the Terms and Conditions of Service. Either may propose amendment of the Job Plan. You will help ensure through participating in Job Plan reviews that your Job Plan meets the criteria set out in the Terms and Conditions of Service and that it contributes to the efficient and effective use of HPSS resources.

7 Programmed Activities

7.1 Scheduling Of Activities

You and the Director of Public Health will agree in the schedule of your job plan the programmed activities that are necessary to fulfill your duties and responsibilities. You and

the Director of Public Health will seek to reach agreement in the scheduling of all activities. We will not schedule non-emergency work during premium time without your agreement.

Subject to the provisions for recognising work done in Premium Time (see section 8 below), a Programmed Activity has a timetable value of four hours. Each Programmed Activity may include a combination of duties.

Your job plan will contain 10 Programmed Activities per week on average, subject to the provisions below for recognising emergency work arising from on-call rotas.

7.2 *Flexibility*

Attaching a time value to Programmed Activities is intended to provide greater transparency about the level of commitment expected of consultants by the HPSS. However, you and the Director of Public Health can agree flexible arrangements for timing of work.

Programmed Activities may be scheduled either as a single block of four hours, or in part units as agreed.

The precise length of Programmed Activities may vary from week to week around the average assessment set out in the Job Plan.

You and the Director of Public Health may agree, as part of your Job Plan, arrangements for the annualisation of Programmed Activities. In such a case, you and the Director of Public Health will agree an annual number of Programmed Activities and your Job Plan will set out variations in the level and distribution of Programmed Activities within the overall annual total.

You and the Director of Public Health may agree, as part of your Job Plan, other arrangements for flexible scheduling of commitments over an agreed period of time.

Any variations in your scheduled weekly commitments should be averaged out over 26 weeks, so that your average

commitment is consistent with the provisions of the Working Time Regulations.

7.3 *Balance Between Direct Public Health Duties and Other Programmed Activities*

Subject to the provisions for recognising emergency health protection work arising from on-call rotas below, the schedule in your Job Plan will typically include an average of $7^1/_2$ Programmed Activities for Direct Public Health duties and $2^1/_2$ Programmed Activities for Supporting Professional Activities. Where your agreed level of duties in relation to supporting professional activities, additional responsibilities and other duties is significantly greater or lower than $2^1/_2$ programmed activities there will be local agreement as to the appropriate balance between activities.

The precise balance will be agreed as part of Job Plan reviews and may vary to take account of circumstances where the agreed level of duties in relation to Supporting Professional Activities, Additional HPSS Responsibilities and External Duties is significantly greater or lower than 2½ Programmed Activities.

7.4 *External Duties*

Where you wish to seek agreement to have External Duties included in your Job Plan, you must notify the Director of Public Health in advance. Scheduling of such duties will be by agreement between you and the Director of Public Health. Where carrying out these External Duties might affect the performance of direct public health duties, where possible you will give us sufficient notice to ensure that, where such external duties are agreed, you and the Director of Public Health can agree a revised schedule of activities at least a month in advance.

7.5 *Recognition For Emergency Work Arising From On-Call Duties*

Where emergency work takes place at regular and predictable times, the Director of Public Health will seek to schedule it as part of the Programmed Activities in your Job Plan schedule.

The provisions in Schedule 5 of the Terms and Conditions of Service apply to recognise unpredictable emergency work arising from on-call rota duties that takes place other than during a Programmed Activity scheduled in your Job Plan.

7.6 Extra Programmed Activities

You and the Director of Public Health may agree, in exceptional circumstances, that you will undertake extra Programmed Activities over and above the ten Programmed Activities that constitute your standard contractual duties, up to the maximum permitted under the Working Time Regulations. The remuneration for these activities is covered by section 21 below and Schedules 13 and 14 of the Terms and Conditions of Service.

Any such agreement will be made in writing and the additional Programmed Activities will be incorporated into your Job Plan schedule.

Subject to the provisions in section 7.7 below, and without prejudice to section 7.8 below, you do not have to agree to carry out more than ten Programmed Activities on average per week. However, where you do give your agreement, you must undertake such activities. The remuneration for these activities is covered by Section 21 below and Schedules 13 and 14 of the Terms and Conditions of Service. Any agreed additional Programmed Activities that you carry out beyond the standard ten Programmed activities, will be paid at the rates set out in Schedules 13 and 14 of the Terms and Conditions of Service.

7.7 Transitional Arrangements

Where the provisions for recognising on-call work in Schedule 5 of the Terms and Conditions of Service would otherwise result in a reduction in the time available for the other duties undertaken by you and other colleagues on these new contractual arrangements, compared with the time normally available for such duties in the immediate period before the introduction of this contract, we will agree appropriate arrangements with you and your consultant colleagues to prevent such a reduction, if necessary by arranging for additional Programmed Activities to be

provided. These arrangements may apply only during the period ending on 31 March 2006.

7.8 Extra Programmed Activities And Additional Professional Capacity

Where you intend to undertake private professional services other than such work carried out under the terms of this contract, whether for the HPSS, for the independent sector or for another party, the provisions in Schedule 6 of the Terms and Conditions of Service will apply.

8 Premium Time

From 1 April 2004, the provisions in Schedule 7 of the Terms and Conditions of Service will apply to recognise the unsocial nature of work done in Premium Time and the flexibility needed by consultants who work at these times as part of a more varied overall working pattern.

On any occasion where a consultant is scheduled to work during the Premium Time period, the employing organisation will ensure that the consultant has adequate rest both before and after this period of duty.

9 On-Call And Emergency Duties

9.1 On-Call Rotas

Where you are on an on-call rota, the provisions in Schedule 8 of the Terms and Conditions of Service will apply.

Your on-call duties will be set out in the published rota or in accordance with any alternative arrangements that you agree with your colleagues for providing on-call cover.

9.2 On-Call Availability Supplements

Where you are on an on-call rota, you will receive an on-call availability supplement according to the provisions in Schedule 16 of the Terms and Conditions of Service. The level of supplement will depend on the frequency of your rota and the typical nature of the required response when you are called and is set out in paragraph 5.4.

OTHER CONDITIONS OF EMPLOYMENT

10 Registration Requirements

It is a condition of your employment that you are, and remain, a fully registered medical practitioner and are included on the Specialist Register held by the General Medical Council (GMC), and continue to hold a licence to practice.

11 Fee Paying Services And Private Professional Services

11.1 Minimising Potential For Conflicts Of Interest

In carrying out any Fee Paying Services or Private Professional Services, you will observe the provisions in Schedule 9 of the Terms and Conditions of Service in order to help minimise the risk of any perceived conflicts of interest to arise with your work for the HPSS.

11.2 Fee Paying Services and HPSS Programmed Activities

Examples of Fee Paying Services are set out in Schedule 10 of the Terms and Conditions of Service.

You will not carry out Fee Paying Services during your Programmed Activities except where you and the Director of Public Health have agreed otherwise. Where the Director of Public Health has agreed that you may carry out Fee Paying Services during your Programmed Activities, you will remit to us the fees for such services except where you and the Director of Public Health have agreed that providing these services involves minimal disruption to your HPSS duties. Schedule 11 of the Terms and Conditions of Service contains guidance on this subject.

11.3 Private Professional Services and HPSS Programmed Activities

Subject to the provisions in Schedule 9 of the Terms and Conditions of Service, you may not carry out Private Professional Services during your Programmed Activities.

11.4 Publications, lectures, etc

A practitioner shall be free, without prior consent of the employing authority, to publish books, articles, etc., and to deliver any lecture or speak, whether on matters arising out of his or her HPSS service or not.

12 Deductions From Pay

We will not make deductions from or variations to your salary other than those required by law without your express written consent.

13 Appraisal And Clinical Governance

The Appraisal Scheme for Consultant Staff (DHSSPS Circulars HSS(TC8) 3/01 and HSS(TC8) 11/01) applies to your post. You must co-operate fully in the operation of the appraisal scheme. You must also comply with our clinical governance procedures.

14 Gifts And Gratuities

You are required to comply with our rules and procedures governing the acceptance of gifts and hospitalities.

15 Policies And Procedures

You are required to comply with our Policies and Procedures as may from time to time be in force.

16 Grievance Procedures

The grievance procedures, which apply to your employment are set out in the Board's Grievance Procedures

17 Disciplinary Matters

Wherever possible, any issues relating to conduct, competence and behaviour should be identified and resolved without recourse to formal procedures. However, should we consider that your conduct or behaviour may be in breach of your contract, or that your professional competence has been called into question, we will resolve the matter through our disciplinary procedures, subject to the appeal arrangements set out in those procedures.

18 Intellectual Property

You will comply with our procedures for intellectual property which are in line with 'A Framework for the Management of Intellectual Property in the HPSS"

19 Other Conditions of Service

The provisions in Schedule 12 of the Terms and Conditions of Service will apply.

PAY

20 Salary

20.1 Basic Salary And Pay Thresholds

Your basic salary on commencement **(01 APRIL 04) is** [redacted] (Personal Information redacted by the USI).

This has been calculated in accordance with the provisions in Schedules 13 and 14 of the Terms and Conditions of Service.

Your pay progression date is 01 April

Your basic salary will increase when you receive pay thresholds in accordance with the provisions of section 20.2 and Schedule 15 of the Terms and Conditions of Service.

The value of each pay threshold and the number of years' service required before you become eligible for pay thresholds are set out in Schedules 13 and 14 of the Terms and Conditions of Service.

Where a pay threshold is awarded, the date on which your salary will increase to take account of the threshold will be the anniversary of transfer to this contract.

Your basic salary, together with any payments for extra Programmed Activities (see section 21 below), includes payment for all Contractual and Consequential Services.

20.2 Criteria for Pay Thresholds

You will not receive pay thresholds automatically, but it is expected that you will progress through the thresholds and will do so if the criteria set out in Schedule 15 are met. We will make all reasonable efforts to support you in meeting the criteria for pay thresholds.

21 Payment For Additional Programmed Activities

Any additional Programmed Activities that you carry out, beyond the standard ten Programmed Activities, will be paid at the rates set out in Schedules 13 and 14 of the Terms and Conditions of Service.

22 Distinction Awards And Discretionary Points (or their agreed replacement)

Where the Distinction and Meritorious Service Awards Committee has recommended that you receive a Distinction Award (or their agreed replacement), or we have decided that you should receive one or more Discretionary Points (or their agreed replacement), these will be paid at the rates set out in the latest Circular from the Department of Health, Social Services and Public Safety concerning pay and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service.

23 On-Call Availability Supplement

As you are required to participate in an on-call rota, you will be paid a supplement in addition to your basic salary in respect of your availability to work during on-call periods. The supplement will be paid in accordance with, and at the appropriate rate shown in, Schedule 16 of the Terms and Conditions of Service.

24 Recruitment and Retention Premia

We may under certain circumstances decide to award a recruitment or retention premium in addition to your basic salary in line with the provisions in Schedule 16 of the Terms and Conditions of Service.

25 Directors of Public Health

Directors of Public Health will be entitled to supplements in addition to basic salary in line with the provisions in Schedule 16 of the terms and conditions of Service.

PENSION

26 Pension

The provisions in Schedule 17 of the Terms and Conditions of Service shall apply.

You will be eligible for membership of the HPSS Superannuation Scheme, the provisions of which are set out in the HPSS Superannuation Scheme Regulations 1995 (as amended). The Scheme is a final salary scheme with benefits based on the best of the last three years

pensionable pay. Pensionable pay will include basic salary (up to ten programmed activities, but not any additional programmed activities above this), on-call availability supplements, any discretionary points or distinction awards (or their agreed replacement), and any other pay expressly agreed to be pensionable.

You are contracted out of the State Second Pension Scheme.

27 Sickness

You will be subject to the terms of the standard sick pay scheme, which requires an officer absent as a result of illness to notify his/her superior officer as soon as possible on the first day of illness. If the absence continues after the third calendar day the submission of a medical statement, which may be a self-certificate, is required in accordance with the terms of the scheme. If you are still sick beyond the seventh day, you are required to obtain a medical certificate from your GP. As with the self-certification certificate, this should be sent without delay to the **Director of Public Health.** It should be noted that statutory sick pay may be payable subject to entitlement and that sickness benefit, where appropriate, will be deducted from pay whether or not the officer claims such benefit.

LEAVE AND HOLIDAYS

28 Leave And Holidays

Schedule 18 of the Terms and Conditions of Service sets out your entitlements in respect of:

- annual leave and public holidays
- professional and study leave
- sabbaticals
- sick leave
- special leave
- maternity leave and domestic personal and care relief.

Your leave year will run from 01 April – 31 March the following year.

OTHER ENTITLEMENTS

29 Expenses

You are entitled to be paid expenses, which should be submitted in a timely manner (normally within one month), for:

- excess travel
- subsistence; and
- other expenses in accordance with schedule 21 of the Terms and Conditions of service

30 Charges for Residence

Except where facilities are provided for a doctor to be on-call a charge may, where appropriate, be made for residing at your place of work in accordance with our local procedures.

