Appendix 4. Definitions for the condition specific indicators

1. Rates of deaths in hospital within 30 days of emergency admission with a heart attack (myocardial infarction) for patients aged 35 to 74

Numerator: Number of spells where a patient aged 35 to 74 died in hospital within 30days of an emergency admission with a primary diagnosis of myocardial infarction ICD10 I21,I22. When looking for the qualifying condition look at primary diagnosis in episode 1 OR where primary diagnosis in episode 1 = R071, R072, R073 or R074 and episode 1 LoS is <2 days, look at episode 2 (only episode 2) primary diagnosis for MI (I21 or I22)

Denominator: Total number of complete (i.e. discharged) spells where a patient aged 35 to 74 with a primary diagnosis of myocardial infarction ICD10 I21, I22. When looking for the qualifying condition look at primary diagnosis in episode 1 OR where primary diagnosis in episode 1 = R071, R072, R073 or R074 and episode 1 LoS is <2 days, look at episode 2 (only episode 2) primary diagnosis, following an emergency admission.

2. Rates of deaths in hospital within 30 days of emergency admission with stroke

Numerator: Number of spells where a patient died in the hospital within 30 days of an emergency admissions with a primary diagnosis of stroke ICF10 161,163,164 when looking for the qualifying condition look at primary diagnosis in episode 1 or where condition not primary diagnosis in episode 1 and episode 1 LoS is <2 days, look at episode 2 (only ep 2) primary diagnosis.

Denominator: Total number of completed (i.e. discharged) spells where a patient with a primary diagnosis of stroke ICD10 161, 163,164 when looking for the qualifying condition look at primary diagnosis in episode 1 or where condition no primary diagnosis in episode 1 and episode 1 LoS is <2 days, look at episode 2 (only ep 2) primary diagnosis, following an emergency admission.

3. Rates of deaths in hospital within 30 days of surgery: Non-elective admissions

Numerator: The number of non-elective admission spells where a patient died in hospital within 30 days of a surgical procedure

Denominator: The total number of complete (i.e. discharged) non-elective admission spells involving a surgical procedure.

Exclusions: A cancer diagnosis in any position within the spell (ICD 10 codes C00-C97, D37-D48, Z51.1) Day cases (zero length of stay), Spells with no surgical procedures

4. Rates of deaths in hospital within 30 days of surgery: Elective admissions

Numerator: The number of elective admission spells where a patient died in hospital within 30 days of a surgical procedure

Denominator: The total number of complete (i.e. discharged) elective admission spells involving a surgical procedure.

Exclusions: A cancer diagnosis in any position within the spell (ICD 10 codes C00-C97, D37-D48, Z51.1)
Table 4. Rate of deaths in low mortality CCS Groups Rates

5. Rates of death in low CCS Groups

Numerator: Total number spells and discharge method = patient died and age >17 and low mortality CCS Group.

Denominator: Total spells and age >17 and low mortality CCS group.

Exclusions: Low mortality CCS groups only or regular attender or day case or emergency admission and spell LoS = 0, AND not death.

Appendix 5. Trust specialist mortality indicators process

1. The Trust CHKS Specialist Mortality Indicator report sets out a number of key areas where the incidence of mortality may be exceptional. It is recommended that review of these cases could identify areas of concern and learning for the Trust. This review will provide assurance to the Trust Board via the Trust Governance Committee that a second level of scrutiny is being undertaken.

2. The following assurance process will be followed by the Trust Medical Director.

3. Currently the following specialist indicators are reviewed
   - Deaths within 30 days for admissions with Myocardial Infarction
   - Deaths in hospital within 30 days of emergency admission with stroke
   - Non Elective Deaths within 30 days of Surgery
   - Elective Deaths within 30 days of Surgery

4. Patient level data for each of the cases is provided by CHKS.

5. The Medical Director requests an assurance from clinical audit team that these deaths have been subject to M & M scrutiny [Screening and/or case presentation]. This will be reviewed by the relevant Associate Medical Director and Medical Director.

6. Medical Director tables the CHKS Annual Mortality Review to Governance Committee.

7. The relevant Associate Medical Director and Medical Director will identify cases for review by the Outcome Review Group. A key aim of this group is to 'identify issues from the M and M process which require further investigation or audit'.

8. Consultants in charge of care of patient will be expected to complete a detailed SBAR proforma for the identified case.

9. The SBAR proforma will be reviewed by the Medical Director/Assistant Director CSCG and Associate Medical Director.

10. Key themes, actions and learning points will be presented by the MD and AD CSCG to the Trust M&M Oversight Group.

11. The Medical Director as Chair of the Trust M&M Oversight Group & the Assistant Director of Clinical & Social Care Governance will ensure learning and/or action points from the case presentations are integrated into the wider governance structures.

Appendix 6. SHMI Interpretation Guidance

What is the Summary Hospital-level Mortality Indicator?

The Summary Hospital-level Mortality Indicator (SHMI) compares the actual number of patients who die following hospitalisation at a Trust with the number that would be expected to die on the basis of average Northern Ireland figures, given the characteristics of the patients treated there.

For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the Trust in question is considered to have a higher or lower SHMI than expected.

The SHMI includes deaths which occur in hospital or within 30 days of discharge and is calculated using Patient Administration System (PAS) data linked to General Registry Office (GRO) death registrations data.

Interpretation of the SHMI

The SHMI can be used by Trusts to compare their mortality outcomes to the national baseline, with some caveats

Where a Trust or hospital has an 'as expected' SHMI, it is inappropriate to conclude that their SHMI is lower or higher than the national baseline, even if the number of observed deaths is smaller or larger than the number of expected deaths.

This is because the Trust or hospital has been placed in the 'as expected' range because any variation from the number of expected deaths is not statistically significant.

The difference between the number of observed deaths and the number of expected deaths cannot be interpreted as the number of avoidable deaths for the Trust or hospital

Whether or not a death could have been prevented can only be investigated by a detailed case-note review. The SHMI is not a direct measure of quality of care.

The expected number of deaths for each Trust or hospital is not an actual count of patients, but is a statistical construct which estimates the number of deaths that may be expected at the Trust or hospital on the basis of average NI figures and the characteristics of the patients treated there.

A 'higher than expected' SHMI should not immediately be interpreted as indicating bad performance

Instead, it should be viewed as a 'smoke alarm' which requires further investigation by the Trust. Similarly, an 'as expected' or 'lower than expected' SHMI should not immediately be interpreted as indicating satisfactory or good performance.

The methodology used to calculate the expected number of deaths for a particular Trust or hospital takes into account the number of patients treated and their characteristics (including the condition the patient is in hospital for, other underlying conditions the patient suffers from, age, gender, method of admission to hospital and for maternity models, the birth weight) and so these factors should not influence a Trust's SHMI.

There are many other factors which have the potential to affect a Trust or hospital's SHMI including (but not limited to) the quality of the data upon which the SHMI is based, other patient characteristics not listed above, the organisation of services and availability of resources e.g. staff, and quality of care.

The SHMI includes admitted patients for all clinical areas within a Trust or hospital and it is possible that mortality rates differ across these areas. For this reason, Trusts should investigate their SHMI data in detail using the data broken down by diagnosis group, regardless of whether their SHMI is categorised as 'higher than expected', 'as expected' or 'lower than expected.

The SHMI requires careful interpretation and should be used in conjunction with other indicators and information from other sources (e.g. patient feedback, staff surveys and other similar material) that together form a holistic view of Trust outcomes.

The SHMI cannot be used to directly compare mortality outcomes between Trusts and hospitals and, in particular, it is inappropriate to rank Trusts and hospitals according to their SHMI

Instead, the SHMI banding can be used to compare mortality outcomes to the national baseline. If two Trusts or hospitals have the same SHMI banding, it cannot be concluded that the Trust or hospital with the lower SHMI value has better mortality outcomes.

A correlation between the SHMI and other variables of interest does not imply causation

Even if a correlation suggests that there is a relationship between the SHMI and another variable, it does not necessarily imply that one is causing the other. For example, other factors may be influencing both the SHMI and other variables, suggesting a direct relationship where there is none.

Appendix 7 ICNARC Guidance

ICNARC exists as a result of the success of the ICS UK APACHE II Study; a large research study, conducted in the late 80s/early 90s, on patient outcomes from intensive care units (ICUs).

In 1991, Dr Kathy Rowan, on behalf of the Intensive Care Society (ICS), submitted a proposal to set up a national centre for comparative audit and research in intensive care, to the Department of Health.

As a result of the study, and in response to the lack of information available on intensive care, in 1993 financial support was obtained from the Department of Health and the Welsh Health Common Services Authority for two years – to pump-prime the establishment of ICNARC.

ICNARC was set up in 1994, separate from the ICS, to provide an independent, national resource for the monitoring and evaluation of intensive care. Intensive care practitioners had (and still have) little or no data as to what is, or is not, effective with regard to how intensive care is organised or to the therapies employed

Southern Trust Intensive Care Unit participates in the Case Mix Programme (CMP). Which is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland.

Southern Health and Social Care Trust

Quality Care - for you, with you

REPORT SUMMARY SHEET

Quality care – for you, with you

Meeting: Date:	Senior Management Team 24th May 2022
Title:	Clinical and Social Care Governance Report
Lead Director:	Dr Maria O'Kane, Medical Director
Corporate Objective:	Safe, high quality care
Purpose:	Information
Overview: Provide SMT with an Oversight of Weekly Activity in relation to Clinical & Social Care Governance	

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Summary of Weekly Governance Activity 09.05.2022 – 15.05.2022

	DIRECTORATE				
	ACUTE Number	MHLD Number	CYP Number	OPPC Number	TOTAL Number
New SAIs Notifications	0	0	0	2	2
SAI Reports submitted to HSCB	0	0	1	0	1
Ongoing SAIs*	49	33	2	13	97
High Risk Complaints	0	0	0	0	0
NIPSO Case Accepted for Investigation	0	0	0	0	0
NIPSO Draft/Final Reports Received	0	0	0	0	0
Early Alerts	0	0	0	1	1

*Below highlights the change in ongoing SAI figures from 98 last week to 98 this week:

Ongoing SAIs reported last week –08/05/2022		96
Add New SAI notifications:	OPPC	+2
Less SAI reports submitted:	CYPS	-1
Ongoing SAIs reported week ended 15/05/2022		97

Grading of Formal Complaints Received 09.05.2022 – 15.05.2022

Outstanding Formal Complaints as at 16/5/2022

Directorate	20dys - 1 month	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12months	12months	Total
Acute	9	24	6	4	1	9	53
CYP	3	12	0	1	0	1	17
MHD	3	4	0	0	0	0	7
OPPC	1	5	1	0	0	14	21
Total	16	45	7	5	1	24	98

*As per DoH Regional Complaints Policy 2019, all formal complaints must be responded to within 20 working days.

ACUTE DIRECTORATE

Data provided by Corporate Office from the Datix Incident Management System to the Weekly Governance De-Brief (Thursday mornings – 8.30am – 9.30am)

1. **Status of SAIs -** Summary of the status of SAIs between 09.05.2022 – 15.05.2022
   Any reports received after Friday will not be reflected in the numbers below until the following week

More than 26 weeks	Less than 26 weeks	Within Timescales	Level 3	Total
18	26	2	3	49

2. **No SAI Notifications**

3. **SAI Reports**

   1 x Final Report previously submitted as draft, pending family engagement 130660.

4. **Intertrust and Interface Incidents**

Incident Date	Trust Origin	Description
28/04/2022	SHSCT – SEHSCT	Sent to SPPG as Interface Incident for sharing with SEHSCT This relates to an Personal Information old lady with a history of Personal Information redacted by the USI). She was commenced on clopidogrel in 2020 after a TIA. She attended Lagan Valley ED with leg swelling on 26/4/22 and was given enoxaparin and asked to return for imaging. According to GP OOH and Craigavon ED the patient returned to Lagan Valley for a second dose of enoxaparin on the evening of 27/4/2022. Later that evening the patient had a severe onset headache and vomiting and "fell asleep". She was subsequently admitted to CAH ED with a catastrophic intracranial haemorrhage - Fatal haemorrhage following enoxaparin therapy for suspected DVT.
12/05/2022	SHSCT Personal Information redacted by the USI	Sent to NIAS for response. Patient due for transfer from CAH for surgery. Ambulance had not arrived. Recontacted NIAS and no crew was allocated. Requested to upgrade. Upgraded from cat4 to cat2. Informed RVH who had been waiting 8 hours to complete the surgery.

22/04/2022	BHSCT Ref: Personal Information redacted by the USI	Patient was an inpatient in CAH requiring a Left nephrostomy tube insertion and repositioning of his Right nephrostomy tube. Was due to be completed in CAH however was cancelled as the suitable venous access cannula was not available. Patient had to be transferred to CAH. BHSCT advised that the procedure could and should have been performed in SHSCT, and we would need more of an understanding as to why this didn't happen as the patient was scheduled with their IR service and was in the department on Thursday but sent back to the ward. There was a risk of sepsis to the patient as infection markers were already elevated and continued to rise. SHSCT clinical team requested the procedure to be performed in BHSCT, which was accepted by Urology and IR, however the transfer took most of the day and the procedure was performed out of hours. Whilst the procedure had a positive outcome for the patient, this was a poor patient journey and placed increased pressure on the service in terms of conducting the procedure during the out of hours period.
08/04/2022	BHSCT Ref: Personal Information redacted by the USI	Patient attended PED. Direct Referral accepted by surgical Team. Advised to attend ED. Covid swab lost in CAH and had to be repeated by ED Team.
14/01/2022	HSCB - Personal Information GP Practice	**On from previous weeks** Patient discharged to home, which is a facility for patients with Learning disability. Discharged on a Thursday evening and was newly commenced on warfarin. Discharge documentation not clear re dosage or when to give dosage resulting in administration error. Patient had been booked into an appt on Fri pm with nurse in practice for an INR check – this gentleman is housebound and can't attend practice. Patient DNA'd appt and thankfully practice nurse started investigating and realised it was a new warfarin, was Friday afternoon and DN hadn't been organised and there was no follow up. Discussed with hospital team as INR not stable (multiple held doses and discharged when first INR hit target), no transfer of care, DN organised to get an INR and hospital INR clinic took responsibility for ongoing monitoring so no adverse outcomes. **17/02/2022:** Chris to review details and provide feedback **24/02/2022:** Further information being obtained for screening. The doctor was not aware of the protocol currently in place. The GP did not receive the discharge letter. **03/03/2022:** Was due to be presented at screening, postponed due to lack of Quorum, will update next week. IT have confirmed that the discharge letter was submitted to the GP. **Action:** Jilly to speak with Dr Rose McCullagh regarding the process of Doctor speaking directly with GP and the practicalities surrounding this. **Action:** Nicole to invite Personal information redacted by USI and Rose McCullough to these meetings (completed) **10/3/2022 –** Currently being reviewed at screening – Chris to provide update on outcome. **24/03/2022** – Currently being screened – b/f to next week **31/03/2022-** no update- currently being screened escalated to Anne McVey **07/04/2022 –** Anne McVey currently reviewing. **14/04/2022-** Continues through screening process **21/04/2022 –** B/F due to Easter Public Holiday

		28/04/2022 – B/F **05/05/2022 –** Currently with Anne McVey for approval and apology to be sent. **12/5/2022 –** Still with Anne McVey for approval.

5. Catastrophic Incidents

Personal Information - Patient transferred from DHH emergency department Personal Information redacted by the USI 12.20, accepted for transfer Personal Information redacted by the USI 07.55 with chronic pancreatitis. On admission patient had a news score of 3, due to low temperature, and this was escalated to #Personal Informatio, the surgical SHO on call, however there was no response to this bleep. Ward based FY1 completed Kardex. #Personal Information at 15.30, who answered same and said they would try and get down to clerk patient in as she was covering theatre, ED and ward. At 17.23 the patient deteriorated rapidly and SHO #Personal Informatio bleeped alongside FY1 #Personal Informatio, advised still outstanding senior review and clerk in. A respiratory arrest call made and surgeons on call fast bleeped to inform of same. Patient was actively treated for same at ward level, DNAR put in place. Patient died at 22.15 with cause of death uncertain, to be discussed with coroners office.

6. No Early Alerts

7. No Never Events

8. SJR Process

Discussion at meeting	Action
SJR Process for Covid Deaths	**09/09/2021** – Fiona to share the leaflet for families with Carly, Dr O'Kane and Dr Gormley. **16/09/2021** – Dr O'Kane recommends that a Surgical volunteer should complete process with IPC input, David Gilpin **23/09/2021** – A process around the SJR is to be finalised. **07/10/2021** – Dr Gormley provided an update on a meeting held in relation to the SJR process. This process is likely to take as long as the SAI process but the NHS England model does not detail processes for family engagement like the SAI model. The team are going to carry out a pilot on some of the cases initially. **14/10/2021** – The team are continuing with developing this process. **29/10/2021** – No update, development of process continues. **04/11/2021** –Margaret Marshall is meeting with Dr Gormley and Stephen Wallace to discuss the paper that has been drafted to operationalise the process. Dr Gormley and Stephen Wallace

	also meeting with NHSCT to compare processes to ensure standardisation. **11/11/2021** – No update. Damian will chase Margaret. **18/11/2021** – The team plan on starting to apply the SJR process to 10 cases in the coming weeks **25/11/2021 –** 9 cases identified for pilot. Process has been shared with Mary and Anne. There will be work needed from Acute Governance to support this piece of work. Chris to raise this with Acute Governance. **02/12/2021** – Dr Gormley meeting with Anne and Mary 7th/8th December. Chris will follow this up to secure the date. **09/12/2021 –** Work is progressing. **16/12/2021** – Work is progressing. **23/12/2021** – work ongoing **30/12/2021** – Work ongoing **13/01/2022 –** Options appraisal document being presented to Bronze. Team are meeting with BHSCT to discuss their process. **20/01/2022 –** Options appraisal presented to Bronze with agreement to take to Chief Executives for uniformed approach. **03/02/2022** – Dr Gormley will follow up the options appraisal with Dr O'Kane. **24/02/2022** – Dr O'Kane shared the SJR process for the review of HCAI deaths with her Chief Executive colleagues. SEHSCT provided comprehensive feedback. Dr Gormley to review/respond to this feedback and Dr O'Kane will then share this with the Chief Executives. **03/03/2022** – No update. **10/03/2022** – No update. **07/04/2022** – 9 charts with Acute Operational team to review. Anne McVey aware **14/04/2022**- Meeting was held with the PHA IPC Cell team. It is very important that the SHSCT progresses with these reviews as there are around 153 cases to be reviewed. **14/04/2022 –** No Update **28/04/2022** – Chris to contact Anne McVey for an update on the charts received.

	05/05/2022 – Chris to discuss with Anne McVey. A meeting was held with Dr O'Kane, Trudy Reid and Stephen Wallace on 04/05/2022 and progress is being made.

9. Directors Oversight Groups

- General Surgery
- Obs and Gynae
- Urology – work is progressing
- Covid-19 SAI – awaiting the receipt of all family engagement.
- New Oversight group (MHD/Acute) to be created to identify and action learning from the recent Coroners case involving a patient who absconded from the ward and completed suicide.

10. RQIA Recommendations

11. Issues escalated by Corporate or Directorate office at meeting

- Recommendation from SAI Personal Information – Dr Gormley asked for recommendation 1 to remain on this agenda.

  1. The Radiology Senior Team will provide administrative support for the Radiology General Enquiries Service to determine what additional support is needed to ensure effective. Communications for inpatient examinations that are rejected or changed through the justification process. In reviewing these processes, the Radiology Team will consider how ICT can be best utilised to ensure this process is effective.

  10/03/2022: With Radiology for review prior to being circulated to Dr Gormley.

  07/04/2022: Conversations ongoing in relation to implementing 'hot phone line' to make the communication pathway easier.

MENTAL HEALTH AND DISABILITY DIRECTORATE

Data provided by Corporate Office from the Datix Incident Management System to the Weekly Governance De-Brief (Thursday mornings – 8.30am – 9.30am)

12. Status of SAIs

Summary of the status of SAIs between 09.05.2022 – 15.05.2022

More than 26 weeks	Less than 26 weeks	Level 3	Within Timescale	Total
7	12	3	11	33

13. **No SAI Notifications**

14. **No SAI Reports**

15. **No Catastrophic incidents**

16. **No Early Alerts**

17. **No Never Events**

18. **Directors Oversight Group**
    - Dorsy and Granville, papers drafted for presenting to Trust Board.
    - Oversight group re absconding patient who completed suicide.

19. **RQIA Recommendations**

20. **Issues escalated by Corporate or Directorate office at meeting**

    Dr O'Kane will share an email from DLS with Tony regarding the 3 day follow up procedure after discharge for Mental Health Service users. This intervention would potentially reduce the number of suicides.

    All Trusts have been directed to source and provide information under Schedules 1 and 2 to the Muckamore Abbey inquiry. MHD are the lead directorate for this extensive resource intensive exercise in SHSCT.

CHILDREN AND YOUNG PEOPLE SERVICES DIRECTORATE

Data provided by Corporate Office from the Datix Incident Management System to the Weekly Governance De-Brief (Thursday mornings – 8.30am – 9.30am)

21. Status of SAIs

Summary of the status of SAIs between 09.05.2022 – 15.05.2022

Less than 26 weeks	Within Timescales	Total
1	1	2

22. No SAI Notifications

23. SAI Reports

Incident ID	Incident Date	Incident Description	Recommendations
Personal Information	Personal Information redacted by the USI	On Personal Information redacted by the USI hours there was a house fire at the home of Personal Information redacted by the USI, who were on the Child Protection Register, living with their mother.	**No Recommendations, learning included** The Gateway Service must ensure that background checks are undertaken when a referral is received, including contact with the GP and review of PARIS, to identify any involvement with other relevant services, and ensure appropriate liaison to inform the assessment. Where there is a delay in allocation within the FIT Service, the FIT Service Manager should advise relevant professionals and the family, and provide contact details if immediate Social Work intervention is required. Where a Health Visitor has a concern of a safeguarding nature, they should seek advice from the Safeguarding Children Nurse Specialist via telephone rather than email, to ensure there is no delay in receiving advice and follow up. When a practitioner goes off on unexpected leave, it is important that records are thoroughly reviewed by the newly allocated practitioner to ensure that previous identified issues are followed up in a timely manner.

24. No Catastrophic Incidents reported this period

25. **No Early Alerts**

26. **No Never Events**

27. **RQIA Recommendations**

28. **Issues escalated by Corporate or Directorate office at meeting.**

NIPSO - Personal Information redacted by the USI CYP Case accepted for investigation. Main themes of complaint relate to failure to follow procedure, Quality and Treatment of Care, Staff Attitude and Behaviour.

Complaint escalated – 18/5/2022 Personal Information redacted by the USI – Feeding PEG.

OLDER PEOPLE AND PRIMARY CARE SERVICES DIRECTORATE

Data provided by Corporate Office from the Datix Incident Management System to the Weekly Governance De-Brief (Thursday mornings – 8.30am – 9.30am)

29. **Status of SAIs**

Summary of the status of SAIs 09.05.2022 – 15.05.2022

More Than 26 weeks	Less than 26 weeks	Hold	Within Timescale	Total
5	2	2	4	13

30. **SAI Notifications**

Incident ID	Incident Date	Description
Personal Information	Personal Information redacted by the USI	Death of Personal Information old male- massive uretheral haemorrhage and misplaced urinary catheter.
Personal Information	Personal Information redacted by the USI	Service user fell in nursing home, rushed to hospital via ambulance for surgery sadly died 7 days post surgery

31. **No SAI Reports**

32. **No Catastrophic Incidents**

33. **Early Alert**

34. **No Never Events**

35. **RQIA Recommendations**

36. **Issues escalated by Corporate or Directorate office at meeting.**

Discussion at meeting	Action
Review of Covid deaths in Care Homes. Connie advised that at the Regional Governance meeting held this week, the Trust was advised there had been a letter sent to confirm if the Incident meets the criteria of SAI then an SAI is to be raised. Ambiguity remains in relation to the Governance Framework around all of these incidents. It was asked if there was a different process to follow for Covid Related Hospital Deaths in non-Acute settings and in Mental Health hospitals.	**First discussed 13th May 2021 – see previous papers for historical actions.** **28/04/2022 –** Claire confirmed that OPPC have been working with Trudy Reid to collate a database to record all outbreaks and the number of deaths in each outbreak. Claire referred to a recent Internal Audit report regarding the Procurement of Domiciliary Care Providers. Within this report there is a recommendation regarding the reporting of Domiciliary Care Incidents. Dr O'Kane referred to the Directorate Governance review that will be starting. She said that this should address the lack of Governance support within OPPC, particularly the Independent Sector. **05/05/2022 –** Ongoing work in responding to NIPSO requests. Monica continues to work with the PHA on gathering data and the NHSCT to produce a Regional system to investigate the deaths/outbreaks. **12/05/2022 –** Ongoing discussions both internally and externally re the investigation of COVID-19 deaths within Care Homes. Significant work is ongoing in responding to an Ombudsman's investigation.

LITIGATION

37. **New Clinical negligence**

New clinical negligence claims: 09.05.2022 – 13.05.2022

Ref	Directorate	Division	Incident type	Incident date	Claim date	Opened date	Description
Personal Information redacted by the USI	ACUTE	IMWH	Birth Injury	Personal Information redacted by the USI	10/05/2022	11/05/2022	It is alleged that due to negligent treatment (CAH), the PI suffered a traumatic birth, which resulted in baby suffering a Personal information [redacted] Governance Process Identified – Complaint ID Personal Information
MNS	ACUTE	IMWH	Failure to perform tests	06/02/2021	09/05/2022	11/05/2022	It is alleged that there was a failure by staff (CAH) to take into account information from the PI in relation to a previous ectopic pregnancy, and that there was a failure to undertake tests to ensure that baby was not in the tube. It is alleged that, in light of this, the PI suffered pain and distress associated with a further ectopic pregnancy.
MNS	ACUTE	IMWH	Operator Error	04/03/2019	11/05/2022	11/05/2022	It is alleged that the PI sustained a uterine perforation due to the failure to carry out an elective hysteroscopy properly (STH) Governance Process Identified – Incident ID Personal Information

38. Clinical Negligence Claims Listed for Hearing in May 2022

Ref	Directorate	Division	Incident type	Incident date	Claim date	Opened date	Description	Governance Process

MN Personal Information	ACUTE	MUC/SEC	Failure to Diagnose/Treat	01/04/2016	23/02/2017	23/02/2017	**Listed 24/05/2022 (for 2 weeks)** Alleged failure to diagnose fracture of the humerus (alleged failure to carry out x-ray or organise further investigations) and alleged failure following diagnosis to implement an appropriate treatment programme	None identified

39. Vaginal Mesh Cases – <u>no update since last week</u>

The number of vaginal mesh claims open to the Trust remains at 13 (stage of the open claims are listed below).

Stage	Number of Mesh Cases
Letter of Claim	0
Discovery	2
Investigation	4
Proceedings Issued	7
Trial date Set	0

40. Urology Cases – <u>no update since last week</u>

Following an announcement by the Minister for Health a public inquiry is underway in relation to Trust Urology services. As a result, it is anticipated that there will be an increase in related litigation cases.

There are a total of 16 open cases identified at present (stage of the claims are listed below).

Stage	Number of Urology Cases
Letter of Claim	0
Discovery	5
Investigation	5
Proceedings Issued	6
Trial date Set	0

41. Coroner's Inquiries and Inquests

There was one new Coroner's Inquiry received 09.05.2022 –13.05.2022

Ref	Directorate	Division	Incident type	Incident date	Opened date	Description
Personal	MHD	MHS	Death of a patient	Personal Information redacted by the USI	10/05/2022	The Coroner is investigating the circumstances of patient's death (patient had involvement with Mental Health Services in the 12 months prior to his death). Correspondence from the Coroner refers to the patient being a frequent attender in the Bluestone Unit, and believes that he may have attended on Personal Information redacted by the USI The Coroner has requested a statement from a named staff member and from the treating psychiatrist on that date. Incident Ref No - Personal Information

42. There are no Inquest Hearings scheduled to take place in May 2022

- The following preliminary Inquest Hearings are scheduled to take place in May 2022.

Ref	Directorate	Division	Incident type	Incident date	Opened date	Hearing Date	Description	Governance Process
INQ Personal Information	ACUTE	IMWH	Neonatal death	Personal Information redacted by the USI	03/02/2017	18/05/2022	Neo-natal death at 6 days old following spontaneous onset of labour at 33+2 gw **Inquest Hearing scheduled for 21/11/2022 (for 5 days)**	Ref SAI ID Personal Information HSCB Ref Personal Information
Personal Information redacted by the USI	ACUTE/MHD	MUC/MHS	Homicide	Personal Information redacted by the USI	05/07/2018	20/05/2022	This relates to the homicide of an elderly couple in their home by an individual known to mental health services	Ref SAI ID Personal Information HSCB Ref S Personal Information

							Inquest Hearing listed for 06/06/2022 (for 3 weeks)	
Personal Information redacted by the USI	ACUTE	MUC/ATICS	Death of patient	Personal Information redacted by the USI	14/11/2016	24/05/2022	The deceased was brought to ED, CAH from Personal Information redacted by the USI and transferred to ICU. Despite treatment, the deceased did not gain consciousness. CT scans confirmed 'catastrophic cerebral injury' and a decision was taken to discontinue treatment.	None identified
Personal Information redacted by the USI	ACUTE		Death of patient	Personal Information redacted by the USI	14/02/2019	25/05/2022	The deceased was brought to ED, CAH from Personal Information redacted by the USI and transferred to ICU. Despite treatment, there was no response and following brain-stem testing, life was confirmed extinct	None identified

43. Number of Subject Access Requests exceeding timeframe for completion

The Medico-Legal Team continues to be unable to comply with the General Data Protection Regulations (GDPR) 2018 in respect of responding to Subject Access Requests within the statutory time-frames. This had been due to the sheer volume of requests and a lack of staffing to cope with the demand (which resulted in a significant back-log). The Governance Committee have been advised of the ongoing back-log; it has been brought to the attention of the Trust's SIRO and placed on the HROD Risk Register. The HROD Risk Register demonstrates the significant back-log/significant time-delays that exist with ongoing Subject Access Requests.

A temporary Team Leader post has been in place within Medico-Legal effective from 18th October 2021, which has been integral to the reduction of figures over the past number of months. Work continues to be progressed to reduce those figures further.

The overall back-log at 90+ days has decreased this week to **97** (with 21 of the 90+ apps being signed out last week). Gaps currently exist within Litigation with regards sign-off of notes and records and is being kept under review, but the issue also remains about available resources outside of the Medico-Legal Team for review of records, consideration of redaction (where appropriate), task of redaction and consent to release as this also has a significant

impact on the Trust's ability to comply with the legislation. A short-life working group chaired by Performance and Reform is reviewing the position in this regard.

There is currently a back-log of **97** requests that are in excess of 90 days across the following areas, and a large number of these are significantly over the required time-frame for response:-

Directorate	Acute Services	C&YP	MH&D	OPPC	TOTAL
Number of Outstanding Requests at 90+ days	75	7	15	0	97
New requests opened 09.05.2022:15.05.2022	50	0	3	1	54
Requests Closed 09.05.2022:15.05.2022	59	3	6	1	69 (21 90+)

MEDICATION INCIDENTS

44. Please find below medication incidents reported 9-15/5/22

Acute	CYP	MHD	OPPC
14	3	10	8

Personal Information - Patient was in the department from 08/05/22 @ 20:02 and had not had any Parkinson's disease medications until the medical team had come to clerk him in on 09/05/22 @16:45. (Acute)

Personal Information – Next of kin contacted domiciliary care out of hours staff to say that their father is on his way to hospital as a result of not getting his medication for 6 days. Next of kin advised that father had been receiving medication support at level 3 (administration by DC staff) before this. On 6.5.22 the client and keyworker and next of kin decided that he was able to do his own medication. Next of kin misinterpreted this as DC staff would supervise service user. Whilst providing other care, DC staff noted service user was not taking medication and alerted social work team however there was a delay in following this up. (OPPC)

Personal Information – On review of patient it was noted that on the previous evening 4.5mls (22.5mmols) Sodium Chloride (30%) was added to 500mls bag of 10% Glucose instead of 15mmols (3mls) of sodium chloride was prescribed for the infant. U&Es checked which were within normal range. (CYP)

Personal Information - Patient treated for hyperkalaemia. Baseline CBG checked which was <7 mmol/l and 250ml 10% glucose over 5 hours prescribed. Glucose infusion not commenced promptly and the patient had a hypoglycaemic episode at which point delay in administration of glucose noted. (Acute)

SAFEGUARDING

45. 09/5/22 – 15/05/22

Adult Safeguarding Activity 09.05.22 – 15.05.22	Trustwide	MHD	OPPC	Acute	CYP	Other
1.0 No of new adult safeguarding referrals (APP1 sec 1)	34	19	13	2	0	0
2.0 No of new adult safeguarding referrals meeting threshold for Adult Protection Gateway team (APP1 Sec 2)	14	6	6	2	0	0
3.1 No of new referral assessed as Adult in Need of Protection by APGT (APP1 Sec 3)	3 3 Physical	2 2 Physical	1 Physical	0	0	0
3.2 No of new referrals managed as adult at risk of harm (APP1 Sec 2/3)	18	9	9	0	0	0
3.3 No of new referrals with NFA under Adult Safeguarding (APP1 Sec 2/3)	6	6	0	0	0	0
Referrals by category of allegation						
Physical	15	7	6	2	0	0
Psychological	6	6	0	0	0	0

Sexual	5	4	1	0	0	0
Financial	4	1	3	0	0	0
Neglect	3	0	3	0	0	0
Institutional	0	-	-	-	-	-
Exploitation	1	1	0	0	0	0
No of adult protection cases open on PARIS system * **REF STATUS** *	248	111	121	15	1	0

*** 4 referrals are pending decision by delegated appointed persons in teams at section 2 of the APP1 referral (2 MHD & 2 OPPC)

*** 3 referral received by APGT are pending decisions being made at Section 3 of the APP1 referral regarding the outcome of the initial assessment (1 ACUTE, 1 MHD & 1 OPPC)

46. Update:

Summary Position Table of high risk investigations previously reported on weekly governance report	
Ongoing Trust Investigation	28
Ongoing Joint Protocol with PSNI Investigation	20
PSNI Preparing file for PPS	2
Awaiting PPS decision	1
Pending Closure	4

Proceeding to hearing	0
Closed	0

47. One Plea Hearing – outcome from court – repayment of monies and fine. To be referred to NISCC by employer. Trust Adult Protection Investigation to be concluded. (OPPC – Personal Information redacted by the USI)

48. Facilities with multiple ongoing Trust investigations:

Personal Information redacted by the USI Care Home (7 referrals)

Personal Information redacted by the USI Nursing Home Personal Information (2 service users identified OPPC)

Personal Information redacted by the USI Care Agency – 11 APP1 referrals; multiple whistleblowing concerns

Personal Information redacted by the USI (3 LD referrals)

Personal Information redacted by the USI: 4 referrals relating to physical and psychological abuse allegations. 1 referral is being managed under Joint Protocol. (OPPC)

INFORMATION GOVERNANCE

49. Number of Subject Access Requests exceeding timeframe for completion.

Directorate	ACUTE	OPPC	MHD	CYPS	FINANCE	P&R	HROD	CX
Number of outstanding Requests	28	2	6	16	-	-	1	-

These relate to Subject Access Requests that have not been completed within the legislative timescale (legal timeframe 30 days or 90 days for complex requests). These delays are in relation to the demands on Services to carry out redactions of these service user notes etc. A group chaired

by Siobhan Hanna is reviewing the current processes with a view to provide a paper to SMT by the end of May with some recommendations and options to improve compliance.

50. Data Breaches reported to the ICO

Directorate	ACUTE	OPPC	MH&D	CYPS	FINANCE	P&R	HROD	CX
Breaches	1	-	-	-	-	-	-	-

This data breach is in relation to a report which was shared inappropriately with another Trust.

51. Complaints received from the Information Commissioners Office.

There was one complaint from the ICO in this period and this was in relation to a delay in the provision of information to the requestor within CYP. This was a very complex request and has now been actioned and completed.

52. Freedom of Information Requests Exceeding Legislative Timeframes.

The Trust has 20 working days to provide a response to a request for information under the FOI Act. The Trust currently has one outstanding FOI requests.