31 CONFIDENTIALITY

You shall not, as an employee of the Board, disclose other than to an authorised person or in the course of duty, without lawful authority any matter or information which you have obtained or to which you have had access owing to your official position.

In accordance with departmental guidance on the protection and use of patient/client information staff must adhere to Board policies and procedures to meet the requirements of the Data Protection Act (1998) and other relevant legislation, policy and guidance in relation to the protection and use of personal information, whether manual or computerised.

Confidentiality of information must be ensured at all times and failure to follow this requirement will lead to disciplinary action.

On termination of your employment with the Board you should not disclose any information or matter to which you had access during your employment. Should you do so the Board reserves its right to take any action considered appropriate in the circumstances.

32 CONFIDENTIALITY OF INFORMATION HELD ON COMPUTERS

Staff responsible for the handling of information held on computer systems will be held personally liable at law if they handle or process personal data in any way that is in variance with or in contravention of:

i) the appropriate terms of the Data Protection Act and/or

ii) the terms of the Board's registration with the Data Protection Register.

33 ACTIVITIES OUTSIDE NORMAL WORKING HOURS

It should be noted that the Code of Employment adopted by the Board provides that while an officer is free to do what he/she chooses in his/her spare time this freedom brings with it the responsibility of ensuring that he/she does not engage in any spare time activity which would bring into question his/her loyalty and reliability, in any way weaken public confidence in the conduct of the Board's business or in any other way prevent the efficient performance of his/her official duties. If in any doubt about the propriety of engaging in any additional employment or other activity an officer should seek and accept the advice of his/her employing authority. Any fee or emolument etc. which may be received by a full-time officer in the course of his/her employment as an officer of the Board shall, unless the Board otherwise directs, be surrendered to the Board.

34 CLAIMS FOR DAMAGES AGAINST A THIRD PARTY

34.1 Where an officer, who is absent as a result of an accident involving a third party and makes a claim for damages, is paid a sum or sums under the Sick Pay Scheme, the officer will be required to make a refund to the Board out of damages received. This will be the total amount of such sum or sums as aforesaid or, if only a portion of the full damages is receivable, the proportion of such total amount as corresponds to the proportion of damages received or as agreed in advance with the appropriate officer of the Board at the sole discretion of same. Where an employee proceeds against the third party in a claim to a civil court then the claim must incorporate as part of the special damages

claimed, those payments made by the Board during the period the employee was off work due to injuries sustained in the alleged accident.

34.2 Officers in this situation are required to sign an undertaking to make such repayment.

35 CRIMINAL CONVICTIONS

You are required to immediately notify the Board if you are charged or convicted of any criminal offence.

Consideration will then be given to the relevance of your conviction to the duties of your post and the appropriateness of disciplinary action.

36 EQUALITY (Section 75 NI Act 1998)

To demonstrate a clear understanding of the Board's Equality Scheme and ensure that the commitments contained therein, in particular the duty to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations, become an integral element of his/her day to day working practice.

37 HUMAN RIGHTS ACT 1998

The Human Rights Act 1998 makes it unlawful for public authorities, such as the Board, to act in a way that infringes the fundamental rights protected in the European Convention. Such rights include the right to life, the right to respect for private and family life etc. As an employee of the Board you are required to act in compliance with the principles contained in the Act.

38 HEALTH AND SAFETY

You are reminded that, as an employee of the Board, you have particular responsibilities under Health and Safety legislation. These are detailed in the Board's Health and Safety Policy Statement.

39 NO SMOKING POLICY

Successful applicants must comply with the Southern Health and Social Services Board's 'No Smoking Policy'.

DURATION OF EMPLOYMENT

40 This is a permanent post.

TERMINATION OF EMPLOYMENT

41 Provisions governing termination of employment are set out in Schedule 19 of the Terms and Conditions of Service.

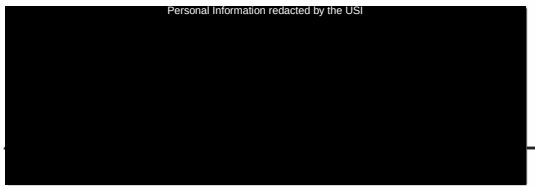
ENTIRE TERMS

42 Entire Terms
This contract and the associated Terms and Conditions of Service contain the entire terms and conditions of your employment with us, such that all previous agreements, practices and understandings between us (if any) are superseded and of no effect. Where any external term is incorporated by reference such incorporation is only to the extent so stated and not further or otherwise.

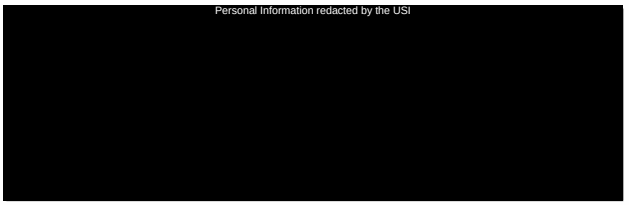
Copy sent to SHSB 18-4-05

Dr B Farrell and Southern Health and Social Services Board have understood and agree to honour the terms and conditions set out in this contract of employment

Consultant's signature



Representative of employing authority's signature



Date of this agreement

18 | 4 | 05

3 February 2005

Southern Health and Social Services Board

Dr Brid Farrell
Consultant in Public Health Medicine
Board Headquarters
Tower Hill
Armagh

Dear Dr Farrell

POST OF: CONSULTANT IN PUBLIC HEALTH MEDICINE NEW CONSULTANT CONTRACT

DR B FARRELL – OPTION B BACKDATING OF SENIORITY BY 12 MONTHS TO 01 APRIL 2003

1 Your job title is Consultant in Public Health Medicine

Your employing organisation is **Southern Health and Social Service Board**

2 Commencement Of Employment

Your continuous employment for **the purposes of this contract began on (to be confirmed)**

Your continuous service for the purposes of the Employment Rights (Northern Ireland) Order 1996 began on **01 OCT 1994**

Schedule 1 of the Terms and Conditions of Service contains guidance on commencement of employment.

3 General Mutual Obligations

Whilst it is necessary to set out formal employment arrangements in this contract, we also recognise that you are a senior and professional employee who will usually work unsupervised and frequently have the responsibility for making important judgements and decisions. It is essential therefore that you and we work in a spirit of mutual trust and confidence. You and we agree to the following mutual obligations in order to achieve the best for patients and the public and to ensure the efficient running of the HPSS:

Chief Executive: Mr Colm Donaghy
Chairwoman: Mrs Fionnuala Cook, OBE

Tower Hill, Armagh BT61 9DR
Telephone: Personal Information redacted by the USI Fax: Personal Information redacted by the USI Textphone: Personal Information redacted by the USI
www.shssb.org

Overview of the Public Health Agency' role within the Serious Adverse Incident (SAI) procedure for Public Inquiry

The Health and Social Care Board (HSCB) (from 1st April 2022 the Strategic Planning and Performance Group (SPPG)) in partnership with the Public Health Agency (PHA) has key responsibility for overseeing the management of all SAI's:

https://insight.hscni.net/download/safety_quality_and_learning/serious_adverse_incidents/Procedure-for-the-reporting-and-follow-up-of-SAIs-2016.pdf

- The Chief Executive of the HSCB have responsibility for governing and ensuring the effective discharge of the SAI process across the health and social care system;

- The Director of Nursing (PHA), Director of Public Health (PHA), Director of Primary Care (SPPG) and the Director of Hospital and Community Care (SPPG) through the Doctors, nurses, social workers, GP's and AHP's within these Directorates provide professional oversight to the SAI/Early Alert.

The HSCB Procedure for the Reporting and Follow up of Serious Adverse Incidents (2016) (the procedure), provides the mechanism for all DoH Arm's Length Bodies to report the most serious incidents and to effectively share learning from these events in a meaningful way; with a focus on safety and quality; ultimately leading to service improvement for our service users.

The Early Alert system was introduced by DoH via a policy circular in 2010 "Establishment of an Early Alert System" (revised 2020)
https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2010-10.pdf

HSCB transferred to SPPG 1st April 2022

Revised version https://www.health-ni.gov.uk/sites/default/files/publications/health/HSC-SQSD-5-19.pdf as a means of ensuring that the DoH is notified in a timely manner about significant events, which may require the attention of the Minister, Chief Professional Officers or policy leads. All Early Alerts submitted to the DoH are also forwarded to HSCB and managed by way of the HSCB/PHA Protocol for the reporting and follow up of the DoH Early Alert system.

Roles and Responsibilities

Responsibility for the management of SAIs transferred from DoH to HSCB in October 2010. At the same time DoH introduced the Early Alert System which requires all early alerts to be submitted to both DoH and HSCB

-

As outlined in the procedure Responsibility for the management of these processes lies within HSCB (now SPPG) Corporate Services and specifically the HSCB Governance Team. (as per the procedure outlined above)
Professional input by clinicians and others into the above processes is provided by colleagues from the HSCB and PHA directorates, through the role of the Designated Review Officers (DRO) and the various Professional Groups. Depending on the nature of the issue reported this will include representation from but not limited to:

- Medical
- Nursing/Midwifery
- Social Care
- Primary care – GMS, Pharmacy, Dental, Ophthalmic

The above processes are supported by a Safety and Quality structure (appendix 1) which permeates through all levels of the HSCB/PHA to the DoH.

In summary the SAI, Early Alerts is overseen by six inter connecting governing processes.

1. **HSCB Governance Team** who co-ordinate and manage the response to SAI and alerts, which involve the allocation to DRO by programme of care/professional grouping, and ensuring the process of SAI is managed in line with the policy standards and deadline.
2. **Daily Report: -** All SAI/Early notifications are collated onto a daily report which is reviewed by senior professional within Nursing Quality and Safety team for any urgent action/ escalation. Once reviewed is then sent to all Directors in HSCB/PHA
3. **Incident review team**. This multi-professional team (HSCB and PHA) meet weekly to screen all notifications and therefore provide assurance that actions are being progressed.
4. **Professional Groups** review all SAIs monthly. This involves all the DROs within their professional grouping meeting to review progress and identify learning.
5. **Safety Quality Oversight Group: -** A senior multi-professional group who oversee and co-ordinate all learning emerging from any safety and quality information
6. **Safety Brief:** - Is a Director led group which oversee the Quality and Safety Process in the PHA and as required provide assurance to the PHA Chief Executive and the HSCB Chief Executive (now SPPG Deputy Secretary)

The purpose of this procedure is to provide guidance to Health and Social Care (HSC) Organisations, and Special Agencies (SA) in relation to the reporting and follow up of Serious Adverse Incidents (SAIs) arising during the course of their business or commissioned service. (Procedure for the Reporting and Follow up of serious Adverse Incidents 2016). The main purpose of the procedure is to;

- Improve patient safety by learning
- Reduce risk of recurrence
- Ensure full engagement throughout the process

HSCB transferred to SPPG 1st April 2022

Role of the Designated Review Officer

A DRO is a senior professional/officer within the HSCB / PHA and has a key role in the implementation of the SAI process namely:

- liaising with reporting organisations:
  - on any immediate action to be taken following notification of a SAI
  - where a DRO believes the SAI review is not being undertaken at the appropriate level

- agreeing the Terms of Reference for Level 2 and 3 RCA reviews;

- reviewing completed SEA Learning Summary Reports for Level 1 SEA Reviews and full RCA reports for level 2 and 3 RCA Reviews; liaising with other professionals (where relevant);

- liaising with reporting organisations where there may be concerns regarding the robustness of the level 2 and 3 RCA reviews and providing assurance that an associated action plan has been developed and implemented;

- identification of regional learning, where relevant;

- surveillance of SAIs to identify patterns/clusters/trends.

The Role of SAI Professional Groups

This process is facilitated by a number of Professional Groups which were formed to streamline and expedite the above process. The Groups fall under various programmes of care (POC), where the aim is to bring DRO's from each POC together on a regular basis to support the responses/actions to SAIs and, importantly, to agree on the necessary learning if appropriate.

The corporate record these procedures (SAI and Early Alerts) is logged on the Datix system via the HSCB governance team and therefore ownership of this record sits with HSCB. All DRO's have "read only" access to the Datix system in order to access this information for review of the information held but cannot make changes to the record. This is solely the responsibility of the HSCB Governance Team via the Serious Incidents Inbox.

Outline of the operation of the SAI/EA process within the HSCB/PHA (2010-2020)

1. Notification received for SAI/ Early alert to HSCB Serious Incidents inbox
2. Notification forwarded to Designated Review Officer (DRO) and copied to all directors in HSCB/PHA and members of professional groups- these will have been copied to these professionals for information/ action but the corporate record remained with HSCB. Any responses or action taken at this time will remain on the record of closure with or without regional learning
3. Once the SAI review report has been received it is forwarded to DRO and relevant professional group for review and appropriate action. Again, any correspondence will have been copied to serious incidents and be logged on the corporate record.
4. Once report reviewed and closed at a professional group the HSCB governance lead on the group will ensure this is logged on the corporate record and closure of the SAI including any regional or local learning identified is notified to the Trust.

As a result of the response required from PHA and HSCB to the Covid-19 pandemic and on review of the above processes a number of changes to streamline and provide further governance around these processes were introduced.

Outline of process (2020 onwards)

1. Notification received for SAI/ Early alert to HSCB Serious Incidents inbox
2. Notification forwarded to DRO and/ or professional group (level 1 notifications (least complex reviews)) are collectively reviewed by appropriate professional group as opposed to individual DRO)
3. Notification sent to all directors in HSCB/PHA via the Daily Report
4. All notifications reviewed at weekly Incident Review Meeting and any actions noted on the corporate record via the Datix system
5. Once the report is received from the trust it is forwarded to DRO/ Professional group for review and appropriate action. Again, any correspondence will have been logged on the corporate record via the governance team on to the Datix record.
6. Once report reviewed and closed at a professional group the HSCB governance lead on the group will ensure this is logged on the corporate record and closure of the SAI including any regional or local learning identified is notified to the Trust.

NB: there may have been email correspondence between DRO and other professionals which was not copied to Serious Incidents Inbox and therefore will not be logged on the

corporate record, but these documents will form part of other information searches provided to the Inquiry.

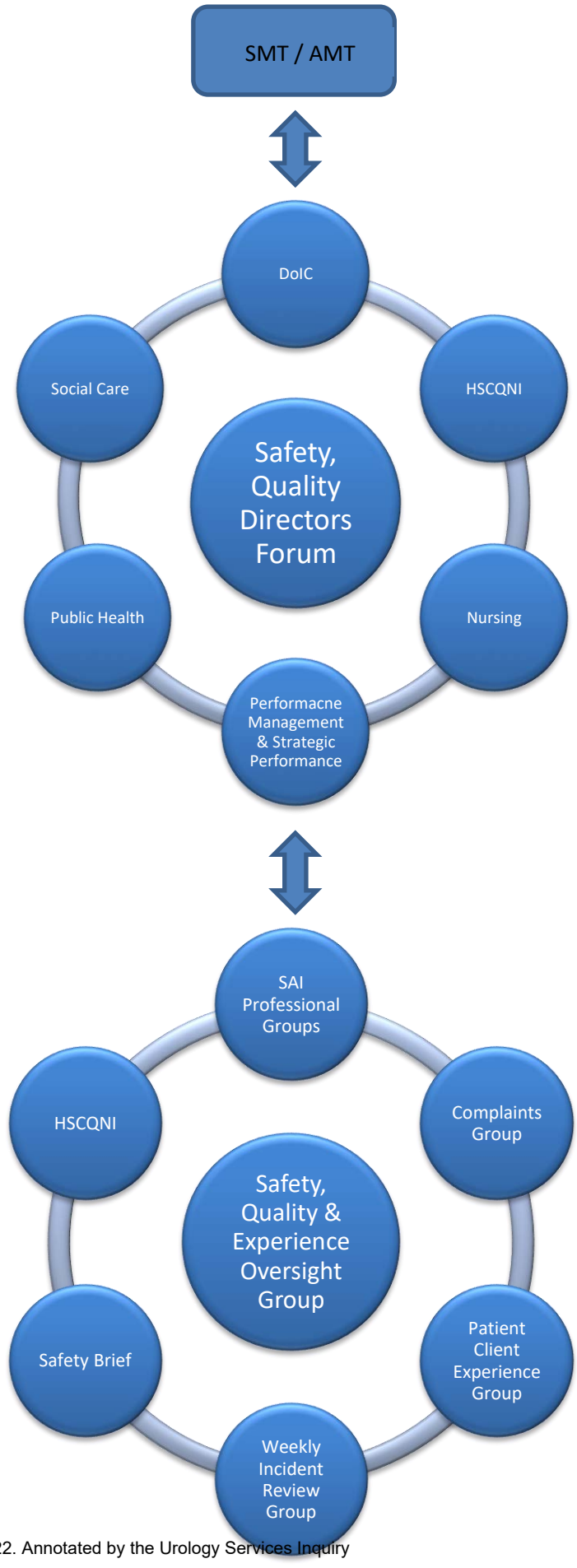
Action logs for Professional groups, Safety and Quality Alerts, Quality Safety and Experience group.

All action logs completed by DRO's or professional groups were and are maintained by the Governance Team in HSCB. This team were and are responsible for the maintenance of these logs and any correspondence associated. Again, while professionals within PHA received these logs from Governance via email correspondence, it is understood that these action logs will be submitted to the inquiry via SPPG. Any contribution PHA staff made to these meetings will be documented on the log.

As outlined above, a comprehensive record of all SAIs, Early Alerts, and Safety and Quality Alerts is held corporately by HSCB.

Therefore, to reduce duplication of information and as the ownership of this corporate record sits with HSCB (SPPG) any documents which form part of this corporate record will be included in the HSCB (SPPG) response to the Inquiry. Any additional information regarding SAI's and Early Alerts held individually by PHA staff will be supplied to the Inquiry.

Appendix 1 HSCB/PHA Safety and Quality Structure



PUBLIC HEALTH AGENCY

STANDARDS AND GUIDELINES FOR HANDLING AND MONITORING OF COMPLAINTS

1. Introduction

1.1 This document sets out the procedure for staff on how complaints relating to the Public Health Agency, its actions and decisions are to be managed and monitored. These procedures reflect the new arrangements for dealing with complaints which became effective from 1 April 2009 and should be read in conjunction with "Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning" (thereafter the HSC Complaints Procedure) and “Directions to the Regional Agency for Public Health and Social Wellbeing on procedures for dealing with Health and Social Care Complaints” (The Directions).

1.2 The proper handling of complaints, suggestions or queries is a fundamental responsibility of the Public Health Agency. Complaints should therefore be dealt with promptly, sympathetically and constructively. It is important that every complainant should feel that his or her complaint has been dealt with appropriately.

1.3 The HSC Complaints Procedure is designed to address patient and client complaints, not staff grievances, which will continue to be handled separately.

2. Standards for Complaints Handling

2.1 The standards and guidelines for complaints handling reflect the changing culture across health and social care with an increasing emphasis on the promotion of safety and quality and the need to

be open, to learn and take action in order to reduce the risk of recurrence. The standards for HSC organisations in terms of complaints handling are: -

- Accountability
- Accessibility
- Receiving complaints
- Supporting complainants and staff
- Investigation of complaints
- Responding to complaints
- Monitoring
- Learning

These standards complement existing Controls and Assurance Standards, the Quality Standards for Health and Social Care, the Nursing Homes and Residential Care Homes Standards and the Standards for Patient and Client Experience.

3. Standards and Guidelines for Resolution and Learning

3.1 These provide HSC organisations with detailed, yet flexible, complaints handling arrangements designed to: -

- Provide effective local resolution
- Improve accessibility
- Clarify the options for pursuing a complaint
- Promote the use and availability of support services, including advocacy
- Provide a well defined process of investigation
- Promote the use of a range of investigative techniques
- Promote the use of a range of options for successful resolution, such as the use of independent experts, laypersons and conciliation
- Resolve complaints more quickly
- Provide flexibility in relation to target response times
- Provide an appropriate and proportionate response
- Provide clear lines of responsibility and accountability

- Improve record keeping, reporting and monitoring
- Increase opportunities for shared learning

4. Definitions

4.1 Complaint:

The HSC Complaints Procedure (para 2.1) defines a complaint as:

> **"an expression of dissatisfaction that requires a response".**

A criticism of a service or the quality of care, whether written or oral, becomes a complaint when it requires a response. A single communication may include more than one complaint.

4.2 Complainant:

Complainants will be existing or former users of the Public Health Agency's services and facilities. People may complain on behalf of existing or former patients/clients provided they have their consent. If the patient/client is unable to act then consent is needed from their next of kin.

4.3 Complaints Excluded from this policy

The following complaints are excluded from the scope of this policy:

- Complaint made by an employee of the PHA about any matter relating to their contract of employment, including any complaints relating to disciplinary proceedings.
- Complaint made by an Independent provider about any matter relating to arrangements made by the PHA with that provider
- Complaints relating to Data Protection
- Where a complainant has stared that they intend to take legal action.

- Complaints relating to activation of vulnerable adults policy /procedures or is subject to Child Protection enquiry or activates the Children Order
- A complaint which has raised an Independent inquiry and or criminal investigation and those which have resulted in a referral to a professional regulatory body.

Full details can be found in paragraph 7 of the Directions

5. Complaints about Commissioning Decisions by the Public Health Agency

5.1 The Public Health Agency is required to have arrangements in place to deal with complaints about commissioning decisions it has made. It will also respond to complaints about its own actions and decisions.

5.2 Complaints about a commissioning decision of the Public Health Agency may be made by, or on behalf of, any individual personally affected by a commissioning decision taken. The HSC Complaints Procedure may not deal with complaints about the merits of a decision where the Public Health Agency has acted properly and within its legal responsibilities.

5.3 The public or the Patient and Client Council may wish to raise general issues about commissioning decisions with the Agency and they should receive a full explanation of the Agency's policy. These are not, however, issues for the HSC Complaints Procedure.

6. Local Resolution of Complaints

6.1 The Public Health Agency's complaint officer is: -

Mary Hinds, Director of Nursing & Allied Health Professions

6.2 The primary objective of local resolution is to provide the fullest possible opportunity for investigation and resolution of the

complaint, as quickly as is sensible in the circumstances. The emphasis is on complaints being dealt with quickly and, wherever possible, by those on the spot. The intention of local resolution is that it should be open, fair, flexible, and conciliatory. The complainant should be given the opportunity to understand all possible options for pursuing the complaint and the consequences of following any of these.

6.3 The process should encourage communication on all sides. The aim should be to resolve a complaint during this stage to the satisfaction of the complainant while being fair to staff. Rigid, bureaucratic, and legalistic approaches should be avoided at all stages of the procedure.

6.4 All complaints, whether oral or written, should receive a positive and full response, free of jargon. The aim should be to satisfy the complainant that their concerns have been heeded, and offering an apology and explanation as appropriate, referring to any remedial action that is to follow.

6.5 In the context of local resolution for the Agency, for example, a member of staff from a relevant Directorate may respond directly to a complainant. The Agency's Complaints Office should, however, be made aware of the nature of the complaint and response.

6.6 The HSC Complaints Procedure (para 3.41) states that the Chief Executive may delegate responsibility for responding to a complaint, where in the interests of a prompt reply, a designated senior person may undertake the task.

6.7 Where complaints have been raised electronically the Agency must obtain a postal address for the purposes of the response to maintain appropriate levels of confidentiality. Responses should not be made electronically (para 3.39).

7. Receipt of Complaints

7.1 Complaints received orally should be dealt with by staff promptly, sympathetically and constructively. Such complaints should be dealt with according to the principles of local resolution and should be resolved immediately or within two days of receipt. Staff should complete the Complaints Form Appendix A and copy to the Complaints Officer.

7.2 Oral complaints which cannot be resolved to the complainant's satisfaction should be referred to the Agency's Complaints Officer.

7.3 Complaints received through the Private Office of the DHSSPS will be forwarded to the Agency's Complaints Office which will arrange for an acknowledgement and the preparation of a response. When the reply is ready it will be signed by the Chief Executive (or designated senior person).

7.4 Complaints addressed directly to the Agency's Chairman or Chief Executive, such as those from Members of Parliament, Members of the Legislative Assembly, District Councillors etc, will be dealt with as in 7.5 with the exception that the response should be signed by the Chairman.

7.5 Complaints received from members of the public and others not specified above, generally written complaints or all unresolved informal complaints, will be forwarded to the Agency's Complaints Office who will arrange for an acknowledgement and the preparation of a response from the Chief Executive (or designated senior person).

7.6 In all cases complaints will receive an acknowledgement within 2 working days, and a full investigation and resolution sought within 20 working days.

7.7 Written responses to complaints will be under the signature of the Chief Executive or a designated senior person.

7.8 Complainants will be advised of what action they can take should they remain dissatisfied following consideration of the response.

7.9 Where a complaint is received by the Agency in error, the Complaints Office should ensure that it is passed immediately to the correct body, after consulting with the complainant and provided that the complainant wishes this to be done. The complainant and the body concerned should both then be advised in writing.

8.0 Time Limits

8.1 The period for making a complaint is:

a) 6 months from the date on which the matter which is the subject of the complaint occurred; or
b) Where the complainant was not aware that there was cause of complaint, within
i) Six months from the date on which the matter which is the subject of the complaint comes to the complainant's notice.
ii) Twelve months from the date on which the matter which is the subject of the complaint occurred whichever is sooner.

8.2 Where a complaint is received which was not made during the period specified in paragraph 8.1 above it shall be referred to the complaints officer, who will make a judgement on the appropriate action guided by Paragraph 11 of the Directions.