ID	Subject	Date Received	Due Date	Days Overdue	Directorate
FOI/00001033	How many patients is your Trust responsible for and how may letters do you post in a year. What Postal Carrier do you use?	05/04/2022	06/05/2022	6	Acute Services
FOI/00001034	ECT Patient Information Leaflet	05/04/2022	06/05/2022	6	Mental Health & Disability
FOI/00000974	Copies of documents relating to risk assessments involving	23/02/2022	23/03/2022	38	Acute Services

	plans to move Emergency Surgery from DHH to CAH				
FOI/00000965	Breakdown of all properties used and registered within the Trust Catchment as having asbestos	16/02/2022	16/03/2022	40	Finance Procurement and Estates

NEW STANDARDS AND GUIDELINES RECEIVED AND ASSURANCES DUE OR SUBMITTED

53. Responses Sent to External Agencies (9th to 15th May 2022)

Title of Correspondence	Reference	Guidance Type	Assurance response Date	Directorates applicability	Clinical Lead	Assurance Response
Revised SQR-SAI-2021-081 Refusal of Treatment ***2nd Line Assurance Requirement Replaces previous version issued on 7 July 2021***	SQR SAI 2021/081	Safety & Quality Learning Letter	11/05/2022	Acute Services CYPS MHD OPPC	Dr O'Kane Heather Trouton	20220509_SHSCT 2nd Line Assurance_

54. Formal Assurance Responses that are due to be submitted to an external agency within the next 4 weeks [*up until 17th June 2022*]

Title of Correspondence	Reference	Guidance Type	Full Implementation / Response Date	Lead Directorate	Clinical Lead	Update Position
Epilepsies in children young people and adults	NG 217	NICE Equality Screening Questionnaire	03/06/2022	Acute Services CYPS MHD	CCL is being sought in relation to this new guidance that is pending regional endorsement	

Medicines associated with dependence Withdrawal symptoms Adults	NG 215	NICE Equality Screening Questionnaire	03/06/2022	TBC	CCL is being sought in relation to this new guidance that is pending regional endorsement

55. Internal Assurances that are pending completion / review within the next 4 weeks [*up until 17th June 2022*]

Title of Correspondence	Reference	Guidance Type	Implementation / Review Date	Lead Directorate	Implementation / Clinical Lead
Colorectal cancer (updates and replaces CG131 and TA93)	NG 151	NICE Clinical Guideline	24/06/2022 (12 month)	Acute	Mr McElvanna Clair Quin
Urgent assessment and treatment following ingestion of 'super strong' magnets	HSC (SQSD) 5/21	Patient Safety Alert	31/05/2022	Acute	Dr Rachel Martin, Dr Eleanor McCormick and Dr David Mark Date of Last Assurance to External Agency: 06/10/2021 – MDT work progressing

56. Responses that are overdue for submission to External Agency

	Reference		Date S&G assurance was to be submitted	Directorate Applicability	Clinical Change Lead
No responses are currently overdue					

57. Regionally recalled circulars that the SHSCT are still awaiting re-issue / clarification

Title of Correspondence	Date of recall / escalation	Reference	Guidance Type	Clinical Change Lead

Assessment under the Mental Health Order NI 1986 *2nd Line Assurance Requirement*	03/05/2022	SQR SAI 2022-089	Safety & Quality Learning Letter	Mrs Kathy Lavery Email sent on 03/05/2022 seeking clarity from DoH / PHA in relation to recommendations 3 & 4 – being progressed
Potential misuse and safe disposal of injectable medication *Recall of learning letter*	01/12/2021	LL-SAI-2021-044	Safety and Quality Learning Letter	Mrs Lyn Watt MDT working group Last MDT meeting held on 26/04/2022 – work plan stood down until revised SRQ letter is received

58. Newly Issued S&G Circulars received by SHSCT (9th to 15th May 2022)

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	NICE Assurance 3 month	Full Implementation Date for S&G	Action Required
Safety Action Notice Wearable Medical Devices - Monitoring and Treatment of Diabetes	12/05/2022	HSC SQSD 35-21	nPSA	n/a	12/11/2022	For Implementation

59. Table 5B - From 9th to 15th May 2022 there were 4 circulars (either new or an update) received relating to COVID-19 guidance:

Title of Correspondence	Date of Issue from External Agency	Reference	Guidance Type	Deadline Date for Implementation
Updated COVID Testing Guidance - Support to Clinical Pathways	13/05/2022	HSS MD 22-2022	CMO Correspondence	n/a
Permanent Suspension 15 Minutes with COVID Vaccines	12/05/2022	HSS MD 21-2022	CMO Correspondence	n/a

Updates HSS MD 82-2021 issued on 15/12/2021 by the CMO				
PHA Letter_COVID testing in Care Homes - Update *Reinforces guidance issued by PHA on 22/04/2022 and 05/05/2022 – both guidance letters included in this link*	12/05/2022	n/a	PHA Correspondence	n/a
COVID 19 - Treatments for Non Hospitalised Patients	11/05/2022	HSS MD 20-2022	CMO Correspondence	n/a

60. From 9th to 15th May 2022 there were no new / updates relating to COVID-19 NICE Rapid Guidelines

61. Update requests from SPPG (DoH) team (9th to 15th May 2022)

Title of Correspondence	Date of Request / Issue from External Agency	Reference	Guidance Type	Response Date	Clinical Change Lead
None received					
Update requests that are still pending following request					
SQR SAI 2018 033 - Use of plastic bags on mental health in-patient wards -	04/05/2022	LL-SAI-2018-033 (MH)	SQR letter	16/05/2022	Mr William Delaney
SQA Compliance emails received closing off SQR assurance responses previously submitted by the SPPG (DoH)					

There were no notifications received

CLINICAL AUDITS AND REGIONAL PIVFAIT AUDITS

Topic

62. IV Fluids in children and Young People:
Week ending:

	Week ending 15/05/2022
CAH CYP	12/13 = 92% (Non compliant for indicator 4: Cumulative input and output totalling and fluid balance) PIFVAIT action plan 15.05.22.docx
DHH CYP	3/3 = 100% - fully compliant
ACUTE	6 new cases identified this week: PIVFAIT =0, ATICS specific audit tool = 6

63. Clinical Audit

- Ongoing National Audit Participation

Date	Audit	Stage	Issues / Comments	This Weeks' Update
17/05/2022	**NCEPOD – Crohn's Disease**	Clinical Questionnaires	Quality of care provided to patients aged 16 and over with a diagnosis of Crohn's disease who underwent an abdominal surgical procedure **NCEPOD – deadline 18/06/2022**	**5 cases selected.** **Questionnaires allocated for clinician review 06/05/2022 Reminder at surgical PSM – 17/05/2022**
17/05/2022	**NCEPOD - Community Acquired Pneumonia Study**	Case Identification Stage	To identify and explore avoidable and modifiable factors in the care of adults presenting to hospital with a presumed diagnosis of community	Approval at Acute Governance May 2022 mtg

			acquired pneumonia. **Completion Deadline 17/06/2022**	Information Request received.
17/05/2022	NCEPOD: Transition from Child to Adult Services- Organisational NCEPOD - TRANSITION	Clinician Questionnaires Staff & Patient / Parent Experience Surveys	14 cases have been selected and casenote extracts for clinician review. Circulated via CYP Open to at least end of May 2022	**NCEPOD to further review cases selected for clinician identification Due 06/06/2022** No update from NCEPOD

64. New national clinical audit reports published on the HQIP website

A Picture of Health (2022)?
National Confidential Inquiry into Patient Outcome and Death (NCEPOD)
Based on data from patients aged 18+ admitted to a mental health inpatient setting for more than one week from 1 November 2018 to 31 October 2019

A detailed physical health assessment was not undertaken appropriately for 28 out of 126 (22.2%) patients, and physical health conditions were not included in the initial clerking for 29 out of 150 (19.3%) patients

The latest NCEPOD report suggests that a physical healthcare plan should be developed when patients are admitted to a mental health inpatient setting. Other key messages aimed at improving care include calls to:

- formalise clinical networks/pathways between mental health and physical healthcare
- involve patients and their carers in their physical healthcare, and use admission as an opportunity to assess and involve patients in their general health, and
- include mental health and physical health conditions on electronic patient records.

Read the full report here

Annual report 2022
National Audit of Breast Cancer in Older Patients (NABCOP)
Based on data: January 2014 to December 2020**

Where data were available, recorded contact with a breast Cancer Nurse Specialist for women diagnosed in 2019 was very high in England (96%) and Wales (99%)

The latest NABCOP annual report found that, among women receiving surgery for early invasive breast cancer (EIBC) in England and Wales, the five-year relative survival for patients aged 70–79 years and 80+ years was similar to that of patients aged 50–69 years. Other, more specific, key findings include:

- Among women diagnosed in 2019 with EIBC not detected at screening, 69% received triple diagnostic assessment (TDA) in a single visit (however variation remains by NHS organisation, with 37% of breast units having less than 70% of patients having TDA in a single visit)
- Surgery use increased for women aged 80+ years with EIBC who were fit or with mild/moderate frailty (from 62% in 2014 to 69% in 2019) – though women with severe frailty who received surgery had more than 20% excess mortality from around 3.5 years after surgery.

Read the full report here

Interval review
National Diabetes Foot Care Audit (NDFA)
Based on 108,450 foot ulcer episodes in 76,310 people with diabetes in England and Wales, between July 2014 and March 2021

The proportion of referrals seen by a specialist foot care team within 13 days increased from 43% in 2014-15 to 46% in 2020-21

The latest NDFA report identifies important trends in foot care processes and outcomes. Key findings include:

- There was a linked reduction in the proportion of ulcers that are severe at first expert assessment (from 48% to 43%), in addition to a subsequent decrease in the proportion of ulcers still active at 12 weeks (from 49% to 40%)
- However, variations in 12-week outcomes persist, with gaps in service provision, particularly in multi-disciplinary foot care service (MDFS) integration with renal

services. For example, it is notable that almost 1 in 5 people (18%) presenting with a severe ulcer died (15%) or underwent major amputation (3%) within 1 year. Read the full report here	

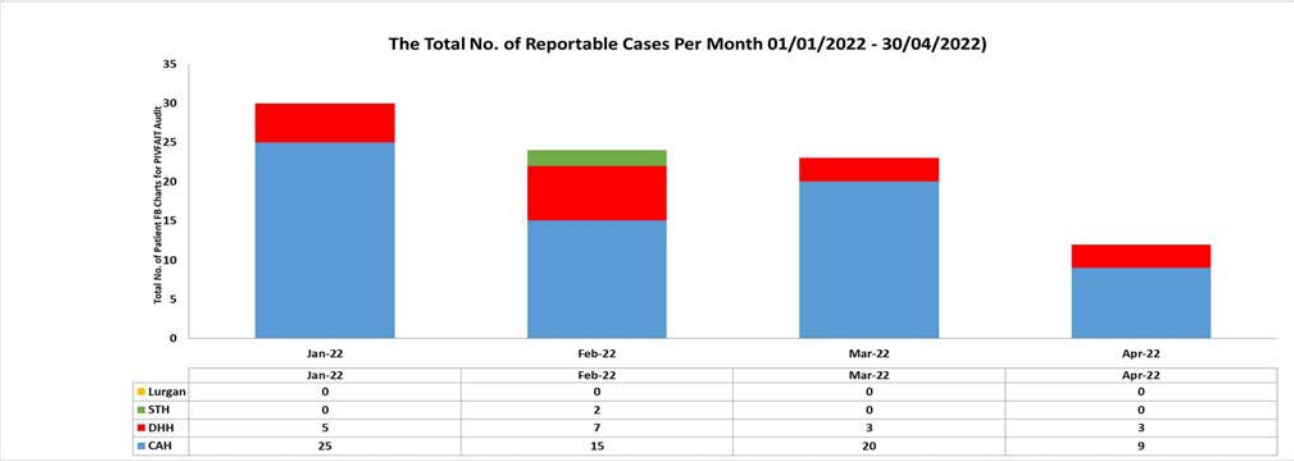
INFECTION PREVENTION CONTROL

65. COVID-19 update

Summary Position – 15/05/2022 @ 9.15am

	Current week	Previous week
No. met PHA notification definition (+ test - 28 days) since March 15th 2020	**664**	**663**
Weekly Reportable COVID-19 deaths 9th – 15th tMay 2022)	**1**	**0**

Four month overview - Reportable deaths 1st January 2022 – 30th April



	Jan-22	Feb-22	Mar-22	Apr-22
Lurgan	0	0	0	0
STH	0	2	0	0
DHH	5	7	3	3
CAH	25	15	20	9

66. Other Infection Prevention Control Data

PfA 22-23 - May 2022.pdf

Rolling C.diff Report - Apr 2022 - I

INTERNAL AUDIT RECOMMENDATONS

Discussion at meeting	Action
There was discussion around the need not to duplicate the work of the Trust's Internal Audit Forum, which already follows up the status of internal audit recommendations for the mid-year and year-end assurance process. There is no intention to usurp the purpose of that Internal Audit group. The purpose of including the IA recommendations on the Weekly Governance agenda is to ensure that we do not lose sight of those recommendations, which relate to governance. This group will not be looking at the progress on each recommendation weekly – a quarterly update will probably be sufficient. Each Operational Directorate is to bring back their updates to next week's meeting. Their updates are to be sent through to Corporate Governance for collating for next week's Governance Meeting There are 35 Recommendations for all the Operational Directorates. 1 person from each directorate should be nominated to bring back updates. Caroline Doyle will be the person to update Internal Audit for the Master Copy of Report.	First discussed 30th September 2021 – see previous reports for historical updates. **28/04/2022:** Dr O'Kane confirmed there will be a quarterly update to SMT on Internal Audit and RQIA Recommendations.

FALLS, PRESSURE ULCERS AND VIOLENCE AND AGGRESSION INCIDENTS

67. Falls

	Insignificant	Minor	Total
1 South Medical	0	1	1
4 South	1	0	1
Ardaveen Manor, Bessbrook	1	0	1
Ardmaine Nursing Home	1	0	1
Bannvale SEC, Gilford	1	0	1
Bannview Care Home	1	0	1
Cloughmore Ward	1	0	1
Cloughreagh House, Bessbrook	0	1	1
Home of client	2	0	2
Laganvale Care Nursing Home	0	1	1
Slieve Roe House, Residential Home, Kilkeel	1	0	1
Stroke / Rehab	0	2	2
Trauma Ward	0	1	1
Willows Ward	1	0	1
Total	10	6	16

68. Violence and Aggression

	Physical contact (actual assault)	Physical threat (no contact)	Verbal Abuse	Verbal Abuse	Total
2 South Medical and Stroke	1	0	0	0	1
4 South	0	1	0	0	1
Cherrygrove Childrens Home, Lurgan Hosp Site	1	0	0	0	1
Female Medical	1	0	0	0	1
Teach Sona Core, Mullaghabawn	0	0	1	0	1
Trauma Ward	1	0	0	0	1
Ward 3, Assessment and Rehabilitation	0	0	1	1	2
Total	4	1	2	1	8

69. Pressure Ulcers

Weekly Data

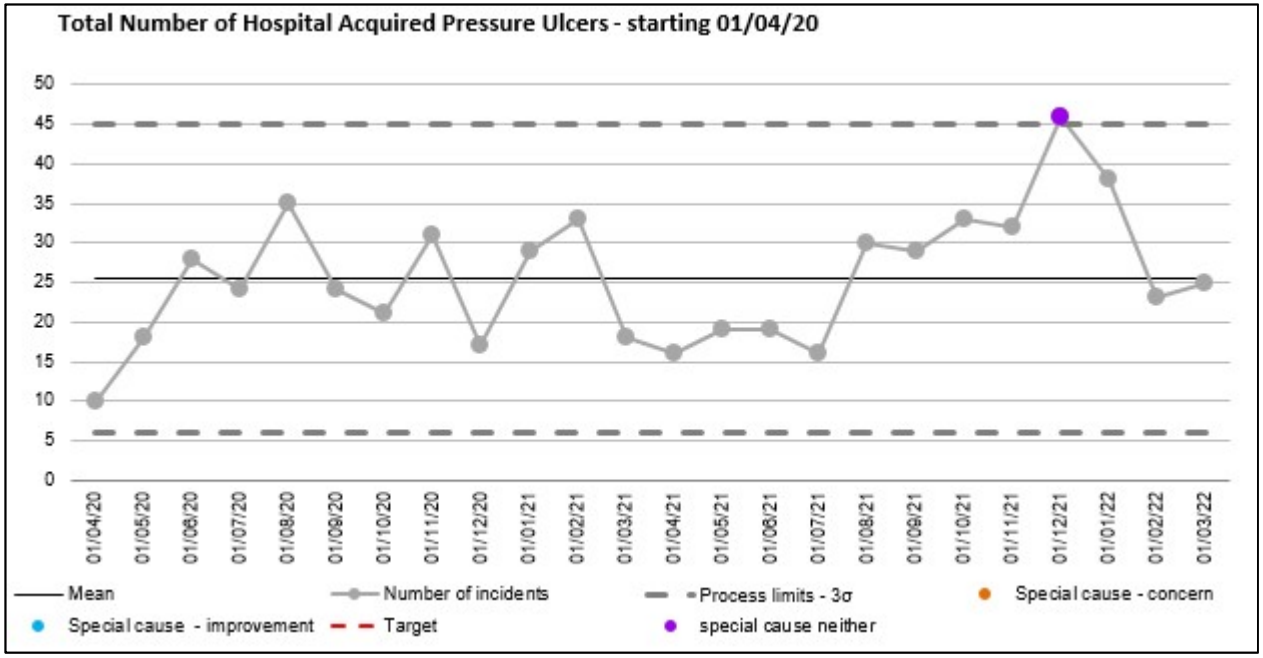
	Insignificant	Minor	Total
Recovery CAH	1	0	1
3 South	0	1	1
Home of client	0	1	1
Orthopaedic Ward	0	1	1
STH Ward 2, Assessment & Rehabilitation	0	1	1
Ward 3, Assessment and Rehabilitation	0	1	1
Total	1	5	6

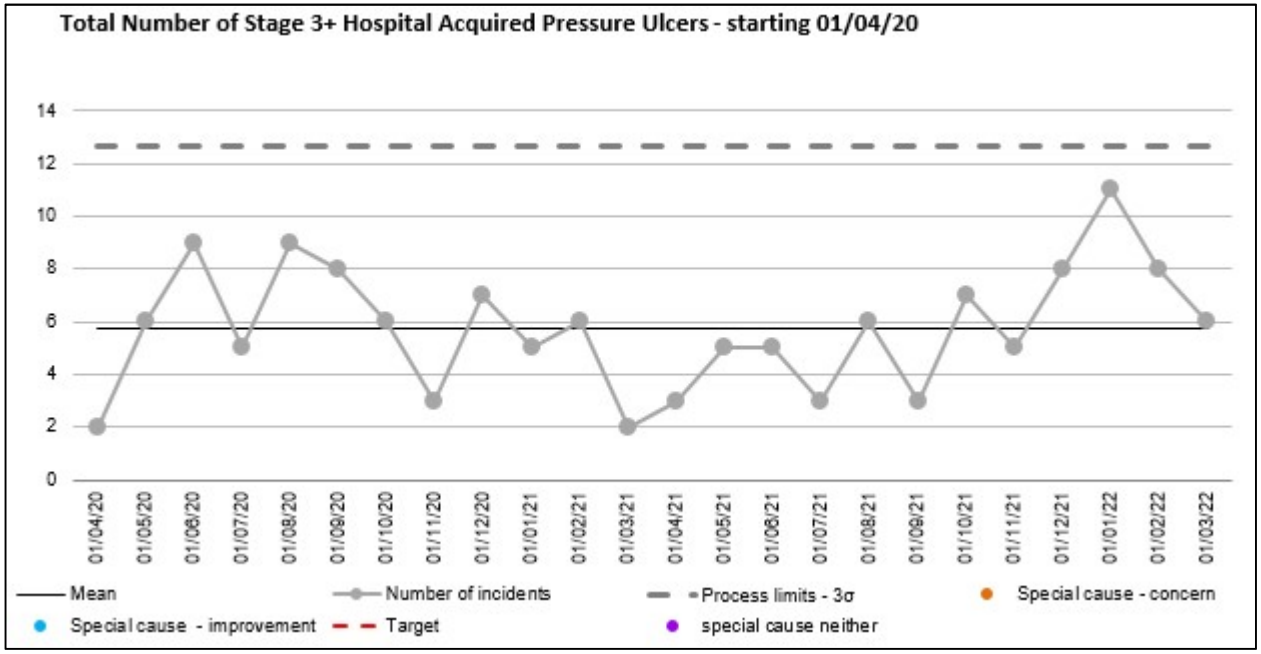
Total Number of Pressure Ulcers Monthly Data

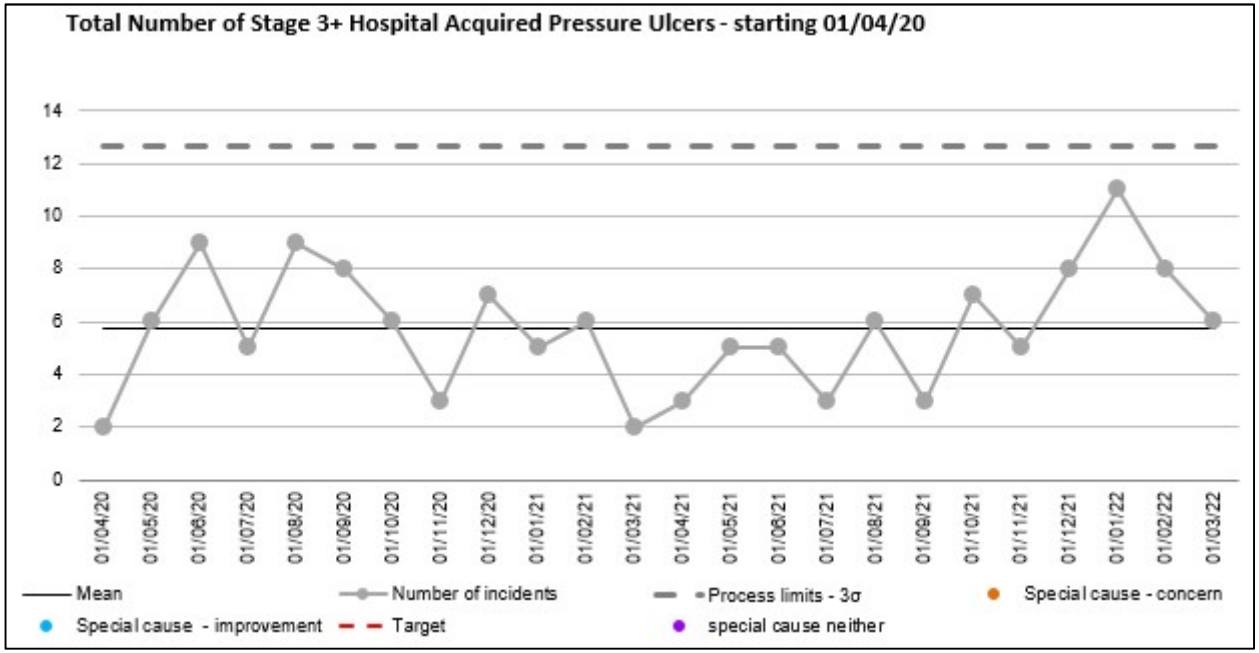
Corporate Clinical and Social Care Governance has created the 3 SPC charts for Hospital Acquired Pressure Ulcers below. The data has been provided by the Patient Safety Manager Colum Robinson.
In addition to this data a Powerpoint presentation is delivered to the Safety and Quality Assurance Group every 18 weeks. This presentation will be shared with this group and includes narrative from the Post Incident Reviews (PIR) for avoidable Pressure Ulcers.

The UCL breach in December 2021 was mainly attributed to cases in ICU (n=12) and associated with patients who were COVID-19 positive.

Data from December 2021 – March 2022 is subject to change due to outstanding PIR (n=5).







70. APPROVAL STATUS OF DATIX INCIDENTS

	2011	2015	2017	2018	2019	2020	2021	2022	Total
Acute Services	1	1	1	0	24	78	677	1068	1850
Children and Young Peoples Services	0	0	0	0	0	0	0	71	71
Finance Procurement & Estates	0	0	0	0	0	0	2	9	11
Human Resources and Organisational Development	0	0	0	0	0	0	7	4	11
Mental Health and Disability	0	0	0	2	8	50	281	422	763
Nursing, Midwifery and AHP	0	0	0	0	0	0	1	8	9
Office of the Chair and Chief Executive	0	0	0	0	0	0	1	0	1
Older People and Primary Care	0	0	0	0	336	1016	1895	872	4119
Performance and Reform	0	0	0	0	0	2	1	0	3
Total	1	1	1	2	368	1146	2865	2454	6838

*** Some of these incidents relate to Urology.**

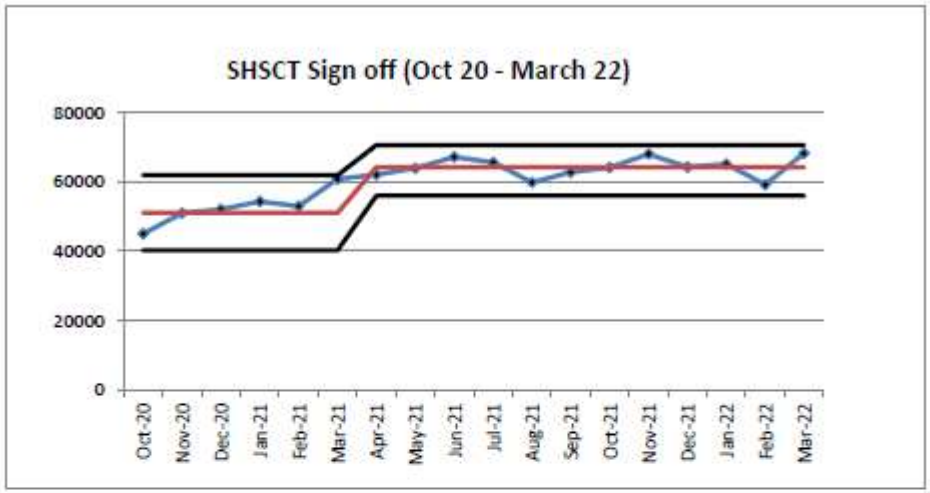
Discussion at meeting	Action
See previous reports for breakdown of Incident Reporting **Date: 14.02.2022 – 20.02.2022 – 7016 – OPPC numbers have reduced (2017 – cleared, 2018 – reduced by 50%, In total 226 incidents cleared in 1 week.** **Date: 21.02.2022 – 27.02.2022 –** 7013 **Date: 28.02.2022 -- 06.03.2022 -** 6914 **Date: 07.03.2022 – 13.03.2022-** 6868 **Date: 14.03.2022 – 20.03.2022**- 6910 **Date: 21.03.2022 - 27.03.2022-** 6733 **Date: 28.03.2022 - 03.04.2022 -** 6864 **Date: 04.03.2022 – 10.04.2022-** 6908 **Date: 18.04.2022 – 24.04.2022-** 6950 **Date: 25.04.2022 – 01.05.2022-** 6876 **Date: 02.05.2022 – 08.05.2022-** 6876 **Date: 02.05.2022 – 08.05.2022- 6838**	First action recorded 14th October 2021. See previous paper for historical actions. **28/04/2022**: Claire confirmed that OPPC has reduced backlog by 30%. Directorates had been asked to focus on 2022 incidents, this is a problem, particularly for CHST who are working a 7 day service with no additional staff. Heather Trouton is aware of a retired nurse who may be able to help with the back log of incidents. 05/05/2022: OPPC plan on having the 2018 incidents cleared and are working on keeping on top of the 2022 incidents.

AOB:

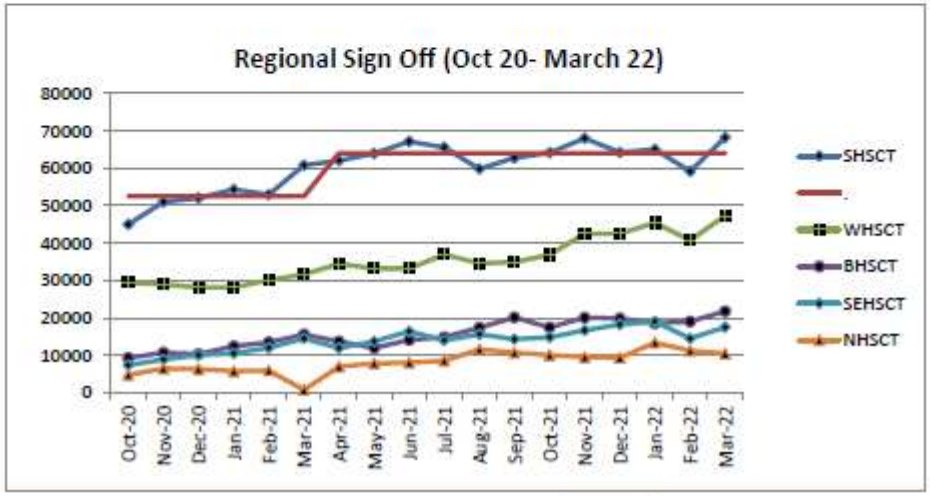
71. <u>Sign Off</u>

Chris Wamsley provided the below charts in relation to Sign Off data.

1) SHSCT Sign Off Overview



2) Regional Sign Off Overview Benchmark



3) Feb 2022 Percentage of Tests Signed Off

% Sign Off All Trusts

Clinical Test	Signed off	Total Tests	% Signed off
Radiology	11443	67774	16.9%
Histopathology	985	9046	10.9%
Cytology	204	10265	2.0%
Blood Sciences	124203	1456767	8.5%
Microbiology	28428	241468	11.8%
Blood Bank	29	8382	0.3%
Total	**165292**	**1793702**	**9.2%**

Dr O'Kane and Dr Gormley have recently been discussing data in relation to "sign off". Siobhan Hanna produces data in relation to this and Dr O'Kane is keen to include this in this meeting.

Dr Gormley confirmed that Internal Audit recently completed an audit on this and the Trust received a limited assurance.

72. Waiting Lists and Waiting Times

Dr O'Kane has been speaking with Lesley Leeman around waiting times and lists. Dr O'Kane is keen to include data around waiting lists particularly relating to areas such as Cancer in this paper.

Both of these data sources will then feed into one of the groups that Caroline Doyle is creating to provide an assurance to Governance Committee.

The attached Appendix was included in the Governance Paper regarding EC Target performance figures.

Informatics produced this report on Targets for Cancer patients. Corporate team is working with the Informatics team to expand these reports.

Attendees:

Apologies: Dr Damian Scullion, Jacqueline Morton

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Explanatory Notes for Monthly Trend Analysis Charts - Emergency Care Wait Times

This report is based on new attenders (including Unplanned Re-Attenders) to Emergency Care / MIU Departments.

From April, 95% of patients attending Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any Emergency Department should wait longer than 12 hours.

Method of Calculating Wait Time

The method of calculating waiting times is based on 'Clock Start' and Clock Stop' time.

Exclusions/Inclusions

Repeat Unplanned Attenders are included in the charts.

System and are seen by Dental Staff in consulting rooms in the Trust's Theatres. These patients are not seen by staff in the Trust's Emergency Care Department. The Trust does not report on Dental activity in its KH09 returns against Emergency Care Activity.

Attendances at Review Clinics held in the Emergency Care Department (e.g. Next Day Review, Dressing Clinic etc).

The EC time bands are grouped as follows

- 0-4 hours, 0 minutes to 240 minutes
- 4-12 hours, 241 minutes to 720 minutes
- 0-6 hours, 0 minutes to 360 minutes
- 6-12 hours, 361 minutes to 720 minutes
- 12 hours+, greater than 720 minutes

For internal reporting purposes this report is presented by Age groups. Age is based on Age at Attendance at EC Department and is grouped 0-15 yrs, 16-64 yrs, 65-74 yrs, 75-84 yrs and 85 yrs+

Attendances at Out of Hours Dental Service (held on CAH site) are excluded based on Incident Type = Dental Case. Note: On 04/04/20, (time of Coronavirus COVID-19), this service moved off the CAH site to Brownlow and has continued there.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Cumulative Position of 4 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

		0 - 4 Hrs	4 - 12 Hrs	12 Hrs +	Total:
CRAIGAVON AREA HOSPITAL	0-15	13,505	4,863	65	**18,433**
		73.3%	26.4%	0.4%	
	16-64	15,976	19,754	6,789	**42,519**
		37.6%	46.5%	16.0%	
	65-74	1,567	3,525	2,109	**7,201**
		21.8%	49.0%	29.3%	
	75-84	1,107	3,278	2,498	**6,883**
		16.1%	47.6%	36.3%	
	85+	477	1,825	1,687	**3,989**
		12.0%	45.8%	42.3%	
CRAIGAVON AREA HOSPITAL	Sum:	32,632	33,245	13,148	
CRAIGAVON AREA HOSPITAL		41.29%	42.07%	**16.64%**	**79,025**

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Cumulative Position of 4 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

		0 - 4 Hrs	4 - 12 Hrs	12 Hrs +	Total:
DAISY HILL	0-15	9,978	2,104	9	**12,091**
		82.5%	17.4%	0.1%	
	16-64	17,847	11,635	2,087	**31,569**
		56.5%	36.9%	6.6%	
	65-74	1,777	2,399	790	**4,966**
		35.8%	48.3%	15.9%	
	75-84	1,138	2,040	920	**4,098**
		27.8%	49.8%	22.4%	
	85+	388	1,132	604	**2,124**
		18.3%	53.3%	28.4%	
DAISY HILL	Sum:	31,128	19,310	4,410	
DAISY HILL		56.75%	35.21%	**8.04%**	**54,848**

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Cumulative Position of 4 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

		0 - 4 Hrs	4 - 12 Hrs	12 Hrs +	Total:
SOUTH TYRONE HOSPITAL	0-15	6,052	0	0	**6,052**
		100.0%	0.0%	0.0%	
	16-64	14,865	4	0	**14,869**
		100.0%	0.0%	0.0%	
	65-74	1,201	0	0	**1,201**
		100.0%	0.0%	0.0%	
	75-84	618	1	0	**619**
		99.8%	0.2%	0.0%	
	85+	170	0	0	**170**
		100.0%	0.0%	0.0%	
SOUTH TYRONE HOSPITAL	Sum:	22,906	5	0	
SOUTH TYRONE HOSPITAL		99.98%	0.02%	**0.00%**	**22,911**

	Sum:	**86,666**	**52,560**	**17,558**	**156,784**
		55.3%	**33.5%**	**11.2%**	

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Cumulative Position of 6 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

		0 - 6 Hrs	6 - 12 Hrs	12 Hrs +	Total:
CRAIGAVON AREA HOSPITAL	0-15	16,771	1,597	65	18,433
		91.0%	8.7%	0.4%	
	16-64	23,229	12,501	6,789	42,519
		54.6%	29.4%	16.0%	
	65-74	2,714	2,378	2,109	7,201
		37.7%	33.0%	29.3%	
	75-84	2,065	2,320	2,498	6,883
		30.0%	33.7%	36.3%	
	85+	966	1,336	1,687	3,989
		24.2%	33.5%	42.3%	
CRAIGAVON AREA HOSPITAL	Total	45,745	20,132	13,148	79,025
		57.89%	25.48%	16.64%	

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Cumulative Position of 6 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

		0 - 6 Hrs	6 - 12 Hrs	12 Hrs +	Total:
DAISY HILL	0-15	11,569	513	9	12,091
		95.7%	4.2%	0.1%	
	16-64	23,790	5,692	2,087	31,569
		75.4%	18.0%	6.6%	
	65-74	2,779	1,397	790	4,966
		56.0%	28.1%	15.9%	
	75-84	1,931	1,247	920	4,098
		47.1%	30.4%	22.4%	
	85+	792	728	604	2,124
		37.3%	34.3%	28.4%	
DAISY HILL	Total	40,861	9,577	4,410	54,848
		74.50%	17.46%	8.04%	

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Cumulative Position of 6 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

		0 - 6 Hrs	6 - 12 Hrs	12 Hrs +	Total:
SOUTH TYRONE HOSPITAL	0-15	6,052	0	0	6,052
		100.0%	0.0%	0.0%	
	16-64	14,868	1	0	14,869
		100.0%	0.0%	0.0%	
	65-74	1,201	0	0	1,201
		100.0%	0.0%	0.0%	
	75-84	619	0	0	619
		100.0%	0.0%	0.0%	
	85+	170	0	0	170
		100.0%	0.0%	0.0%	
SOUTH TYRONE HOSPITAL	Total	22,910	1	0	22,911
		100.00%	0.00%	0.00%	
	Sum:	109,516	29,710	17,558	156,784
		69.9%	18.9%	11.2%	

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Monthly & Cumulative Position of 6 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3) Trust

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

Information on 6 Hour Performance is for Internal Trust Monitoring Purposes only (Target is 4 Hours and 12 Hours)

Departure Month	0-6 Hrs	6-12Hrs	12+ Hrs	Total
APRIL	10,103	2,374	792	**13,269**
	76.1%	17.9%	6.0%	
MAY	10,462	3,043	1,031	**14,536**
	72.0%	20.9%	7.1%	
JUNE	10,826	2,842	1,172	**14,840**
	73.0%	19.2%	7.9%	
JULY	10,092	2,770	1,511	**14,373**
	70.2%	19.3%	10.5%	
AUGUST	8,960	2,729	1,450	**13,139**
	68.2%	20.8%	11.0%	
SEPTEMBER	9,133	2,460	1,563	**13,156**
	69.4%	18.7%	11.9%	
OCTOBER	9,419	2,449	1,537	**13,405**
	70.3%	18.3%	11.5%	
NOVEMBER	8,590	2,138	1,317	**12,045**
	71.3%	17.8%	10.9%	
DECEMBER	7,810	2,129	1,720	**11,659**
	67.0%	18.3%	14.8%	
JANUARY	7,710	2,185	1,776	**11,671**
	66.1%	18.7%	15.2%	
FEBRUARY	7,101	2,229	1,851	**11,181**
	63.5%	19.9%	16.6%	
MARCH	9,310	2,362	1,838	**13,510**
	68.9%	17.5%	13.6%	
Sum:	**109,516**	**29,710**	**17,558**	**156,784**
	69.9%	**18.9%**	**11.2%**	

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Monthly & Cumulative Position of 6 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

Information on 6 Hour Performance is for Internal Trust Monitoring Purposes only (Target is 4 Hours and 12 Hours)

		0 - 6 Hrs	6 - 12 Hrs	12 Hrs +	Total:
CRAIGAVON AREA HOSPITAL	APRIL	4,323	1,722	612	**6,657**
		64.9%	25.9%	9.2%	
	MAY	4,201	2,099	817	**7,117**
		59.0%	29.5%	11.5%	
	JUNE	4,398	2,018	939	**7,355**
		59.8%	27.4%	12.8%	
	JULY	4,025	1,875	1,192	**7,092**
		56.8%	26.4%	16.8%	
	AUGUST	3,547	1,823	1,111	**6,481**
		54.7%	28.1%	17.1%	
	SEPTEMBER	3,763	1,661	1,142	**6,566**
		57.3%	25.3%	17.4%	
	OCTOBER	3,951	1,759	1,185	**6,895**
		57.3%	25.5%	17.2%	
	NOVEMBER	3,750	1,421	935	**6,106**
		61.4%	23.3%	15.3%	
	DECEMBER	3,552	1,383	1,224	**6,159**
		57.7%	22.5%	19.9%	
	JANUARY	3,249	1,492	1,287	**6,028**
		53.9%	24.8%	21.4%	
	FEBRUARY	3,026	1,403	1,317	**5,746**
		52.7%	24.4%	22.9%	
	MARCH	3,960	1,476	1,387	**6,823**
		58.0%	21.6%	20.3%	
CRAIGAVON AREA HOSPITAL		45,745	20,132	13,148	**79,025**
CRAIGAVON AREA HOSPITAL		57.89%	25.48%	16.64%	

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Monthly & Cumulative Position of 6 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

Information on 6 Hour Performance is for Internal Trust Monitoring Purposes only (Target is 4 Hours and 12 Hours)

		0 - 6 Hrs	6 - 12 Hrs	12 Hrs +	Total:
DAISY HILL	APRIL	3,748	652	180	**4,580**
		81.8%	14.2%	3.9%	
	MAY	3,829	944	214	**4,987**
		76.8%	18.9%	4.3%	
	JUNE	3,948	824	233	**5,005**
		78.9%	16.5%	4.7%	
	JULY	3,861	894	319	**5,074**
		76.1%	17.6%	6.3%	
	AUGUST	3,367	906	339	**4,612**
		73.0%	19.6%	7.4%	
	SEPTEMBER	3,495	799	421	**4,715**
		74.1%	16.9%	8.9%	
	OCTOBER	3,666	690	352	**4,708**
		77.9%	14.7%	7.5%	
	NOVEMBER	3,134	717	382	**4,233**
		74.0%	16.9%	9.0%	
	DECEMBER	2,896	746	496	**4,138**
		70.0%	18.0%	12.0%	
	JANUARY	2,955	693	489	**4,137**
		71.4%	16.8%	11.8%	
	FEBRUARY	2,589	826	534	**3,949**
		65.6%	20.9%	13.5%	
	MARCH	3,373	886	451	**4,710**
		71.6%	18.8%	9.6%	
DAISY HILL		40,861	9,577	4,410	**54,848**
DAISY HILL		74.50%	17.46%	8.04%	

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Monthly & Cumulative Position of 6 Hour and 12 Hour Target - Emergency Departments (Type 1 and Type 3)

01/04/2021 00:00:00 AND 31/03/2022 00:00:00

Information on 6 Hour Performance is for Internal Trust Monitoring Purposes only (Target is 4 Hours and 12 Hours)

		0 - 6 Hrs	6 - 12 Hrs	12 Hrs +	Total:
SOUTH TYRONE HOSPITAL	APRIL	2,032	0	0	2,032
		100.0%	0.0%	0.0%	
	MAY	2,432	0	0	2,432
		100.0%	0.0%	0.0%	
	JUNE	2,480	0	0	2,480
		100.0%	0.0%	0.0%	
	JULY	2,206	1	0	2,207
		100.0%	0.0%	0.0%	
	AUGUST	2,046	0	0	2,046
		100.0%	0.0%	0.0%	
	SEPTEMBER	1,875	0	0	1,875
		100.0%	0.0%	0.0%	
	OCTOBER	1,802	0	0	1,802
		100.0%	0.0%	0.0%	
	NOVEMBER	1,706	0	0	1,706
		100.0%	0.0%	0.0%	
	DECEMBER	1,362	0	0	1,362
		100.0%	0.0%	0.0%	
	JANUARY	1,506	0	0	1,506
		100.0%	0.0%	0.0%	
	FEBRUARY	1,486	0	0	1,486
		100.0%	0.0%	0.0%	
	MARCH	1,977	0	0	1,977
		100.0%	0.0%	0.0%	
SOUTH TYRONE HOSPITAL		22,910	1	0	22,911
SOUTH TYRONE HOSPITAL		100.00%	0.00%	0.00%	

	Sum:	109,516	29,710	17,558	156,784
		69.9%	18.9%	11.2%	

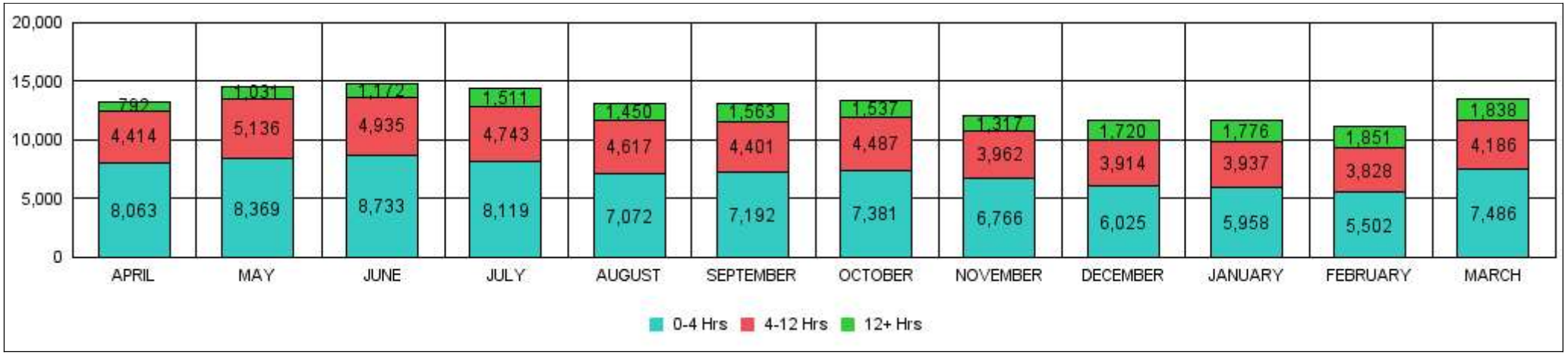
ACCIDENT AND EMERGENCY UNIVERSE, RUN DATE 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Total - Emergency Care Departments and Minor Injuries Unit (Type 1 and Type 3) (All Ages)

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	8,063	8,369	8,733	8,119	7,072	7,192	7,381	6,766	6,025	5,958	5,502	7,486
4-12 Hrs	4,414	5,136	4,935	4,743	4,617	4,401	4,487	3,962	3,914	3,937	3,828	4,186
12+ Hrs	792	1,031	1,172	1,511	1,450	1,563	1,537	1,317	1,720	1,776	1,851	1,838
Total	**13,269**	**14,536**	**14,840**	**14,373**	**13,139**	**13,156**	**13,405**	**12,045**	**11,659**	**11,671**	**11,181**	**13,510**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	60.8%	57.6%	58.8%	56.5%	53.8%	54.7%	55.1%	56.2%	51.7%	51.0%	49.2%	55.4%
% 4-12 Hrs	33.3%	35.3%	33.3%	33.0%	35.1%	33.5%	33.5%	32.9%	33.6%	33.7%	34.2%	31.0%
% 12 Hrs+	6.0%	7.1%	7.9%	10.5%	11.0%	11.9%	11.5%	10.9%	14.8%	15.2%	16.6%	13.6%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

Received from Maria O'Kane on 02/09/22. Annotated by Urology Services Inquiry

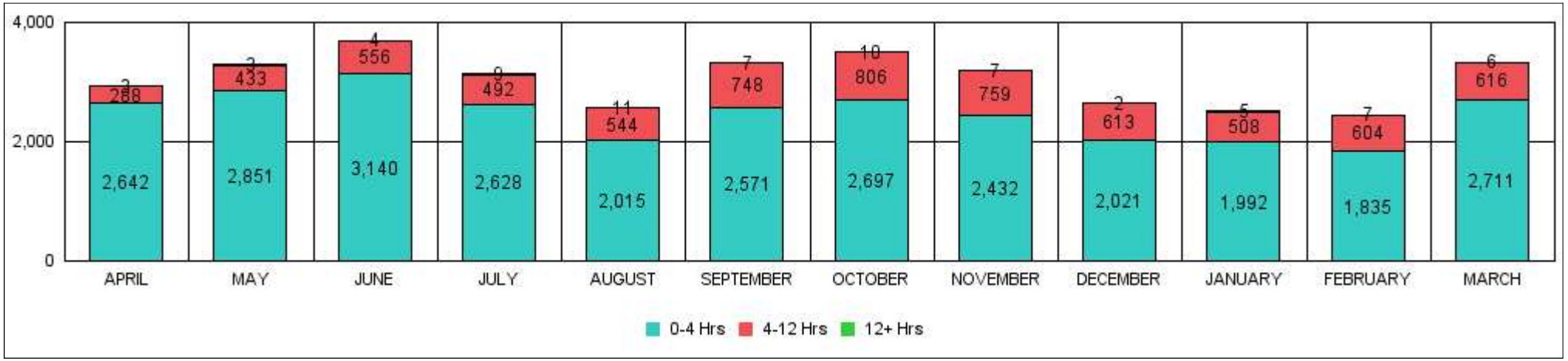
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Total - Emergency Care Department (Type 1) **AGE BAND 0-15 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	2,642	2,851	3,140	2,628	2,015	2,571	2,697	2,432	2,021	1,992	1,835	2,711
4-12 Hrs	288	433	556	492	544	748	806	759	613	508	604	616
12+ Hrs	3	3	4	9	11	7	10	7	2	5	7	6
Total	**2,933**	**3,287**	**3,700**	**3,129**	**2,570**	**3,326**	**3,513**	**3,198**	**2,636**	**2,505**	**2,446**	**3,333**

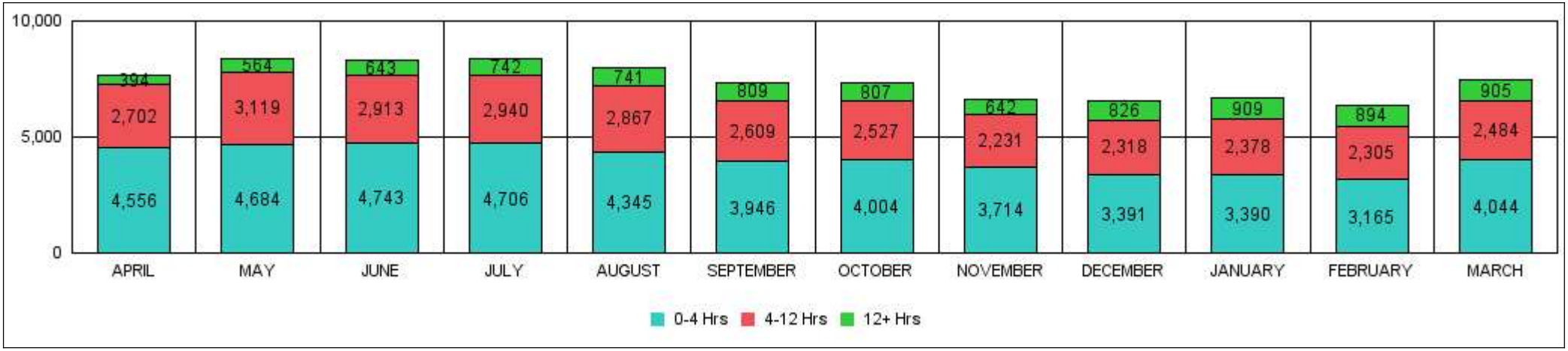
MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	90.1%	86.7%	84.9%	84.0%	78.4%	77.3%	76.8%	76.0%	76.7%	79.5%	75.0%	81.3%
% 4-12 Hrs	9.8%	13.2%	15.0%	15.7%	21.2%	22.5%	22.9%	23.7%	23.3%	20.3%	24.7%	18.5%
% 12 Hrs+	0.1%	0.1%	0.1%	0.3%	0.4%	0.2%	0.3%	0.2%	0.1%	0.2%	0.3%	0.2%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Total - Emergency Care Department (Type 1) **AGE BAND 16-64 YEARS**
Monthly Trend Analysis of 4 Hour and 12 Hour Target
01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	4,556	4,684	4,743	4,706	4,345	3,946	4,004	3,714	3,391	3,390	3,165	4,044
4-12 Hrs	2,702	3,119	2,913	2,940	2,867	2,609	2,527	2,231	2,318	2,378	2,305	2,484
12+ Hrs	394	564	643	742	741	809	807	642	826	909	894	905
Total	**7,652**	**8,367**	**8,299**	**8,388**	**7,953**	**7,364**	**7,338**	**6,587**	**6,535**	**6,677**	**6,364**	**7,433**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	59.5%	56.0%	57.2%	56.1%	54.6%	53.6%	54.6%	56.4%	51.9%	50.8%	49.7%	54.4%
% 4-12 Hrs	35.3%	37.3%	35.1%	35.1%	36.0%	35.4%	34.4%	33.9%	35.5%	35.6%	36.2%	33.4%
% 12 Hrs+	5.1%	6.7%	7.7%	8.8%	9.3%	11.0%	11.0%	9.7%	12.6%	13.6%	14.0%	12.2%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

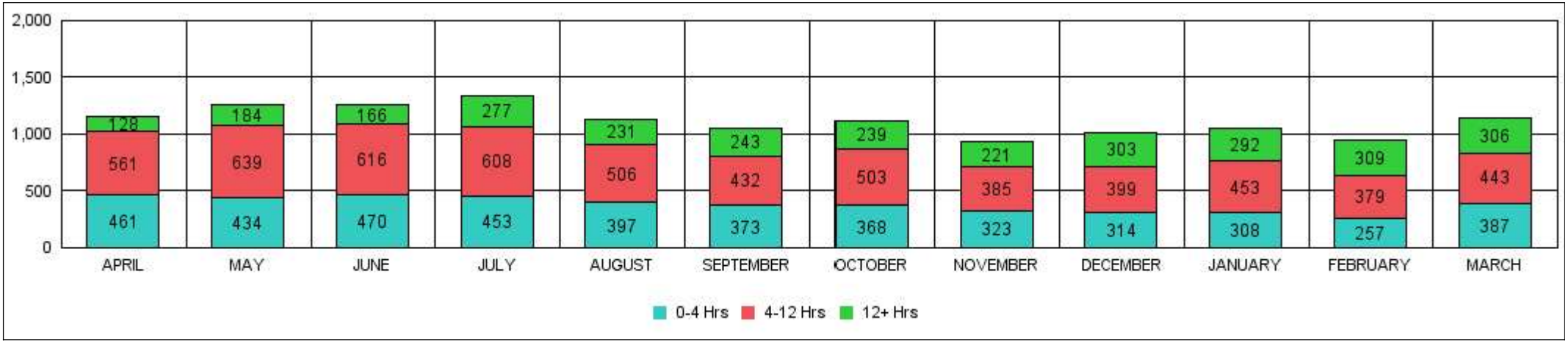
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Total - Emergency Care Department (Type 1) **AGE BAND 65-74 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	461	434	470	453	397	373	368	323	314	308	257	387
4-12 Hrs	561	639	616	608	506	432	503	385	399	453	379	443
12+ Hrs	128	184	166	277	231	243	239	221	303	292	309	306
Total	**1,150**	**1,257**	**1,252**	**1,338**	**1,134**	**1,048**	**1,110**	**929**	**1,016**	**1,053**	**945**	**1,136**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	40.1%	34.5%	37.5%	33.9%	35.0%	35.6%	33.2%	34.8%	30.9%	29.2%	27.2%	34.1%
% 4-12 Hrs	48.8%	50.8%	49.2%	45.4%	44.6%	41.2%	45.3%	41.4%	39.3%	43.0%	40.1%	39.0%
% 12 Hrs+	11.1%	14.6%	13.3%	20.7%	20.4%	23.2%	21.5%	23.8%	29.8%	27.7%	32.7%	26.9%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

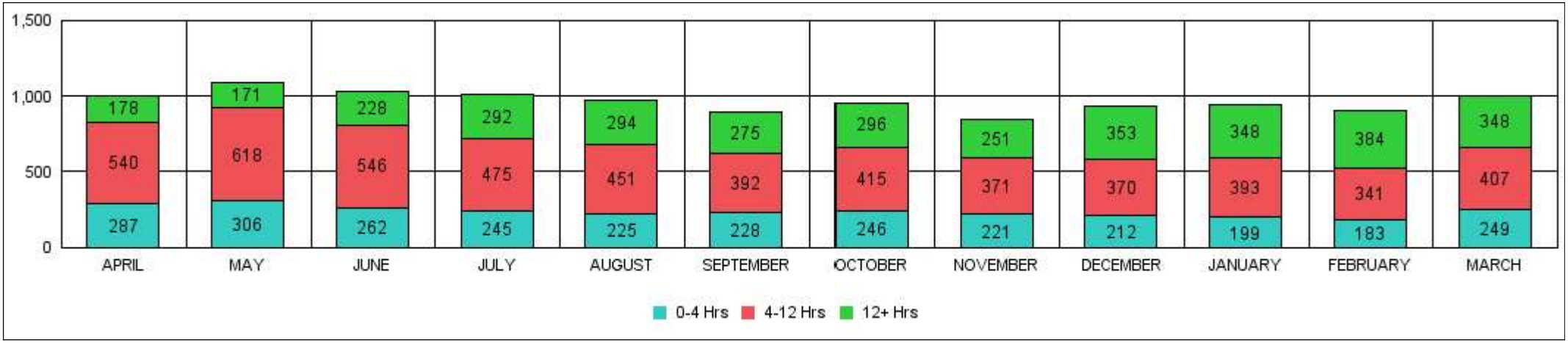
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Total - Emergency Care Department (Type 1) **AGE BAND 75-84 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	287	306	262	245	225	228	246	221	212	199	183	249
4-12 Hrs	540	618	546	475	451	392	415	371	370	393	341	407
12+ Hrs	178	171	228	292	294	275	296	251	353	348	384	348
Total	**1,005**	**1,095**	**1,036**	**1,012**	**970**	**895**	**957**	**843**	**935**	**940**	**908**	**1,004**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	28.6%	27.9%	25.3%	24.2%	23.2%	25.5%	25.7%	26.2%	22.7%	21.2%	20.2%	24.8%
% 4-12 Hrs	53.7%	56.4%	52.7%	46.9%	46.5%	43.8%	43.4%	44.0%	39.6%	41.8%	37.6%	40.5%
% 12 Hrs+	17.7%	15.6%	22.0%	28.9%	30.3%	30.7%	30.9%	29.8%	37.8%	37.0%	42.3%	34.7%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

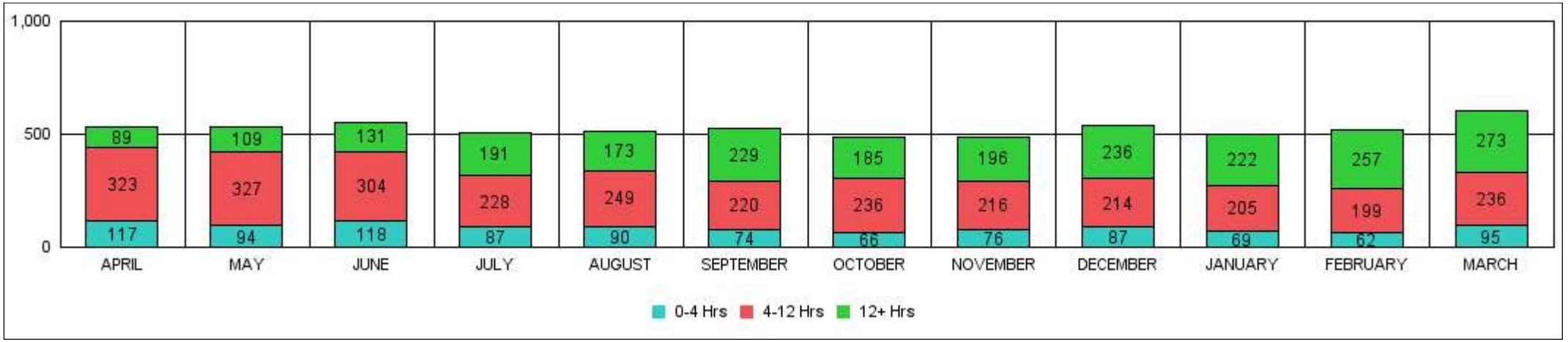
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Total - Emergency Care Department (Type 1) **AGE BAND 85+ YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	117	94	118	87	90	74	66	76	87	69	62	95
4-12 Hrs	323	327	304	228	249	220	236	216	214	205	199	236
12+ Hrs	89	109	131	191	173	229	185	196	236	222	257	273
Total	**529**	**530**	**553**	**506**	**512**	**523**	**487**	**488**	**537**	**496**	**518**	**604**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	22.1%	17.7%	21.3%	17.2%	17.6%	14.1%	13.6%	15.6%	16.2%	13.9%	12.0%	15.7%
% 4-12 Hrs	61.1%	61.7%	55.0%	45.1%	48.6%	42.1%	48.5%	44.3%	39.9%	41.3%	38.4%	39.1%
% 12 Hrs+	16.8%	20.6%	23.7%	37.7%	33.8%	43.8%	38.0%	40.2%	43.9%	44.8%	49.6%	45.2%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

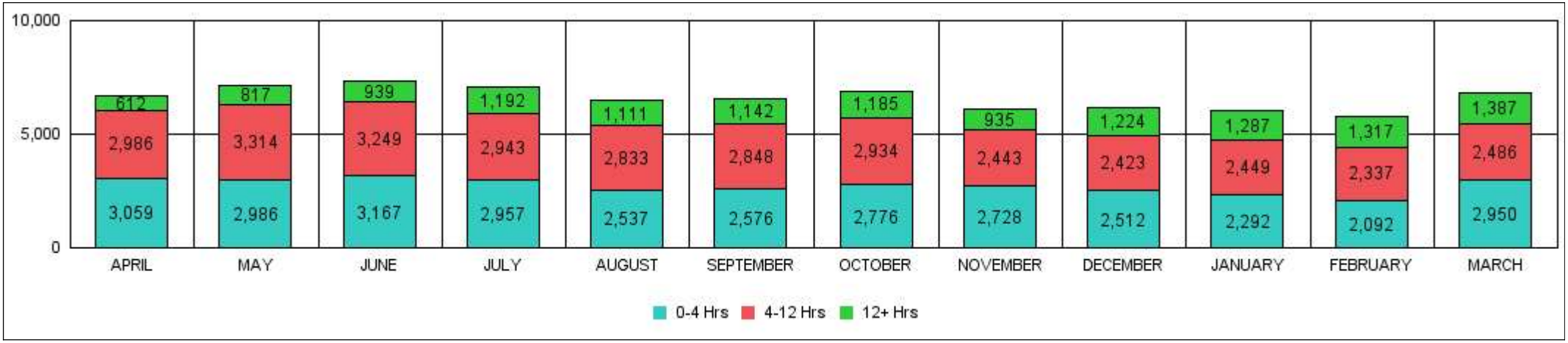
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Craigavon Area Hospital - Emergency Care Department (Type 1) (All Ages)

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	3,059	2,986	3,167	2,957	2,537	2,576	2,776	2,728	2,512	2,292	2,092	2,950
4-12 Hrs	2,986	3,314	3,249	2,943	2,833	2,848	2,934	2,443	2,423	2,449	2,337	2,486
12+ Hrs	612	817	939	1,192	1,111	1,142	1,185	935	1,224	1,287	1,317	1,387
Total	**6,657**	**7,117**	**7,355**	**7,092**	**6,481**	**6,566**	**6,895**	**6,106**	**6,159**	**6,028**	**5,746**	**6,823**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	46.0%	42.0%	43.1%	41.7%	39.1%	39.2%	40.3%	44.7%	40.8%	38.0%	36.4%	43.2%
% 4-12 Hrs	44.9%	46.6%	44.2%	41.5%	43.7%	43.4%	42.6%	40.0%	39.3%	40.6%	40.7%	36.4%
% 12 Hrs+	9.2%	11.5%	12.8%	16.8%	17.1%	17.4%	17.2%	15.3%	19.9%	21.4%	22.9%	20.3%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

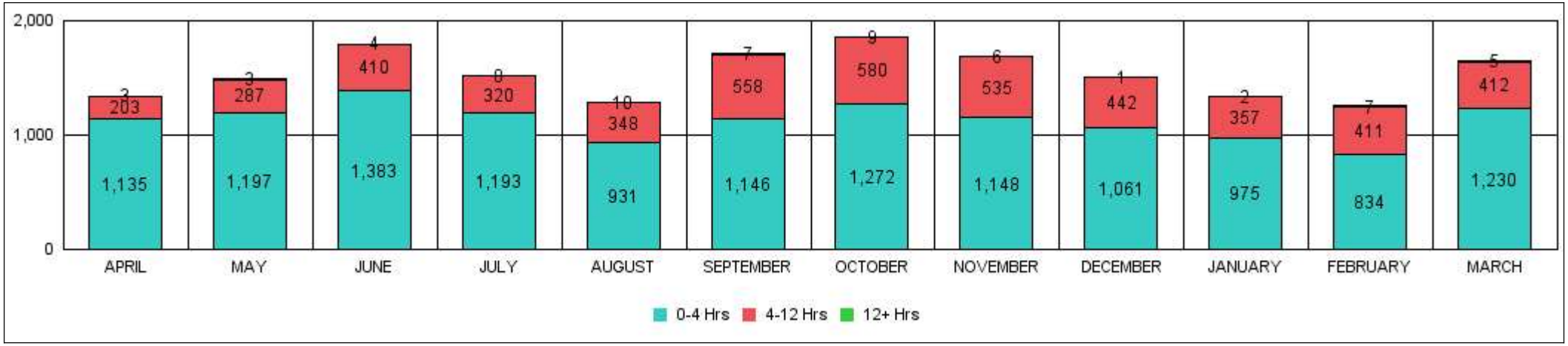
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Craigavon Area Hospital - Emergency Care Department (Type 1) **AGE BAND 0-15 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	1,135	1,197	1,383	1,193	931	1,146	1,272	1,148	1,061	975	834	1,230
4-12 Hrs	203	287	410	320	348	558	580	535	442	357	411	412
12+ Hrs	3	3	4	8	10	7	9	6	1	2	7	5
Total	**1,341**	**1,487**	**1,797**	**1,521**	**1,289**	**1,711**	**1,861**	**1,689**	**1,504**	**1,334**	**1,252**	**1,647**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	84.6%	80.5%	77.0%	78.4%	72.2%	67.0%	68.4%	68.0%	70.5%	73.1%	66.6%	74.7%
% 4-12 Hrs	15.1%	19.3%	22.8%	21.0%	27.0%	32.6%	31.2%	31.7%	29.4%	26.8%	32.8%	25.0%
% 12 Hrs+	0.2%	0.2%	0.2%	0.5%	0.8%	0.4%	0.5%	0.4%	0.1%	0.1%	0.6%	0.3%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

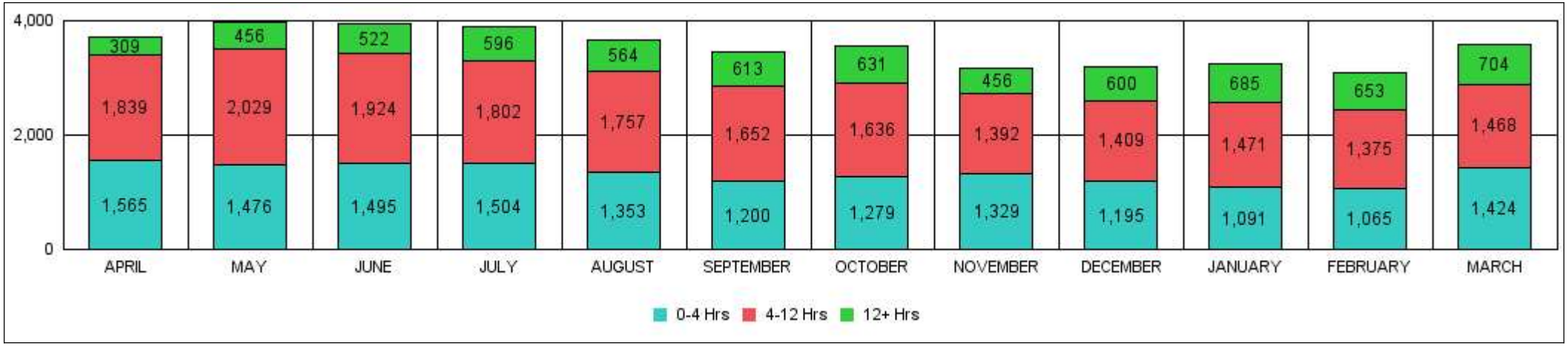
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Craigavon Area Hospital - Emergency Care Department (Type 1) **AGE BAND 16-64 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	1,565	1,476	1,495	1,504	1,353	1,200	1,279	1,329	1,195	1,091	1,065	1,424
4-12 Hrs	1,839	2,029	1,924	1,802	1,757	1,652	1,636	1,392	1,409	1,471	1,375	1,468
12+ Hrs	309	456	522	596	564	613	631	456	600	685	653	704
Total	**3,713**	**3,961**	**3,941**	**3,902**	**3,674**	**3,465**	**3,546**	**3,177**	**3,204**	**3,247**	**3,093**	**3,596**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	42.1%	37.3%	37.9%	38.5%	36.8%	34.6%	36.1%	41.8%	37.3%	33.6%	34.4%	39.6%
% 4-12 Hrs	49.5%	51.2%	48.8%	46.2%	47.8%	47.7%	46.1%	43.8%	44.0%	45.3%	44.5%	40.8%
% 12 Hrs+	8.3%	11.5%	13.2%	15.3%	15.4%	17.7%	17.8%	14.4%	18.7%	21.1%	21.1%	19.6%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

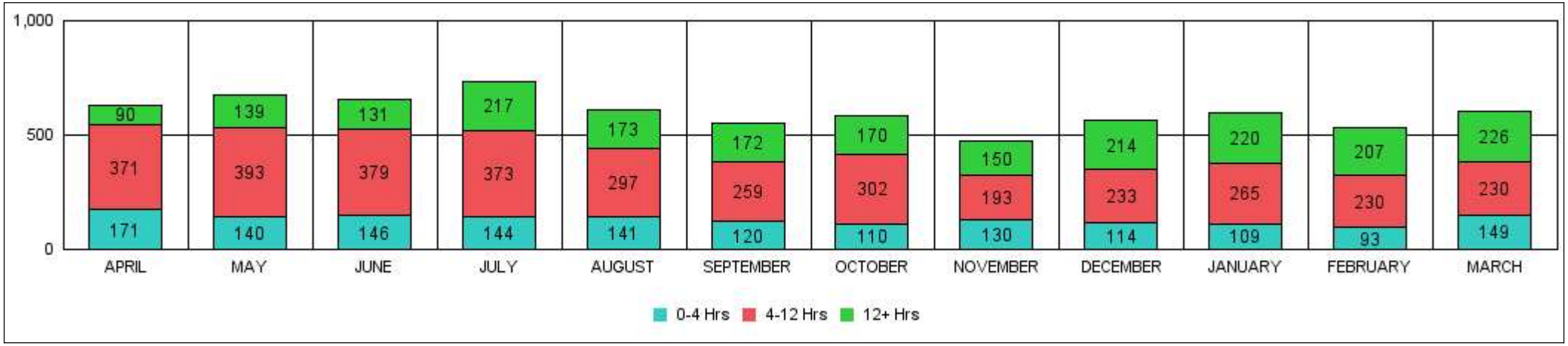
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Craigavon Area Hospital - Emergency Care Department (Type 1) **AGE BAND 65-74 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	171	140	146	144	141	120	110	130	114	109	93	149
4-12 Hrs	371	393	379	373	297	259	302	193	233	265	230	230
12+ Hrs	90	139	131	217	173	172	170	150	214	220	207	226
Total	**632**	**672**	**656**	**734**	**611**	**551**	**582**	**473**	**561**	**594**	**530**	**605**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	27.1%	20.8%	22.3%	19.6%	23.1%	21.8%	18.9%	27.5%	20.3%	18.4%	17.5%	24.6%
% 4-12 Hrs	58.7%	58.5%	57.8%	50.8%	48.6%	47.0%	51.9%	40.8%	41.5%	44.6%	43.4%	38.0%
% 12 Hrs+	14.2%	20.7%	20.0%	29.6%	28.3%	31.2%	29.2%	31.7%	38.1%	37.0%	39.1%	37.4%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

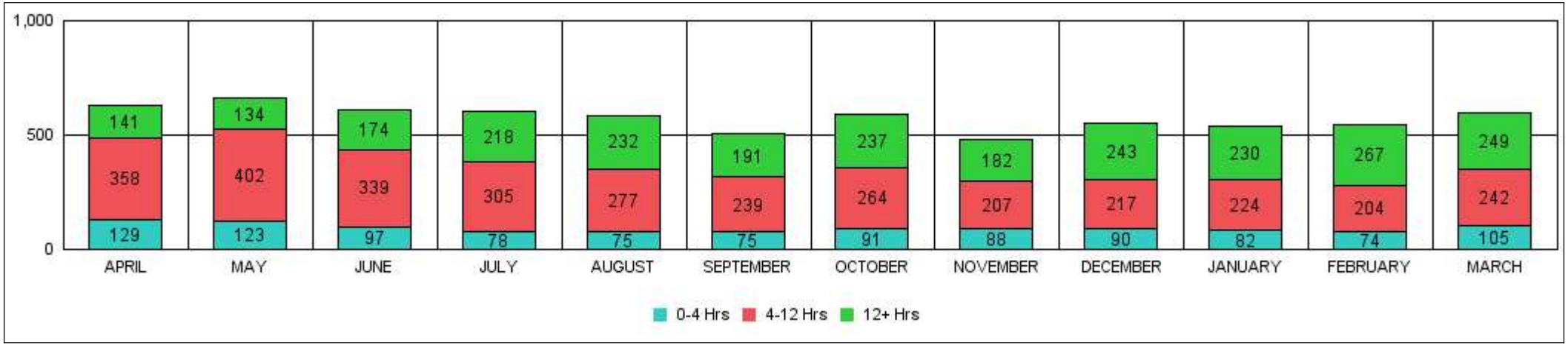
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Craigavon Area Hospital - Emergency Care Department (Type 1) **AGE BAND 75-84 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	129	123	97	78	75	75	91	88	90	82	74	105
4-12 Hrs	358	402	339	305	277	239	264	207	217	224	204	242
12+ Hrs	141	134	174	218	232	191	237	182	243	230	267	249
Total	**628**	**659**	**610**	**601**	**584**	**505**	**592**	**477**	**550**	**536**	**545**	**596**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	20.5%	18.7%	15.9%	13.0%	12.8%	14.9%	15.4%	18.4%	16.4%	15.3%	13.6%	17.6%
% 4-12 Hrs	57.0%	61.0%	55.6%	50.7%	47.4%	47.3%	44.6%	43.4%	39.5%	41.8%	37.4%	40.6%
% 12 Hrs+	22.5%	20.3%	28.5%	36.3%	39.7%	37.8%	40.0%	38.2%	44.2%	42.9%	49.0%	41.8%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

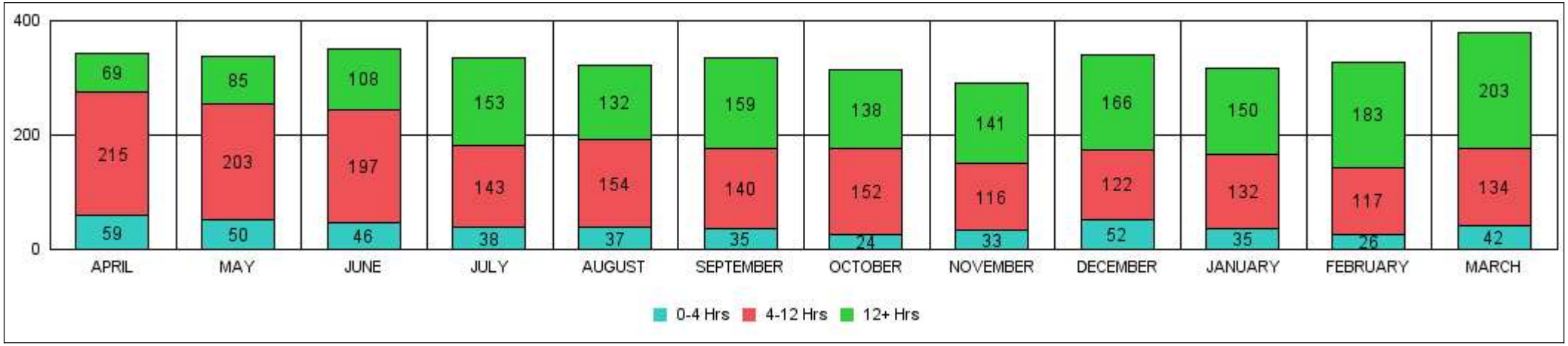
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Craigavon Area Hospital - Emergency Care Department (Type 1) **AGE BAND 85+ YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	59	50	46	38	37	35	24	33	52	35	26	42
4-12 Hrs	215	203	197	143	154	140	152	116	122	132	117	134
12+ Hrs	69	85	108	153	132	159	138	141	166	150	183	203
Total	**343**	**338**	**351**	**334**	**323**	**334**	**314**	**290**	**340**	**317**	**326**	**379**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	17.2%	14.8%	13.1%	11.4%	11.5%	10.5%	7.6%	11.4%	15.3%	11.0%	8.0%	11.1%
% 4-12 Hrs	62.7%	60.1%	56.1%	42.8%	47.7%	41.9%	48.4%	40.0%	35.9%	41.6%	35.9%	35.4%
% 12 Hrs+	20.1%	25.1%	30.8%	45.8%	40.9%	47.6%	43.9%	48.6%	48.8%	47.3%	56.1%	53.6%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