9.0 NI Commissioner for Complaints (Ombudsman)

9.1 All papers relating to the local resolution investigation will be made available to the Commissioner where such a case has been referred by the complainant to the Commissioner for investigation.

10. Complaints Monitoring

10.1 Under the HSC Complaints Procedure the complaints handling role and responsibilities of the HSC Board are to monitor complaints processes, outcomes and service improvement; performance management and dissemination of learning.

10.2 The operation and effectiveness of the HSC Complaints Procedure will be monitored continuously. A Regional Complaints Group (HSC Board and Agency) has been established and will meet quarterly to consider analysis of information pertaining to HSC Board complaints, Family Practitioner complaints, HSC Trust complaints and Agency complaints. The Group will look at the number and subject of complaints received, their outcomes and what learning can be determined and disseminated from these throughout the service.

10.3 The operation and effectiveness of the PHA Complaints Policy and Procedure will be monitored by the PHA Governance and Audit Committee. The Director with responsibility for complaints will report on a regular basis (normally twice a year) about the number and subject of complaints received, their outcomes and what learning can be determined and disseminated.

10.4 This includes monitoring of the subject of complaints raised, the particular specialties they relate to and/or their locality, as well as ensuring that there are appropriate systems in place to manage complaints, that complaints are responded to comprehensively and in a timely manner and that in enhancing the local resolution stage complaints can be resolved more quickly and as close to the source as possible.

11 Annual Reports

11.1 The PHA will include within its Annual Report a report on the management of complaints. The Annual report, in its circulation, will include:

a) The Department of Health Social services and Public Safety
b) The Patient Client Council.

12. **Role of the Patient and Client Council**

Advice should be made available at all stages of the HSC Complaints Procedure about the role of the Patient and Client Council in giving individuals advice and support on making complaints. Details of other advocacy or support organisations can also be identified.

Appendix A

Complaints Record Form	
Date:	Time:
Details taken by:	
Complainant	
Name	
Address	
Contact telephone number	
If the complaint is about services to a person other than the complainant please advise the complainant that consent may be required.	
Details of the Complaint	
Action taken:	
Is the complaint resolved?	Yes ❑ No ❑
Please forward a copy of the complaint form to the complaints officer	
To be completed by the Complaints Officer	
Further Action Required	Yes ❑ No ❑ (If yes detail below)
Date complaint closed	Signed

Public Health Agency

WHISTLEBLOWING (Raising Concerns) POLICY

2020

Version	**2.0** **(Replaces PHA Whistleblowing Policy 2018)**
Approved by AMT	**26 April 2018**
Approved by GAC	**6 June 2018**
Approved by PHA Board	**11 June 2018**
Review Date	**May 2023**

(Based on DoH 'Your Right to Raise a Concern' HSC Framework and Model Policy)

CONTENTS:

1. Introduction

All of us at one time or another may have concerns about what is happening at work. The Public Health Agency (PHA) wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or *the PHA itself*, it can be difficult to know what to do.

The PHA recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you, which you think we should know about or look into, please let us know. The PHA has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

2. Aims and Objectives

The PHA is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the PHA;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the PHA is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

The PHA roles and responsibilities in the implementation of this policy are set out at Appendix A**.**

3. Scope

The PHA recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of the PHA, including permanent, temporary and bank staff, staff in training working within the PHA, independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think the PHA should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the PHA grievance procedure or policy for making a complaint about Bullying and/or Harassment which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery the PHA has a number of avenues available to report your concern. These are included in more detail in the PHA Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspicions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Directors
- Fraud Liaison Officer (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.reporthealthfraud.hscni.net These avenues are managed by Counter fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the PHA or under its control. The PHA expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5 The PHA commitment to you

5.1 Your safety

The PHA, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The PHA will not tolerate the harassment or victimisation of anyone who raises a genuine concern.

The PHA expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and the PHA reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, the PHA hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to a member of staff in the Governance Team.

The PHA is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law.

You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Protect – Speak up, stop harm (see contact details under Independent Advice).

6. Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

6.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager. But where you do not think it is appropriate to do this, you can use any of the options set out below.

If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- Your Director
  - ➢ Director of Operations
  - ➢ Director of Nursing and Allied Health Professions (AHP)
  - ➢ Director of Public Health
  - ➢ Director of Health and Social Care Quality Improvement (HSCQI)
- The designated advisor (Assistant Director, Planning & Operational Services)

If you still remain concerned after this, you can contact:

- Chief Executive
  or
- Designated Non-Executive Director

All these people have been trained in receiving concerns and will give you information about where you can go for more support. Advice for managers responding to a concern is outlined in Appendix B.

If, for any reason, you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see section 7 below).

If, exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity Protect – Speak up, stop harm, 7-14 Great Dover Street, London, SE1 4YR (tel: 0203 227 2520), website: www.protect-advice.org.uk.

6.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

7. Raising a concern externally

The PHA hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the PHA would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the PHA recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health
- A prescribed person, such as:
  - General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council;
  - The Regulation and Quality Improvement Authority;
  - The Health and Safety Executive;
  - Serious Fraud Office;
  - Her Majesty's Revenue and Customs,
  - Comptroller and Auditor General;
  - Information Commissioner;
  - Northern Ireland Commissioner for Children and Young People;
  - Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all.

Protect – Speak up, stop harm (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

8. The Media

You may consider going to the media in respect of your concerns if you feel the PHA has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The PHA reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by the Communications Department on behalf of the PHA. Staff approached by the media should direct the media to this department in the first instance.

9. Board oversight

The PHA board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director (Ms Deepa Mann-Kler) with responsibility for the oversight of the organisation's culture of raising concerns.

10. Review & reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

We will provide regular reports to senior management and to our Governance and Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.

Instances of whistleblowing should be reported to the Whistleblowing Advisor, to enable the production of the annual report.

11. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note: this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the PHA listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

12. Equality, Human Rights & DDA

This policy has been screened for equality implications as required by Section 75, Schedule 9 of the Northern Ireland Act (1998). No significant equality implications have been identified, and therefore an Equality Impact Assessment is not required.

13. Alternative Formats

Every effort will be made to provide information in an alternative format if written format is not accessible to a member of staff.

APPENDIX A

Roles and Responsibilities

The Public Health Agency

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively;
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously;
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue;
- To share learning, as appropriate, via organisations shared learning procedures.

The Non-Executive Director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organization.

Directors

- To take responsibility for ensuring the implementation of the whistleblowing arrangements.

Managers

- To take any concerns reported to them seriously and consider them fully and fairly;
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required;
- To seek advice from other professionals within the PHA where appropriate;

- To invoke the formal procedure and ensure the Whistleblowing Advisor or Director of Operations is informed, if the issue is appropriate;
- To ensure feedback/learning at individual, team and organisational level on concerns and how they were resolved.

Whistleblowing Adviser

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels;
- To intervene if there are any indications that the person who raised a concern is suffering any recriminations;
- To work with managers and HR to address the culture in the organisation and tackle the obstacles to raising concerns as appropriate.

This list is not intended to be exhaustive or restrictive

All Members of Staff

- To recognise that it is your duty to draw to the PHA attention any matter of concern;
- To adhere to the procedures set out in this policy;
- To maintain the duty of confidentiality to patients and the PHA and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of trade unions and other organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

APPENDIX B

ADVICE FOR MANAGERS RESPONDING TO A CONCERN

1. Thank the staff member for raising the concern, even if they may appear to be mistaken;
2. Respect and heed legitimate staff concerns about their own position or career;
3. Manage expectations and respect promises of confidentiality;
4. Discuss reasonable timeframes for feedback with the member of staff;
5. Remember there are different perspectives to every story;
6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);
8. Managers should bear in mind that they may have to explain how they have handled the concern;
9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;
10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed;
11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

APPENDIX C

PHA PROCEDURE FOR RAISING A CONCERN

Step one (informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager. This may be done verbally or in writing.

You are entitled to representation from a trade union/fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager, for whatever reason, please raise the matter with our designated adviser (Assistant Director Planning & Operational Services).
Or
Director of Operations
Director of Public Health
Director of Nursing/AHP
Director of HSCQI

They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the board any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

Chief Executive

or

Designated Non- Executive

Step four (formal)

You can raise your concerns formally with the external bodies listed at section 7:

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales.

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of the PHA to take forward the investigation in conjunction with the Agency if appropriate.

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the PHA Whistleblowing Policy.

Communicating with you

We welcome your concerns and will treat you with respect at all times. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

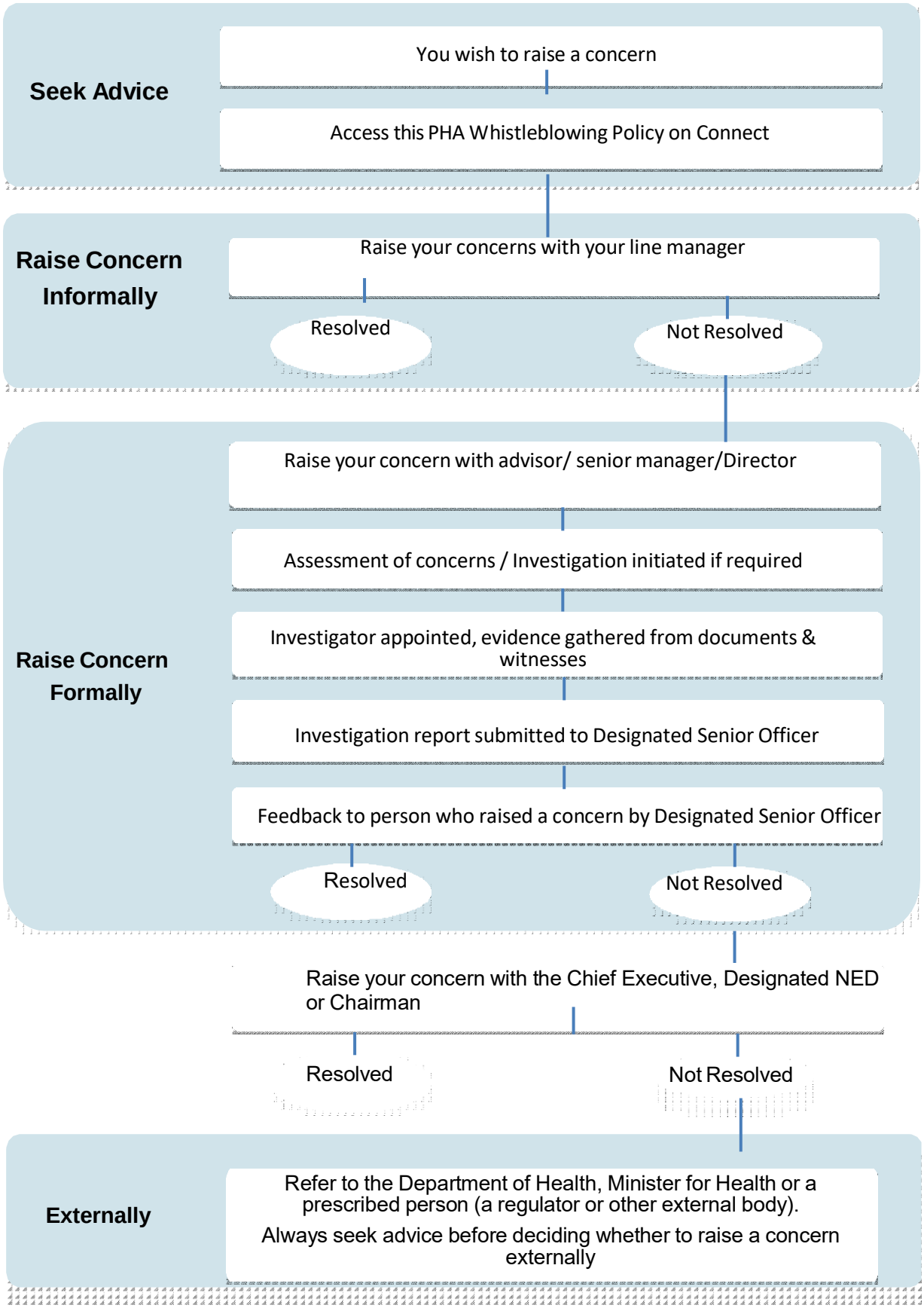
APPENDIX D

PHA CONTACT DETAILS

Title	Name	Email	Phone
Directors:			
Director of Operations			
Director of Nursing and AHP	Mr Rodney Morton	Personal Information redacted by the USI	Personal Information redacted by the USI
Director of Public Health	Prof. Hugo van Woerden	Personal Information redacted by the USI	Personal Information redacted by the USI
Designated Advisor:			
Assistant Director Planning and Operational Services	Miss Rosemary Taylor	Personal Information redacted by the USI	Personal Information redacted by the USI
Chief Executive	Mrs Olive MacLeod	Personal Information redacted by the USI	Personal Information redacted by the USI
Designated Non-Executive Director	Ms Deepa Mann-Kler	Personal Information redacted by the USI	Personal Information redacted by the USI
PHA Chair	Mr Andrew Dougal	Personal Information redacted by the USI	Personal Information redacted by the USI
Governance Team			
Assistant Director Planning and Operational Services	Miss Rosemary Taylor	Personal Information redacted by the USI	Personal Information redacted by the USI
Senior Operations Manager	Ms Karen Braithwaite	Personal Information redacted by the USI	Personal Information redacted by the USI

APPENDIX E

Raising Concerns & Whistleblowing Process



HSC Public Health Agency

PHA Ref: «Contract_ID»

PROGRESS MONITORING REPORT

Guidance for completion:

This progress monitoring report is comprised of:

- **Schedule 1 - Project/service overview** – *to be completed in Quarter 1 only*
- **Schedule 2 - Written report** – *to be completed in each quarter*
- **Schedule 3 - Financial Monitoring Form** – *to be completed in each quarter*

Please complete and return this progress monitoring report for each period by the due dates outlined below:

Quarter	Period	Date Progress Monitoring Report Due
Quarter 1	1 April 2022–30 June 2022	29 July 2022
Quarter 2	1 July 2022–30 September 2022	31 October 2022
Quarter 3	1 October 2022–31 December 2022	31 January 2023
Quarter 4	1 January 2022–31 March 2023	28 April 2023

Please note that we now accept PMRs via email. There is no longer a need to post a hard copy.