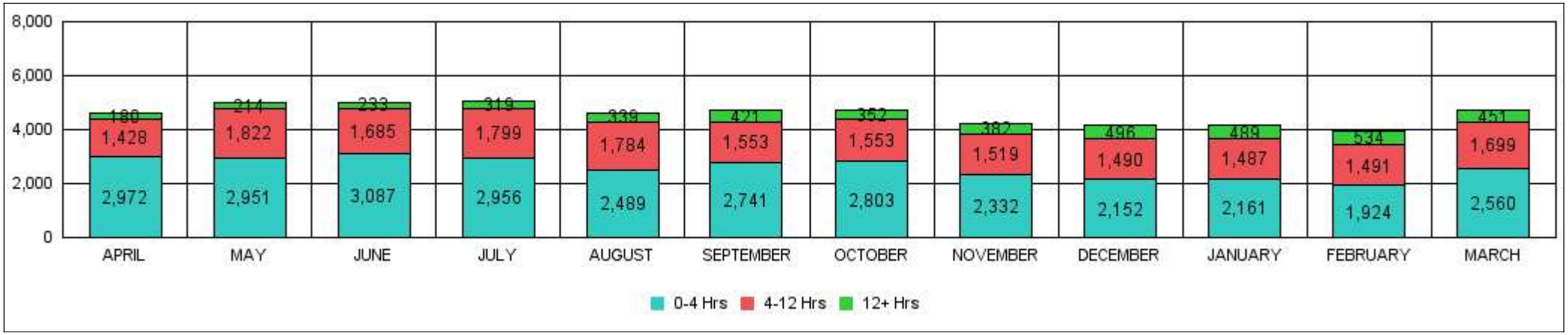
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Daisy Hill Hospital - Emergency Care Department (Type 1) (All Ages)

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/202 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	2,972	2,951	3,087	2,956	2,489	2,741	2,803	2,332	2,152	2,161	1,924	2,560
4-12 Hrs	1,428	1,822	1,685	1,799	1,784	1,553	1,553	1,519	1,490	1,487	1,491	1,699
12+ Hrs	180	214	233	319	339	421	352	382	496	489	534	451
Total	**4,580**	**4,987**	**5,005**	**5,074**	**4,612**	**4,715**	**4,708**	**4,233**	**4,138**	**4,137**	**3,949**	**4,710**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	64.9%	59.2%	61.7%	58.3%	54.0%	58.1%	59.5%	55.1%	52.0%	52.2%	48.7%	54.4%
% 4-12 Hrs	31.2%	36.5%	33.7%	35.5%	38.7%	32.9%	33.0%	35.9%	36.0%	35.9%	37.8%	36.1%
% 12 Hrs+	3.9%	4.3%	4.7%	6.3%	7.4%	8.9%	7.5%	9.0%	12.0%	11.8%	13.5%	9.6%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

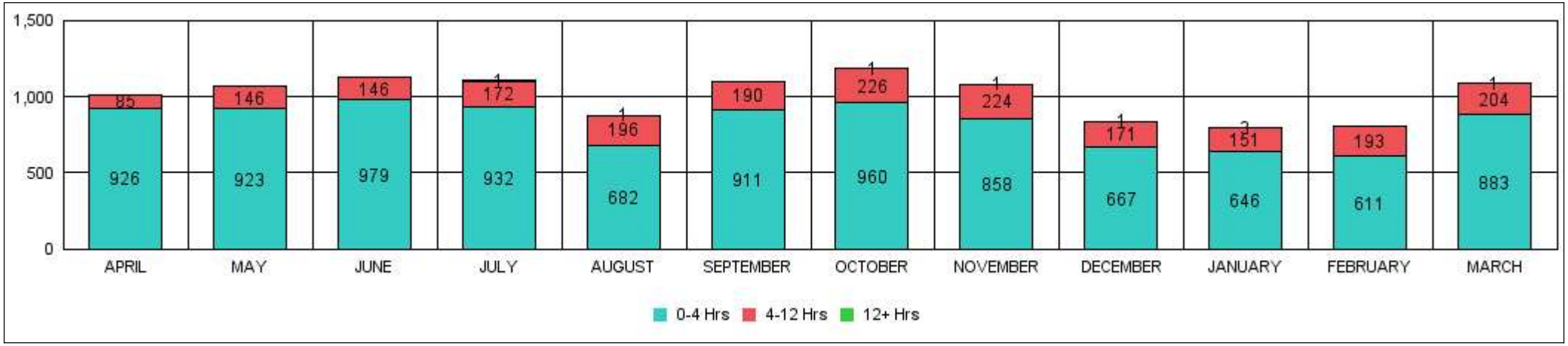
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Daisy Hill Hospital - Emergency Care Department (Type 1) **AGE BAND 0-15 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	926	923	979	932	682	911	960	858	667	646	611	883
4-12 Hrs	85	146	146	172	196	190	226	224	171	151	193	204
12+ Hrs	0	0	0	1	1	0	1	1	1	3	0	1
Total	**1,011**	**1,069**	**1,125**	**1,105**	**879**	**1,101**	**1,187**	**1,083**	**839**	**800**	**804**	**1,088**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	91.6%	86.3%	87.0%	84.3%	77.6%	82.7%	80.9%	79.2%	79.5%	80.8%	76.0%	81.2%
% 4-12 Hrs	8.4%	13.7%	13.0%	15.6%	22.3%	17.3%	19.0%	20.7%	20.4%	18.9%	24.0%	18.8%
% 12 Hrs+	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.4%	0.0%	0.1%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

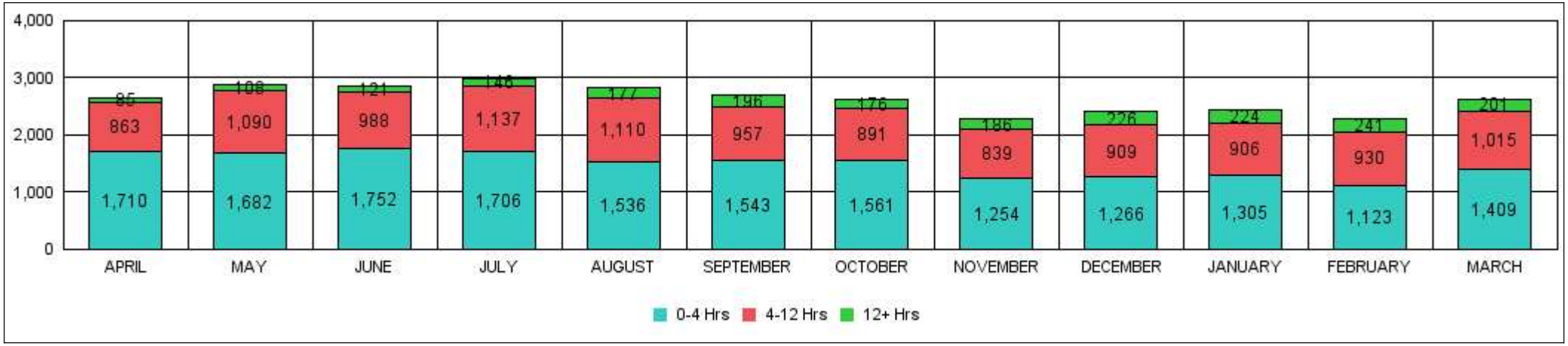
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Daisy Hill Hospital - Emergency Care Department (Type 1) **AGE BAND 16-64 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	1,710	1,682	1,752	1,706	1,536	1,543	1,561	1,254	1,266	1,305	1,123	1,409
4-12 Hrs	863	1,090	988	1,137	1,110	957	891	839	909	906	930	1,015
12+ Hrs	85	108	121	146	177	196	176	186	226	224	241	201
Total	**2,658**	**2,880**	**2,861**	**2,989**	**2,823**	**2,696**	**2,628**	**2,279**	**2,401**	**2,435**	**2,294**	**2,625**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	64.3%	58.4%	61.2%	57.1%	54.4%	57.2%	59.4%	55.0%	52.7%	53.6%	49.0%	53.7%
% 4-12 Hrs	32.5%	37.8%	34.5%	38.0%	39.3%	35.5%	33.9%	36.8%	37.9%	37.2%	40.5%	38.7%
% 12 Hrs+	3.2%	3.8%	4.2%	4.9%	6.3%	7.3%	6.7%	8.2%	9.4%	9.2%	10.5%	7.7%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

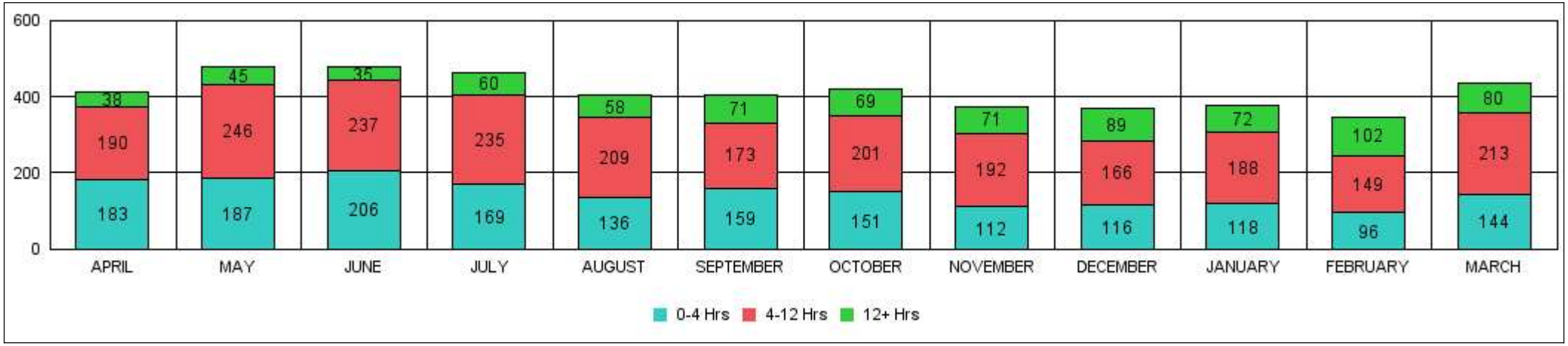
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Daisy Hill Hospital - Emergency Care Department (Type 1) **AGE BAND 65-74 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	183	187	206	169	136	159	151	112	116	118	96	144
4-12 Hrs	190	246	237	235	209	173	201	192	166	188	149	213
12+ Hrs	38	45	35	60	58	71	69	71	89	72	102	80
Total	**411**	**478**	**478**	**464**	**403**	**403**	**421**	**375**	**371**	**378**	**347**	**437**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	44.5%	39.1%	43.1%	36.4%	33.7%	39.5%	35.9%	29.9%	31.3%	31.2%	27.7%	33.0%
% 4-12 Hrs	46.2%	51.5%	49.6%	50.6%	51.9%	42.9%	47.7%	51.2%	44.7%	49.7%	42.9%	48.7%
% 12 Hrs+	9.2%	9.4%	7.3%	12.9%	14.4%	17.6%	16.4%	18.9%	24.0%	19.0%	29.4%	18.3%

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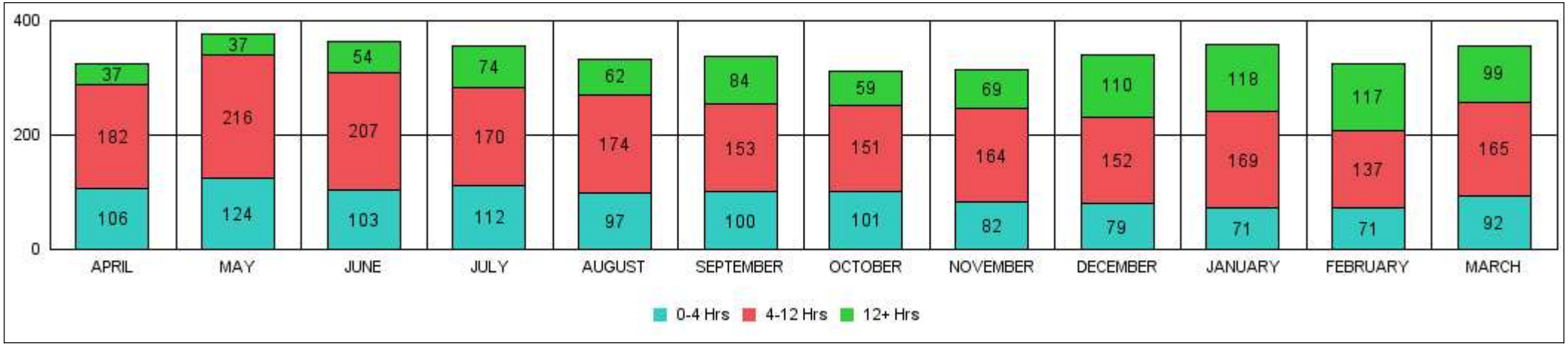
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Daisy Hill Hospital - Emergency Care Department (Type 1) **AGE BAND 75-84 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	106	124	103	112	97	100	101	82	79	71	71	92
4-12 Hrs	182	216	207	170	174	153	151	164	152	169	137	165
12+ Hrs	37	37	54	74	62	84	59	69	110	118	117	99
Total	**325**	**377**	**364**	**356**	**333**	**337**	**311**	**315**	**341**	**358**	**325**	**356**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	32.6%	32.9%	28.3%	31.5%	29.1%	29.7%	32.5%	26.0%	23.2%	19.8%	21.8%	25.8%
% 4-12 Hrs	56.0%	57.3%	56.9%	47.8%	52.3%	45.4%	48.6%	52.1%	44.6%	47.2%	42.2%	46.3%
% 12 Hrs+	11.4%	9.8%	14.8%	20.8%	18.6%	24.9%	19.0%	21.9%	32.3%	33.0%	36.0%	27.8%

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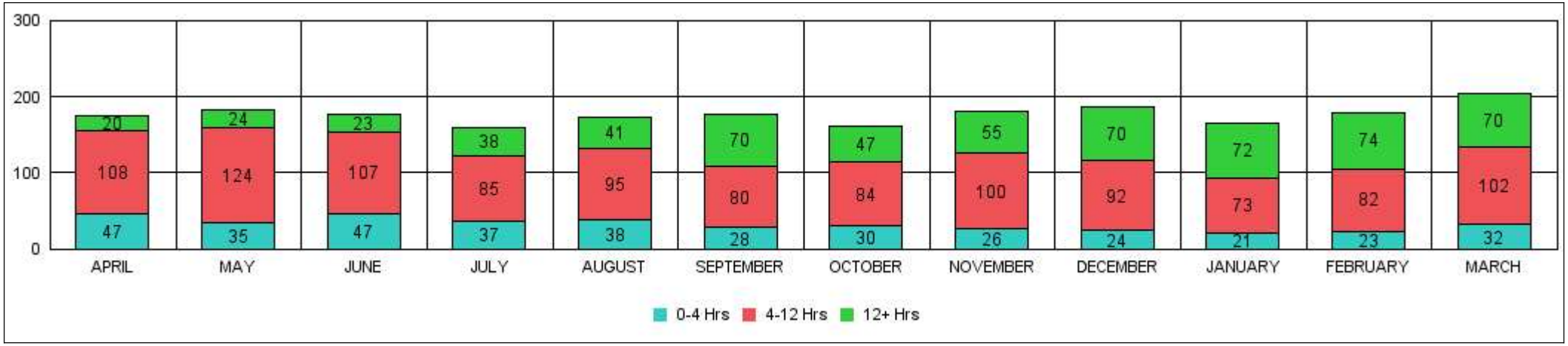
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Daisy Hill Hospital - Emergency Care Department (Type 1) **AGE BAND 85+ YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	47	35	47	37	38	28	30	26	24	21	23	32
4-12 Hrs	108	124	107	85	95	80	84	100	92	73	82	102
12+ Hrs	20	24	23	38	41	70	47	55	70	72	74	70
Total	175	183	177	160	174	178	161	181	186	166	179	204

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	26.9%	19.1%	26.6%	23.1%	21.8%	15.7%	18.6%	14.4%	12.9%	12.7%	12.8%	15.7%
% 4-12 Hrs	61.7%	67.8%	60.5%	53.1%	54.6%	44.9%	52.2%	55.2%	49.5%	44.0%	45.8%	50.0%
% 12 Hrs+	11.4%	13.1%	13.0%	23.8%	23.6%	39.3%	29.2%	30.4%	37.6%	43.4%	41.3%	34.3%

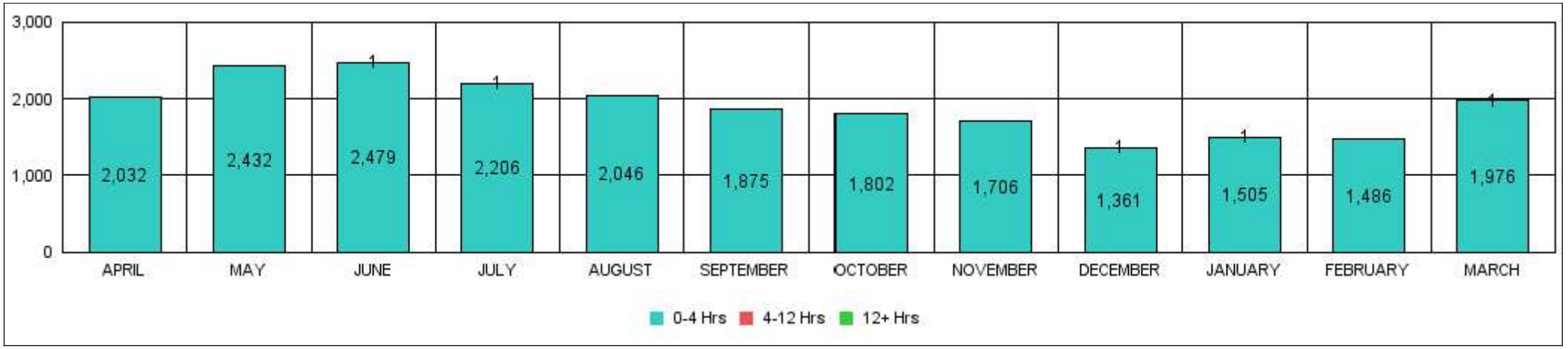
Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

SOUTHERN HEALTH AND SOCIAL CARE TRUST

South Tyrone Hospital - Minor Injuires Unit (Type 3) (All Ages)

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	2,032	2,432	2,479	2,206	2,046	1,875	1,802	1,706	1,361	1,505	1,486	1,976
4-12 Hrs	0	0	1	1	0	0	0	0	1	1	0	1
12+ Hrs	0	0	0	0	0	0	0	0	0	0	0	0
Total	**2,032**	**2,432**	**2,480**	**2,207**	**2,046**	**1,875**	**1,802**	**1,706**	**1,362**	**1,506**	**1,486**	**1,977**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	100.0%	99.9%
% 4-12 Hrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%
% 12 Hrs+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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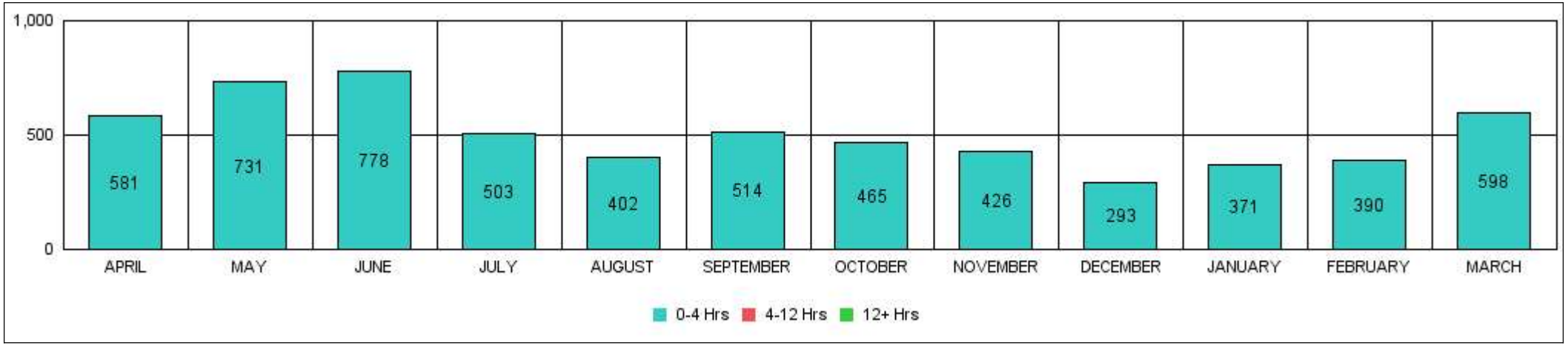
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

South Tyrone Hospital - Emergency Care Department (Type 1) **AGE BAND 0-15 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	581	731	778	503	402	514	465	426	293	371	390	598
4-12 Hrs	0	0	0	0	0	0	0	0	0	0	0	0
12+ Hrs	0	0	0	0	0	0	0	0	0	0	0	0
Total	**581**	**731**	**778**	**503**	**402**	**514**	**465**	**426**	**293**	**371**	**390**	**598**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% 4-12 Hrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% 12 Hrs+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

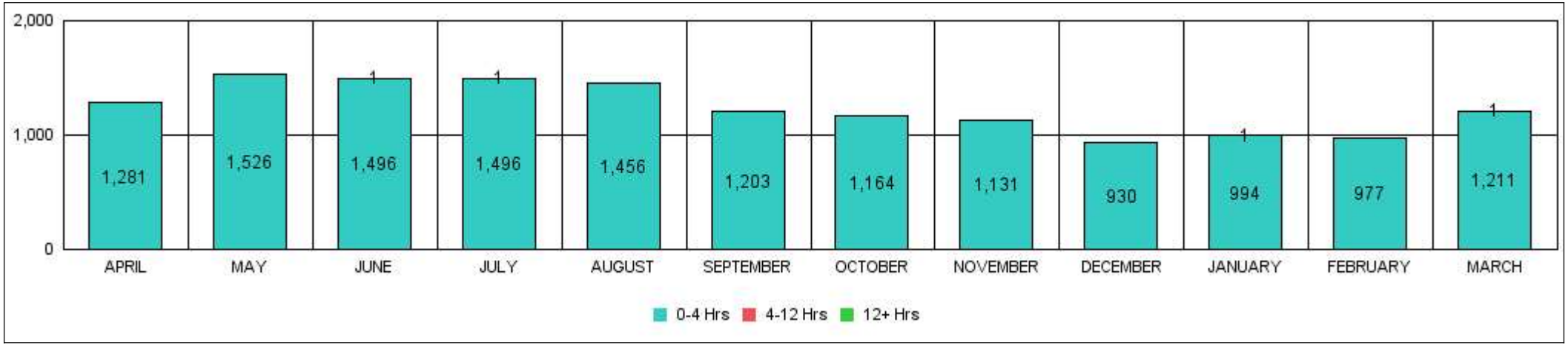
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

South Tyrone Hospital - Emergency Care Department (Type 1) **AGE BAND 16-64 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	1,281	1,526	1,496	1,496	1,456	1,203	1,164	1,131	930	994	977	1,211
4-12 Hrs	0	0	1	1	0	0	0	0	0	1	0	1
12+ Hrs	0	0	0	0	0	0	0	0	0	0	0	0
Total	**1,281**	**1,526**	**1,497**	**1,497**	**1,456**	**1,203**	**1,164**	**1,131**	**930**	**995**	**977**	**1,212**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	100.0%	100.0%	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	99.9%
% 4-12 Hrs	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%
% 12 Hrs+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

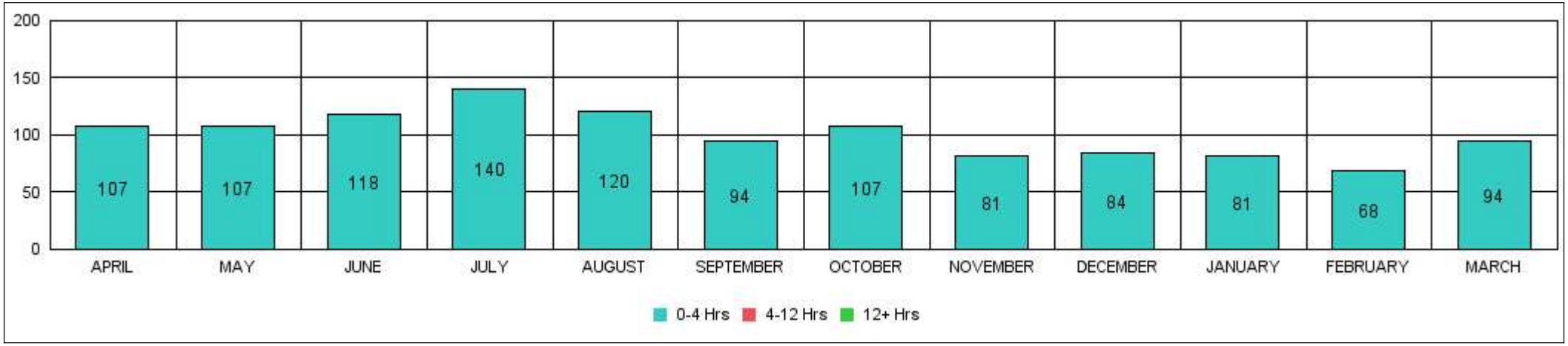
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

South Tyrone Hospital - Emergency Care Department (Type 1) **AGE BAND 65-74 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	107	107	118	140	120	94	107	81	84	81	68	94
4-12 Hrs	0	0	0	0	0	0	0	0	0	0	0	0
12+ Hrs	0	0	0	0	0	0	0	0	0	0	0	0
Total	**107**	**107**	**118**	**140**	**120**	**94**	**107**	**81**	**84**	**81**	**68**	**94**

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% 4-12 Hrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% 12 Hrs+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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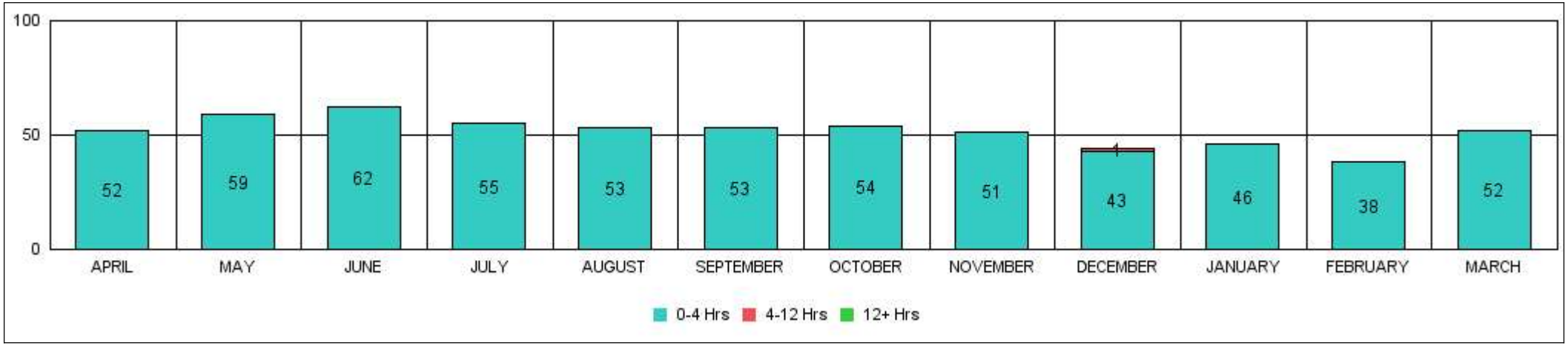
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

South Tyrone Hospital - Emergency Care Department (Type 1) **AGE BAND 75-84 YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	52	59	62	55	53	53	54	51	43	46	38	52
4-12 Hrs	0	0	0	0	0	0	0	0	1	0	0	0
12+ Hrs	0	0	0	0	0	0	0	0	0	0	0	0
Total	52	59	62	55	53	53	54	51	44	46	38	52

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	100.0%	100.0%	100.0%
% 4-12 Hrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%
% 12 Hrs+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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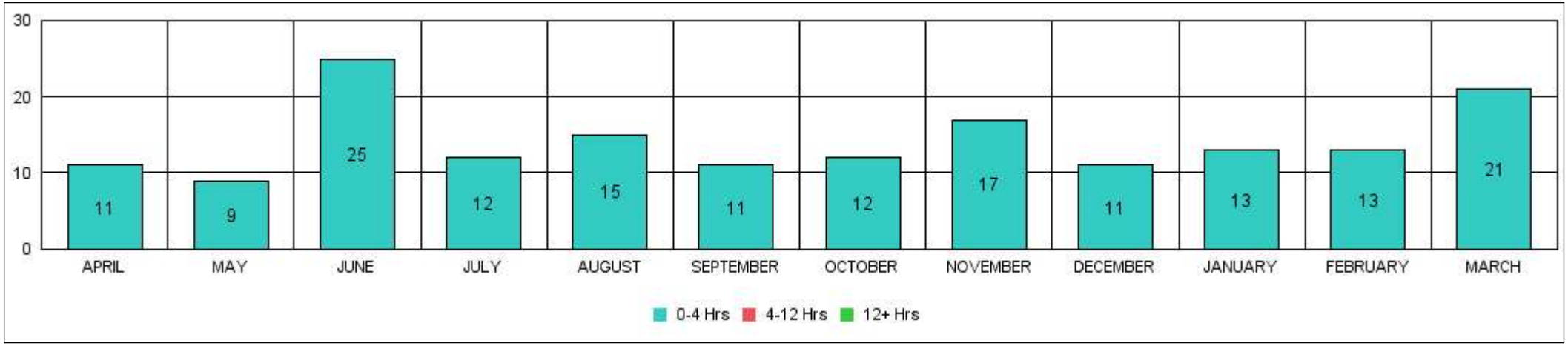
ACCIDENT AND EMERGENCY UNIVERSE, RUN DAT 22/04/2022

SOUTHERN HEALTH AND SOCIAL CARE TRUST

South Tyrone Hospital - Emergency Care Department (Type 1) **AGE BAND 85+ YEARS**

Monthly Trend Analysis of 4 Hour and 12 Hour Target

01/04/2021 AND 31/03/2022



MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
0-4 Hrs	11	9	25	12	15	11	12	17	11	13	13	21
4-12 Hrs	0	0	0	0	0	0	0	0	0	0	0	0
12+ Hrs	0	0	0	0	0	0	0	0	0	0	0	0
Total	11	9	25	12	15	11	12	17	11	13	13	21

MTH	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
% 0-4 Hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% 4-12 Hrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% 12 Hrs+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Produced by Directorate of Performance and Reform, Informatics Division, Information Team (Acute)

Southern Health and Social Care Trust

Deputy and Divisional Medical Directors Meeting

Friday 6th May 2022 4pm - 5:30pm

Zoom
https://southerntrust-hscni.zoom.us/j/81797097939?pwd=QU94d0ZXZFpad3FmU1YzUkN4d0E3UT09

AGENDA

1. Apologies – Seamus Murphy

2. *NICE Clinical Guideline NG197 - Shared decision making* – Group discussion

20220506_SHSCT
Draft statement of r

3. Clinical Audit Presentation- Fiona Davidson/ Stephen Wallace

4. Developing Medical Leadership within the Southern Trust.

5. 1:1 Divisional Medical Director Updates
   - 5.1. Cancer and Clinical Services – Dr S Tariq
   - 5.2. Emergency Medicine & Unscheduled Care – Dr G Hampton
   - 5.3. Medicine (Governance) – Dr P Murphy
   - 5.4. Medicine (Workforce) – Dr S Murphy
   - 5.5. Surgery & Elective Care – Mr T McNaboe
   - 5.6. Urology – Mr M Haynes
   - 5.7. Anaesthetics, Theatres & ICU – Dr R McKee
   - 5.8. Mental Health & Learning Disability – Dr P McMahon
   - 5.9. Children & Young People's Services – Dr A McGovern
   - 5.10. Integrated Maternity & Women's Health - Dr B Adams
   - 5.11. Primary Care –Dr Rose McCullagh
   - 5.12. OPPC – Dr P McCaffrey
   - 5.13. Medical Education & Training – Dr A Diamond
   - 5.10 Research – Dr P Sharpe

6. AOB

Next Meetings / Dates for your Diary:
Friday 20th May, 4pm-5:30pm.

Southern Health and Social Care Trust

Quality Care - for you, with you

SHSCT Draft statement of response (03/05/2022) for discussion / approval at DivAMD meeting held on 06/05/2022

Thank you for the opportunity to be a part of the regional consultation process relating to NICE NG 197 Shared Decision Making, and in particular, seeking the Trust's position relation to recommendation 1.2.20

"When writing clinical letters after a discussion, write them to the patient rather than to their healthcare professional, in line with Academy of Medical Royal Colleges' guidance on writing outpatient clinic letters to patients. Send a copy of the letter to the patient (unless they say they do not want a copy) and to the relevant healthcare professional."

The requirements outlined in recommendation 1.2.20 have been discussed at corporate SMT, Divisional Medical Directors forum and the Senior Nursing, Midwifery and AHP forum. The general consensus is that this recommendation upholds best practice principles that should be embedded across the Trust system.

Discussions with the clinical teams has evidenced that this recommendation is already met within some specialities. The Surgeons are particularly adherent to this process and write to the referrer (mainly the GP) and copy the patient into their correspondence. However, this would not always be the standard practice.

It is agreed that whilst the communication process outlined in this recommendation is the right thing to do, processes would need to be established within the system to ensure that a standardised / consistent approach is in place across the MDT and monitoring arrangements are in place to ensure this is the case.

Whilst the new regional Encompass system will provide an electronic solution to allow recommendation 1.2.20 to be met from an electronic systems perspective, the timescales for this system being in place are still some time away. Interim solutions will therefore need to be agreed with one potential concern / barrier to full implementation being the potential increase in administrative activity which, given the limited resource already within the system this could potentially impact on timely issue of letters to patients.

However the Trust is supportive of a decision by the DoH to fully endorse the guidance (including recommendation 1.2.20) for implementation across the HSC

Southern Health and Social Care Trust

Deputy and Divisional Medical Director's Meeting

Friday 6th May, 4.00pm via Zoom.

Present	Apologies
Maria O'Kane (Chair), Aisling Diamond, Damian Scullion, Damian Gormley, Fiona Davidson, Rose McCullagh, Ted McNaboe, Shahid Tariq, Anna McGovern, Stephen Wallace, Patricia McCaffrey, Peter Sharpe, James King (minutes).	Seamus Murphy, Philip Murphy, Raymond McKee,

Items	Actions
1. *NICE Clinical Guideline NG197 - Shared decision making* – Group discussion 20220506_SHSCT Draft statement of r It has been proposed to now write to patients and cc'ing the GP in to the email as opposed to emailing the GP separately. Rose wants to ensure that patients can understand the email, and this will change the nature of the letter. Rose says that there are very few reasons that GP needs to know more than the patients need to know. A discharge letter addressed to a patient would also have a GP stated. However, in cases of bad news, it would be expected that the patient has been told or at least contacted before a GP is included in the email. Patients in England also have access to all their notes online, certain patients would maybe have chronic disease issues and they would be given a copy of their letters. Aisling shares concerns about increased admin time. Anna also is concerned about the arbitrary nature of a letter and issues that may rise with a patient having their confidential information in their house. Anna shares that most letters are usually written with the idea that a patient would view the letter, meaning that the language would not suffer much of a change. Rose believes that in a lot of cases a GP may not know the majority of the details included in the letter, so if a patient were to enquire then they would also not be able to divulge any further information.	
2. Clinical Audit Presentation- Fiona Davidson/ Stephen Wallace Clinical audit strategy V0.4_d... Fiona presents a PowerPoint on Strengthening the Clinical Audit function. Anna commends the framework to help move forward with strengthening Clinical Audit. Pat notes that the stroke audit scores have gotten progressively worse, and is asking that if audits do get worse that there is an action plan to take the results seriously.	
3. Developing medical leadership within the Southern Trust In the process of organising appraiser training, Damian encourages younger colleagues to apply for this.	
4. Divisional Medical Director Updates 5.10 Surgery & Elective Care – Mr T McNaboe General consensus is the strengthening of allied healthcare colleagues as this enables lots to be managed without coming to clinics. There is an amassed shortage of audiology staff. Also a shortage of speech and language therapists. Overall an increased	

Southern Health and Social Care Trust

demand that could be assorted before it reaches Ted's team. Physiotherapy strengthening would also help with these issues. Speaking of increasing red flags regarding breast services. Staff unable to cope with breast referrals. Difficulties with urology currently due to the inquiry. Maria will sit with Lesley Leeman to discuss data. 5.11 Children & Young People's Services – Dr A McGovern Priority is to complete governance in order, looking at workforce and trying to get permanent staff in with less reliance on locums. 5.12 Primary Care –Dr Rose McCullagh Rose shares concerns over lack of understanding of what the GP contract is. Rose is working on the Phlebotomy service for Newry. Rose and Maria agree that this service could be used more in the Trust. Rose and Maria to discuss this at the GP interface meeting in a few weeks. Rose also working on the recommission of the EMA service. Maria suggests Rose speaks to Barney around the phlebotomy service, 5.13 OPPC – Dr P McCaffrey Concerns about staffing in the stroke unit, few unpleasant incidents due to this. Concerns over patients not getting their full potential for rehabilitation delivered. Patricia believes that this would enable better job satisfaction for staff if this was delivered. Patricia is working with Catherine Sheeran and Patricia Loughran to propose that a model and extension of acute care at home and an interface working with ED 5.14 Research – Dr P Sharpe Presenting annual report at trust governance committee on Thursday morning.	
AOB • Secured funding gained for medical funding in the encompass programme. Advertising for MIO's soon. Will be 0.5 PA job. ENT group met yesterday around encompass. Chair was appointed to take this forward. • Maria attended meeting on medical staff pension taxation- talking about the fact that recycling of pension contributions is that not many in Scotland or Wales have taken up on this. They are saying that they are going to increase the level of education around this so that there is better understanding, Wales and Scotland have tested out the calculator that BMA developed and they are finding flaws. They are both making their own to iron out the glitches with it- will be developed within 6-8 weeks.	
• **Date of next meeting: Friday 20th May 2022, 4:00pm via Zoom.**	

Southern Health and Social Care Trust

Quality Care - for you, with you

SHSCT Draft statement of response (03/05/2022) for discussion / approval at DivAMD meeting held on 06/05/2022

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"When writing clinical letters after a discussion, write them to the patient rather than to their healthcare professional, in line with Academy of Medical Royal Colleges' guidance on writing outpatient clinic letters to patients. Send a copy of the letter to the patient (unless they say they do not want a copy) and to the relevant healthcare professional."