Email to: «Admin_Lead_Email»

Please note that the PHA will not process any further payments to your organisation unless we have received your completed signed and dated progress monitoring report by its due date set out in the table above.

Schedule 1

To be completed by PHA Contract Manager in Quarter 1 only

1 Overview
1a Please list KEY strategy/strategies this project/service is delivering against
«Key_Strategy_1» «Key_Strategy_2» «Key_Strategy_3»«Key_Strategy_4» «Key_Strategy_5»«Key_Strategy_6»

To be completed by the Provider in Quarter 1 only

1b Personal and Public Involvement (PPI) Please provide details on how you involved service users/carers in planning, delivering and monitoring of your service/project. • How were service users/carers selected/appointed to participate? • What training was provided to service users/carers to enable them to get involved in the planning, delivery and/or monitoring of your service/project? • What evaluation have you put in place to assess the impact of service users/carers involvement?
1c Please explain how you have taken account of the needs of people in rural areas in the design of the service. If not applicable please state reason why.

Section 75 (S75) - Additional information required to be completed by the Provider each quarter and a summary provided of data collated with Quarter 4 report.

1d Section 75 – Equality Monitoring Form • Service providers must use the enclosed S75 Equality Monitoring Form with their clients/service. • This information should be collated and returned annually with your Q4 progress report on the enclosed Summary S75 returns sheet. • In Schedule 2, Section 3f below please confirm in each quarter that this information is being collected and let us know if you identify any issues with data collection.

Schedule 2

Schedule 2 – Written report - to be completed by the Service Provider in each quarter. Please complete all sections unless otherwise stated for tendered contracts.

Section 1 - Project Contact Details	
Contract Lead	«Organisation_main_contact»
Organisation Name	«Delivery_Organisation»
Project/Service Title	«Contract_NameTitle»
Address	«Organisation_Main_Contact_Address»
Telephone	«Organisation_main_contact_number»
Email	«Organisation_main_contact_Email» «Additional_contact_1»«Additional_contact_2»

Section 2 - Actual Expenditure against Allocation	
Expenditure at end of Quarter: «Monitoring_period»	
Amount of financial allocation from PHA to the project/service	**£«Cumulative_overall_total»**
Total amount of expenditure to date	**£**
Please provide a full explanation if there is an underspend or overspend highlighted above:	
Please list all other funders contributing to the delivery of this service	

Section 3 - Progress			
3a	The project:	a) is now complete	
		b) is proceeding approximately according to plan	
		c) is proceeding behind schedule	
		d) is proceeding ahead of schedule	
		e) is being abandoned	
Please provide further detail if you have ticked either c), d) or e) above:			

3b Please provide a brief summary of the work carried out during this reporting period, including outcomes achieved. You can use case studies as an example.

3c Covid & Recovery Response - Tell us how your project/service has adapted to respond to Covid issues. How have you ensured service users' needs were met and if there are any additional demands on the service?

3d Please provide details on any problems/issues affecting the project/service (i.e. staffing issues, clients not accessing services etc.). Provide details of actions that are being put in place to overcome these issues.

3e Please provide details of any complaints received and investigations (both internal and external) being carried out in your organisation or where an adverse incident has occurred. It is important that you refer to the terms and conditions of funding for further guidance on how these should be managed.

3f What has been the progress to date against each of your performance indicators as outlined below? If activity against a particular indicator has varied, please outline within your response.

Measurable Objective	Annual Target	*Progress to date*			
		Q1 (1/4/22-30/6/22)	Q2 (1/7/22-30/9/22)	Q3 (1/10/22-31/12/22)	Q4 (1/1/23-31/3/23)
«Objective_1»	«Target_1a»				
	«Target_1b»				
	«Target_1c»				
	«Target_1d»				
	«Target_1e»				
	«Target_1f»				
	«Target_1g»				
	«Target_1h»				
	«Target_1i»				
	«Target_1j»				
«Objective_2»	«Target_2a»				
	«Target_2b»				
	«Target_2c»				
	«Target_2d»				
	«Target_2e»				
	«Target_2f»				
	«Target_2g»				
	«Target_2h»				
	«Target_2i»				
«Objective_3»	«Target_3a»				
	«Target_3b»				
	«Target_3c»				
	«target_3d»				
	«Target_3e»				
	«Target_3f»				
	«Target_3g»				
	«Target_3h»				
	«Target_3i»				
«Objective_4»	«Target_4a»				

Measurable Objective	Annual Target	Progress to date			
		Q1 (1/4/22-30/6/22)	Q2 (1/7/22-30/9/22)	Q3 (1/10/22-31/12/22)	Q4 (1/1/23-31/3/23)
	«Target_4b»				
	«Target_4c»				
	«Target_4d»				
	«Target_4e»				
	«Target_4f»				
	«Target_4g»				
	«Target_4h»				
«Objective_5»	«Target_5a»				
	«Target_5b»				
	«Target_5c»				
	«Target_5d»				
	«Target_5e»				
	«Target_5f»				
«Objective_6»	«Target_6a»				
	«Target_6b»				
	«Target_6c»				
	«Target_6d»				
	«Target_6e»				
	«Target_6f»				
	«Target_6g»				
	«Target_6h»				
«Objective_7»	«Target7a»				
	«Target_7b»				
	«Target_7c»				
	«Target_7d»				
	«Target_7e»				
	«Target_7f»				
«Objective_8»	«Target_8a»				
	«Target_8b»				
	«Target_8c»				
	«Target_8d»				
	«Target_8e»				

Measurable Objective	Annual Target	Progress to date			
		Q1 (1/4/22-30/6/22)	Q2 (1/7/22-30/9/22)	Q3 (1/10/22-31/12/22)	Q4 (1/1/23-31/3/23)
	«Target_8f»				
«Objective_9»	«Target_9a»				
	«Target_9b»				
	«Target_9c»				
	«Target_9d»				
	«Target_9e»				
	«Target_9f»				
«Objective_10»	«Target_10a»				
	«Target_10b»				
	«Target_10c»				
	«Target_10d»				
	«Target_10e»				
	«Target_10f»				
«Objective_11»	«Target_11a»				
	«Target_11b»				
	«Target_11c»				
	«Target_11d»				
	«Target_11e»				
	«Target_11f»				
«Objective_12»	«Target_12a»				
	«Target_12b»				
	«Target_12c»				
	«Target_12d»				
	«Target_12e»				
	«Target_12f»				
«Objective_13»	«Target_13a»				
	«Target_13b»				
	«Target_13c»				
	«Target_13d»				
	«Target_13e»				
	«Target_13f»				
«Objective_14»	«Target_14a»				

Measurable Objective	Annual Target	Progress to date			
		Q1 (1/4/22-30/6/22)	Q2 (1/7/22-30/9/22)	Q3 (1/10/22-31/12/22)	Q4 (1/1/23-31/3/23)
	«Target_14b»				
	«Target_14c»				
	«Target_14d»				
	«Target_14e»				
	«Target_14f»				
«Objective_15»	«Target_15a»				
	«Target_15b»				
	«Target_15c»				
	«Target_15d»				
	«Target_15e»				
	«Target_15f»				
«Objective_16»	«Target_16a»				
	«Target_16b»				
	«Target_16c»				
	«Target_16d»				
	«Target_16e»				
	«Target_16f»				
	«Target_16g»				
	«Target_16h»				
«Objective_17»	«Target_17a»				
	«Target_17b»				
	«Target_17c»				
	«Target_17d»				
	«Target_17e»				
	«Target_17f»				
«Objective_18»	«Target_18a»				
	«Target_18b»				
	«Target_18c»				
	«Target_18d»				
	«Target_18e»				
	«Target_18f»				
«Objective_19»	«Target_19a»				

Measurable Objective	Annual Target	*Progress to date*			
		Q1 (1/4/22-30/6/22)	Q2 (1/7/22-30/9/22)	Q3 (1/10/22-31/12/22)	Q4 (1/1/23-31/3/23)
	«Target_19b»				
	«Target_19c»				
	«Target_19d»				
	«Target_19e»				
	«Target_19f»				
«Objective_20»	«Target_20a»				
	«Target_20b»				
	«Target_20c»				
	«Target_20d»				
	«Target_20e»				
	«Target_20f»				

3g Please highlight any unexpected benefits which have arisen from the project/service.

Section 4 – Evaluation of Performance

To be completed in Quarter 4 only by the Provider

4a Evaluation of Performance Please provide a summary below of the key outcomes of your service/project over the last year and the difference it has made to service users; families of users; carers; communities; staff etc. (maximum 2 pages).

4b Please describe how you have targeted inequalities in health, i.e. how you have targeted disadvantaged communities and how you capture this information. • How have you identified needs within the community? • Have you: – facilitated community research; – analysed and disseminated findings from community research; – monitored and evaluated community development activities; – supported inclusive and collective working.

4d Please tell us how your organisation uses the S75 Equality data gathered to influence and improve your practice in delivering Health Improvement services? (Examples 4d 1, 2, 3, 4 below)
4d4 Other

SCHEDULE 3						
FINANCIAL MONITORING						
Name of Provider		«Delivery_Organisation»				
Title of Project		«Contract_NameTitle»				
Financial Year		2022/23				
Project Ref No (PHA use only)		«Contract_ID»				
Actual Project Expenditure						
Project Income & Expenditure Budget	**Total Budget 2022/23 £**	**QTR 1 EXP *(1/4/22-30/6/22)***	**QTR 2 EXP *(1/7/22-30/9/22)***	**QTR 3 EXP *(1/10/22-31/12/22)***	**QTR 4 EXP *(1/1/23-31/3/23)***	**Total Exp to Date £**
Funding from PHA	«Total_contract_value_202223»					
Enhancement (if applicable)						
Total Income	**«Total_contract_value_202223»**					
ACTUAL PROJECT EXPENDITURE						
Salary Costs						
«Salary_Costs_1_name»	«Salary_Costs_1»					
«Salary_Costs_2_name»	«Salary_Costs_2»					
«Salary_Costs_3_name»	«Salary_Costs_3»					
«Salary_Costs_4_name»	«Salary_Costs_4»					
«Salary_Costs_5_name»	«Salary_Costs_5»					
Total Salary Costs	**«Total_Salary_costs»**					
Programme Costs						
«Programme_Costs_1_name»	«Programme_Costs_1»					
«Programme_Costs_2_name»	«Programme_Costs_2»					
«Programme_Costs_3_name»	«Programme_Costs_3»					
«Programme_Costs_4_name»	«Programme_Costs_4»					
«Programme_Costs_5_name»	«Programme_Costs_5»					
«Programme_Costs_6_name»	«Programme_Costs_6»					
«Programme_Costs_7_name»	«Programme_Costs_7»					
«Programme_Costs_8_name»	«Programme_Costs_8»					
«Programme_Costs_9_name»	«Programme_Costs_9»					
«Programme_Costs_10_name»	«Programme_Costs_10»					
«Programme_Costs_11_name»	«Programme_Costs_11»					
«Programme_Costs_12_name»	«Programme_Costs_12»					
«Programme_Costs_13_name»	«Programme_Costs_13»					
«Programme_Costs_14_name»	«Programme_Costs_14»					
Total Programme Costs	**«Total_programme_costs»**					
Project Running Costs						
«Project_running_costs_1_name»	«Project_running_costs_1»					
«Project_running_costs_2_name»	«Project_running_costs_2»					
«Project_running_costs_3_name»	«Project_running_costs_3»					
«Project_running_costs_4_name»	«Project_running_costs_4»					
«Project_running_costs_5_name»	«Project_running_costs_5»					
«Project_running_costs_6_name»	«Project_running_costs_6»					
«Project_running_costs_7_name»	«Project_running_costs_7»					
«Project_running_costs_8_name»	«Project_running_costs_8»					
Total Project Running Costs	**«Total_Project_running_costs»**					
Capital						
«Capital_1_name»	«Captial_1»					
«Capital_2_name»	«Capital_2»					
Total Capital Costs	**«Total_Capital»**					
TOTAL EXPENDITURE ON PROJECT	***«Total_contract_value_202223»***					

Thank you for completing this progress monitoring report. For advice or information on completion please contact:

«PHA_Lead_ID»
«PHA_Lead_Officer_Job_Title»
Health Improvement Team (North)
Public Health Agency
County Hall
182 Galgorm Road
BALLYMENA, BT42 1QB
Tel: «PHA_Lead_Officer_Contact_Number» Email: «PHA_Lead_Officer_Email»

Declaration

I declare that:

1. The Provider has delivered the levels of activity as specified in this Progress Report and has paid the sums in the attached expenditure report (where provided). None of the expenditure included in this claim has been included in any previous claim, to the PHA or another funder, and that all payments made are in line with the terms & conditions of the contract.
2. The provider is compliant with the 'Annual audit or examination of charity accounts' requirements as per Part VIII, Section 68 of the Charities (NI) Order 2007.
3. The Provider is compliant with the terms and conditions of the contract and robust Governance structures are in place which will function throughout the lifetime of the contract.