The requirements outlined in recommendation 1.2.20 have been discussed at corporate SMT, Divisional Medical Directors forum and the Senior Nursing, Midwifery and AHP forum. The general consensus is that this recommendation upholds best practice principles that should be embedded across the Trust system.

Discussions with the clinical teams has evidenced that this recommendation is already met within some specialities. The Surgeons are particularly adherent to this process and write to the referrer (mainly the GP) and copy the patient into their correspondence. However, this would not always be the standard practice.

It is agreed that whilst the communication process outlined in this recommendation is the right thing to do, processes would need to be established within the system to ensure that a standardised / consistent approach is in place across the MDT and monitoring arrangements are in place to ensure this is the case.

Whilst the new regional Encompass system will provide an electronic solution to allow recommendation 1.2.20 to be met from an electronic systems perspective, the timescales for this system being in place are still some time away. Interim solutions will therefore need to be agreed with one potential concern / barrier to full implementation being the potential increase in administrative activity which, given the limited resource already within the system this could potentially impact on timely issue of letters to patients.

However the Trust is supportive of a decision by the DoH to fully endorse the guidance (including recommendation 1.2.20) for implementation across the HSC

Southern Health and Social Care Trust

Quality Care - for you, with you

SHSCT Clinical Audit Strategy

2022 - 2024

Draft V0.4 - March 2022

This document describes how SHSCT will implement it's clinical audit policy and increase the impact of clinical audit on the provision of safe, high quality care.

Working together Excellence Openness & Honesty Compassion

Table of Contents

Executive Statement

The Southern Health & Social Care Trust remains committed to delivering effective clinical audit in all the services it provides. The Trust sees clinical audit as essential to its ability to continually evolve, develop and maintain high quality patient and service user centred services.

When carried out in accordance with best practice standards, clinical audit:

- ✓ Provides assurance of compliance with clinical standards
- ✓ Identifies and minimises risk, waste and inefficiencies
- ✓ Improves quality of care and patient outcomes

The Trust is committed to ensuring that clinical audit delivers these benefits, and has developed a policy on the governance and practice of clinical audit, which applies to all staff (see draft clinical audit policy).

Achieving the objectives set out in this 2022 – 2024 strategy will ensure that the Trust policy is implemented and effective, resulting in sustained improvements and directly contributing to the Trust Vision of ‘quality care – for you, with you’.

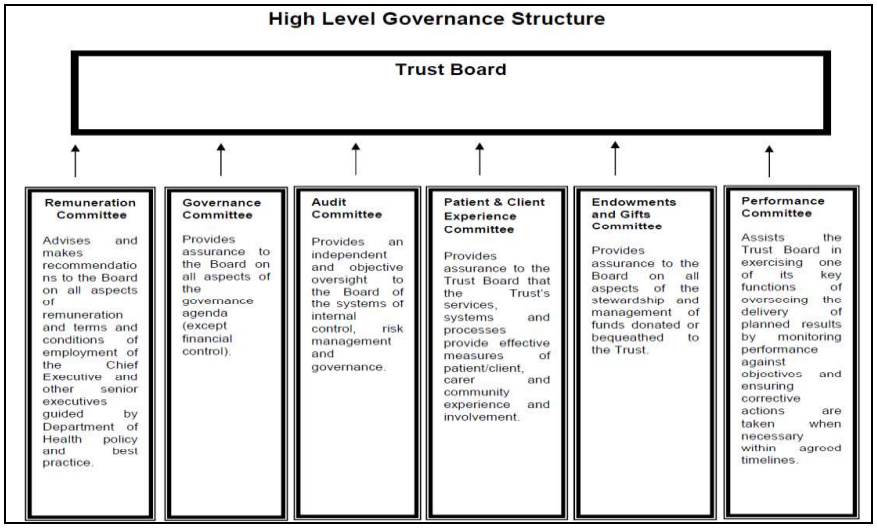
It is expected this three year clinical audit strategy, in line with the Trust’s wider clinical and social care governance and corporate assurance mechanisms, will inform and enhance the process of learning and improving services.

Dr Maria O’Kane
Medical Director
March 2022

1.0 Organisational Context - Governance and Assurance Structures

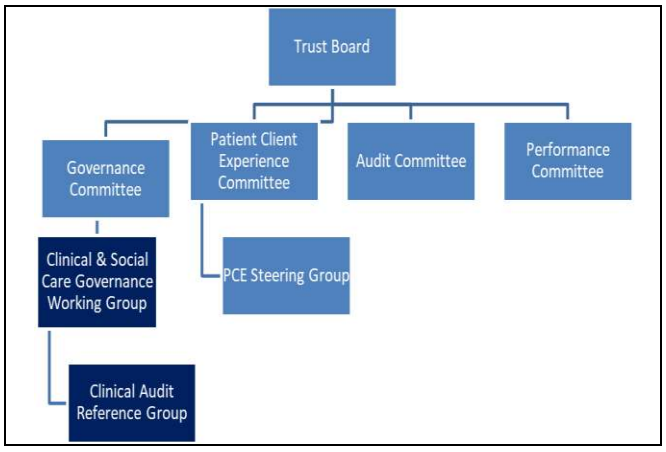
1.1 The role of clinical audit as a tool for **corporate assurance** sits within the: **Board Assurance framework**[1]**(June 2021)** where clinical audit has a key role to play across the three lines of defence at departmental, organisational oversight and independent external review levels. These three lines of defence provide assurance to Trust Board on the quality and safety of care. This assurance is provided through the Committee structure to Trust Board, primarily through the Governance Committee.

Figure 1 - High Level Governance Structure



The Medical Director as Executive Director with responsibility for Clinical and Social Care Governance sits on and reports to this committee along with other members of the Senior Management Team via quarterly meeting and reporting schedules. The reporting schedule provides information and assurance to support decision-making and effective operation of the Trust at all levels. In reviewing the Governance Committee sub structure a new CSCG working group[2] (see Fig 1) is being established and a proposed **Clinical Audit Reference Group** will be one of 18 groups which will report to it.

Figure 2 - Proposed Trust Governance Structure



1.2 The role of clinical audit as a tool for **corporate governance** sits within the:

[1] Pages 6 & 7

[2] Title to be agreed

Integrated Governance Framework (2017/18 – 2020/2021). This framework incorporates arrangements for delivering clinical and social care governance, through which HSC organisations are accountable for continually improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in care will flourish[3].

The integrated governance framework (ICF) designates the Medical Director as the Executive Director with responsibility for strategic leadership for risk management and clinical and social care governance. This includes the development of the strategic approach to patient client safety initiatives, patient client liaison (management of complaints and users views), litigation, **effectiveness and evaluation** (this includes standards, guidelines and **audit**) and risk management.

These corporate frameworks ensure SHSCT position's it's clinical audit function to assist meeting it's statutory, mandatory requirements for providing safe and effective care[4]. These 2006 Quality Standards and Quality 2020[5], require all HSC organisations to have in place a comprehensive programme of evidence based practice, research, evaluation and quality improvement activities that includes healthcare professionals participating in regular clinical audit. This is reported on annually in the SHSCT Annual Quality Report.

1.3 The choice of national, regional and local clinical audit topics is central to supporting these key aspects of governance and quality reporting and in developing an annual clinical audit work programme that considers:

a) Clinical effectiveness: examining clinical outcomes and making improvements

b) Evidence-based practice: ensuring practice is based on current research findings

c) Clinical risk management/patient safety: auditing in response to concerns highlighted proactively by risk assessment and reactively by adverse incidents

d) Complaints and other forms of patient feedback: auditing in response to themes arising

e) Service improvement: involving transformation teams in discussions about clinical audit topic choice

f) Regulation: ensuring requirements such as the fundamental standards of the RQIA are being met.

1.4 Clinical audit also has role in supporting professional and other corporate governance functions:

a) Consultant appraisal, revalidation, and health professional registration: enabling clinicians to comply with their professional codes of conduct

b) Information governance: ensuring that clinical audit activity meets the requirements of information governance legislation

[3] A First Class Service, DOH 1998

[4] The Quality Standards for Health & Social Care, Supporting Good Governance and Best Practice in the HPSS (2006)

[5] Quality 2020 - a ten year strategy to protect and improve quality in health and social care in Northern Ireland (Nov 2011)

c) Patient and public involvement (PPI): ensuring that service user voices are central from planning to delivery, using insightful methods of listening and working in co-production with patients, families and carers to improve outcomes

d) National recommendations and guidance: issued by national bodies such as the National Institute for Health and Care Excellence (NICE), the Clinical Outcomes Review Programme (CORP – covering National Confidential Enquiries and Inquiries), National Clinical Audit and Patient Outcomes Programme (NCAPOP), and national service reviews

e) National Service Frameworks: defining standards of care, e.g. for cancer, coronary heart disease, chronic obstructive pulmonary disease, diabetes, kidney disease, long-term conditions, mental health, old age, and stroke care

f) Litigation Services: clinical audit used to assure that care processes have improved.

g) Research and development: mutually supportive of clinical audit

h) Service evaluation: clinical audit may form a part of service evaluation projects

i) Statements of Internal Control: clinical audit's contribution to the process by which an organisation gains assurances about the quality of its services and the effective management of risk.

1.5 This second SHSCT clinical audit strategy seeks to build on the work of the 2018 strategy, specifically addressing areas where the clinical audit function requires strengthening in providing a common framework for delivery across the whole organisation. This to ensure that the clinical audit activity delivered in each Directorate, Division or Service area:

- follows best practice guidance,
- is rigorous and adequately supported and resourced and the
- outcomes are utilised robustly to inform assurance processes as the foundation of our quality improvement efforts underpinning the Trust's Patient Safety and Quality Improvement Strategies.

1.6 The value of such a strategic audit approach across the organisation is realised within the clinical assurance process, when the improvements arising as result of audit recommendations are further measured and we demonstrate that improved practice has been sustained on an on-going basis.

2.0 Scope

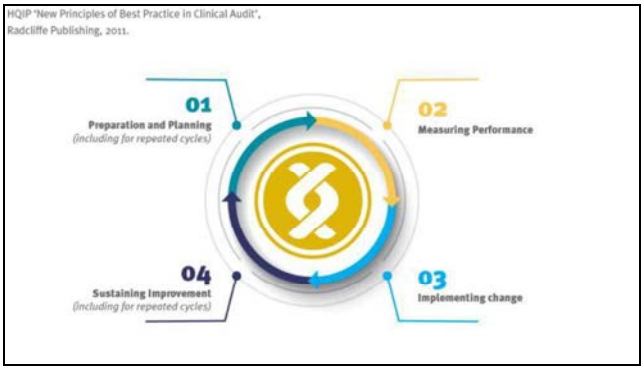
This strategy is intended to inform, support and apply to all staff working in the SHSCT who have an interest in and responsibility for contributing to and overseeing the development, direction and delivery of national, regional and local clinical audit activity. This will includes clinicians and practitioners, clinical audit & QI leads, corporate clinical audit team, Medical, Nursing, AHP and Social Work leaders, Governance Teams, Service Managers, Senior Management Team and Trust Board committees and reference groups. The clinical audit policy contains a full description of roles and responsibilities of those involved in clinical audit in SHSCT.

3.0 Definition of Clinical Audit

The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement. They are an independent organisation led by the Academy of Medical Royal Colleges, The Royal College of Nursing and National Voices and are acknowledged as the leading voice on clinical audit.

HQIP's definition of clinical audit is used, as follows:

"clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes"



4.0 Strategic Aim

The aim of this strategy is to use clinical audit[6] as a process to assure clinical quality at all levels of the organisation over the next three years. The strategy focuses on **creating a culture** that is **committed to learning** and **continuous organisational development** through **measurement of evidence-based practice** to deliver **demonstrable improvements** in patient care.

5.0 Objectives

5.1 SHSCT is committed to developing a number of areas of clinical audit practice throughout the lifetime of this three year strategy to achieve the strategic aim. The action plan contains objectives supported by actions that are **Specific, Measurable, Achievable, Relevant, Time-based, Evaluated, Resourced** (SMARTER).

5.2 Explicit SMARTER objectives covering aims for improving clinical audit practice are:

Strategic Aim 1 – Use clinical audit to assure clinical quality at all organisational levels

- To overcome barriers to healthcare staff participating in clinical audit
- To develop a partnership approach to clinical audit within directorates and supported corporately
- To ensure that staff have the necessary competency, support and time to participate in clinical audit

Strategic Aim 2 – Create a culture committed to learning and continuous organisational development

[6] Includes a range of health and social care professionals

- To link clinical audit to appraisal and revalidation
- To demonstrate and celebrate the benefits of clinical audit
- To ensure clinical audit activities are fully integrated with other quality improvement approaches and programmes

Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care

- To establish a robust system for reporting the outcomes of clinical audit activity
- To ensure that the Trust is fully compliant with the requirements of the National Clinical Audit and Patient Outcomes Programme (NCAPOP)
- To ensure organisational compliance with regulatory standards

6.0. Operational Action Plan (SMARTER Objectives)

Specific, Measurable, Achievable, Relevant, Time-bound, Evaluated and Resourced

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 1 - To use clinical audit to assure clinical quality at all organisational levels						
Objective 1. **To overcome barriers to health and social care staff participating in clinical audit**	**S** - Delivery of a stakeholder engagement exercise to identify 'as is' position across Acute / CYP / MHD / OPPC. **M** – No. Surveys Requested & No. of Responses **A** – Dependent on level of stakeholder engagement **R** – First stage in any QI process is understand the current system **T** – Outcome by 31/03/2022 **E** – Results analysed for RAG rating and what works well / requires improvement **R** – Conducted by Head of Service	Head of Clinical Audit	DMD – Improvement Group MDO – Governance SMT	Priority for response during sustained C19 pandemic period Low response rate Low confidence of resulting in change Variation in how directorates engage	Analysis of surveys responses how CA is embedded in directorates (RAG Status) Qualitative information on what is working well and areas of improvement required.	31 March 2022 Annual Monitoring

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 1 - To use clinical audit to assure clinical quality at all organisational levels						
Objective 2. **To develop a partnership approach to clinical audit**	**S** – Produce updated strategy and develop policy document, SoPs and annual programme **M** – High level documents produced, consulted, uploaded to SharePoint and disseminated. **A** – Drafting completed January 2022 for consultation and dissemination by March 2022 **R** – Updated governing documents required ensuring partnership roles and responsibilities and aims of clinical audit programme are clear and understood. **T** – Strategy completed by 30/06/2022 with supporting documents 30/09/2022 **E** – Documents will be consulted upon and agreed. **R** – Head of Clinical Audit	Head of Clinical Audit	DMD – Improvement Group MDO – Governance SMT	Integration with other Corporate documents e.g. - Patient safety Strategy - QI Strategy - People Strategy Engagement with consultation / feedback / comments	2nd Clinical Audit Strategy New Clinical Audit Policy and Procedures Manual Annual Audit Programme	30 June 2022 To lead to establishment of the Clinical Audit Reference Group

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 1 - To use clinical audit to assure clinical quality at all organisational levels						
Objective 3. **To ensure that staff have the necessary competency, support and time to participate in clinical audit**	**S** – To develop a resource plan that incorporates the staffing to deliver, to support the delivery, monitoring and reporting, as well as the training needed across the organisation. **M** – Staff identified, staff in post, roles identified, job planning, job descriptions, training plan and resources, corporate support and monitoring team. **A** – Phased approach to implementation dependent on funding, recruitment and training roll-out **R** – Progress monitoring across year 1, 2, and 3 **T** – Resource Plan submitted to SMT by 31/12/2021 **E** – External organisation resources used as benchmark **R** – Head of Clinical Audit	Head of Clinical Audit Head of Patient Safety Data & Improvement	DMD – Improvement Group MDO – Governance SMT Clinical Audit Reference Group	Separation of Patient Safety from Clinical Audit Function Recruitment of new staff posts Identification and delivery of training programmes	2nd Clinical Audit Strategy New Clinical Audit Policy and Procedures Manual Annual Audit Programme Annual Analysis of participation including patients and service users and doctors in training and	Resource Plan by 31/03/2022 6 monthly Progress Reporting to: Clinical Audit Reference Group Sept 22 March 23 Sept 23 Mar 24

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 2 – Create a culture committed to learning and continuous organisational development						
Objective 4. **To link clinical audit to appraisal and revalidation**	**S** – Development of a robust system for linking information on clinical audit into individual appraisal of doctors. **M** – Annual no. of medical staff appraisals containing audit activity. **A** – Dependent on 'searchable' database functionality and central team capacity to deliver. **R** – Requirement of the supporting information needed for GMC re-validation Your supporting information - quality improvement activity - GMC (gmc-uk.org) **T** – First submissions - Autumn 2022 **E** – Annual Feedback from Appraisers and Appraisees of value added to Re-validation Process **R** – Part of the responsibility of a resourced corporate clinical audit team.	Clinical Audit Manager Clinical Audit Assurance & Improvement Manager Head of Clinical Audit Senior Re-validation & Appraisal Manager	MDO – Governance SMT Clinical Audit Reference Group	Searchable central register Compliance with audit registration process Availability of Action plan / re-audit information	Clinical Audit re-validation scorecard for clinical audit / QI activity that will support the appraisee in demonstrating and reflecting on the quality of their work Annual feedback from Appraisers and appraisees	To be confirmed – entirely new process to be established. Autumn 2022, 2023, 2024

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 2 – Create a culture committed to learning and continuous organisational development						
Objective 5 **To ensure clinical audit activities are fully integrated with other quality improvement approaches and programmes**	**S** – To ensure QI / Clinical Audit strategies are mutually supportive and complimentary **M** – Audit registration / QI plans note if another method of QI has been considered **A** – To be completed **R** – Clinical audit as a QI tool is used to check care meets defined quality standards and monitor improvements to address shortfalls identified. **T** – Strategies reviewed by 31/08/2022 **E** – A comparative analysis of both strategies. No. of CA and No. of QI projects **R** – Head of Clinical Audit / Head of Quality Improvement A guide to quality improvement tools – HQIP The tools described include clinical audit; Plan, Do, Study, Act; model for improvement; LEAN/Six Sigma; performance benchmarking, process mapping and statistical process control.	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Head of Quality Improvement	MDO – Governance SMT Executive QI Steering Group	Prioritisation of work area Stakeholder engagement	Comparative analysis of both strategies Overarching CA / QI schedule Annual Quality Report to contain Clinical Audit section	To be agreed

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 2 – Create a culture committed to learning and continuous organisational development						
Objective 6 **To demonstrate and celebrate the benefits of clinical audit**	**S** – Each Directorate establishes a dedicated forum for the presentation of clinical audits **M** – KPI reporting of meeting dates, agendas, minutes and outcomes. **A** - To be combined / incorporated within another forum if required to prevent duplication **R** – Service / Directorate CA / QI leads required to provide leadership, set agenda **T** – Monthly, Bi-monthly quarterly depending on directorate, volume of audit activity **E** – Monitor activity against the HQIP 4 stage cycle - Agenda, Attendance, Audits shared, Outcomes, Action Plans, Learning, Risk / Escalation, Celebration **R** – Each CA Forum supported by directorate or corporate audit facilitator	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Clinical Audit Manager Phased recruitment process for clinical audit team	DMD – Improvement Group to establish forum network MDO – Governance SMT Clinical Audit Reference Group	CA /QI leads to be established Meeting overload Lack of engagement / non attendance	Regular scheduled annual timetable of meetings Use of Greatix to: - celebrate / acknowledge participation and - when 4 stage (HQIP) audit cycle has been completed	30 June 2022 Clinical Audit Reference Group from June 2022 - Updates on forum monitoring activity to each meeting

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care						
Objective 7 **To establish a robust system for reporting the outcomes of clinical audit activity**	**S** – Monitoring Schedule for Clinical Audit KPIs developed and contained in new clinical audit policy **M** – KPIs developed will measure the function **A** - Dependent on robust data flows from a central registry. **R** – Monitoring of clinical audit performance requirement **T** – Quarterly reporting to CARG & CSCG WG and 6 monthly reporting to CSCG **E** – Templated report developed for the CARG that will highlight performance, areas of non-compliance and escalation. CARG will report to the CSCG working group which in turn reports to Governance Committee **R** – Clinical Audit Manager	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Clinical Audit Manager	DMD – Improvement Group MDO – Governance SMT CARG CSCGWG GC	CA /QI leads to be established Forum	Quarterly monitoring reports on KPI compliance - Audits registered - Approved - In progress (HQIP Stages 1 – 4) - Action plan developed - Re-audits - Progress against directorate plans	30 September 2022 (Schedule developed) Quarterly reporting

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care						
Objective 8 **To ensure that the Trust is fully compliant with the requirements of the National Clinical Audit and Patient Outcomes Programme**	**S** – To provide an annual overview of the SHSCT's participation in the NHS England quality accounts list of national audits. **M** – Participated versus non participated audits, progress updates and nil returns **A** – Currently delivered on an annual basis. **R** - requirement to ensure that all relevant audits are participated **T** – annually to November Governance Committee **E** – Provides an updated SHSCT position on the progression of recommendations arising from participation in national audits, including those from previous years. **R** – Clinical Audit Manager National quality improvement programmes – HQIP	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Clinical Audit Manager	DMD – Improvement Group MDO – Governance SMT CARG CSCGWG GC	Priority for response during sustained C19 pandemic period Information Governance Constraints preventing data sharing	Annual National Audit Assurance Report - ? 6 monthly progress Update	November 2022 ? interim update in May 2022

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care						
Objective 9 **To ensure organisational compliance with regulatory standards**	**S** – Develop the high level processes to link S&G implementation to requirement of audit for compliance **M** – S&G indicated audits included as part of directorate clinical audit plan, and enter the audit registration and KPI monitoring process **A** – Dependent on identifying S&G change leads and a CA lead **R** – Potential recommendation of S&G Internal Audit **T** – To be agreed **E** – Audit action plan, outcomes, learning & recommendations to be shared and implemented **R** – Part of the responsibility of a resourced corporate clinical audit team. Measuring the use of NICE guidance | Into practice | What we do | About | NICE	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Senior Manager Standards Risk & Learning	DMD – Improvement Group MDO – Governance SMT CARG CSCGWG GC	Difficulty identifying change leads and clinical audit leads during sustained C19 pandemic period	KPI – no. of audits registered linked to S&G Audits completed with action plan / learning outcomes linked to S&G Re-audits linked to S&G compliance.	To be agreed Entirely new system / process to be developed

7.0 Acknowledgement

7.1 Developing a Clinical Audit Strategy, Healthcare Quality Improvement Partnership (HQIP) – Revised April 2020

Southern Health and Social Care Trust

Divisional Medical Director Review Meeting

Divisional Medical Director	
Division	
Meeting Date	

Southern Health and Social Care Trust

Professional Governance

1. Job Planning	
Current Status	
Discussion	*e.g. Issues delaying job planning activities, staff absences, discussion of additional supports required*
Agreed Actions	•

2. Medical Appraisal	
Current Status	**Example below:** **Appraisal Year 2020**
Discussion	*e.g. Issues delaying appraisals, staff absences, discussion of additional supports required*
Agreed Actions	•

3. Revalidation	
Current Status	**Total Number of Divisional Doctors Requiring Revalidation in Year:** **Total Number of Divisional Doctors Revalidated In Year:** **Total Number of Divisional Doctors with Deferred Revalidation Date:**
Discussion	*e.g. Issues delaying revalidation, staff absences, reasons for deferrals, any concerns with staff meeting required deadlines*
Agreed Actions	•

4. Professional Performance Management	
Current Status	**Total Number of Divisional Doctors Performance Management Reviews in Year:** **Total Number of Divisional Doctors Undertaken Performance Management Reviews In Year:**
Discussion	*e.g. Issues delaying revalidation, staff absences, reasons for deferrals, issues identified via professional performance management*
Agreed Actions	

5. Medical Workforce

Current Status

Specialty 1

	Substantive Posts	Locum Posts
Number of funded Consultant Posts		
Number of funded SAS Posts		
Number of Training Grade Posts		

Details of Posts Actively Being Recruited:

Specialty 2

	Substantive Posts	Locum Posts
Number of funded Consultant Posts		
Number of funded SAS Posts		
Number of Training Grade Posts		

Details of Posts Actively Being Recruited:

Discussion

e.g. Issues delaying recruitment, efforts to make posts substantive , areas of short staffing, mitigation steps taken, escalation of issuesetc

Agreed Actions

-

6. Doctors and Dentists Oversight	
Current Status	
Discussion	*e.g. Issues identified from DDOG meeting, other issues arising that may need addressed, doctors in difficulty*
Agreed Actions	•

Southern Health and Social Care Trust

Clinical and Social Care Governance

1. Adverse Incidents (Datix)

Current Status

Reported Incidents

	Signed off	Not Signed Off	Total
Number of Catastrophic Incidents this Quarter (Oct – Dec)			
Number of Major Incidents this Quarter (Oct – Dec)			
Number of Moderate Incidents this Quarter (Oct – Dec)			
Number of Minor Incidents this Quarter (Oct – Dec)			

Medication Incidents

Discussion

e.g. trends in incidents, learning from incidents, quality improvemen intiatives, where further support is required etc

Agreed Actions

-

2. Serious Adverse Incidents

Current Status

More than 26 weeks	Less than 26 weeks	Within Timescales	Level 3	Total

New SAIs This Quarter (Oct – Dec)	Governance Team Update

Ongoing SAIs	Update

Discussion

e.g. trends in SAIs, learning from SAIs, quality improvemen intiatives, where further support is required

Agreed Actions

- .

3. Litigation and Claims Management	
Current Status	
Discussion	*e.g. trends in litigation, learning from litigaion, quality improvemen intiatives, where further support is required etc* .
Agreed Actions	•

4. Coronial Matters	
Current Status	
Discussion	*e.g. trends in coronial reports, learning from coronial reports, quality improvemen intiatives, where further support is required etc*
Agreed Actions	•

5. Standards and Guidelines	
Current Status	**Standards and Guidelines relevant to Division**
Discussion	*e.g. progress with regards to S&G implementation, resourcing issues, quality improvemen intiatives, where further support is required etc*
Agreed Actions	•

6. Complaints	
Current Status	
Discussion	*e.g. Issues delaying recruitment, efforts to make posts substantive , areas of short staffing, mitigation steps taken, escalation of issuesetc*
Agreed Actions	•

7. Morbidity and Mortality

Current Status

Divisional M&M Activity

Number of Inpatient Deaths In Period		
Number of Inpatient Deaths where a Statement of Management has been completed		
Number of Inpatient Deaths signed off by M&M Chair		
Number of Inpatient Deaths Selected for Detailed Presentation at M&M Meeting		
Average number of days between Inpatient Death and Statement of Management Complete		
Statement of Management	No. Signed off and Discussed in Detail at M&M	No. Signed off and Discussed in Detail at M&M
SOM 1 -Was Satisfactory – there were no particular learning lessons		
SOM 2 - Contained aspects that COULD be improved (learning identified) the patients eventual outcome was NOT affected		
SOM 3 - Contained aspects that SHOULD be improved (learning identified) the patient's eventual outcome was NOT affected i.e. near miss. Consider referring to Trust Incident Reporting System unless already considered or reported		
SOM 4- Contained aspects that have already been or SHOULD be referred to Trust Incident Reporting System		
SOM 5 - Contained aspects that were Exemplary and the learning SHOULD be shared appropriately		

Discussion

e.g. Issues delaying recruitment, efforts to make posts substantive , areas of short staffing, mitigation steps taken, escalation of issuesetc

Agreed Actions

8. Clinical Audit and Quality Improvement	
Current Status	**<u>Clinical Audit</u> – Focus for this meeting – Local and National Audit participation** **National Audits:** **Local Audits:**
Discussion	

9. Patient Safety	
Current Status	•
Discussion	
Agreed Actions	•

10. Signed off results	
Current Status	
Discussion	
Agreed Actions	•

Other Issues

11. Medical Education	
Current Status	
Discussion	
Agreed Actions	•

12. Research and Development	
Current Status	**Ongoing Reseach and Development Projects in Division** • **A** • **B** • **C** • **D**
Discussion	
Agreed Actions	•

13. Quality Improvement	
Current Status	
Discussion	• What are you most proud of this month?
Agreed Actions	•

14. Issues for discussion this month	
Current Status	
Discussion	
Agreed Actions	•

Southern Health and Social Care Trust

Quality Care - for you, with you

SHSCT Clinical Audit Strategy

2022 - 2024

Draft V0.4 - March 2022

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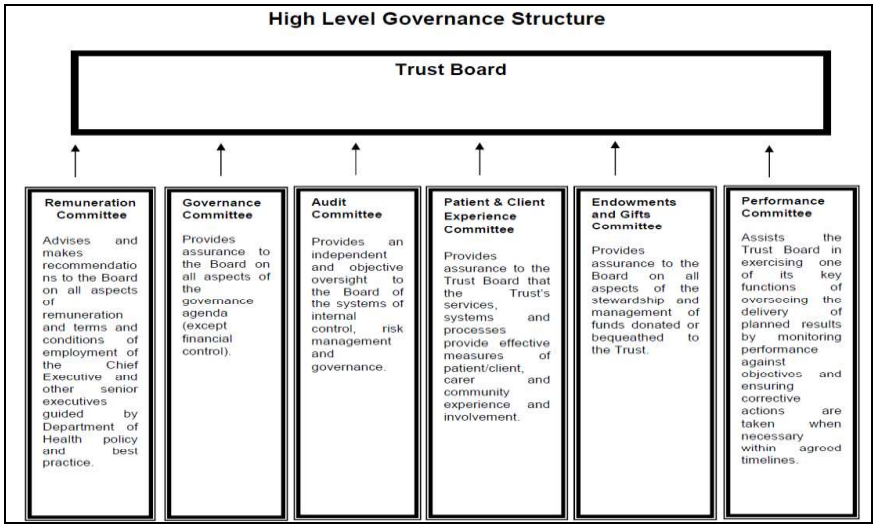
Dr Maria O’Kane
Medical Director
March 2022

1.0 Organisational Context - Governance and Assurance Structures

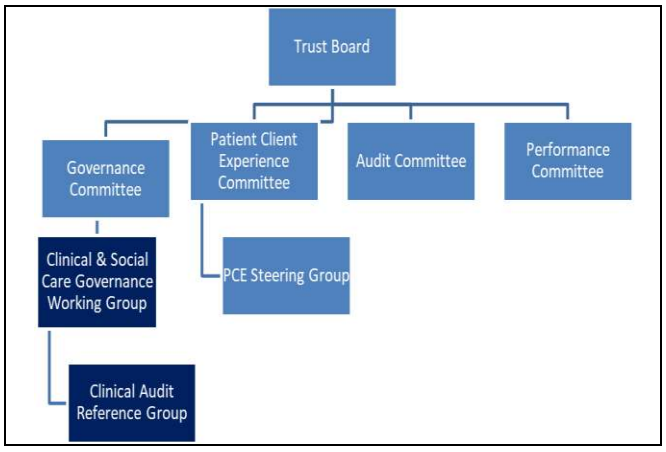
1.1 The role of clinical audit as a tool for **corporate assurance** sits within the: **Board Assurance framework**[1]**(June 2021)** where clinical audit has a key role to play across the three lines of defence at departmental, organisational oversight and independent external review levels. These three lines of defence provide assurance to Trust Board on the quality and safety of care. This assurance is provided through the Committee structure to Trust Board, primarily through the Governance Committee.

Figure 1 - High Level Governance Structure



The Medical Director as Executive Director with responsibility for Clinical and Social Care Governance sits on and reports to this committee along with other members of the Senior Management Team via quarterly meeting and reporting schedules. The reporting schedule provides information and assurance to support decision-making and effective operation of the Trust at all levels. In reviewing the Governance Committee sub structure a new CSCG working group[2] (see Fig 1) is being established and a proposed **Clinical Audit Reference Group** will be one of 18 groups which will report to it.

Figure 2 - Proposed Trust Governance Structure



1.2 The role of clinical audit as a tool for **corporate governance** sits within the:

[1] Pages 6 & 7

[2] Title to be agreed

Integrated Governance Framework (2017/18 – 2020/2021). This framework incorporates arrangements for delivering clinical and social care governance, through which HSC organisations are accountable for continually improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in care will flourish[3].

The integrated governance framework (ICF) designates the Medical Director as the Executive Director with responsibility for strategic leadership for risk management and clinical and social care governance. This includes the development of the strategic approach to patient client safety initiatives, patient client liaison (management of complaints and users views), litigation, **effectiveness and evaluation** (this includes standards, guidelines and **audit**) and risk management.

These corporate frameworks ensure SHSCT position's it's clinical audit function to assist meeting it's statutory, mandatory requirements for providing safe and effective care[4]. These 2006 Quality Standards and Quality 2020[5], require all HSC organisations to have in place a comprehensive programme of evidence based practice, research, evaluation and quality improvement activities that includes healthcare professionals participating in regular clinical audit. This is reported on annually in the SHSCT Annual Quality Report.

1.3 The choice of national, regional and local clinical audit topics is central to supporting these key aspects of governance and quality reporting and in developing an annual clinical audit work programme that considers:

a) Clinical effectiveness: examining clinical outcomes and making improvements

b) Evidence-based practice: ensuring practice is based on current research findings

c) Clinical risk management/patient safety: auditing in response to concerns highlighted proactively by risk assessment and reactively by adverse incidents

d) Complaints and other forms of patient feedback: auditing in response to themes arising

e) Service improvement: involving transformation teams in discussions about clinical audit topic choice

f) Regulation: ensuring requirements such as the fundamental standards of the RQIA are being met.

1.4 Clinical audit also has role in supporting professional and other corporate governance functions:

a) Consultant appraisal, revalidation, and health professional registration: enabling clinicians to comply with their professional codes of conduct

b) Information governance: ensuring that clinical audit activity meets the requirements of information governance legislation

[3] A First Class Service, DOH 1998

[4] The Quality Standards for Health & Social Care, Supporting Good Governance and Best Practice in the HPSS (2006)

[5] Quality 2020 - a ten year strategy to protect and improve quality in health and social care in Northern Ireland (Nov 2011)

c) Patient and public involvement (PPI): ensuring that service user voices are central from planning to delivery, using insightful methods of listening and working in co-production with patients, families and carers to improve outcomes

d) National recommendations and guidance: issued by national bodies such as the National Institute for Health and Care Excellence (NICE), the Clinical Outcomes Review Programme (CORP – covering National Confidential Enquiries and Inquiries), National Clinical Audit and Patient Outcomes Programme (NCAPOP), and national service reviews

e) National Service Frameworks: defining standards of care, e.g. for cancer, coronary heart disease, chronic obstructive pulmonary disease, diabetes, kidney disease, long-term conditions, mental health, old age, and stroke care

f) Litigation Services: clinical audit used to assure that care processes have improved.

g) Research and development: mutually supportive of clinical audit

h) Service evaluation: clinical audit may form a part of service evaluation projects

i) Statements of Internal Control: clinical audit's contribution to the process by which an organisation gains assurances about the quality of its services and the effective management of risk.

1.5 This second SHSCT clinical audit strategy seeks to build on the work of the 2018 strategy, specifically addressing areas where the clinical audit function requires strengthening in providing a common framework for delivery across the whole organisation. This to ensure that the clinical audit activity delivered in each Directorate, Division or Service area:

- follows best practice guidance,
- is rigorous and adequately supported and resourced and the
- outcomes are utilised robustly to inform assurance processes as the foundation of our quality improvement efforts underpinning the Trust's Patient Safety and Quality Improvement Strategies.

1.6 The value of such a strategic audit approach across the organisation is realised within the clinical assurance process, when the improvements arising as result of audit recommendations are further measured and we demonstrate that improved practice has been sustained on an on-going basis.