(Please note that we can now accept scanned signatures on PMRs therefore it is no longer necessary to post in a hard copy)

Approved on behalf of the Organisation (Lead Manager) **«Contract_ID» 2022/23** **Quarter 1 / 2 / 3 / 4 (please select)**			
_____ **NAME (PRINT)**	_____ ***Signature***	_____ ***POSITION***	_____ ***DATE***

For PHA Office Use Only:

Approved (Lead Officer)

_____ _____

Name (Print) Signature

Date: _____

HSCB / PHA SAI POSITION REPORT

UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE:		HSCB REFERENCE NUMBER
Personal Information redacted by the USI		Personal Information redacted by the
DATE SAI NOTIFIED	CURRENT LEVEL OF REVIEW	ORGANISATIONS NOTIFIED (EXTERNAL)
31 October 2014	**INFCAI**	
DATE SAI OCCURRED:	DRO:	LSR/RCA REPORT DUE:
29 August 2014	**Dr Paul Darragh**	
CORONER'S REPORT:	DRO SUPPORT OFFICER/S	PROGRAMME OF CARE
		Acute Services

KEY WORDS	HSCB / PHA Generic Coding

DATIX – COMMON CLASSIFICATION SYSTEM – CCS CODING		
STAGE OF CARE	DETAILS	ADVERSE EVENT
Access, Appointment, Admission, Transfer, Discharge	**Transfer**	**Transfer - delay/failure**

DATIX – COMMON CLASSIFICATION SYSTEM – CCS2 CODING		
TIER 1	TIER 2	TIER 3

DESCRIPTION OF INCIDENT

Female patient suffered significant intra-abdominal haemorrhage following nephrostomy insertion in CAH. Unable to transfer back to CAH and eventually transferred to BCH. Very poor service from CAH with no ownership of patient.

ARE OTHER PROVIDERS INVOLVED? YES
PROVIDE SUFFICIENT DETAILS TO ALLOW FOLLW UP:
Craigavon Area Hospital - South Trust.

DOB: Personal Information redacted by the USI **GENDER:** Female **AGE:** Personal Informa

IMMEDIATE ACTION TAKEN BY REPORTING ORGANISATION:

MMEDIATE ACTION TAKEN BY REPORTING ORGANISATION:

Need an urgent meeting with CAH to discuss relationship and services provided, plus regional need for an interventional radiology service.

IMMEDIATE ACTION TAKEN BY HSCB/PHA:

TOR DUE:	TOR RECEIVED:	SEA RECEIVED:	LSR RECEIVED:	RCA RECEIVED
RR SENT TO RQIA	TRUST ACTION:	DATE DRO CLOSED	SAIRSG DATE	LEARNING REF
		29 September 2015		

SERVICE USER / FAMILY ENGAGEMENT:		
DATE SU/FAM INFORMED	DATE CLIST RECEIVED	DATE LSR/SEA/RCA SHARED SU/FAM
REASON NO ENGAGMENT		
REASON SEA/RCA NOT SHARED		

RATIONALE NOT INFORMING the S/User / Family / Carer that the incident was being reviewed as a SAI

RATIONALE FOR NOT SHARING LSR/SEA/RCA

HSCB-PHA ACTION TAKEN:

31/10/14: Interface incident acknowledged and SHSCT notified of Incident.
31/10/14: Western Trust asked to clarify the hospital and Trust involved: I can confirm it is the Craigavon Hospital in the Southern Trust.
12/11/14: Reminder issued to Southern Trust for update on submission of SAI.
18/11/14: Email to E Hamilton - Incident to be placed on Acute Services Review Team meeting 25 November 2014.
24/11/14: Email from the Western Trust: In relation to the above mentioned Interface form, can you please follow up and provide comments/investigations.
24/11/14: Western Trust given update on position of Interface SAI.
10/12/14: Email from the Western Trust: Has any response been received from the Southern Trust in relation to the above mentioned incident?
10/12/14: Email sent to SHSCT requesting an update regarding the reporting of this incident. WHSCT given update.
26/01/15: Email from Western Trust: In relation to the previous correspondence has any further response been provided? Response sent to Trust stating they will be informaed of any updates received.
28/01/15: Email to Trust following meeting between AKane and Trust Governance Manager - It was agreed the Trust Acute Services Directorate would screen this incident to ascertain if an SAI would be submitted and report back to HSCB seriousincidents.
16/02/15: Update from Acute Services Review Team meeting - First Review:
Governance Team to request a level 1 SEA from Southern Trust.
Paul Darragh will act as DRO
ACTION: GOVERNANCE TEAM
Relist for March meeting.
19/02/15: Email to Trust requesting submission of Level 1 SAI by 5 March 2015.
Placed on agenda for next Acute Services Review Team meeting 16/03/15.
20/02/15: Email from WHSCT - As per previous email sent (26/1/15) in relation to the above can you please provide a response at your earliest convenience.
Update to WHSCT - Further to your email (above), I would advise that this incident was discussed at a recent Acute Services Review Team meeting. The Southern Trust have been requested to submit an SAI Notification by 5 March 2015. I will update you further when this is received.
25/02/15: Email from Southern Trust - The Acute Governance Office need the clients name and H&C number. Are you able to provide us with this information or request that the WT forward the details to me.
Email to Western Trust requesting patient's name and H&C number.
ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 16 MARCH 201516 March 2015: Still awaiting SAI to be submitted.
Governance Team to follow up with Trust
ACTION: Governance Team
Relist for April meeting
27/02/15: Emai from WHSCT with requested information. Email to SHSCT with patients details.
25/03/15: 2nd reminder to SHSCT re submission of SAI - Further to my email (19/2/15), I note no SAI has been submitted for the attached Interface Incident as has been requested by the HSCB Acute Services SAI Review Team.
Can you please follow-up and provide an update in relation to submission of the SAI. The next meeting of the HSCB Acute Services SAI Review Team is scheduled for 22 April 2015 and the Team would request an update by 13 April 2015.
25/03/15: Email from WHSCT-Can you please confirm is the Southern Trust have submitted a SAI notification form?
25/03/15: Email to WHSCT-No the Southern Trust have not as yet submitted an SAI. A reminder has been sent today to do so.

HSCB-PHA ACTION TAKEN:

Trust acknowledges reminder.
15/04/15: Email to Southern Trust - Ref my email (above) (25/3/15), can you please provide an update in respect of submission of an SAI for the above Interface Incident. I would be grateful if you would follow-up as a
matter of urgency as the next meeting of the HSCB Acute Services SAI Review Team is scheduled for 22 April and this incident is on the agenda.
15/04/15: Trust holding response received - I have asked the Acute Governance Team to provide us with an update by return email. I hope to get a response to you shortly.
ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 22 APRIL 2015
22 April 2015: FURTHER INFORMATION REQUIRED Governance Team to request SAI from Southern Trust
ACTION: Governance Team
Relist for May meeting
29/04/15: Email to Trust - Further to the emails(as above) following the Acute Services SAI Review Meeting on April 22nd another request has been made for the Southern Trust to submit an SAI for the above Interface incident.
Please forward as soon as possible.
11/05/15: Trust update received - I would advise the HSCB that Margaret Marshall, AD for Clinical and Social Care Governance, is meeting with the Acute Governance Team on Wednesday at 4pm. Therefore, I hope to be able to provide you with an update on Thursday.
20/05/15: Reminder email to Trust for further update on submission of SAI.
Trust email - Sorry no. Personal Information redacted by the USI felt unwell on Wednesday and left work early that day. Now she is on annual leave and due back Tuesday 26 May. I will see what I am able to find out in the meantime.
21/05/15: Update from Acute Review Team meeting - Southern Trust have held a meeting to discuss and HSCB are awaiting outcome. Governance Team will continue to liaise with Southern Trust for an update. Relisted for 15 June Acute Review Team meeting.
03/06/15: Email to Trust - Ref your email trail (as above) in relation to the above Interface Incident reported by the Western Trust. The HSCB Acute Services Review Team met recently and have requested an update in
relation to submission of an SAI from the Southern Trust. A meeting was to have taken place between Margaret Marshall and the Trust's Acute Governance Team. Has this meeting taken place, and if so, can the Trust provide an update on the outcome.
The Review Team would request a response from the Trust by 9 June 2015.
03/06/15: Update from SHSCT - I would be grateful if you could please see the communication below regarding this matter. As soon as a decision has been reached, I shall be in touch with you again.
[10/5/15 Email from Martina Corrigan, Head of ENT, Urology and Outpatients, SHSCT to Trust Corporate Governance - Apologies for delay in responding to this. I have tried to investigate this, but firstly we had to wait to find out who the patient was. We have no notes relating to this patient's stay and it would appear that these may be in Belfast, and I have had to request same.
I have discussed this with the Urology Team and we have a very clear pathway in place for patients coming from SWAH and this has been working very well with no issues at all.
On talking to the Team we think this may have been an ICU issue as the patient needed an ICU bed and it is quite normal if the Southern Trust do not have a bed that they would be referred to the nearest ICU bed?
The other area that has been mentioned on this incident form is interventional radiology which again is not a Urology issue.
From a Urology point of view this is not an SAI relating to our specialty.
Response from MMarshall - Thank you for your response.
Tracey, Connie, Paul is there a need to screen from a wider perspective ie. ICU, Radiology before closing this off with the HSCB]
11/06/15: Email from SHSCT with update, shared with DRO-
With regards to the above mentioned, I would be grateful if you could see a response below from the Urology Team.
On receipt of the response from the Urology Team, the Corporate Governance Office wrote several times to the Acute Governance Team to ascertain if they felt it would progress to a SAI. To date we have not had a response.
If I learn anything different, I shall be in touch.