2.0 Scope

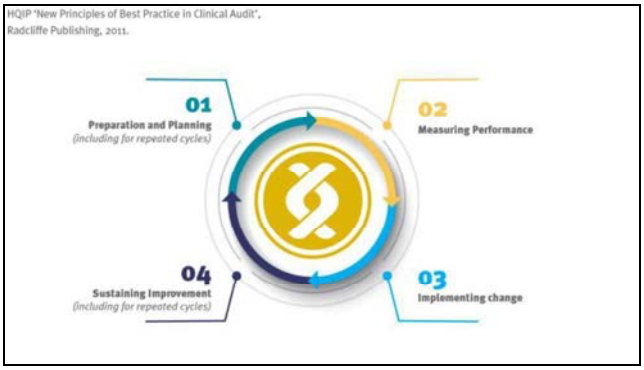
This strategy is intended to inform, support and apply to all staff working in the SHSCT who have an interest in and responsibility for contributing to and overseeing the development, direction and delivery of national, regional and local clinical audit activity. This will includes clinicians and practitioners, clinical audit & QI leads, corporate clinical audit team, Medical, Nursing, AHP and Social Work leaders, Governance Teams, Service Managers, Senior Management Team and Trust Board committees and reference groups. The clinical audit policy contains a full description of roles and responsibilities of those involved in clinical audit in SHSCT.

3.0 Definition of Clinical Audit

The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement. They are an independent organisation led by the Academy of Medical Royal Colleges, The Royal College of Nursing and National Voices and are acknowledged as the leading voice on clinical audit.

HQIP's definition of clinical audit is used, as follows:

"clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes"



4.0 Strategic Aim

The aim of this strategy is to use clinical audit[6] as a process to assure clinical quality at all levels of the organisation over the next three years. The strategy focuses on **creating a culture** that is **committed to learning** and **continuous organisational development** through **measurement of evidence-based practice** to deliver **demonstrable improvements** in patient care.

5.0 Objectives

5.1 SHSCT is committed to developing a number of areas of clinical audit practice throughout the lifetime of this three year strategy to achieve the strategic aim. The action plan contains objectives supported by actions that are **Specific, Measurable, Achievable, Relevant, Time-based, Evaluated, Resourced** (SMARTER).

5.2 Explicit SMARTER objectives covering aims for improving clinical audit practice are:

Strategic Aim 1 – Use clinical audit to assure clinical quality at all organisational levels

- To overcome barriers to healthcare staff participating in clinical audit
- To develop a partnership approach to clinical audit within directorates and supported corporately
- To ensure that staff have the necessary competency, support and time to participate in clinical audit

Strategic Aim 2 – Create a culture committed to learning and continuous organisational development

[6] Includes a range of health and social care professionals

- To link clinical audit to appraisal and revalidation
- To demonstrate and celebrate the benefits of clinical audit
- To ensure clinical audit activities are fully integrated with other quality improvement approaches and programmes

Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care

- To establish a robust system for reporting the outcomes of clinical audit activity
- To ensure that the Trust is fully compliant with the requirements of the National Clinical Audit and Patient Outcomes Programme (NCAPOP)
- To ensure organisational compliance with regulatory standards

6.0. Operational Action Plan (SMARTER Objectives)

Specific, Measurable, Achievable, Relevant, Time-bound, Evaluated and Resourced

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 1 - To use clinical audit to assure clinical quality at all organisational levels						
Objective 1. **To overcome barriers to health and social care staff participating in clinical audit**	**S** - Delivery of a stakeholder engagement exercise to identify 'as is' position across Acute / CYP / MHD / OPPC. **M** – No. Surveys Requested & No. of Responses **A** – Dependent on level of stakeholder engagement **R** – First stage in any QI process is understand the current system **T** – Outcome by 31/03/2022 **E** – Results analysed for RAG rating and what works well / requires improvement **R** – Conducted by Head of Service	Head of Clinical Audit	DMD – Improvement Group MDO – Governance SMT	Priority for response during sustained C19 pandemic period Low response rate Low confidence of resulting in change Variation in how directorates engage	Analysis of surveys responses how CA is embedded in directorates (RAG Status) Qualitative information on what is working well and areas of improvement required.	31 March 2022 Annual Monitoring

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 1 - To use clinical audit to assure clinical quality at all organisational levels						
Objective 2. **To develop a partnership approach to clinical audit**	**S** – Produce updated strategy and develop policy document, SoPs and annual programme **M** – High level documents produced, consulted, uploaded to SharePoint and disseminated. **A** – Drafting completed January 2022 for consultation and dissemination by March 2022 **R** – Updated governing documents required ensuring partnership roles and responsibilities and aims of clinical audit programme are clear and understood. **T** – Strategy completed by 30/06/2022 with supporting documents 30/09/2022 **E** – Documents will be consulted upon and agreed. **R** – Head of Clinical Audit	Head of Clinical Audit	DMD – Improvement Group MDO – Governance SMT	Integration with other Corporate documents e.g. - Patient safety Strategy - QI Strategy - People Strategy Engagement with consultation / feedback / comments	2nd Clinical Audit Strategy New Clinical Audit Policy and Procedures Manual Annual Audit Programme	30 June 2022 To lead to establishment of the Clinical Audit Reference Group

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 1 - To use clinical audit to assure clinical quality at all organisational levels						
Objective 3. **To ensure that staff have the necessary competency, support and time to participate in clinical audit**	**S** – To develop a resource plan that incorporates the staffing to deliver, to support the delivery, monitoring and reporting, as well as the training needed across the organisation. **M** – Staff identified, staff in post, roles identified, job planning, job descriptions, training plan and resources, corporate support and monitoring team. **A** – Phased approach to implementation dependent on funding, recruitment and training roll-out **R** – Progress monitoring across year 1, 2, and 3 **T** – Resource Plan submitted to SMT by 31/12/2021 **E** – External organisation resources used as benchmark **R** – Head of Clinical Audit	Head of Clinical Audit Head of Patient Safety Data & Improvement	DMD – Improvement Group MDO – Governance SMT Clinical Audit Reference Group	Separation of Patient Safety from Clinical Audit Function Recruitment of new staff posts Identification and delivery of training programmes	2nd Clinical Audit Strategy New Clinical Audit Policy and Procedures Manual Annual Audit Programme Annual Analysis of participation including patients and service users and doctors in training and	Resource Plan by 31/03/2022 6 monthly Progress Reporting to: Clinical Audit Reference Group Sept 22 March 23 Sept 23 Mar 24

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 2 – Create a culture committed to learning and continuous organisational development						
Objective 4. **To link clinical audit to appraisal and revalidation**	**S** – Development of a robust system for linking information on clinical audit into individual appraisal of doctors. **M** – Annual no. of medical staff appraisals containing audit activity. **A** – Dependent on 'searchable' database functionality and central team capacity to deliver. **R** – Requirement of the supporting information needed for GMC re-validation Your supporting information - quality improvement activity - GMC (gmc-uk.org) **T** – First submissions - Autumn 2022 **E** – Annual Feedback from Appraisers and Appraisees of value added to Re-validation Process **R** – Part of the responsibility of a resourced corporate clinical audit team.	Clinical Audit Manager Clinical Audit Assurance & Improvement Manager Head of Clinical Audit Senior Re-validation & Appraisal Manager	MDO – Governance SMT Clinical Audit Reference Group	Searchable central register Compliance with audit registration process Availability of Action plan / re-audit information	Clinical Audit re-validation scorecard for clinical audit / QI activity that will support the appraisee in demonstrating and reflecting on the quality of their work Annual feedback from Appraisers and appraisees	To be confirmed – entirely new process to be established. Autumn 2022, 2023, 2024

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 2 – Create a culture committed to learning and continuous organisational development						
Objective 5 **To ensure clinical audit activities are fully integrated with other quality improvement approaches and programmes**	**S** – To ensure QI / Clinical Audit strategies are mutually supportive and complimentary **M** – Audit registration / QI plans note if another method of QI has been considered **A** – To be completed **R** – Clinical audit as a QI tool is used to check care meets defined quality standards and monitor improvements to address shortfalls identified. **T** – Strategies reviewed by 31/08/2022 **E** – A comparative analysis of both strategies. No. of CA and No. of QI projects **R** – Head of Clinical Audit / Head of Quality Improvement A guide to quality improvement tools – HQIP The tools described include clinical audit; Plan, Do, Study, Act; model for improvement; LEAN/Six Sigma; performance benchmarking, process mapping and statistical process control.	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Head of Quality Improvement	MDO – Governance SMT Executive QI Steering Group	Prioritisation of work area Stakeholder engagement	Comparative analysis of both strategies Overarching CA / QI schedule Annual Quality Report to contain Clinical Audit section	To be agreed

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 2 – Create a culture committed to learning and continuous organisational development						
Objective 6 **To demonstrate and celebrate the benefits of clinical audit**	**S** – Each Directorate establishes a dedicated forum for the presentation of clinical audits **M** – KPI reporting of meeting dates, agendas, minutes and outcomes. **A** - To be combined / incorporated within another forum if required to prevent duplication **R** – Service / Directorate CA / QI leads required to provide leadership, set agenda **T** – Monthly, Bi-monthly quarterly depending on directorate, volume of audit activity **E** – Monitor activity against the HQIP 4 stage cycle - Agenda, Attendance, Audits shared, Outcomes, Action Plans, Learning, Risk / Escalation, Celebration **R** – Each CA Forum supported by directorate or corporate audit facilitator	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Clinical Audit Manager Phased recruitment process for clinical audit team	DMD – Improvement Group to establish forum network MDO – Governance SMT Clinical Audit Reference Group	CA /QI leads to be established Meeting overload Lack of engagement / non attendance	Regular scheduled annual timetable of meetings Use of Greatix to: - celebrate / acknowledge participation and - when 4 stage (HQIP) audit cycle has been completed	30 June 2022 Clinical Audit Reference Group from June 2022 - Updates on forum monitoring activity to each meeting

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care						
Objective 7 **To establish a robust system for reporting the outcomes of clinical audit activity**	**S** – Monitoring Schedule for Clinical Audit KPIs developed and contained in new clinical audit policy **M** – KPIs developed will measure the function **A** - Dependent on robust data flows from a central registry. **R** – Monitoring of clinical audit performance requirement **T** – Quarterly reporting to CARG & CSCG WG and 6 monthly reporting to CSCG **E** – Templated report developed for the CARG that will highlight performance, areas of non-compliance and escalation. CARG will report to the CSCG working group which in turn reports to Governance Committee **R** – Clinical Audit Manager	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Clinical Audit Manager	DMD – Improvement Group MDO – Governance SMT CARG CSCGWG GC	CA /QI leads to be established Forum	Quarterly monitoring reports on KPI compliance - Audits registered - Approved - In progress (HQIP Stages 1 – 4) - Action plan developed - Re-audits - Progress against directorate plans	30 September 2022 (Schedule developed) Quarterly reporting

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care						
Objective 8 **To ensure that the Trust is fully compliant with the requirements of the National Clinical Audit and Patient Outcomes Programme**	**S** – To provide an annual overview of the SHSCT's participation in the NHS England quality accounts list of national audits. **M** – Participated versus non participated audits, progress updates and nil returns **A** – Currently delivered on an annual basis. **R** - requirement to ensure that all relevant audits are participated **T** – annually to November Governance Committee **E** – Provides an updated SHSCT position on the progression of recommendations arising from participation in national audits, including those from previous years. **R** – Clinical Audit Manager National quality improvement programmes – HQIP	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Clinical Audit Manager	DMD – Improvement Group MDO – Governance SMT CARG CSCGWG GC	Priority for response during sustained C19 pandemic period Information Governance Constraints preventing data sharing	Annual National Audit Assurance Report - ? 6 monthly progress Update	November 2022 ? interim update in May 2022

Objective	Action	Responsible Person / Lead	Responsible Forum	Potential Barrier / Constraint	Expected Outcome	Monitoring Date / Completion
Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care						
Objective 9 **To ensure organisational compliance with regulatory standards**	**S** – Develop the high level processes to link S&G implementation to requirement of audit for compliance **M** – S&G indicated audits included as part of directorate clinical audit plan, and enter the audit registration and KPI monitoring process **A** – Dependent on identifying S&G change leads and a CA lead **R** – Potential recommendation of S&G Internal Audit **T** – To be agreed **E** – Audit action plan, outcomes, learning & recommendations to be shared and implemented **R** – Part of the responsibility of a resourced corporate clinical audit team. Measuring the use of NICE guidance | Into practice | What we do | About | NICE	Head of Clinical Audit Clinical Audit Assurance & Improvement Manager Senior Manager Standards Risk & Learning	DMD – Improvement Group MDO – Governance SMT CARG CSCGWG GC	Difficulty identifying change leads and clinical audit leads during sustained C19 pandemic period	KPI – no. of audits registered linked to S&G Audits completed with action plan / learning outcomes linked to S&G Re-audits linked to S&G compliance.	To be agreed Entirely new system / process to be developed

7.0 Acknowledgement

7.1 Developing a Clinical Audit Strategy, Healthcare Quality Improvement Partnership (HQIP) – Revised April 2020

Strengthening Clinical Audit

New Draft Strategy

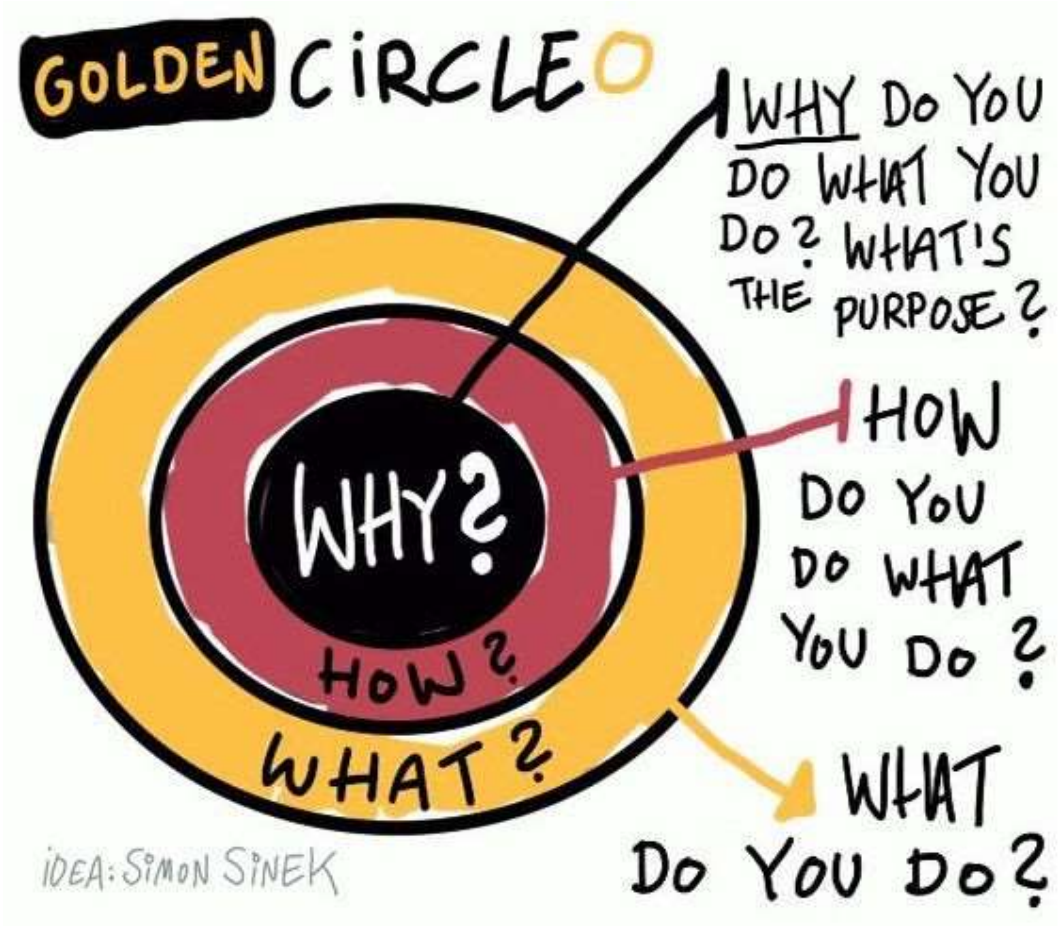
2022 – 2024

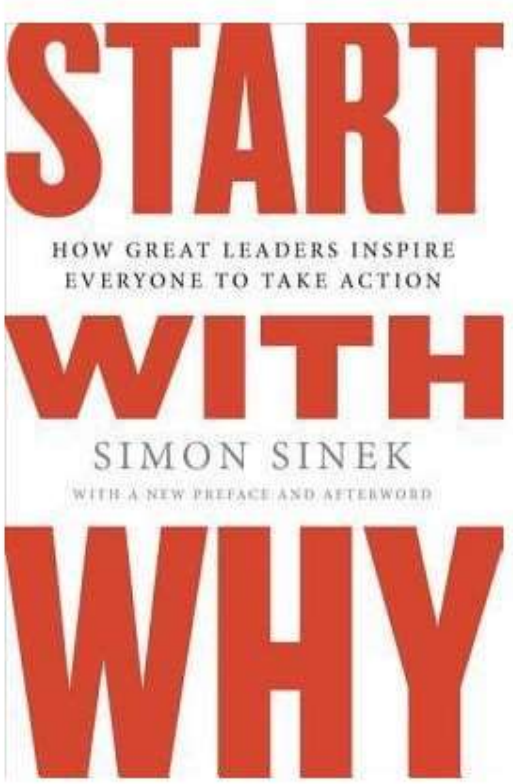
MDO – SMT - Governance

23/05/2022

Southern Health and Social Care Trust

Why Strengthen Clinical Audit?





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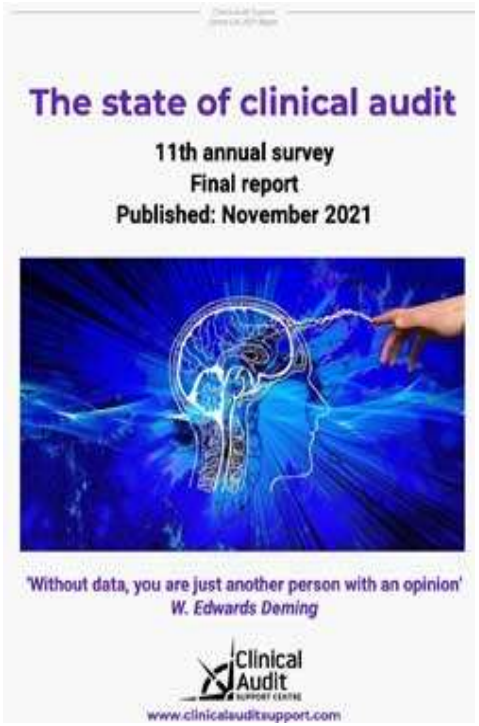
The Strength of Clinical Audit - Nationally



Survey22.pdf (clinicalauditsupport.com)

- Of 146 respondents, 51.7% stated that they felt 'more positive' about clinical audit than a year ago (38.3% in 2020), 10.3% stated they felt 'more negative' (18.0% in 2020) and 37.9% reported they were 'neither more or less positive' (43.7% in 2020).
- Ratings for national clinical audits once again resulted in 'moderate' attaining the top rating at 51.6% (46.7% in 2020). 'Moderate' has been the top answer to this question ever since the survey started in 2010. 5.7% rated NCAs as 'excellent' compared with 7.7% in the previous year.
- The National Sentinel Stroke National Audit Programme (SSNAP) was voted the 'most effective' national clinical audit for an astonishing 12th consecutive year! SSNAP edged the National Emergency Laparotomy Audit (NELA) by just 1 vote! SSNAP and NELA have ranked first and second respectively for the last 4 surveys (2018 to 2021).
- **82.1% of respondents felt that local audits are more effective than national audits (17.9%) at improving patient care. Results showed a slight shift compared to 2020, where 77.8% voted for local audits and 22.2% for national.**

WHY

- 23.6% of respondents stated that they did not 'intend to work in clinical audit or have responsibilities for audit in 5 years time'. In 2020 the corresponding figure was 35.5%.
- 78.7% rated patient involvement in clinical audit as 'poor' (77.3% in 2020). 2.5% rated patient involvement in clinical audit as good. For the last 7 surveys, the proportion answering 'good' to this question has been less than 5%.
- 12.6% of respondents stated they had 'more resources' to support clinical audit in their organisations now compared to 12 months previously (11.7% in 2020).
- Respondents were asked if national clinical audit had been reinvigorated. 17% answered 'yes' (21.2% in 2020), 46.6% answered 'not sure' (43.7% in 2020) and 36.4% answered 'no' (35.1% in 2020).
- Respondents were asked if local clinical audit had been reinvigorated. 23.3% answered 'yes' (19.1% in 2020), 38.3% answered 'not sure' (37.5% in 2020) and 38.3% answered 'no' (43.4% in 2020).

HSC Southern Health and Social Care Trust

The Strength of Clinical Audit Locally

Organisational Context

- Integrated Governance Framework
- 2018 Clinical Audit Strategy
- Quality Improvement vs Clinical Audit
- Clinical & Social Care Governance Review
- March 2020 Pandemic Period.

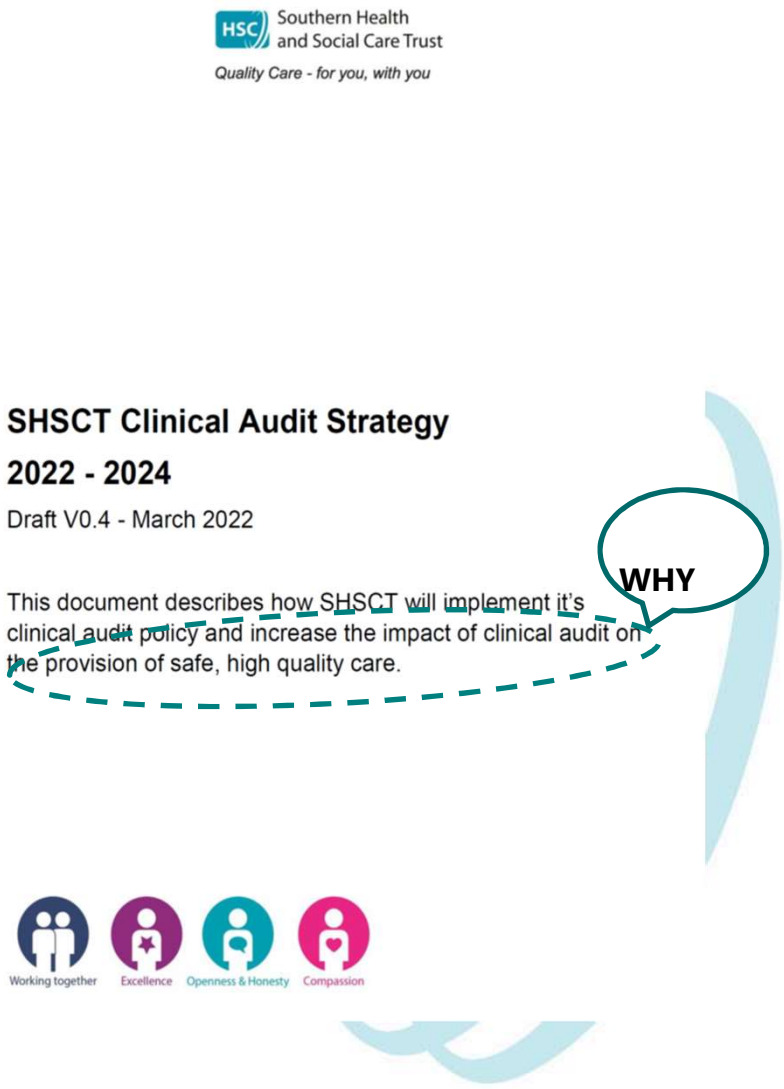
Stakeholder Survey ‘ As is’ position Jan 22;

- Acute – Red / Amber / Green
- OPPC - Amber
- CYP - Red
- MHD – LD Red / Amber

Southern Health and Social Care Trust

Strengthening Clinical Audit

- New Strategy – **The Why**
- New Policy – **The How**
- Assurance Reporting – **The What**



Southern Health and Social Care Trust

Strengthening Clinical Audit 22/24

- **Strategic Aim 22/24**

The aim of this strategy is to use clinical audit as a process to assure clinical quality at all levels of the organisation over the next three years. The strategy focuses on **creating a culture** that is **committed to learning** and **continuous organisational development** through **measurement of evidence-based practice** to deliver **demonstrable improvements** in patient care.

Strategic Aim 1 – Use clinical audit to assure clinical quality at all organisational levels

- To overcome barriers to healthcare staff participating in clinical audit
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- To ensure that staff have the necessary competency, support and time to participate in clinical audit

HSC Southern Health and Social Care Trust

Strengthening Clinical Audit 22/24

Strategic Aim 2 – Create a culture committed to learning and continuous organisational development

- To link clinical audit to appraisal and revalidation
- To demonstrate and celebrate the benefits of clinical audit
- To ensure clinical audit activities are fully integrated with other quality improvement approaches and programmes

HSC Southern Health and Social Care Trust

Strategic Aim 3 - Measurement of evidence-based practice to deliver demonstrable improvements in patient care

- To establish a robust system for reporting the outcomes of clinical audit activity
- To ensure that the Trust is fully compliant with the requirements of the National Clinical Audit and Patient Outcomes Programme (NCAPOP)
- To ensure organisational compliance with regulatory standards

Next Steps……

A. Strategy Consultation & Approval – Deputy & Divisional Medical Director's Meeting
B. Executive Directors
C. SMT Approval
D. Governance Forums
E. Governance Committee

Resource Planning

- Clinical Leads
- Corporate Clinical Audit team
- Directorate Specific Needs / Investment

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Thank You

Questions / Challenges / Even Better If?

Southern Health and Social Care Trust

Acute NQI Results April 2022

	NEWS *(tool revised Jan22)*				FallSafe A				FallSafe B				SKIN *(tool revised Jan22)*				MUST				Omitted Meds - Blank				Omitted Meds - Critical				Line Labelling (**Quarterly)				*NOAT *(Non Bundle)*			
	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr
TRUSTWIDE * NOAT figure is based on Acute and OPPC		77%	61%	67%		92%	82%	85%		90%	86%	83%		84%	80%	74%		90%	91%	91%		4	4	14		0	0	0		100%	99%	99%		95%	95%	96%
ACUTE **Midwifery complete mnthly		78%	60%	67%		89%	86%	83%		87%	84%	79%		79%	80%	76%		88%	91%	90%		4	1	11		0	0	0		100%	99%	98%		95%	96%	96%
MUSC		75%	60%	74%		88%	82%	81%		83%	85%	85%		78%	83%	72%		89%	91%	92%		4	1	8		0	0	0			98%			95%	94%	95%
AMU		100%	100%	100%		80%	60%	70%		25%	80%	78%		100%	100%	100%		100%	100%	100%		0	0	6		0	0	0			100%			93%	95%	92%
1 North		80%	75%	60%		60%	40%	90%		80%	50%	75%		100%		100%		100%	100%	80%		0	0	0		0	0	0			100%			90%	87%	93%
1 South		83%	100%	89%		50%	60%	67%		50%	100%	63%		60%	80%	63%		83%	80%	67%		0	0	0		0	0	0			100%			92%	95%	92%
2 North		80%	83%	100%		100%	100%	100%		100%	100%	100%		0%		75%		60%	100%	100%		2	0	0		0	0	0			100%			91%	94%	98%
2 South (was 3N pre Oct 21)		83%	0%	0%		100%	80%	40%		83%	80%	90%		100%	50%	0%		100%	60%	80%		0	0	0		0	0	0			80%			95%	81%	86%
3 North (was 2S pre Oct 21)		100%	80%	100%		100%	100%	100%		100%	80%	100%		100%	100%	100%		100%	100%	100%		0	0	0		0	0	0			100%			95%	98%	99%
Female Medical		60%	0%	0%		67%	60%	45%		100%	67%	55%		100%	75%	50%		100%	80%	91%		2	1	2		0	0	0			100%			97%	93%	93%
Male Medical		0%	10%	70%		89%	80%	100%		86%	67%	100%		0%	0%	100%		67%	80%	100%		0	0	0		0	0	0							79%	99%
Stroke Rehab		100%	80%	60%		100%	100%	80%		100%	100%	90%		100%	100%	100%		100%	100%	100%		0	0	0		0	0	0			100%			95%	95%	94%
Respiratory 3F		100%	100%	100%		100%	100%	100%		100%	100%	90%		100%	100%	83%		100%	100%	90%		0	0	0		0	0	0			100%			100%	100%	100%
Frailty Ward		100%	100%	100%		100%	100%	100%		100%	100%	100%		80%	100%	100%		80%	100%	100%		0	0	0		0	0	0			100%			99%	99%	98%
EMERGENCY DEPARTMENT					**Peripheral Line Ongoing Care**				**Peripheral Line Insertion**				**ED SKIN BUNDLE A NEW**				**ED SKIN BUNDLE B NEW**				N/A												**NOAT** *(separate ED audit)*			
						100%	90%	75%		80%	100%	79%				95%				75%															97%	97%	98%
ED - CAH		40%	20%	100%		100%	80%	70%		100%	100%	100%				90%				100%															99%	98%	99%
ED-DHH		80%	100%	90%		100%	100%	80%		60%	100%	60%				100%				71%															95%	95%	97%
SEC		83%	53%	56%		95%	88%	87%		91%	81%	69%		80%	70%	78%		88%	88%	86%		0	0	3		0	0	0			100%			95%	97%	96%
3 South		100%	57%	27%		100%	100%	91%		100%	100%	75%		100%	67%	67%		100%	86%	73%		0	0	0		0	0	0			100%			98%	98%	97%
4 North		40%	40%	70%		60%	67%	70%		75%	100%	33%		0%	0%	33%		20%	100%	60%		0	0	1		0	0	0			100%			94%	99%	93%
4 South		100%	0%	27%		100%	100%	91%		100%	75%	67%		100%	75%	100%		100%	100%	91%		0	0	0		0	0	0			100%			97%	100%	95%
Trauma		100%	60%	80%		100%	80%	100%		100%	80%	89%		80%	60%	100%		100%	60%	100%		0	0	0		0	0	0			100%			85%	96%	98%
Orthopaedic		100%	60%	90%		100%	100%	80%		33%	60%	43%		100%	100%	100%		100%	80%	100%		0	0	0		0	0	0			100%			94%	98%	98%
Female Surgical		40%	40%	40%		100%	80%	70%		100%	75%	70%		80%	75%	70%		80%	80%	90%		0	0	2		0	0	0			100%			97%	94%	97%
HDU		80%	40%	67%		100%	100%	100%		100%	100%	100%		100%		50%		100%	100%	67%		0	0	0		0	0	0			100%			94%	97%	95%
Elective Admissions		100%	100%	60%		100%	80%	100%		100%	67%	100%				100%		100%	100%	100%		0	0	0		0	0	0			100%			100%	97%	97%
IMWH																																				
Gynae		100%	100%	89%		33%	100%	78%		100%	100%			0%				67%	100%	100%		0	0	0		0	0	0			100%			90%	99%	100%
MIDWIFERY	**OEWS A**				**OEWS B**				**Peripheral Cannulation NEW**				N/A																**Line Labelling**				N/A			
	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr	Sparkline	Feb	Mar	Apr																	Sparkline	Feb	Mar	Apr				
		95%	85%	93%		100%	100%	100%				85%																		100%	100%	98%				
Delivery Suite CAH		100%	100%	90%				100%				80%																		100%	100%	100%				
Delivery Suite DHH		100%	100%	90%		100%	100%	100%				100%																		100%	100%	100%				
Maternity Ward DHH		80%	80%	90%		100%	100%	100%				60%																		100%	100%	91%				
Maternity Floor, CAH *(merging of MLU / 2W Mat)*		100%	60%	100%			100%	100%				100%																		100%	100%	100%				
ATICS									**Catheter Care**				**SKIN** (tool revised Jan 22)				N/A																			
ICU	N/A									100%	100%	100%		100%	100%	100%																					
CCS	**NEWS** *(tool revised Jan22)*				**FallSafe A**				**FallSafe B**				**SKIN** *(tool revised Jan 22)*				**MUST**				**Omitted Meds-Blank**				**Omitted Meds-Critical**				**Line Labelling**				**NOAT** *(Non Bundle)*			
Haematology		100%	0%	29%		100%	100%	86%		100%	100%	100%		100%	100%	100%		100%	100%	100%		0	0	0		0	0	0			100%			100%	100%	100%
					Peripheral Line Ongoing Care				**Peripheral Line Insertion**				**Central Venous Access Device NEW**				N/A																			
Mandeville Unit **NEW**	N/A							100%				100%				100%	N/A																			

The sparklines demonstrates the previous 12 months data.

NB. Gynae ward temporarily operating as a medical ward (from October 2020)

NQI Compliance Key:	
	95% to 100% compliance (inclusive)
	80% to 94% compliance (inclusive)
	79% compliance and below
	Audit not completed

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

MEDICAL REVALIDATION OVERSIGHT GROUP

TERMS OF REFERENCE (20th April 2021)

Purpose

Medical revalidation is the process by which licensed doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice. A cornerstone of the revalidation process is that doctors participate in annual medical appraisal. On the basis of this and other information available to the Trust Responsible Officer (RO) from local clinical governance systems and additional feedback mechanisms, the RO makes a recommendation to the GMC, normally once every five years, about the doctor's revalidation.

The purpose of the Trust Medical Revalidation Group (the Group) is to provide a forum for Trust Medical Senior Management Team members to consider and inform decision regarding medical revalidation of Trust licensed doctors.

Aim and Objectives

The aim of the Group is to ensure that decisions regarding Medical Revalidation are consistent, robust and quality assured by the relevant Trust Senior Medical Leader. To meet this aim each relevant Associate Medical Director / Divisional Medical Director for doctors under their leadership will:

- Provide assurance that opportunities for reflection, learning and development e.g. significant events and complaints have been adequately discussed and reflected on appropriately at appraisal
- Ensure there is has been a formative approach taken to the doctors appraisal process and there has been an appropriate level of engagement by the doctor
- Ensure outputs are adequate and identify if additional time is required to review a doctor's portfolio before the RO's decision prior to the revalidation recommendation date
- Assure that all summaries from all sources accurately reflect the doctor's work and if the documentation is inadequate, advise the responsible officer allowing for an informed decision to be made regarding a recommendation for revalidation

- Bring to the attention of the RO any additional information that has not been captured in other sources that require the consideration of the RO prior to making a revalidation recommendation.

Membership

Members of the group shall be made up of:

- Medical Director (Chair)
- Deputy Medical Directors
- All operational Associate Medical Directors / Divisional Medical Directors
- Assistant Director – Medical Directors Office

Others may be invited by the Chair to attend all or part of any meeting as and when appropriate and necessary.

Quorum

The quorum necessary for the meeting will be each AMD / DMD or nominated deputy for each operational area.

Members should aim to attend all meetings.

Frequency of Meetings

The Group shall meet via Zoom on a monthly basis.

Group members will receive agenda and papers confidential to their area no less than five working days in advance of the meeting.

SERIOUS ADVERSE INCIDENT EXECUTIVE DIRECTOR OVERSIGHT GROUP (EDOG)

DRAFT TERMS OF REFERENCE 9th May 2022

CONSTITUTION / AUTHORITY

1. The Southern HSC Trust's Serious Adverse Incident Executive Director Oversight Group (EDOG) will function to provide Professional Executive Directors of Medicine, Nursing and Allied Health Professionals and Social Work to provide oversight of the Trust Serious Adverse Incident review report process.

PURPOSE

2. This group will provide oversight of the Trust Serious Adverse Incident (SAI) final report process including the following:

   - To review each completed SAI reviews prior to same being released to the Department of Health SPPG to ascertain if these are consistent with expected quality standards and if required, refer the report back to the relevant clinical governance team / officer
   - To identify any areas where professional issues are present and if required initial processes to address these at a systematic level
   - To provide assurance to Trust Senior Management Team and Trust Board that Serious Adverse Incident reports are subject to a robust quality assurance review
   - Assist in the identification of significant risks to service users and services associated with the quality of the delivery of patient care are identified and appropriately escalated

MEMBERSHIP

3. This groups membership is as follows:
   - Dr Maria O'Kane – Executive Medical Director *Chair*
   - Heather Trouton – Executive Director of Nursing, Midwifery and Allied Health Professionals
   - Colm McCafferty – Executive Director Social Work

REPORTING ARRANGEMENTS

4. The Chair will report on progress of the Group through SMT as chaired by the Chief Executive and further to Trust Board.