HSCB-PHA ACTION TAKEN:

Apologies for the delays in responding.
15/06/15: Email from Trust: 'Please see below. This shall not be a SAI'.
Reasons for not submitting as a SAI:
Email from R Carroll 'if the pt was neither in theatre or iCU then it is appropriate to say that this is not an ATICs issue'.
Email from K Brigeen 'This patient has never been through ICU/Recovery or Theatre.
We have checked PAS and this patient was an inpatient in 3 South and had a nephrostomy carried out in X-ray.
She was originally on the Emergency theatre list on 18/08/2014 to have bilateral ureteroscopy & stenting - but was cancelled off due to change in clinical decision - reason being - to be carried out in X-ray department. I'm not actually sure now how or who completed the transfer to the SWAH???
I have tracked the notes down to 3 South and hopefully will have them by tomorrow - are you in CAH tomorrow?'
Email from M Corrigan 'Apologies for delay in responding to this. I have tried to investigate this, but firstly we had to wait to find out who the patient was. We have no notes relating to this patient's stay and it would appear that these may in Belfast, and I have had to request same.
I have discussed this with the Urology Team and we have a very clear pathway in place for patients coming from SWAH and this has been working very well with no issues at all.
On talking to the Team we think this may have been an ICU issue as the patient needed an ICU bed and it is quite normal if the Southern Trust do not have a bed that they would be referred to the nearest ICU bed?
The other area that has been mentioned on this incident form is interventional radiology which again is not a Urology issue.
From a Urology point of view this is not an SAI relating to our specialty.
15/06/15: Above email sent to Lead Officer 'SHSCT do not intend to submit this Interface Incident as a SAI, see emails below. Can you please advise if you are content for this Interface Incident to be closed? I have attached a position report for ease of reference.'
ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 15 JUNE 2015
Update 15 June 2015: Update 11 June 2015 from SHSCT stated they haven't received a response from their Urology Team. It was agreed Paul Darragh will escalate this Interface Incident to Dr Harper.
ACTION: Governance Team
Relist for July meeting
17/07/15: Telephone conversation between M Campbell and J Marshall to ascertain if SHSCT Intended to report interface Incident as a SAI as following review of the posiiton report it appeared that the Trust had responded on behalf of Urology and ICU. J Marshall undertook to speak with A Quinn and M Marshall on Monday and respond.
17/07/15: Email from J Marshall 'Just to let you know I have received your email and will talk to Anne / Margaret about it on Monday.'
20/07/15: Email to J Marshall-
I refer to the email below. In advance of tomorrow's meeting and following your discussion with Anne/Margaret can you provide an update? I am in the office this afternoon if you wish to discuss.
20/07/15: Telephone call from A Quinn, SHSCT. Ronan Carroll is meeting with Dr Hall at 8.00am on Tuesday 21 July to discuss. Anne undertook to respond on outcome of conversation.
21/07/15: Email to SHSCT - Anne, Further to our conversation yesterday, are you in a position to provide an update following Ronan's conversation with Dr Hall this morning.
21/07/15: Update email from SHSCT - Surgical team are having a relook at this case tomorrow. We will hopefully have the outcome of the radiology discussion shortly and will forward asap via corporate.governance email.
ACUTE SERVICES SAI REVIEW TEAM MEETING
ACTION LOG UPDATED 21 JULY 2015
Update 21 July 2015: It was noted that the Trust Governance Team had verbally updated the HSCB Governance Team earlier that day. Urology would be rescreening this incident again. Radiology would be undertaking an internal investigation which may result in the submission of an SAI. This would be reviewed at the next meeting.
ACTION: GOVERNANCE TEAM
Relisted for Acute Review Meeting on 18/08/15
24/07/15: Email from Trust to SHSCT governance 'Acute Directorate have re-screened this case and

HSCB-PHA ACTION TAKEN:

will be undertaking a Level 1 SAI. Would it be possible to advise Mareth please. Acute Directorate to submit SAI notification form to you. Please also convey the Trust's apologies for the delay in responding'.
24/07/15: Email from Trust to M Campbell 'Please see below and I apologise for the delay in responding.'
24/07/15: Email from M Campbell 'Please see update below from SHSCT advising that an SAI will be submitted in respect of the above interface incident reported by WHSCT. Can you please update Datix accordingly and advise the DRO of this latest response.'
24/07/15: Update as above forwarded to Lead Officer.
13/08/15: Email from EHamilton to SHSCT re submission of SAI-In addition to these queries I would also draw your attention to an interface Incident [redacted] HSBC Ref: [redacted] We were advised by email from your Trust on the 24 July 2015 a Level 1 SAI investigation would be undertaken and submitted to the HSCB. To date this has not been received.
We urgently request that this SAI is submitted to avoid it being escalated to Director level.
18/08/15: Email from AKane to MMarshall, SHSCT - As discussed this morning I have listed below the 5 queries currently outstanding with the Trust.
Interface Incident [redacted] Notified in October 2014 - Were advised by Trust SAI would be submitted and level one SEA conducted on 24 July - to date no SAI has been received.
I would be most grateful if you could give these your urgent attention so as to avoid any further escalation (as discussed earlier) between our directors.
I am about tomorrow and Thursday should you wish to contact me.
ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 21 August 2015
Update 18 August 2015: It was noted that the SHSCT had confirmed on 24/7/15 that a Level 1 SAI would be submitted. A reminder email seeking the SAI had been sent on 13/8/15.
27/08/15: Email from AKane to MMarshall - I refer to email below and previous discussion. I would ask you or someone from your team forward a response to serious incidents mailbox as a matter of urgency to avoid these queries being escalated next week.
07/09/15: Email from EHamilton to FMcAlarney - Please find attached the outstanding queries we currently have outstanding for WHSCT, BHSCT, NHSCT and SHSCT - this is the position as at 7 September 2015.
As per Anne Kane's email below this is for the Medical Directors Meeting on 14 September 2015.
You will note Anne has queried if each Trust will only receive their own queries. Carolyn can confirm this.
If you have any queries in relation to this please do not hesitate to contact me.
[Email from AKane to Dr Harper - My team an I have been carrying out an exercise with Trust gov leads to try and clear up the backlog of SAI queries.
We have had some success with it being better in some trusts more than others.
We have compiled the current outstanding queries to date for your medical directors meeting and assume each director will only receive the queries relevant to their trust
Trust with most o/s queries is NHSCT with SEHSCT having none.
I am on leave on Monday but Elaine will forward to Finola on Monday morning,to share with you.
I do think it is worth acknowledging to the Directors that trust gov leads have endeavoured to get responses from the respective service areas but are also experiencing delays.]
[redacted] SHSCT Reported Date: 31 October 2014
SHSCT confirmed they will be submitting a level1 SAI. Despite numerous reminders the HSCB have not received an SAI from SHSCT.
11/09/15: Email from WHSCT-I have been asked to follow up in relation to the attached. The Consultant would like to view the completed report if possible?
11/09/15: Email to WHSCT-I can advise that the SHSCT have been asked to submit an SAI for this incident. They have still not done so, despite advising they would, therefore this has been escalated to the PHA Medical Director to take forward.
I have forwarded your email below to the SHSCT.
11/09/15: Email to SHSCT with WHSCT request-Please see email below from WHSCT requesting sight of the final report for the above Interface Incident.
As per Anne Kane's email attached we are still awaiting submission of an SAI Notification from SHSCT.
11/09/15: Internal WHSCT email trail re SAI investigation- Emial from R O Hare to CL-I thought we had agreed that we would be part of the Southern Trust investigation. I am fairly positive that Kathleen Crossan or Geraldine Mckay spoke with their counterparts in the Southern Trust.
In both of these cases, there are similar issues which relate to accessing Regional Services, which are

HSCB-PHA ACTION TAKEN:

not based at the Royal Site. Whilst the Southern Trust may produce an SAI, it cannot do that without the involvement of ourselves nor the Belfast Trust.
The learning, recommendations and guidelines would be pointless..
Email from CL to ROHare-The Southern Trust have yet to submit the notification form to the HSCB as a SAI. The Western Trust feels the lead on the SAI should be the Southern Trust and until they report this no investigations has taken place. You will note the below correspondence from the HSCB stating they have escalated this to the Medical Director in the PHA to take forward.
****NOTE EMAIL ABOVE 11.09.15 from R O HARE regarding WHSCT and BHSCT input in to SAI investigation***
15/09/15: Email from EHamilton to RWright, SHSCT - Please find attached the details of specific cases for the Southern Trust which require attention/intervention as outlined in the action below following the Medical Directors Meeting on Monday 14 September 2015.
If you have any queries in relation to these cases please do not hesitate to contact myself.
ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 21 September 2015
Update 21 September 2015: Request for the SEA has been escalated to Medical Director in SHSCT. DRO will await outcome from this escalation before any further action is taken.
Review October Meeting
25/09/15: Email from SHSCT-Please find attached a response from the SHSCT in relation to this Interface Incident.
I would be grateful if you will kindly accept my apologies for the delay in forwarding this to you, as I was on Annual Leave and the new member of staff was unsure of what action to take.
29/09/15:: Email to DRO with SHSCt response re non submission of SAI-Please find attached response from SHSCT in relation to the above Interface Incident.
The Trust have provided a detailed rationale as to why they are not submitting an SAI for this incident. Please confirm if you approve of this rationale and if this interface incident can now be closed.
29/09/15: Email from C Harper-Colleagues - to note and action as appropriate please
29/09/15: Email from DRO-I am content with the explanation and agree to closure.
29/09/15: Confirmation of closure to WHSCT.
29/09/15: Email from WHSCT-The Trust would like to view the detailed rationale so we can share this with relevant Directorates and Consultants
29/09/15: Email to DRO-Please see email below from WHSCT.
Could you please confirm it is ok to share the SHSCT's rationale for not submitting an SAI with WHSCT?
29/09/15: Email from DRO-Yes go ahead.
29/09/15: Email to AK to confirm ok to share rationale with WHSCT.
30/09/15: AK verbally confirmed ok to share rationale with WHSCT.
01/10/15: Email from R O'Hare WHSCT to advise not content with SHSCT rationale. Shared with DRO for consideration.
01/10/15: Email to DRO and AK with WHSCT response.
01/10/15: Email from WHSCT-I see that you have been copied into the response from Dr Ronan O'Hare, Consultant Anaesthesia. Can you please forward to the appropriate person for escalation.
01/10/15: Email from DRO-Can we ask Southern Trust and Western Trust to meet and discuss the ongoing issues between themselves and to provide us with an agreed resolution.
01/10/15: AK to speak to Therese Brown.
01/10/15: Email to DRO-Further to our conversation and your discussion with Anne Kane, Anne has advised that she will speak to the WHSCT about organising a meeting with SHSCT.
01/10/15: Email from AK to WHSCT-I refer to emails below in relation to an interface incident reported by WHSCT re: SHSCT.
You will be aware this incident has been back and forward numerous times and following the latest response from SHSCT Director of Acute Services on their rationale for not submitting a SAI, our DRO was content to close.
In light of Dr O'Hare's more recent email below, I have spoken with the DRO and he feels it would be useful if Governance Leads in both Trusts i.e. yourself and Margaret had discussion in order to ascertain how we could bring some resolution to this matter.
I called earlier and spoke with Claire, who advised she will also raise with you tomorrow.
I am around all day tomorrow should you wish to contact me.
02/10/15: Email from T Brown to M Marshall (copied to serious incidents) 'When you get a chance can we discuss to agree a way forward'.

HSCB-PHA ACTION TAKEN:

02/10/15: Email from A Kane to T Brown 'Many thanks for taking this forward'.
ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 19 OCTOBER 2015
Update 19 October 2015: CLOSE. SHSCT / WHSCT will arrange to meet to discuss this incident further. Following this discussion they have the option to submit this incident as an SAI. DRO is content with the information which has currently been provided from SHSCT and will close interface incident on that basis.
Action: Governance Team
ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 19 OCTOBER 2015
Update 19 October 2015: CLOSE. SHSCT / WHSCT will arrange to meet to discuss this incident further. Following this discussion they have the option to submit this incident as an SAI. DRO is content with the information which has currently been provided from SHSCT and will close interface incident on that basis.
Action: Governance Team
06/10/22: Email from J McClean - 'I have come across this interface incidence in urology searches but do not have much detail
Can you please send me the position report and any associated SAIs you can find?
Thanks'
07/10/22: Notification and Position Report fwdd to Joanne McClean

HSC INTERFACE INCIDENTS NOTIFICATION FORM

1. **REPORTING ORGANISATION:** Western Trust	2. **DATE OF INCIDENT: 29/08/2014**
3. **CONTACT PERSON AND TEL NO:** *Dermot Hughes, Associate Medical Director Telephone No* Personal Information redacted by the USI	4. **UNIQUE REFERENCE NUMBER: Web** Personal Information redacted by the USI

5. DESCRIPTION OF INCIDENT:

Female patient suffered significant intra-abdominal haemorrhage following nephrostomy insertion in CAH. Unable to transfer back to CAH and eventually transferred to BCH. Very poor service from CAH with no ownership of patient.

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

6. ARE OTHER PROVIDERS INVOLVED? (e.g. *HSC TRUSTS / FPS / OOH / ISP / VOLUNTARY / COMMUNITY ORG'S*)	**YES**
	if 'YES' (*full details should be submitted in section 7 below*)

7. PROVIDE SUFFICIENT DETAILS TO ALLOW FOLLW UP:

Craigavon Area Hospital – South Eastern Trust.

8. IMMEDIATE ACTION TAKEN BY REPORTING ORGANISATION:

Need an urgent meeting with CAH to discuss relationship and services provided, plus regional need for an interventional radiology service.

9. WHICH ORGANISATION/PROVIDER (*FROM THOSE LISTED IN SECTIONS 6 AND 7 ABOVE*) SHOULD TAKE THE LEAD RESPONSIBILITY FOR THE INVESTIGATION AND FOLLOW UP OF THIS INCIDENT?

Craigavon Hospital – South Eastern Trust

10. OTHER COMMENTS:

REPORT SUBMITTED BY: Claire Lake DESIGNATION: Risk Management Officer

Email: Personal Information redacted by the USI **Telephone:** Personal Information redacted by the USI **Date: 31.10.2014**

Completed proforma should be sent to: Personal Information redacted by the USI

HSC Public Health Agency

12-22 Linenhall Street
Belfast
BT2 8BS

Tel: Personal Information redacted by the USI
Website: www.publichealth.hscni.net

John Simpson
Medical Director
SHSCT
Via email

16 June 2015

Dear Dr Simpson,

Ref Personal Information redacted by the USI

In October 2014 the HSCB received notification of an SAI from the Western Trust referencing care for a urology patient in Craigavon Area Hospital. We have sought more information but to date the only clarification from Martina Corrigan indicate that there is no difficulty over the referral pathway.