FREQUENCY OF MEETINGS

5. Meetings will take place fortnightly

QUORUM

6. The quorum shall require each member (or deputy) to be present at each meeting.

REVIEW OF TERMS OF REFERENCE

7. The Terms of Reference will be reviewed every year or sooner if required.

REPORT SUMMARY SHEET

Quality care – for you, with you

Meeting: Date:	Senior Management Team 31st May 2022
Title:	Clinical and Social Care Governance Report
Lead Director:	Dr Aisling Diamond, Interim Medical Director
Corporate Objective:	Safe, high quality care
Purpose:	Information

Overview: Provide SMT with an Oversight of Weekly Activity in relation to Clinical & Social Care Governance

- 97 ongoing SAIs
  - Acute – 50
  - MHD – 32
  - OPPC –13
  - CYPS – 2
- Acute – 2 moderate risk complaints, 1 involving a surgical waiting list delay and the other involving a baby falling after the mum had emergency C-section, baby sustained injuries
- Acute – 1 new SAI - Patient with neutropenic sepsis, dehydration and diarrhoea not commenced on pathway to manage chemotherapy related diarrhoea; once medication prescribed same not administered
- MHD – 1 SAI report submitted no recommendations
- MHD – Meeting with the Muckamore Public Inquiry team to be re-arranged from 26th May 2022
- MHD – Early Alert Update regarding ISP FIRS
- CYPS –The team welcomed new Governance Co-ordinator Laura Spiers
- OPPC – 1 catastrophic incident involving the death of a patient who was MRSA positive
- OPPC – Early Alert to be raised regarding Domiciliary Care Provider handing back care packages as a result of increased fuel costs
- Litigation- 3 Clinical Negligence claims re SEC - one regarding Urology
- Litigation-1 Clinical Negligence Claim settled out of court
- Litigation - Inquest listed for 06/06/2022 re Homicide case postponed, further PH 27/06/2022, Hearing in June 2023
- Litigation – Number of outstanding Medico Legal SARs down to 93
- Standards & Guidelines – updated / approved SHSCT action plan relating to SQR SAI 2018/033 'Use of plastic bags on mental health in-patient wards' submitted, one outstanding action regarding a new co-produced patient and carer booklet should be completed by June 2022
- Standards and Guidelines - 2nd Line Assurance for Safe management of the intoxicated, violent and aggressive patient in the Emergency Department is being finalised and will be tabled at the next V&A Committee meeting
- IPC – COVID Outbreak in South Tyrone Hospital
- IPC – 11 CDiff cases to date for 2022, increase from last year (n=5). 4 MRSA cases already this year, 3 preventable, including one deceased patient
- IPC – 71 cases of Monkeypox in the UK on Monday. Isolation period is 21 days. Highly infectious disease which is likely to have a significant impact on services, specifically GUM. Plans in place to develop robust systems for the early identification of cases

Southern Health and Social Care Trust

Job Description

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

JOB SUMMARY

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Surgery and Elective Care Division. He/She will be responsible for the operational management of all specialties in the division. This will incorporate all surgical specialties: general surgery, ENT, breast, vascular, urology and T&O, colorectal, and outpatient services including Pre Operative Assessment in Craigavon Area Hospital, Daisy Hill Hospital and other settings as appropriate. He/She will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Delivery Plan and ensure effective multidisciplinary working. He/She will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and service reform initiatives.

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

KEY RESULT AREAS

Service Delivery

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

2. Ensure the successful implementation of all DHSSPS, HSSA and commissioning priorities and targets in the division with a particular emphasis on those relating to waiting times and the establishment of agreed treatment schedules.

3. Work closely with senior clinicians and other senior managers in the Trust to secure an appropriate balance between hospital and community based services and

achieve an integrated approach in reducing inappropriate hospital admissions and lengths of stay.

4. Contribute to the development of robust clinical and professional networks within the division and across the Trust.

Quality and Governance

5. Ensure that the needs of patients and their carers are at the core of how all specialties in the division deliver their services and are in accordance with DHSSPS *Quality Standards for Health and Social Care* and other relevant requirements.

6. Ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's *Safety First* framework.

7. Ensure the division complies with all professional, regulatory and requisite standards.

8. Ensure the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.

9. Ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.

10. Ensure the management of complaints within the division comply with HPSS and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.

11. Lead on the implementation of quality initiatives such as Investors in People and Charter Standards in the division.

12. Ensure that the quality of the patient journey and experience is enhanced and improved by the Patient Support Service, working across all acute services/sites.

13. Provide leadership of the Quality and Patient Support Officer to ensure the Public and Personal Involvement and Health and Wellbeing Strategies are implemented to continually improve the quality of patient/client experience by involving users in shaping services and improving the health of the Trust's clients/patients.

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

Southern Health and Social Care Trust

Service Planning and Development

15. Promote innovation and change to underpin the modernisation of the division's services and oversee the implementation of initiatives such as HQS or similar.

16. Assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities.

17. Work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.

18. Liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.

19. Act as a member of the directorate's senior management team and contribute to its policy development processes.

20. Represent the division and/or directorate in Trust and/or regional planning teams as appropriate.

Financial and Resource Management

21. Responsible for the management of the division's budget and the meeting of all financial targets by each specialty.

22. Ensure the effective implementation of all Trust financial policies and procedures in the division which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.

23. Participate in contract and service level negotiations with commissioners.

24. Ensure the effective management, use and maintenance of all physical assets in the division.

People Management

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

26. Work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.

27. Ensure that management structures and practices in the division support a culture of effective team working, continuous improvement and innovation.

28. Ensure the effective implementation of all Trust people management policies in the division and the achievement of all relevant targets such as relating to the management of sickness and absenteeism, turnover etc.

29. Ensure the effective management of staff health and safety and support in the division.

Information Management

30. Ensure the effective implementation of all Trust information management policies and procedures in the division.

31. Ensure the division's systems and procedures for the management and storage of information meet internal and external reporting requirements.

Corporate Responsibilities

32. Develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.

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

34. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.

35. Adhere to the Trust's corporate planning, policy and decision making processes as a member of the directorate's senior management team and ensure the Trust's objectives and decisions are effectively communicated.

36. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

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Human Resource Management Responsibilities

37. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.

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

39. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.

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

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

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

GENERAL REQUIREMENTS

The post holder will be required to:

43. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

44. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

45. Adhere at all times to all Trust policies/codes of conduct, including for example:
    - Smoke Free policy
    - IT Security Policy and Code of Conduct
    - standards of attendance, appearance and behaviour

46. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

Southern Health and Social Care Trust

47. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

48. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

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

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

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Personnel Specification

JOB TITLE Assistant Director of Acute Service
Surgery and Elective Care Division

Ref No: 73211009 February 2011

Notes to applicants:

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

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

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

ELIGIBILITY

1. Applicants must provide evidence by the closing date for application that they are employed within a Health & Social Care organisation as defined[8]

QUALIFICATIONS / EXPERIENCE

2. Hold a university degree or recognised professional qualification or equivalent qualification in a relevant subject[9] AND have a minimum of 2 years experience in a senior management[10] role in a major complex organisation[11]
   OR
   Have a minimum of 5 years experience in a Senior Management[10] role in a major complex organisation[11]

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

[9] *'relevant subject' will be interpreted to mean any business, administrative, corporate function or health related qualification*

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

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

Southern Health and Social Care Trust

AND

3. Have a minimum of 2 years experience in delivering against challenging performance management programmes meeting a full range of key targets and making significant[12] improvements.

4. Have a minimum of 1 years experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant[12] change initiative.

5. Have a minimum of 2 years experience in high level people management,

6. Have a minimum of 2 years experience in governance related activity

7. Hold a full current driving licence valid for use in the UK and have access to a car on appointment[13].

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

KNOWLEDGE, TRAINING & SKILLS

8. Have an ability to provide effective leadership to enable transformation of services.

9. Demonstrate evidence of highly effective planning and organisational skills.

10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.

11. Demonstrate effective communication skills to meet the needs of the post in full.

12. Have an ability to effectively manage a budget to maximise utilisation of available resources.

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

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

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

13. Experience in the management of care services within a health and / or social care setting.

14. Experience of Financial Flows in a major complex organisation[14]

PLEASE NOTE:

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

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

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

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

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

[14] *'Major Complex Organisation' will be interpreted as per essential criteria 2.*

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Southern Health and Social Care Trust

JOB DESCRIPTION

JOB TITLE Head of Urology and ENT

BAND 8B

DIRECTORATE Acute

INITIAL LOCATION To Be Confirmed

REPORTS TO Assistant Director of Surgery & Elective Care

ACCOUNTABLE TO

JOB SUMMARY

- To be responsible for the operational management and strategic development of Urology and ENT services across the Southern Trust.
- To be responsible for leadership, service provision and service development of Urology and ENT services and ensuring high quality patient centred services.
- To be responsible for achieving service objectives through the implementation of national, regional and local strategies and access targets.
- To work in partnership with the Assistant Director, Associate Medical and Clinical Director to define a service strategy, which support the Trust's and Division's overall strategic direction and ensures the provision of a high quality responsive service to patients within resources.
- As a head of service, the jobholder will be a member of the division's senior management team and will therefore contribute to policy development in the division and the achievement of its overall objectives.

KEY DUTIES / RESPONSIBILITIES

1. Quality & Governance

1.1 Promote a culture which focuses on the provision of high quality safe and effective care, promotes continuous improvement, empowers staff to maximise their potential.

1.2 Be committed to supporting honest, open communication and effective multi-disciplinary working.

1.3 Develop appropriate mechanism/forums for accessing the views of and engaging with staff, service users and their carers and use this information to inform the development, planning and delivery of services.

1.4 Support the Assistant Director with the implementation of quality initiatives such as Investors in People and Charter Standards.

2. Leading & People Management

2.1 Lead, manage, motivate and develop staff so as to maintain the highest level of staff morale and to create a climate within the Division characterised by high standards and openness.

2.2 Ensure the contributions and perspectives of staff are heard, valued and considered when management decisions are taken within the division.

2.3 Ensure that the division has in place effective arrangements for staff appraisal, training and development, using the KSF framework.

2.4 Continually review the workforce to ensure that it reflects the division's service plans and priorities. The manager will implement skill mix review, role redesign and changes to working practices as required.

2.5 Ensure the division implements and adheres to Trust HR policies and procedures.

2.6 Work in partnership with Trade Unions and staff representatives

in developing the workforce, managing employee relations and changing working practices.

3. Service Delivery

3.1 Manage and co-ordinate the delivery of services to achieve safe and effective outcomes for patients who come into contact with the Trust.

3.2 Support the Assistant Director in achieving key access and performance targets for each service through robust planning and service improvement.

3.3 Make sure that services are delivered to the standard and quality expected by the DHSSPS, Regional Authority and by the Trust Board.

3.4 Facilitate multi-disciplinary and inter-agency working to make sure that services are co-ordinated to best effect.

3.5 Identify and contribute to local and national development initiatives e.g. clinical networks and national programmes.

3.6 Make sure that all recommendations arising from RQIA inspections are implemented in a timely manner.

3.7 Act as a member of the division's senior management team and contribute to its policy development processes.

3.8 Make sure that services are maintained at safe and effective levels, that performance is monitored in accordance with the Trust's policies and procedures and that corrective action is taken, where necessary, to address deficiencies.

3.9 Make sure that serious adverse incidents, accidents, incidents and near misses are brought to the attention of the Assistant Director at the earliest opportunity and are appropriately managed.

4. Strategic Planning and Development

4.1 Assist with the development of the strategic plan for the delivery

of operational services on behalf of the Assistant Director in line with regional strategies, Ministerial and HSSA priorities.

4.2 Work closely with the Assistant Director to secure the commitment and involvement of commissioners and relevant internal and external stakeholders in the implementation of strategic planning initiatives and targets.

4.3 Work with members of relevant teams on the innovative development of new and existing services.

5. Financial & Resource Management

5.1 Be responsible and accountable for a delegated budget ensuring the optimum use of resources through establishing and maintaining effective management/financial processes.

5.2 Identify, negotiate and implement cost improvement and revenue generation opportunities when they arise.

5.3 Participate in contract and service level negotiations with commissioners.

5.4 Ensure that working arrangements are in place to enable the division to comply with the Trust's complaints procedure. To investigate complaints as appropriate under the procedure and ensure action is taken to address issues of concern and prevent reoccurrence of similar events.

5.5 Update and monitor the operational policies of the Division and take account of risk management needs.

5.6 Ensure procedures are in place to report, investigate and monitor clinical incidents putting action in place to address areas of concern.

5.7 Ensure that environmental standards are appropriate for safe & clean care delivery.

6. Information Management

6.1 Ensure the effective implementation of all Trust information management policies and procedures within the Division.

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

7. Corporate & Divisional Responsibilities

7.1 Contribute to the Trust's corporate planning, policy and decision making processes including the implementation of the Trust Performance Management Framework, in line with annual schedule, by contributing to the development of a Divisional Plan for Elective Services.

7.2 Attend meetings of the Trust Board, its' committees or SMT as required to provide appropriate, high quality, information to the Assistant Director/ Director, Chief Executive and Trust Board concerning those areas for which he/she is responsible.

7.3 Develop and maintain working relationships with senior managers and staff to ensure the achievement of the Trust's objectives and the effective functioning of the directorate's management team.

7.4 Support the Assistant Director in establishing and maintaining effective collaborative relationships and networks with external stakeholders in the public, private voluntary and community sectors.

7.5 Participate in and comply with requirements in the production of performance reports.

7.6 Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, and codes of conduct, operations and accountability.

7.7 Lead by example in practising the highest standards of conduct in

accordance with the Code of Conduct for HPSS Managers.

HUMAN RESOURCE MANAGEMENT RESPONSIBILTIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.

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

3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.

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

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

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

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered

and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
    - Smoke Free policy
    - IT Security Policy and Code of Conduct
    - standards of attendance, appearance and behaviour

4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

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

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

Southern Health and Social Care Trust

PERSONNEL SPECIFICATION

JOB TITLE	Head of Urology and ENT Band 8B
DIRECTORATE	Acute Services
SALARY	£44,258 – £54,714 per annum pro rata
HOURS	37.5 per week (Job share may be considered)
Ref No:	73209161

June 2009

Notes to applicants:

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

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

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

QUALIFICATIONS / EXPERIENCE / SKILLS

1. Hold a relevant[1], University Degree or recognised Professional Qualification or equivalent qualification **AND** 2 years experience in a Senior Role[2] **OR** have at least 5 years experience in a Senior Role[2].

[1] *'relevant' will be defined as a business or health related field*
[2] *'Senior Role' is defined as Band 7 or equivalent or above.*

2. Have a minimum of 1 years experience in a lead role delivering objectives which have led to a significant[3] improvement in service.

3. Have a minimum of 1 years experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant[3] change initiative.

4. Have a minimum of 2 years experience in staff management.

5. Hold a full current driving licence valid for use in the UK and have access to a car on appointment[4].

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

KNOWLDEGE / SKILLS / ABILITIES

6. Have an ability to effectively manage a delegated budget to maximise utilisation of available resources.

8. Have an ability to provide effective leadership.

9. Demonstrate evidence of highly effective planning and organisational skills.

10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.

INTERVIEW ARRANGEMENTS – FOR NOTING BY ALL CANDIDATES

[3] *'Significant' is defined as contributing directly to key Directorate objectives*
[4] *This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.*

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

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

Informal enquiries to: Email: Personal Information redacted by the USI

Tel: Personal Information redacted by the USI

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

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

Southern Health and Social Care Trust

Quality Care - for you, with you

JOB DESCRIPTION

POST: Clinical Director – ENT/Urology

DIRECTORATE: Acute Services

RESPONSIBLE TO: Divisional Medical Director - Surgery and Elective Care
Divisional Medical Director – Urology Improvement

ACCOUNTABLE TO: Medical Director

COMMITMENT: 1 PA

LOCATION: Trust wide

Context:

The Clinical Director (CD) on behalf of the Divisional Medical Director (DivMD) will be a leader in Divisional Management Team and member of the Directorate Senior Management Team. The CD will report to the DivMD and will have a lead role in ensuring the division maintains high quality, safe and effective services and will also contribute to the division's strategic direction.

The CD will embody HSC values of Openness & Honesty, Excellence, Compassion and Working Together. The Trust is firmly committed to embedding the "right culture" where everyone's "internal culture" or values are realized through the provision of caring, compassionate, safe and continuously improving high quality health and social care.

For the Southern Trust, the "right" culture is underpinned by a collective and compassionate leadership approach, model and behaviours. This Collective Leadership approach will be supported with the implementation of a more collective leadership (CLT) model within the Service Directorates.

Job Purpose:

The CD will have delegated responsibility on behalf of the DivMD within their areas Division for the delivery and assurance surrounding all aspects of Professional and Clinical and Social Care Governance.

In partnership with the Assistant Director and Professional Leads the CD will also be responsible for setting divisional direction; service delivery; development; research and innovation; collaborative working; communication; financial and resource management; people management and development; information management and governance and performance management.

Specialties / Areas Responsible For

- Ear Nose and Throat Surgery Trust wide.
- Urological Surgical Service Trust wide

Main Duties / Responsibilities

- To develop a culture of collective and compassionate leadership.
- To medically lead on all aspects of patient safety.
- To lead on all aspects of medical professional and clinical and social care governance including:

• Professional Medical Governance –Staffing and Staff Management –Professional Performance Management –Appraisal and Revalidation • Adverse and Serious Adverse Incident Management • Litigation and Claims Management • Coronial Matters • Complaints • Morbidity and Mortality • Patient Safety (Including Infection Prevention and Control) • Medications management	• Research and Development • Risk Management / Mitigation and Reduction • Learning from Experience • Medical Education in conjunction with DMD/ Dir Med Ed • Medical Workforce development • Quality Improvement • Clinical Audit • Education, Training and Continuing Professional Development • Ensuring Delivery of Effective Evidence-Based Care • Patient and Carer Experience and Involvement • Medical leadership in delivery of MCA and Safeguarding

Specific Divisional Responsibilities

Provide medical leadership and direction regarding strategic development of ENT Surgery and Urological surgical Services within the Southern Trust.

Ensure all clinical staff are aware of Trust policies and procedures in relation to good medical practice, and compliant with relevant standards and guidelines.

Leadership Responsibilities

- To provide assurance on the quality of the professional, clinical and patient safety / Multi-Disciplinary Team systems, processes and meetings within the division.
- To promote quality improvement and to grow and embed a culture of Collective Leadership within the Division.
- To manage the clinical quality of care within the Division, promoting a climate of continuing excellence and developing a positive culture to ensure patient safety and outstanding clinical practice and performance.
- To promote and strengthen links with primary care services including communications and development of service pathway improvements.
- To develop and ensure guidelines and clinical pathways are maintained and embedded within clinical and social care governance structures and culture.
- To be a leader in the alignment and commitment of developing a culture that delivers caring, compassionate, safe and continuously improving high quality health and social care.

- To be a leader in developing an inspiring vision that is put into practice at every level within the division, identify clear, aligned objectives for all teams, departments and staff, provide supportive enabling people management, develop high levels of staff engagement, support learning, innovation and quality improvement in the practice of all staff.
- To be a leader in engagement within the Division and foster a climate that respects diversity and individual contribution, values team-working, encourages innovation and creative thinking, and develops individuals to achieve their full potential.
- To strategically manage and develop the inter-relationships with primary care, the HSCB, and other key stakeholders, in order to develop effective patient pathways.
- To actively contribute to the development and delivery of the Trust strategy and business plan.
- To be a leader in the development and delivery of the Division business plan, ensuring that this plan ensures:
    (a) delivery of safe, high quality and effective person-centred care
    (b) secures activity and performance
    (c) maintains ongoing financial viability
    (d) is aligned to corporate goals
- The Clinical Director will work with the Divisional Medical Directors and the Assistant Director and professional leads, in partnership, to achieve the above objectives.
- To be a leader in the development of key performance indicators for the Division and to ensure that effective performance management arrangements are in place.
- To ensure robust financial management of all medical staff across the Division.
- To contribute to the effective leadership and management of all staff within the Division, and professional leadership for medical staff.
- To contribute to the effective management of all staff within the division and work with colleagues in other Divisions and Corporate services in the pursuit of the corporate agenda and in the delivery of the objectives of other Divisions.
- To model the HSC values.
- To act as an advocate for the Division.
- To represent the Division at the relevant senior Trust meetings.
- To participate in Major Incident Planning for the Trust and to participate in the relevant on-call rota.
- To ensure that systems are in place so that all Health and Safety and other statutory requirements for patients, visitors, employees and contractors and the wider public are met.
- Further to discussion and agreement, to undertake other duties as and when required by the Director or Medical Director.
- Regularly review key service data in conjunction with Director/ Assistant Director/ Heads of Service and advise on delivery options.
- To provide quarterly updates on the progress of aspects of professional and social care governance.
- Perform any other duties that are consistent with the post.

Appraisal and Revalidation
To work with the Appraisal and Revalidation Team to ensure that all doctors are engaged in Appraisal and Revalidation in a timely fashion.

Through the Collective leadership team and medical management structures to ensure that areas of concern raised within the Appraisal and Revalidation process are addressed.

In conjunction with the Medical Director's Office to be involved in the oversight of

Revalidation and Appraisal processes including undertaking at least 8 appraisals annually, equating to 0.25SPA of CD allocation.

Job Planning

- Provide leadership and support for Job planning process within the Directorate for Consultants, Associate Specialists and Specialty Doctors.
- Co-ordinate the implementation of Job Planning within Job Planning guidelines.
- Monitor the completion of Job Plans within agreed timescales.
- Undertake Job Planning for Consultants and any other relevant medical staff.
- Ensure that Job Planning process and outcomes reflects the Directorate's service capacity needs and Service and Budget Agreement with our Commissioner.

Implementation of HR policies for medical staff

- Co-ordinate and monitor implementation of all relevant policies including:
  Annual Leave
  Study Leave
  Performance
  Sickness absence
  Locum cover (long and short term)
- Liaise with Human Resources for appropriate advice and support.
- Liaise with the Director of Medical Education and Training and NIMDTA with regard to junior doctors in training for appropriate advice and support.

Budgetary management

- Monitor financial information on medical staffing to ensure staff costs are within budget including the Division's collective training and development budget for non-training medical staff.
- Receive reports from Finance and work with Finance staff support on management of the budget.
- Take account of medical staffing costs within the Job Planning context.

GENERAL REQUIREMENTS:

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. The HSC Code of Conduct for Employees sets out the standards of conduct expected of all staff in the Southern Health & Social Care Trust and outlines the standards of conduct and behaviours required during and after employment with the Trust. Professional staff are expected to also follow the code of conduct for their own professions.

4. Adhere at all times to all Trust policies including for example:

   - Smoke Free policy
   - IT Security Policy and Code of Conduct

5. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.

6. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.

7. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

8. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

9. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

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

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

SOUTHERN HEALTH & SOCIAL CARE TRUST

PERSONNEL SPECIFICATION

JOB TITLE Clinical Director – ENT/ Urology

DIRECTORATE Acute Services

Notes to applicants:

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

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

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

1. Applicants must be a permanent Consultant within the Southern Health and Social Care Trust.
2. Hold a medical qualification, GMC registration with Licence to Practice and specialist accreditation (CCT).
3. Experience of leadership within a team that led to successful service development and/or quality improvement.
4. Experience of having worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes.

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

5. Excellent communication skills, both orally and in writing.
6. Be prepared to undertake clinical management development.

IMPORTANT NOTES REGARDING SELECTION PROCESS / INTERVIEW PREPARATION:

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, including clarification around equivalent qualifications.

Prior to interview all shortlisted applicants will be offered the opportunity to meet with Mr Ted McNaboe, Interim Divisional Medical Director to allow further discussion of the role of Clinical Director in the Trust. You can do this at any time during the application process or immediately following shortlisting. To arrange a suitable appointment please contact Pamela Hall on Personal Information redacted by the USI.

You should also note that shortlisted applicants will be assessed against the criteria stated in this specification as it links to the NHS Healthcare Leadership Model. Candidates who are shortlisted for interview are therefore advised to familiarise themselves with this model to ensure that at interview they can adequately demonstrate they have the required skills to be effective in this demanding leadership role. Further information may be obtained from http://www.leadershipacademy.nhs.uk/healthcare-leadership-model/

Please note that interviews for this post will be held week commencing 28th March 2022 (subject to change).

The post will be for a period of 3 years and will be offered under a separate contract which will attract additional programmed activities of 1PA and a fixed management allowance of £7,400 per annum. Successful applicants can opt to have the responsibility allowance superannuable or non-superannuable at the outset of the contract agreement – which will then apply for the duration of the contract.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Southern Health and Social Care Trust

Quality Care - for you, with you

JOB DESCRIPTION

POST: Interim Divisional Medical Director – Surgery and Elective Care (Up to 24 Months Initially)

DIRECTORATE: Acute Services

RESPONSIBLE TO: Director of Acute Care

ACCOUNTABLE TO: Medical Director

COMMITMENT: 3 PAs

LOCATION: Trustwide

Context:

The Divisional Medical Director (DivMD) will be a leader of the Divisional Management Team, member of the Directorate Senior Management Team and Medical Directors divisional representative. The DivMD will have a lead role in ensuring the division maintains high quality, safe and effective services and will also contribute to the division's strategic direction.

The DivMD will embody HSC values of Openness & Honesty, Excellence, Compassion and Working Together. The Trust is firmly committed to embedding the "right culture" where everyone's "internal culture" or values are realized through the provision of caring, compassionate, safe and continuously improving high quality health and social care.

For the Southern Trust, the "right" culture is underpinned by a collective and compassionate leadership approach, model and behaviours. This Collective Leadership approach will be supported with the implementation of a more collective leadership (CLT) model within the Service Directorates.

Job Purpose:

The DivMD has a lead responsibility within the Division for the delivery and assurance surrounding all aspects of Professional and Clinical and Social Care Governance.

In partnership with the Assistant Director and Professional Leads the DivMD will also be responsible for setting divisional direction; service delivery; development; research and innovation; collaborative working; communication; financial and resource management; people management and development; information management and governance and performance management.

Main Duties / Responsibilities

- To develop a culture of collective and compassionate leadership.
- To medically lead on all aspects of patient safety.
- To lead on all aspects of medical professional and clinical and social care governance including:

• Professional Medical Governance – Staffing and Staff Management – Professional Performance Management – Appraisal and Revalidation • Adverse and Serious Adverse Incident Management • Litigation and Claims Management • Coronial Matters • Complaints • Morbidity and Mortality • Patient Safety (Including Infection Prevention and Control) • Medications management	• Research and Development • Risk Management / Mitigation and Reduction • Learning from Experience • Medical Education in conjunction with DMD/ Dir Med Ed • Medical Workforce development • Quality Improvement • Clinical Audit • Education, Training and Continuing Professional Development • Ensuring Delivery of Effective Evidence-Based Care • Patient and Carer Experience and Involvement • Medical leadership in delivery of MCA and Safeguarding

Specific Divisional Responsibilities

- On behalf of the Medical Director represent the Trust in regional service development discussions including the development of regionalized surgical services
- Represent the Trust on the Surgical Regional Priority Operational Group

Leadership Responsibilities

- To provide assurance on the quality of the professional, clinical and patient safety / Multi-Disciplinary Team systems, processes and meetings within the division.
- To promote quality improvement and to grow and embed a culture of Collective Leadership within the Division.
- To manage the clinical quality of care within the Division, promoting a climate of continuing excellence and developing a positive culture to ensure patient safety and outstanding clinical practice and performance.
- To promote and strengthen links with primary care services including communications and development of service pathway improvements.
- To develop and ensure guidelines and clinical pathways are maintained and embedded within clinical and social care governance structures and culture.
- To be a leader in the alignment and commitment of developing a culture that delivers caring, compassionate, safe and continuously improving high quality health and social care.
- To be a leader in developing an inspiring vision that is put into practice at every level within the division, identify clear, aligned objectives for all teams, departments and staff, provide supportive enabling people management, develop high levels of staff engagement, support learning, innovation and quality improvement in the practice of all staff.
- To be a leader in engagement within the Division and foster a climate that respects diversity and individual contribution, values team-working, encourages innovation and creative thinking, and develops individuals to achieve their full

potential.

- To strategically manage and develop the inter-relationships with primary care, the HSCB, and other key stakeholders, in order to develop effective patient pathways.
- To actively contribute to the development and delivery of the Trust strategy and business plan.
- To be a leader in the development and delivery of the Division business plan, ensuring that this plan ensures:

  (a) delivery of safe, high quality and effective person-centred care

  (b) secures activity and performance

  (c) maintains ongoing financial viability

  (d) is aligned to corporate goals

  The Divisional Medical Director with the Assistant Director and professional leads will work in partnership to achieve the above objectives.
- To be a leader in the development of key performance indicators for the Division and to ensure that effective performance management arrangements are in place.
- To ensure robust financial management of all medical staff across the Division.
- To contribute to the effective leadership and management of all staff within the Division, and professional leadership for medical staff.
- To contribute to the effective management of all staff within the division and work with colleagues in other Divisions and Corporate services in the pursuit of the corporate agenda and in the delivery of the objectives of other Divisions.
- To model the HSC values.
- To act as an advocate for the Division.
- To represent the Division at the relevant senior Trust meetings.
- To participate in Major Incident Planning for the Trust and to participate in the relevant on-call rota.
- To ensure that systems are in place so that all Health and Safety and other statutory requirements for patients, visitors, employees and contractors and the wider public are met.
- Further to discussion and agreement, to undertake other duties as and when required by the Director or Medical Director.
- Regularly review key service data in conjunction with Director/ Assistant Director/ Heads of Service and advise on delivery options.
- To provide quarterly updates on the progress of aspects of professional and social care governance.
- Perform any other duties that are consistent with the post.

Appraisal and Revalidation

To work with the Appraisal and Revalidation Team to ensure that all doctors are engaged in Appraisal and Revalidation in a timely fashion.

Through the Collective leadership team and medical management structures to ensure that areas of concern raised within the Appraisal and Revalidation process are addressed.

In conjunction with the Medical Director's Office to be involved in the oversight of Revalidation and Appraisal processes including undertaking at least 8 appraisals annually, equating to 0.25SPA of DivMD allocation.

Job Planning

- Provide leadership and support for Job planning process within the Directorate for Consultants, Associate Specialists and Specialty Doctors.
- Co-ordinate the implementation of Job Planning within Job Planning guidelines.
- Monitor the completion of Job Plans within agreed timescales.
- Undertake Job Planning for Clinical Directors (and Lead Clinicians) and any other relevant medical staff.
- Advise and mediate in cases that cannot be resolved by Clinical Directors within existing job planning guidance.
- Ensure that Job Planning process and outcomes reflects the Directorate's service capacity needs and Service and Budget Agreement with our Commissioner.

Implementation of HR policies for medical staff

- Co-ordinate and monitor implementation of all relevant policies including:
  Annual Leave
  Study Leave
  Performance
  Sickness absence
  Locum cover (long and short term)
- Liaise with Human Resources for appropriate advice and support.
- Liaise with the Director of Medical Education and Training and NIMDTA with regard to junior doctors in training for appropriate advice and support.

Budgetary management

- Monitor financial information on medical staffing to ensure staff costs are within budget including the Division's collective training and development budget for non-training medical staff.
- Receive reports from Finance and work with Finance staff support on management of the budget.
- Take account of medical staffing costs within the Job Planning context.

GENERAL REQUIREMENTS:

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. The HSC Code of Conduct for Employees sets out the standards of conduct expected of all staff in the Southern Health & Social Care Trust and outlines the standards of conduct and behaviours required during and after employment with the Trust. Professional staff are expected to also follow the code of conduct for their own professions.

4. Adhere at all times to all Trust policies including for example:

- Smoke Free policy
- IT Security Policy and Code of Conduct

5. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.

6. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.

7. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

8. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

9. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

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

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

SOUTHERN HEALTH & SOCIAL CARE TRUST

PERSONNEL SPECIFICATION

JOB TITLE Divisional Medical Director

DIRECTORATE Surgery and Elective Care

Notes to applicants:

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

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

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

1. Applicants must be a permanent Consultant within the Southern Health and Social Care Trust.

2. Hold a medical qualification, GMC registration with Licence to Practice and specialist accreditation (CCT).

3. Experience of leadership within a team that led to successful service development and/or quality improvement.

4. Experience of having worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes.

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

5. Excellent communication skills, both orally and in writing.

6. Be prepared to undertake clinical management development.

IMPORTANT NOTES REGARDING SELECTION PROCESS / INTERVIEW PREPARATION:

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, including clarification around equivalent qualifications.

Prior to interview all shortlisted applicants will be offered the opportunity to meet with Dr Maria O'Kane, Medical Director to allow further discussion of the role of Divisional Medical Director in the Trust. You can do this at any time during the application process or immediately following shortlisting. To arrange a suitable appointment please contact Emma Campbell on Personal Information redacted by the USI.

You should also note that shortlisted applicants will be assessed against the criteria stated in this specification as it links to the NHS Healthcare Leadership Model. Candidates who are shortlisted for interview are therefore advised to familiarise themselves with this model to ensure that at interview they can adequately demonstrate they have the required skills to be effective in this demanding leadership role. Further information may be obtained from http://www.leadershipacademy.nhs.uk/healthcare-leadership-model/

Please note that interviews for this post will be held week commencing 5th July 2021 (subject to change).

The post will be for a period of 3 years and will be offered under a separate contract which will attract additional programmed activities of 3PA's and a fixed management allowance of £14,800 per annum. Successful applicants can opt to have the responsibility allowance superannuable or non-superannuable at the outset of the contract agreement – which will then apply for the duration of the contract.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Southern Health and Social Care Trust

Quality Care - for you, with you

JOB DESCRIPTION

POST: Divisional Medical Director – Urology Improvement (Temporary post – 2 years initially)

DIRECTORATE: Acute Services

RESPONSIBLE TO: Director of Acute Care

ACCOUNTABLE TO: Medical Director

COMMITMENT: 3 PAs

LOCATION: Trustwide

Context:

The Divisional Medical Director (DivMD) will be a leader of the Urology Divisional Management Team, member of the Directorate Senior Management Team and Medical Directors divisional representative. The DivMD will have a lead role in ensuring the division maintains high quality, safe and effective services and will also contribute to the division's strategic direction.

The DivMD will embody HSC values of Openness & Honesty, Excellence, Compassion and Working Together. The Trust is firmly committed to embedding the "right culture" where everyone's "internal culture" or values are realized through the provision of caring, compassionate, safe and continuously improving high quality health and social care.

For the Southern Trust, the "right" culture is underpinned by a collective and compassionate leadership approach, model and behaviours. This Collective Leadership approach will be supported with the implementation of a more collective leadership (CLT) model within the Service Directorates.

Job Purpose:

The DivMD has a lead responsibility within the Division for the delivery and assurance surrounding all aspects of Professional and Clinical and Social Care Governance.

In partnership with the Assistant Director and Professional Leads the DivMD will also be responsible for setting divisional direction; service delivery; development; research and innovation; collaborative working; communication; financial and resource management; people management and development; information management and governance and performance management.

Main Duties / Responsibilities

- To develop a culture of collective and compassionate leadership.

- To medically lead on all aspects of patient safety.
- To lead on all aspects of medical professional and clinical and social care governance including:

• Professional Medical Governance – Staffing and Staff Management – Professional Performance Management – Appraisal and Revalidation • Adverse and Serious Adverse Incident Management • Litigation and Claims Management • Coronial Matters • Complaints • Morbidity and Mortality • Patient Safety (Including Infection Prevention and Control) • Medications management	• Research and Development • Risk Management / Mitigation and Reduction • Learning from Experience • Medical Education in conjunction with DMD/ Dir Med Ed • Medical Workforce development • Quality Improvement • Clinical Audit • Education, Training and Continuing Professional Development • Ensuring Delivery of Effective Evidence-Based Care • Patient and Carer Experience and Involvement • Medical leadership in delivery of MCA and Safeguarding

Specific Divisional Responsibilities

- Provide medical leadership and direction regarding strategic development of Urology Services within the Southern Trust.

- In conjunction with the AD Surgery and Elective Care lead on the Urology review lookback and coordinate clinical resources as appropriate.

- In conjunction with the AD Surgery and Elective Care provide clinical leadership on the development of business cases to involve independent sector support for lookback reviews as required.

- Be the Trust key clinical contact for liaising with external bodies such as the Royal College of Surgeons and BAUS to gain independent expert advice on urology lookback and quality improvement proposals.

- Review and provide input into the modification of the department to improve and expand Urology services and have an active involvement in the implementation of quality improvement initiatives. This includes specifically:

  - Chairing the urology quality improvement group designated with responsibility for ensuring effective, high quality care is provided.

  - Co-Chairing the Urology SAI task and finish group responsible for ensuring compliance with SAI recommendations made in the 2016 and 2021 urology SAI reviews regarding urology and cancer services.

- Ensure all clinical staff are aware of Trust policies and procedures in relation to good medical practice, and compliant with relevant standards and guidelines.

- Ensure Southern Trust policies and procedures in relation to Urology services are reviewed and updated regularly, and develop short term and long range plans for the department to maintain standards, implement improvements, define and measure progress to meet Southern Trust objectives.

- Provide oversight to senior management to ensure compliance with established practices, to implement new policies and to ensure employees are aware of changes and current standards

Leadership Responsibilities

- To provide assurance on the quality of the professional, clinical and patient safety / Multi-Disciplinary Team systems, processes and meetings within the division.
- To promote quality improvement and to grow and embed a culture of Collective Leadership within the Division.
- To manage the clinical quality of care within the Division, promoting a climate of continuing excellence and developing a positive culture to ensure patient safety and outstanding clinical practice and performance.
- To promote and strengthen links with primary care services including communications and development of service pathway improvements.
- To develop and ensure guidelines and clinical pathways are maintained and embedded within clinical and social care governance structures and culture.
- To be a leader in the alignment and commitment of developing a culture that delivers caring, compassionate, safe and continuously improving high quality health and social care.
- To be a leader in developing an inspiring vision that is put into practice at every level within the division, identify clear, aligned objectives for all teams, departments and staff, provide supportive enabling people management, develop high levels of staff engagement, support learning, innovation and quality improvement in the practice of all staff.
- To be a leader in engagement within the Division and foster a climate that respects diversity and individual contribution, values team-working, encourages innovation and creative thinking, and develops individuals to achieve their full potential.
- To strategically manage and develop the inter-relationships with primary care, the HSCB, and other key stakeholders, in order to develop effective patient pathways.
- To actively contribute to the development and delivery of the Trust strategy and business plan.
- To be a leader in the development and delivery of the Division business plan, ensuring that this plan ensures:
    (a) delivery of safe, high quality and effective person-centred care
    (b) secures activity and performance
    (c) maintains ongoing financial viability
    (d) is aligned to corporate goals
- The Divisional Medical Director with the Assistant Director and professional leads will work in partnership to achieve the above objectives.
- To be a leader in the development of key performance indicators for the Division and to ensure that effective performance management arrangements are in place.
- To ensure robust financial management of all medical staff across the Division.
- To contribute to the effective leadership and management of all staff within the Division, and professional leadership for medical staff.
- To contribute to the effective management of all staff within the division and work with colleagues in other Divisions and Corporate services in the pursuit of the corporate agenda and in the delivery of the objectives of other Divisions.