However I still have an open SAI and need some understanding of what happened to this patient during the episode referred to by the Western Trust in Craigavon Hospital. I am also unclear if the patient also was admitted to Belfast during this event. Would it be possible for your Trust which seems to be criticised to provide some explanation of what occurred.

I am enclosing a copy of the original report and investigation actions so far for information.

Yours Sincerely,
PP

Personal Information redacted by the USI

Dr Carolyn Harper
Medical Director/Director Public Health

From: Loughran, Patrick [Personal Information redacted by the USI]
Sent: 23 April 2009 08:51
To: Corrigan, Diane
Subject: RE: Contact details for Mr Fordham

Thanks Diane.
I have had another long chat with AO'B and he feels justified despite further advice which I have received from a senior microbiologist at Stoke Mandeville. I have emailed Mr Fordham to ask for advice. Paddy

-----Original Message-----
From: Corrigan, Diane [mailto:Personal Information redacted by the USI]
Sent: 22 April 2009 15:39
To: Loughran, Patrick
Subject: Contact details for Mr Fordham

"This e-mail is covered by the disclaimer found at the end of the message."

Paddy

Here is Mark's CV and contact details. He would have already met both Aidan and Michael as part of the urology review.

Personal Information redacted by the USI

Regards

Diane

Personal Information redacted by the USI

Tel: Personal Information redacted by the USI

GMC No. 2758116

2

Diane Corrigan

From: White, Laura <[Personal Information redacted by the USI]>
Sent: 05 January 2010 14:19
To: Corrigan, Diane
Cc: Wilson, Roberta
Subject: Intravenous Fluid & Antibiotic Therapy (IVT)
Attachments: SKMBT_60002072500340.pdf

Dr Corrigan

Enclosed as per your telephone call with Dr Loughran, you are mentioned under Page 2, No 6 and Page 3, "G".

Laura

Ms Laura White

Personal Assistant to

Dr Patrick Loughran

Medical Director

Southern Health & Social Care Trust

College of Nursing

Craigavon Area Hospital

68 Lurgan Road

PORTADOWN

BT63 5QQ

Tel: [Personal Information redacted by the USI]

Fax: [Personal Information redacted by the USI]

E-mail: [Personal Information redacted by the USI]

P Please consider the environment before printing this e-mail.

From: bh600 [redacted]
Personal Information redacted by the USI
Sent: 25 July 2002 01:35
To: White, Laura
Subject: Message from KMBT_600

Intravenous Fluid and Antibiotic Therapy (IVT)

This short paper sets out the involvement of the Medical Director in relation to a treatment provided in the Urology Service in SHSCT:

(i) Chronology
(ii) Summary of Current Position
(iii) Suggested Way Forward

The following is a brief summary of the background and the involvement of the Medical Director so far:

(i) Chronology

1. March '09. These treatments for prophylaxis in patients with recurrent or the risk of recurrent urinary infection were discussed within the Trust in March following a request from 2 patients for self care in the community (via Mrs Carmel Hanna, MLA) (Appendix A).

2. March '09. There had been discussions between Mrs Joy Youart, Mrs Heather Trouton and Dr Tracey Boyce about potential new models of care for this patient cohort. It was believed that the evidence base for these treatments was weak.

3. Mrs Joy Youart invited Dr Patrick Loughran to become involved. (Appendix B).

4. March and April '09. See correspondence and phone conversations with Mr Aiden O'Brien and Mr Michael Young, (Appendix C&D). The two urologists agreed to review the individual cases within the IVT programme and to try and find alternative treatments which did not require intravenous therapy [fluids and/or antibiotics]. Each agreed to revert to Dr P Loughran in due course. There is no record of a response and Dr P Loughran set in place the arrangements for second opinions from Mr Mark Fordham and Dr J O'Driscoll.

5. 21st April '09. A meeting included Dr Loughran, Mr O'Brien, Dr Damani and Dr McAllister on 20th April '09. Dr Damani agreed to become involved in a multidisciplinary review of the patients and to provide ongoing microbiology support for the urology team as it was expected that the patient cohort would be changed from IVT to oral prophylaxis and heightened surveillance for infection. 18th May '09 Dr P Loughran to Mr Aiden O'Brien asking for review of IVT patients. (Appendix E).

6. April '09. Dr Loughran discussed with Dr D Corrigan (on behalf of the Commissioner) (Appendix F(a)) and Dr Corrigan advised that they would seek reassurance that the treatments were evidence based, mainstream and there was evidence of benefit to the patients enlisted in the programme.

7. These second opinions were sought initially by phone in April and May. (Appendix D and E (a) & (b)).

8. 1st May '09 Mr O'Brien sent Dr Loughran a draft paper which he hoped to publish with one of his registrars, looking at patient satisfaction with the IVT regime, (16 patients).

9. June '09. Dr Loughran and Mr O'Brien agreed that it would be helpful for the Trust to get a written independent assessment by Mr M. Fordham

10. 1st June '09, 24th June '09 (Appendix G, and H) Mr Young and Mr O'Brien met with Dr Loughran and agreed to review their own cases. They also asked for an "extension" of time to look at alternative arrangements. Dr Loughran agreed not to accelerate or push forward the independent review.

11. July '09 The Trust received an email reminder concerning the contact from Mrs Carmel Hanna MLA.

12. 4th August '09. Dr Loughran, Mr A O'Brien and Mr M Young agreed that each patient on IVT would be reviewed and a multidisciplinary group would agree a treatment plan for each patient, (Appendix I).

13. October '09, Dr Loughran was advised that many of the patients had been converted to other prophylactic treatments, and therefore Dr Loughran did not tighten the time scale for the independent review.

14. November '09. Dr Loughran was advised, contrary to point 12 above, that the majority of the patients remained on the IV programme and moved therefore to complete his investigations.

(ii) Summary of the Current Position

a. The IVT is intended to avoid or postpone the recurrence of urinary infection in patients who are prone to the condition.

b. At the initial contact with both Dr O Driscoll and Mr Fordham by phone each expressed the view that this is a difficult cohort of

patients to manage but neither had heard or read of the IVT as offered in Craigavon. Mr Fordham described his practice of oral antibiotic therapy as a prophylaxis and management mostly in primary care. Dr O Driscoll said there was no good microbiological rationale for the therapy and agreed to do a literature search and to discuss the management of such cases with colleagues.

c. Subsequently Mr M Fordham has provided written commentary, (attached Appendix J(a) and J(b), K, L and M).

d. Dr O'Driscoll's opinion is summarised in attached notes, (Appendix D).

e. I have read the draft paper provided to me by Mr O'Brien and it is my view that the satisfaction reported by the patients does not amount to a scientific proof of the efficacy of the therapy. Mr O'Brien has still not provided an evidence base for the IV therapy

f. Patients are being admitted for IV therapy and technical venous access difficulties in two patients are leading to requests for Central Venous lines to be inserted. This is an invasive procedure with potential complications, and should be reserved for absolutely essential IV access. Complications associated with CV lines can be very serious.

g. I have discussed the above with the Commissioner and am advised informally that, on the basis of the above, the Southern Trust should organise an orderly change of clinical practice. This will include moving patients on the IVT to another treatment regime with the support of medical microbiology.

(iii) Suggested Way Forward

1. An orderly conversion of patients on IVT under the guidance of a multidisciplinary team [urology, nursing and microbiology].

2. A communication strategy to support the urology team, as the treatment is withdrawn, and replaced by hospital based outpatient treatment/ prophylaxis.

3. A longer term plan to base the prophylaxis in primary care, with support from the hospital based multidisciplinary team.

Northern Ireland Assembly

Parliament Buildings
Belfast BT4 3XX

Mr Michael McGimpsey MLA
Minister of Health, Social Services and Public Safety
Castle Buildings
Stormont
Belfast
BT4 3SG

12 MAR 2009

6th March 2009

Dear Mr McGimpsey,

RE: Meeting Request for Self Care Proposal in the Community

I am writing to request a meeting with you following a discussion with two women, [redacted] and [redacted] You may recall my raising the issue of self care in the community with you in relation to these women on Monday the 2nd of March in the Members Coffee Bar.

To give you some of the background medical history; [redacted] picked up a hospital acquired coliform infection following several gynaecological surgeries, and [redacted] too suffers from chronic and persistent coliform infections of the urinary system following a hysterectomy and oepherectomy.

Due to the severity of their conditions they are required to attend hospital every 6 to 8 weeks for a period of five days to flush out their urinary system to suppress the symptoms of urinary infection. As you can imagine the negative impact that this has on these women physically and emotionally is considerable, the effect and pressure these hospital visits has on their families is also extensive.

Ideally these women would wish to receive medical treatment in their own homes. Three proposal is supported by their Consultant Urologist, Mr. Aidan O'Brien and the Staff on Ward 2 South Urology at Craigavon Area Hospital. Undoubtedly treatment at home would improve their quality of life, lessen their exposure to other Healthcare Acquired Infection, and free up much needed acute hospital beds.

I very much hope you will facilitate a meeting to discuss the proposal of care in the community further for these women and I look forward to your response.

Yours sincerely,

[redacted]

Carmel Hanna MLA
SDLP South Belfast

SDLP South Belfast Constituency Office: 393A Lisburn Road Belfast BT9 7EW
Tel: [redacted] *Fax:* [redacted] *e mail:* [redacted]

SDLP
Social Democratic and Labour Party

Appendix B

NOTES OF MEETING
10th March, 2008

Mr A O'Brien

Meeting with Mrs Joy Youart.

Joy believes that she has discovered a cohort where 34 patients were re-admitted to Craigavon Area Hospital for intravenous fluids and antibiotic therapy and she is not sure what the indications for this treatment are.

Joy discovered this cohort as the result of a routine patient flow exercise to find out the bed usage within different specialties.

I agreed to get further information from Dr Tracey Boyce in Pharmacy about the antibiotic usage and check with Dr Damani whether or not the Antibiotic usage fell within the Trust's guidelines.

I further agreed that I would take this information back directly to Mr O'Brien so we can determine the background to this treatment and its appropriateness or otherwise.

Notes of meeting 20-4-09
Pl, AOB,CMcA, ND
Loughran office

Three related topics were addressed

1. Compliance with Trust Antibiotic Guidance, as set out in covering letter (attached).

Mr O B said that his personal experience would support the antibiotic use as he currently followed and he was not persuaded to adopt the Trust advice.
Dr Loughran felt that the Trust had circulated the guidance for comment and was anxious that the Urology team had not joined the consultation.
The evidence base of the guidelines especially as applied to Gentamycin was debated, and all agreed should be discussed separately.
Dr McA said many clinicians were reluctant to take advice in relation to long held beliefs and habits but the adoption of guidance and then measuring outcomes was the best way forward.

It was agreed that Dr D and some or all of the urology team will meet in the immediate future to agree the Guidelines as applied to urology. Dr L asked for the final agreement to be evidence based

2. The Trust has identified a cohort of about 30 patients who are admitted as elective cases for IV antibiotics and IV fluids as a prophylaxis for recurrent UTIs. The evidence base for this was described by AOB, and he described a study of outcome which was being prepared for publication.

3. The third related issue is the letter from Mrs C Hanna MLA to Mr M McGimpsey MLA asking for the above treatment to be made available at the homes of two patients.

Dr L agreed that he would contact the Commissioner (Dr Corrigan).

APPENDIX D

Note of a phone call M Young 21 4 09 at 4pm
PL explained the 3 issues and meeting 20 th April – views as lead clinician ??

Alternative to IV therapy is to wait till patients get clinical infection - quoted a patient who does very well and family are very keen to get prophylaxis.
"low bacterial count not 10 to the power 5 as required by Dr D etc"
Expects the evidence base is not there to support the therapy but clinical experience supports use.
He expects an independ inspection will not support the therapy but then patients will be unhappy.

Notes of a phone call to Dr Jean O Driscoll Microbiologist
1145 22 4 09
PL explained the situation as per meeting on Monday
PL explained that ND believes the IV therapy is inappropriate
ND describes the existence of oral prophylaxis, and the identification and treatment of symptomatic patients using cultures.

JOD agrees – she has never heard of the IV therapy used for prophylaxis – is familiar with the oral regimen. She has recently given a lecture on urinary infections and researched prior to that lecture. She will check with some colleagues in Bristol, look again at the literature, and send me a summary email.

Notes of call aob 22 4 09
6pm
Pl explained he had contacted jod and no backing for treatment
Aob said the rx was because of the cohort morbidity 18 cases – only evidence is our draft paper he agreed to look at converting some cases to orap proh
Pl asked if he would look at all cases for alternative treatments
Aob wants an in depth look at the cohort.. not just telephone contact with specialists