- To model the HSC values.
- To act as an advocate for the Division.
- To represent the Division at the relevant senior Trust meetings.
- To participate in Major Incident Planning for the Trust and to participate in the relevant on-call rota.
- To ensure that systems are in place so that all Health and Safety and other statutory requirements for patients, visitors, employees and contractors and the wider public are met.
- Further to discussion and agreement, to undertake other duties as and when required by the Director or Medical Director.
- Regularly review key service data in conjunction with Director/ Assistant Director/ Heads of Service and advise on delivery options.
- To provide quarterly updates on the progress of aspects of professional and social care governance.
- Perform any other duties that are consistent with the post.

Appraisal and Revalidation
To work with the Appraisal and Revalidation Team to ensure that all doctors are engaged in Appraisal and Revalidation in a timely fashion.

Through the Collective leadership team and medical management structures to ensure that areas of concern raised within the Appraisal and Revalidation process are addressed.

In conjunction with the Medical Director's Office to be involved in the oversight of Revalidation and Appraisal processes including undertaking at least 8 appraisals annually, equating to 0.25SPA of DivMD allocation.

Job Planning
- Provide leadership and support for Job planning process within the Directorate for Consultants, Associate Specialists and Specialty Doctors.
- Co-ordinate the implementation of Job Planning within Job Planning guidelines.
- Monitor the completion of Job Plans within agreed timescales.
- Undertake Job Planning for Clinical Directors (and Lead Clinicians) and any other relevant medical staff.
- Advise and mediate in cases that cannot be resolved by Clinical Directors within existing job planning guidance.
- Ensure that Job Planning process and outcomes reflects the Directorate's service capacity needs and Service and Budget Agreement with our Commissioner.

Implementation of HR policies for medical staff
- Co-ordinate and monitor implementation of all relevant policies including:
  Annual Leave
  Study Leave
  Performance
  Sickness absence
  Locum cover (long and short term)
- Liaise with Human Resources for appropriate advice and support.
- Liaise with the Director of Medical Education and Training and NIMDTA with regard to junior doctors in training for appropriate advice and support.

Budgetary management

- Monitor financial information on medical staffing to ensure staff costs are within budget including the Division's collective training and development budget for non-training medical staff.
- Receive reports from Finance and work with Finance staff support on management of the budget.
- Take account of medical staffing costs within the Job Planning context.

GENERAL REQUIREMENTS:

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. The HSC Code of Conduct for Employees sets out the standards of conduct expected of all staff in the Southern Health & Social Care Trust and outlines the standards of conduct and behaviours required during and after employment with the Trust. Professional staff are expected to also follow the code of conduct for their own professions.

4. Adhere at all times to all Trust policies including for example:

    - Smoke Free policy
    - IT Security Policy and Code of Conduct

5. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.

6. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.

7. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

8. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

9. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

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

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

SOUTHERN HEALTH & SOCIAL CARE TRUST

PERSONNEL SPECIFICATION

JOB TITLE Divisional Medical Director – Urology Improvement

DIRECTORATE Acute

Notes to applicants:

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

***ESSENTIAL CRITERIA** – these are criteria all applicants MUST be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form*

whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

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WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

ACTIONS IN RESPONSE TO WHISTLEBLOWING REPORT

THEME 1 MANAGEMENT OF RISK

MANAGEMENT ACTIONS IN RESPONSE

Actions:

1. To provide assurance to the Trust's Governance Committee, a retrospective look-back exercise is to be undertaken on incident reports where the severity rating of a report has been amended – this will include Dr Duffin's reports.
2. Each Associate Medical Director to review processes within their teams for feedback to doctors and ensure prospectively that severity ratings can only be amended in consultation with the originator of the report.
3. Establish an Appeal panel where any Clinician dissatisfied with the grading of an incident may seek independent review of this decision. This would comprise at least 1 AMD from outside the relevant service group and a Non Executive Director to ensure openness and transparency regarding the Incident reporting Culture
4. Complete the current review process of the Incident Reporting system taking best practice learning from current regional review of SAIs
5. Establishment in January 2018 of a *Lessons Learnt Committee* to be chaired by the Medical Director to oversee learning from Incidents, Litigation, Complaints, Compliments and National Audits
6. Seek to appoint an ADEPT management fellow for 12 months to specifically develop the 'Lessons learnt' agenda
7. Carry out a prospective Audit of Risk assessment looking specifically at any amended classification within the next 12 months
8. Repeat the Safety Cultural Survey within a year to monitor progress

THEME 2: COMMUNICATION

MANAGEMENT ACTIONS IN RESPONSE

1. Repopulation of the AMD posts (now complete)
2. Filling of Director vacancies with permanent appointments. The permanent Chief Executive post is now filled commencing February 2018
3. Implementation of strengthening of the medical management roles to include two new Deputy Medical Director Roles, one based in each of the acute sites each with a specific remit for governance to improve access of clinicians to on site senior medical managers and improve senior management visibility.
4. Review of Management Structures to facilitate better communication pathways (underway for completion on commencement of CX)
5. Development of the key communication links between Directors, Assistant Directors, AMDs CDs and Heads of Service
6. Involvement of Trade Union Side and community representatives alongside management in the DHH Pathfinder project which has been developed in response to serious risks identified by staff

THEME 3: PERCEPTION OF CRAIGAVON CENTRIC

MANAGEMENT ACTIONS IN RESPONSE

1. Re establishment of the Clinical Leads Forum or Medical Executive on a regular basis. This would meet at least 3 monthly and be led and chaired by the new Chief Executive.
2. Continue work of 'Cross Site Working Group' established with LNC to ensure that geographical barriers do not prevent adoption of best practice models
3. Implementation of the DHH Pathfinder recommendations

THEME 4: ORGANISATIONAL STRUCTURES

MANAGEMENT ACTIONS IN RESPONSE

As above

Stinson, Emma M

From: OKane, Maria
Sent: 04 July 2022 10:49
To: Stinson, Emma M; Wallace, Stephen
Subject: FW: Actions required from Governance Committee meeting on 6th December 2018

This attachment also for 8.29.21 from governance committee

From: Toal, Vivienne <Personal Information redacted by the USI>
Sent: 19 June 2022 11:49
To: OKane, Maria <Personal Information redacted by the USI>
Subject: FW: Actions required from Governance Committee meeting on 6th December 2018

See below

From: Toal, Vivienne <Personal Information redacted by the USI>
Sent: 31 January 2019 22:44
To: Judt, Sandra <Personal Information redacted by the USI>; OKane, Maria <Personal Information redacted by the USI>; Trouton, Heather <Personal Information redacted by the USI>
Cc: Mallagh-Cassells, Heather <Personal Information redacted by the USI>; White, Laura <Personal Information redacted by the USI>; Gribben, Laura <Personal Information redacted by the USI>
Subject: RE: Actions required from Governance Committee meeting on 6th December 2018

Sandra

My understanding was that the update for this quarter was on the audit outcomes – which Heather is involved in (I'm not on the group). The one pager for next meeting is on the complete action plan, which I agreed to link with Maria on and help pull together.

Hope this helps
Vivienne

From: Judt, Sandra
Sent: 31 January 2019 14:03
To: Toal, Vivienne; OKane, Maria; Trouton, Heather; Morgan, Paul
Cc: Mallagh-Cassells, Heather; White, Laura; Alexander, Ruth; Gribben, Laura
Subject: Actions required from Governance Committee meeting on 6th December 2018

Please find attached matters arising template from last confidential Governance Committee meeting.

As agreed at this week's SMT, Vivienne and Heather will be putting together a 1 page update re Dr Duffin's concerns.
Can you provide this please by 10.00 a.m. tomorrow morning as Eileen Mullan collecting her papers around 11.00 a.m.

Paul – please note action re Children's Home visits template.

Thanks

Sandra

Sandra Judt
Board Assurance Manager
SH&SCT
Trust Headquarters
68 Lurgan Road
Portadown
Craigavon
BT63 5QQ

Tel: Personal Information redacted by the USI
Ext No: Personal Information
Email: Personal Information redacted by the USI

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Southern Health and Social Care Trust

Quality Care - for you, with you

Medical Leadership Review

June 2019

Senior Management Team Meeting - Date 18th June 2019

Contents

Section 1 – Medical Leadership Structure Review Framework

1. Background and Context

1. The most important determinant of the development and maintenance of an organisation's culture is current and future leadership. Every interaction by every leader at every level shapes the emerging culture of an organisation[1].

2. Leaders need to ensure that all staff can adopt leadership roles in their work and take individual and collective responsibility for delivering safe, effective, high-quality and compassionate care for patients and service users. Achieving this requires careful planning, persistent commitment and a constant focus on nurturing leadership and culture.

3. With this in mind good medical leadership has been identified as vital in delivering high-quality healthcare[2]. There is an increasing body of published literature that links the performance of units to levels of medical leadership[3].

4. To achieve competence in strong medical leadership doctors are required to develop strong personal and professional values, a range of non-technical skills that allow them to lead across professional boundaries, and an understanding of the increasingly complex environment in which modern health and social care is delivered[4].

5. The divisional medical leadership structure within the SHSCT last underwent a review in 2011 where medical leaders functions, responsibilities and accountabilities were considered. Corporate leadership roles were introduced to support medical revalidation processes, GMC responsible officer requirements and to support the development of SAS grade doctors.

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[1] *Kings Fund - Leadership and Leadership Development in Health Care: The Evidence Base (2011)*
[2] *Warren OJ, Carnall R Medical leadership: why it's important, what is required, and how we develop it Postgraduate Medical Journal 2011;87:27-32.*
[3] *Clark J. Enhancing medical engagement in leadership. InView 2006;10:14e15.*
[4] *Darzi A. A time for revolutions – the role of clinicians in health care reform. N Engl J Med. 2009;361(6):e8.*

6. Over time there has been an erosion of the number and impact of these leadership roles which in turn has affected morale, recruitment and retention of staff, particularly doctors. (See section 14, p 22)

7. Given the length of time since the 2011 review and the significant changes in the health and social care landscape it is now time to -re-visit, the Trust medical leadership form and function, based on an assessment of how fit for purpose it remains in a highly dynamic environment.

8. Any structure that emerges must drive a culture of effective, continually improving high quality, safe, patient / service user focussed services underpinned by quality improvement, education and research.

9. It must be open and transparent in its decision making. It must encourage all clinicians to contribute to Trust's strategic priorities and take responsibility for contributing their delivery.

2. Strategic Drivers

10. The Southern Trust must nurture a culture that ensures the delivery of continuously improving high quality, safe and compassionate healthcare. Leadership is the most influential factor in shaping organisational culture and so ensuring the necessary leadership behaviours, strategies and qualities are fostered is fundamental[5].

11. The task of leaders is to ensure direction, alignment of purpose and commitment within teams and organisations. Direction ensures agreement and pride among people in relation to what the organisation is trying to achieve, consistent with vision, values and strategy. Alignment refers to effective coordination and integration of the work.

[5] *Kings Fund - Leadership and Leadership Development in Health Care: The Evidence Base (2011)*

12. Commitment is manifested by everyone in the organisation taking responsibility and making it a personal priority to ensure the success of the organisation as a whole, rather than focusing only on their individual or immediate team's success in isolation[6].

2.1 United Kingdom Regional Workforce Strategy Policy Direction

13. All NHS UK regional Departments of Heath have endorsed leadership models that require clinicians to become more actively involved in the planning, delivery and transformation of health and social care services[7,8,9,10.]

14. Current NHS Workforce Strategies are based on the concept of a shared or collective leadership model where leadership is not restricted to people who hold designated leadership roles, and where there is a shared sense of responsibility for the success of the organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate at different times, and are focused on the achievement of the group rather than of an individual.

15. Statements that endorse and support leadership and leadership development are found throughout supporting UK NHS Workforce Development Documentation:

Health and Social Care Northern Ireland: Workforce Development Strategy for Northern Ireland Health and Social Care Services

"*Health and Social Care needs excellent leadership and management. Health and Social care organisations provide increasingly complex services, requiring highly skilled managers. The pace of change is unrelenting and staff look to their managers for clear direction and support."*

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[6] *Drath, W. H., McCauley, C. D., Palus, C. J., Van Velsor, E., O'Connor, P. M. G., and McGuire, J. B. (2008). Direction, alignment, commitment: Toward a more integrative ontology of leadership. The Leadership Quarterly, 19 (6), 635–653.*

[7] *Health and Social Care Northern Ireland: Workforce Development Strategy for Northern Ireland Health and Social Care Services (2009)*

[8] *Department of Health England, Next Stage Review: High Quality Care for All (2008)*

[9] *NHS Scotland Leadership Development Strategy: Delivering Quality Through Leadership*

[10] *National Leadership and Innovation Agency for Healthcare Wales*

Department of Health England, Next Stage Review: High Quality Care for All

"Greater freedom, enhanced accountability and empowering staff are necessary but not sufficient in the pursuit of high quality care. Making change actually happen takes leadership. It is central to our expectations of the healthcare professionals of tomorrow."

NHS Scotland Leadership Development Strategy: Delivering Quality Through Leadership

"Effective leadership at all levels is essential to delivering the goals of NHS Scotland and ensuring high quality, safe and effective care. It is recognised that leadership development is a life-long activity and not confined to specific levels or groups of the workforce."

National Leadership and Innovation Agency for Healthcare Wales

"Effective clinical leadership is pivotal in ensuring that improvement in healthcare is not only on the agenda of all NHS organisations – but becomes part of their very DNA. Transforming healthcare is everyone's business with the provision of high quality care being at the heart of everything we do. Creating a culture of visible commitment to patient safety and quality requires clinical and professional leaders to work together so that NHS Wales can meet the healthcare challenges of the future."

3. The Collective Leadership Model

1. The 2014 King's Fund paper titled 'Developing Collective Leadership'[11] stated the need to move on from a concept of command and control leadership to a shared and distributed throughout organisations. The report also argues that leaders must engage their colleagues and other stakeholders in bringing about improvements in patient care and transforming the way in which care is provided.

[11] West, M. A., Eckert, R., Steward, K., & Pasmore, W. A. (2014). Developing collective leadership for health care. London: King's Fund.

2. A successful collective leadership model emerges from a conscious and intelligent effort to plan for an integrated, collective network of leaders distributed throughout the organisation and embodying shared values and practices[12].

3.1 Collective Leadership and Organisational Culture

3. The culture of healthcare, which so critically affects all other aspects of the service which patients receive, must develop and evolve to meet the needs of current and future service provision.[13]

4. The most important determinant of the development and maintenance of an organisation's culture is current and future leadership. Every interaction by every leader at every level shapes the merging culture of an organisation. [14]

5. An NHS Innovation review found that by enhancing the engagement of doctors in leadership there is potential for positive impact on both clinical and organisational performance. [15]

6. Due to the power and control which doctors possess they may block potential change efforts and confound improvement initiatives. However, by engaging doctors within the collective leadership model, significant differences may be achieved which enhance performance.[16]

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[12] A. West, Michael, et al. "Collective leadership for cultures of high quality health care." Journal of Organizational Effectiveness: People and Performance 1.3 (2014): 240-260.
[13] Kennedy I. The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995. Learning from Bristol. 2001
[14] A. West, Michael, et al. "Collective leadership for cultures of high quality health care." Journal of Organizational Effectiveness: People and Performance 1.3 (2014): 240-260.
[15] Ham, Chris, and Helen Dickinson. "Engaging doctors in leadership." Coventry: NHS Institute for Innovation and Improvement (2008) p16
[16] Ham, Chris, and Helen Dickinson. "Engaging doctors in leadership." Coventry: NHS Institute for Innovation and Improvement (2008) p33

4. Investing In Medical Leadership

7. Clinicians across Health and Social Care must be supported to lead and drive a culture that is Compassionate, Collective, Open and Excellent and which focuses on the quality and safety of services for patients and service users and the experiences of staff.

8. This can be realised through aligning the Culture and Values of the Trust with talent management and appraisal, along with supports to help make the necessary transformation into these roles.[17].

9. Organisations that invest in leadership can equip leaders with the skills that allow them to build alliances with a wide range of professionals and across organisational boundaries to serve the needs of diverse communities with enduringly complex needs.

10. The benefits of investing in healthcare leadership are well documented, these include:

- *West et al* have demonstrated the link between good leadership and HR practice in healthcare and patient mortality and morbidity rates – more engaged staff, through better leadership, saves lives[18]
- The Journal of Occupational and Environmental Medicine reports that workers with good leadership were 40% more likely to be in the highest category of job well-being, with low rates of symptoms like anxiety, depression, and job stress[19]
- The Corporate Leadership Council estimates that employees working for good leaders put in around 57% more effort and are 87% less likely to leave than those with poor leaders[20]

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[17] *NHS Leadership Academy https://www.leadershipacademy.nhs.uk/reasonstoinvest/ Accessed June 2018*
[18] *West, Michael, and Jeremy Dawson. "Employee engagement and NHS performance." The King's Fund 1 (2012): 23.*
[19] *Jacobs, Christine, et al. "The influence of transformational leadership on employee well-being: results from a survey of companies in the information and communication technology sector in Germany." Journal of occupational and environmental medicine 55.7 (2013): 772-778.*
[20] *Council, Corporate Leadership. Driving performance and retention through employee engagement. Vol. 14. Washington, DC: Corporate Executive Board, 2004.*

- A study in the Harvard Business Review (2007) provides a strong link between leadership skills and organisational performance[21]
- The Care Quality Commission's report *The state of health care and adult social care in England* highlighted that you can't have a well-performing organisation that isn't well-led. In fact, over 94% of services that were rated good or outstanding overall were also good or outstanding for their leadership and similarly, 84% of inadequate services were inadequately led[22]

5. Review of Best Practice Literature

5.1 NHS Medical Leadership Competency Framework (MLCF)

11. The MLCF describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of health services.

12. The MLCF describes leadership is a key part of doctors' professional work regardless of specialty and setting. It is already a requirement of all doctors as laid out in the General Medical Council's (GMC) publications Good Medical Practice, Tomorrow's Doctors and also Management for Doctors.

13. While the primary focus for doctors is on their professional practice, all doctors work in systems and within organisations. It is a vitally important fact that doctors have a direct and far-reaching impact on patient experience and outcomes. Doctors have a legal duty broader than any other health professionals and therefore have an intrinsic leadership role within healthcare services.

14. Doctors also have a responsibility to contribute to the effective leadership and the running of the organisation in which they work and to its future direction. The development of leadership competence is an integral part of a doctor's training and

[21] *Bassi, Laurie & McMurrer, Daniel. (2007). Maximizing your return on people. Harvard business review. 85. 115-23, 144.*
[22] *Care Quality Commission. The state of health care and adult social care in England in 2011/12. Vol. 763. The Stationery Office, 2012.*

learning. The MLCF is intended as an aid and driver for this and to enable a doctor in the NHS to be a practitioner, a partner and a leader.

15. The Medical Leadership Competency Framework (MLCF) is built on the concept of collective leadership where leadership is not restricted to people who hold designated leadership roles, and where there is a shared sense of responsibility for the success of the organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate at different times, and are focused on the achievement of the group rather than of an individual.

5.2 Clinical Leadership Competency Framework (CLCF)

16. The Clinical Leadership Competency Framework (CLCF) was developed through consultation with a wide cross section of staff, patients, professional bodies and academics, and with the input of all the clinical professional bodies throughout the UK and has the support of the chief professions officers, the professions advisory boards, the peak education bodies and the Department of Health.

17. The CLCF states that while the primary focus of clinicians is on their professional practice, all clinicians, registered or otherwise, work in systems and most within organisations. It reinforces the vitally important role that clinicians have regarding influence on these wider organisational systems and thereby improve the patient experience and outcome.

18. Doctors have an intrinsic leadership role within health and care services and have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. Therefore the development of leadership capability as an integral part of a clinician's core work is a critical factor.

5.3 Kings Fund - Leadership and Leadership Development in Health Care: The Evidence Base

19. The Kings Fund Evidence Base paper on Leadership and Leadership Development (2008) highlights the importance of strong medical leadership stating medical leaders create a strong sense of team identity by ensuring:
    - The team has articulated a clear and inspiring vision of the team's work
    - There is clarity about the team's membership
    - Team members agree five or six clear, challenging, measureable team objectives
    - There is strong commitment to collaborative cross-team and cross-boundary working

20. The paper presents a large scale review of medical leadership models where it was found that medical or clinical leadership varied across the case study sites they assessed. The paper reports variations both between, and within organisations in the extent to which doctors felt engaged in the work of their organisations.

21. Those organisations with high levels of engagement performed better on available measures of organisational performance than others. In addition, it found that in high-performing trusts, interviewees consistently identified higher levels of medical engagement.

6. Current Trust Medical Leadership Structure

6.1Medical Leadership Structure (since 2011)

22. The Southern Health and Social Care Trust medical leadership structure last underwent review in 2011. As an outcome of this review three new sessional posts were created to support the introduction of medical revalidation and revised appraisal processes (1 Corporate Lead, 1 Consultant Lead and 1 SAS doctor lead to support Appraisal and Revalidation with a total additional allocation of 4 PA's per week which has now been reduced to 3 PAs).

23. The central medical leadership structure remained unchanged as a result of the review with the number and ratios of Associate Medical Directors remaining constant. However, in the intervening years changes were made which included the discontinuation of three AMD positions, the rationale for this is unclear:

- **AMD Emergency Care -** ***Post absorbed into Medicine and Unscheduled Care (2016)***
- **AMD Infection Prevention and Control –** ***Post not retained (2015)***
- **AMD Standard and Guidelines –** ***Post not retained (2015)***

24. The current Southern Trust Medical Leadership Structure is outlined below

Medical Leadership Structure Today (May 2019)

Corporate AMD Roles
AMD Medical Education
AMD Research and Development
AMD Older Persons and Primary Care
Operational AMD Roles (and Supporting CD's)
AMD Cancer and Clinical Services *3 x Supporting Clinical Director Roles*
AMD Children's and Young Peoples Services *3 x Supporting Clinical Director Roles*
AMD Anaesthetics and Intensive Care *3 x Supporting Clinical Director Roles*
AMD Surgery and Elective Care *3 x Supporting Clinical Director Roles*
AMD Medicine and Unscheduled Care *5 x Supporting Clinical Director Roles*
AMD Integrated Maternity and Women's Health *2 x Supporting Clinical Director Roles*
AMD Mental Health and Disability Services *3 x Supporting Clinical Director Roles*
Appraisal and Revalidation Roles
Corporate Lead for Appraisal & Revalidation
Consultant Lead for Appraisal & Revalidation
SAS Lead for Appraisal & Revalidation
Morbidity and Mortality Roles
DHH Medicine Chair

CAH Medicine Chair*
Trustwide Surgery Chair*
Trustwide CYPS Chair
Trustwide IMWH Chair
Trustwide MHLD Chair

* *Medicine and Surgical Specialities are supported*

7. The Case for Change

25. Given the significant body of evidence available on Medical Leadership development three key areas feature strongly.

7.1 Performance of Frontline Teams

26. There is a growing body of literature on the specific relationship between the performance of frontline organisational teams and medical outcomes. This literature confirms that patient outcomes are not a function of the potential of the technology or the skill of individual caregivers alone but also depend on the functioning of the systems in which these individuals apply medical technology to address patients' health problems. Better management of the care itself, as well as management of the organisational setting in which the care takes place, leads to better outcomes.

7.2 Providing a Link from Bed to Board

27. Medical leaders understand the complexity of modern health care services and how to optimise organisational performance and influence clinical practice. Health and Social Care is subject to an increasing level of competing demands while trying to balance the allocation of scarce resources to individual patient care and the care of communities and populations. Medical leaders are ideally suited to provide expertise when these decisions are being made as they understand what is possible, what is doable and what is affordable[23].

[23] *Brook RH (2010). 'Medical leadership in an increasingly complex world'. JAMA, vol 304, no 4, pp 465–6.*

7.3 Supporting and Influencing Service Planning

28. Doctors in strong leadership roles have the ability to influence senior managers and shape service delivery to strengthen focus on patient well-being. Given the inherent tension between costs and patient welfare it is of vital importance there is a strong clinical voice ensuring that best value is sought for every patient on every interaction with our services.
29. Furthermore, decisions made by senior management influence the amount and kind of care patients receive on the ward, the clinic, or in the community, administrative and policy changes do have the potential to have an impact on medical outcomes. Doctors are uniquely positioned to understand the potential impact of policy or funding changes[24].

[24] Darzi A (2009). 'A time for revolutions: the role of clinicians in health care reform'. The New England Journal of Medicine, vol 361, no 6, e8.

8. Consultation with Trust Medical Leadership

30. As part of the scoping exercise to review the current medical leadership structure, an independent survey of medical leaders was carried out to identify barriers and enablers to achieving a robust medical leadership structure and engagement model (2018/19). A supplementary paper titled *Consultation with Trust Medical Leadership* can be found in appendix 4. A summary of key findings that relate to the current medical leadership model is found in the table below.

	Key Themes
Motivation to Become Involved in Medical Leadership	• There is a high level of motivation among Trust Medical Leaders • Medical Leaders feel acknowledged by their colleagues and the Trust • While there is acknowledgement that medical leadership is challenging, current leaders feel a sense of purpose and achievement in their roles
Challenges to Developing Medical Leadership	• There is a lack of engagement in leadership roles throughout the Trust • There is not adequate PA allocation and backfilling • Clear links between medical leadership and tangible improvements to the quality of services should be sought
Barriers to Implementing Medical Leadership	• Associate Medical Directors perceive that they are often left out of decision making • Medical Leaders often undertake their leadership roles in unpaid time
The Medical Leadership Setting	• Medical leaders regard themselves as having autonomy and freedom to get on with the job • While medical leaders feel recognised in their roles, the provision of protected time to deliver the job is only available to a small proportion

31. The survey brings to attention several key findings including a high level of motivation to become and remain a medical leader that is contrasted with restrictions imposed by limited time and balancing clinical commitments.

32. Associate Medical Directors feel they would like a bigger role in decision making regarding services provided, however acknowledge that this will require allocated resource to ensure existing service levels are maintained.

9. Consultation with Trust Directors

33. Trust Directors were asked to give their views and opinions on the current medical leadership structure (2018). A short questionnaire was provided to participants asking for views on the current medical leadership functions and roles including contribution to leading and developing services, integration with operational management teams and what opportunities exist to strengthen the medical leader role. A summary of key findings that relate to the current medical leadership model is found in the table below (appendix 5 contains full reponses).

	Key Themes
Strengthening the Role of Medical Leaders	• Clarification of roles and responsibilities of Medical Leaders and how they relate to operational management roles • Requirement to identify clear areas of responsibility and accountability for medical leaders • Need for protected time to conduct medical leadership role • Provide support for service innovation and quality improvement • Stronger links between directorate senior managers and senior medical leaders • Increased opportunities to gain understanding of wider directorate service demands / pressures • Trust senior managers and Medical Leaders to agree a set of corporate annual objectives for service improvements
Integration of Medical Leadership with Operational Management	• Can be dependent on the nature of the directorate services • The role of Clinical Directors is less clear than that of Associate Medical Director • Clarification of medical leadership roles with more structured engagement

Strengthening Medical Leadership Structures	• Increasing the profile and visibility of Medical Leaders • Ensure appropriate tasks are delegated • Agreement of outcome measures for each role • Build relationships and strengthen channels of communication between medical specialties • Joint Leadership development programmes with well embedded multidisciplinary approaches

34. The questionnaire found several areas of commonality between directorates, namely the benefit of clearly defining medical leaders roles and accountabilities, protected time to deliver in their roles and greater integration with operational management teams.

10. Comparison with Analogous Organisations

10.1 Northern Ireland Regional Trusts

35. The following comparisons of medical leadership structures with regional Health and Social Care Trusts is found below:

Northern Health and Social Care Trust	South Eastern Health and Social Care Trust

• Medical Director (Director for Governance, Patient Safety)
• 2 Deputy Medical Directors
• Divisional Director Structure*
• Clinical Director Structure
  • Governance and Safety Roles
	• Medical Director (Director for Governance, Patient Safety)
	• 3 Deputy Medical Directors
	• Clinical Director Structure*
	• Associate Clinical Director Structure
	  • Governance and Safety Roles

Western Health and Social Care Trust	**Belfast Health and Social Care Trust**
• Medical Director (Director for Governance, Patient Safety and QI) • Divisional Medical Director Structure	• Medical Director (Director for Governance, Patient Safety and QI • 3 x Deputy Medical Directors (5 PA

• Clinical Director Structure* • Governance and Safety Roles	each post) • 12 Divisional Medical Directors (3PA per post) • 38 Clinical Director Structure* - including CDs for litigation, coronal affairs, appraisal and revlaidation (2PA per post) • Patient Safety Lead Clinicians**(1PA per post) • Governance Lead Clinicians (1PA per post)

*Clinical Directors are equivalent of SHSCT AMD roles

** Lead clinicians are formal roles within the medical leadership structure

Section 2 – Proposed Medical Leadership Structure

11. Medical Leadership Development and Competence

36. A supplementary paper titled Medical Management and Leadership Development will follow.

12. Medical Leadership Appointments

37. It is proposed that if approved, all Medical Leadership management posts will be vacated and reappointed collectively.

38. This paper proposes that all senior medical leadership positions commencing from August 2019 are fixed-term appointments (details found in subdivision 14 below) and do not carry any expectancy of automatic renewal or conversion to any other type of appointment. A fixed-term appointment may be extended, under the conditions set by the Medical Director, provided that the total duration of service under consecutive fixed-term appointments does not exceed more than one year beyond the original appointment end date.

13. Proposed Medical Leadership Roles and Responsibilities

The below sections provide outlines of both existing and new medical leadership posts.

13.1 Medical Director

Role Description	**Medical Director** The Medical Director is an Executive Director position, responsible for providing assurance to Trust Board that effective systems and processes for good governance, including those arrangements to support good medical practice, are in place. • Responsible for providing strong professional leadership and direction, support high standards of medical practice and provide resolved advice for medical matter across Directorates. • Leadership role in the provision of safe, high quality services,

	support the reform and modernisation programme and drive initiatives for continuous quality improvement. • Lead responsibility for clinical and social care governance. • Responsible Officer (RO), with statutory duty to make recommendations to the General Medical Council with regard to a doctor or dentist's fitness for revalidation, for those doctors and dentists who have a prescribed connection with the Southern HSC Trust. • As a member of the Trust Board and the Senior Management Team have both individual and corporate leadership responsibility for the governance of the Trust and compliance with legal requirements and contribute fully to the development, delivery and achievement of the Trust's corporate objectives.
Number of Posts	1 Post (Existing)
PA Allocation	WTE
Areas of Responsibility	Medical Professional Governance, Clinical and Social Care Governance, Medical Workforce Development, Patient Safety, Quality Improvement and Audit, Infection Prevention and Control
Appointment Term	Permanent Post

13.2 Deputy Medical Directors (2 Posts Total)

Role Description	**DMD – Education and Workforce Development (New Post)** The Deputy Medical Director (Workforce Development) will focus with the Medical Director on providing strong leadership, systems and process to lead on professional standards and leadership development across the organisation, providing expert advice, develop a leadership and workforce development strategy, support the development of job plans, and participate in training programmes as required.
Number of Posts	1 New Post
PA Allocation	6 PA
Areas of	• Medical Appraisal & Revalidation

Responsibility	• Job Planning • Medical Professional Governance • Undergraduate and Post Graduate Education • Physician Associates • Oversight of Locum Doctors • Medical Engagement and Recruitment • Coroner Services Oversight • Litigation Services Oversight • Oversight of Locum Management • Deputise Responsible Officer function for Medical Director
Appointment Term	3 Years in the first instance

Role Description	**DMD Governance, Safety and Quality Improvement (New Post)** The Deputy Medical Director (Governance and Quality Improvement) will focus with the Medical Director on providing strong leadership, systems and process to lead on clinical standards and governance across the organisation, providing expert advice, develop a clinical governance strategy, support the development of clinical governance plans, and participate in education and training programmes as required.
Areas of Responsibility	• Morbidity and Mortality • Adverse Incident / Serious Adverse Incidents • Complaints Oversight • Clinical Leadership for Quality Improvement • Clinical Audit (National and Local inc. NCEPOD Ambassador) • Research and Development • Standards and Guideline Oversight • Infection Prevention and Control Oversight
PA Allocation	6 PA
Appointment Term	3 Years in the first instance

13.3 Divisional Medical Directors (9 Posts Total)

Role Description	**Divisional Medical Directors (Operational Services)**
Number of Posts	9 Posts (All existing fully funded)
Areas of Responsibility	• Cancer and Clinical Services • Children's and Young Peoples Services • Anaesthetics and Intensive Care • Surgery and Elective Care • Medicine • OPCC • Emergency & Unscheduled Care • Integrated Maternity and Women's Health • Mental Health and Disability Services
PA Allocation	PA between 2 and 4
Appointment Term	3 Years Initially

Role Description	**Associate Medical Director – Medical Education** Associate Medical Director will have professional and corporate responsibility for Medical Education.
Number of Posts	1 Post (Existing fully funded)
Areas of Responsibility	• Medical Education
PA Allocation	2.5 PA
Appointment Term	Permanent Post

Role Description	**Associate Medical Director – General Practice** Associate Medical Director will have professional and corporate responsibility for Primary Care.
Number of Posts	1 Post (Existing fully funded)
Areas of Responsibility	• Primary Care
PA Allocation	3 PA

Appointment Term	3 Years initially

13.4 Clinical Directors (24 Posts Total)

Role Description	**Clinical Directors (Operational Services)** Clinical Directors will be responsible for services as directed within their divisional structures
Number of Posts	24 Posts (All existing fully funded)
Areas of Responsibility	• Assigned as per existing AMD Structure • New Clinical Director post for Research and Development • Reinstatement of Clinical Director roles (x2) for Emergency Department previously funded
PA Allocation	1PA per post (2 PA's for Research and Development post)
Appointment Term	3 Years Initially

13.5 Lead Clinicians

Role Description	**Lead Clinicians for Governance (Per speciality basis, as identified by Operational management)** Lead clinicians will provide local departmental leadership in speciality areas. Exact activities and responsibilities will be coordinated by operational directorates however at minimum will include a lead role in oversight of speciality clinical and social care governance activity.
Number of Posts	To be decided at directorate level
Areas of Responsibility	Governance
PA Allocation	PA cost to be agreed and funded by responsible operational directorate
Appointment Term	2 years initially

13.6 Appraisal and Revalidation Corporate and Consultant Leads (2 Posts Total)

Role Description	**Appraisal and Revalidation Corporate Lead** The Corporate Lead Role for Appraisal and Revalidation will continue

	to support the Medical Director and the Head of Revalidation Team in the implementation of revalidation. A key focus of the role will be the development of quality assurance and evaluation of the Trust's medical appraisal and revalidation process.
Number of Posts	2 Posts
Areas of Responsibility	• Participate in Appraisal and Revalidation Strategic Group and Revalidation Team meetings • Evaluation and Quality Assurance of appraisers roles • Evaluation of quality assurance of training and skills development programme • Quality assurance and evaluation of Patient and Colleague Feedback • Audit of all medical appraisal documentation received • Contribute to improvement of GMC Supporting Information processes implemented by the Trust including governance information • Contribute to Department of Health working groups / RO Forums • Pre-screen of information prior to revalidation • Ensure College standards are communicated, understood and embedded into the appraisal process • Ensure GMC standards are communicated and understood
PA Allocation	1 PA cost per post (Currently funded from MD Budget)
Appointment Term	3 Years Initially

13.7 Appraisal and Revalidation Lead SAS Doctor (2 Posts Total)

Role Description	**Appraisal and Revalidation Lead SAS Doctors** To deliver at a Trust level on the Department of Health agreed Northern Ireland Charter for SAS Doctors which includes specific

	responsibilities to support local SAS doctors via job planning, appraisal and revalidation, support for quality improvement and capturing SAS doctor clinical activity.
Number of Posts	2 Posts
Areas of Responsibility	• Support SAS doctor job planning, • Support and oversee quality improvement work and promote safety & audit projects undertaken by SAS doctors • Develop systems for capturing SAS doctor activity • Provide guidance and support to SAS Doctors on compilation of supporting information for appraisal. • Development of SAS Doctor Appraiser and Mentor Roles. • Increase SAS doctor engagement across the Trust via regular link-up sessions and the organisation of an annual regional NI conference for SAS doctors. • On behalf of SAS doctors, participate in the Trust's Appraisal & Revalidation Strategic Group, Medical Forum and other committees as appropriate.
PA Allocation	1 PA cost per post (1 PA currently funded from MD budget)
Appointment Term	3 Years Initially

13.8 Patient Safety Leads (Morbidity and Mortality Chairpersons) (19 Posts Total)

Role Description	**Patient Safety Leads (Incorporating Morbidity and Mortality Chairs) (Per speciality basis, as identified by Operational management)** Patient Safety Leads chairs will be responsible for the following • Setting and maintaining the agenda for meeting in line with Trust M & M Framework • Determine, support and develop appropriate patient safety inputs to the meeting • Ensure and monitor the appropriate multi-disciplinary attendance by all relevant professional groups.

	• Monitoring timely completion of screening templates and sign-off on NIECR • Monitoring of medical staff participation in Case Presentation • Ensure speciality meetings identify outcomes and sharing learning
Number of Posts	19 Posts (6 existing fully funded)
Areas of Responsibility	• DHH Medicine Chair (1PA) • CAH Medicine Chair (1PA) • Trustwide Surgery Chair (1PA) • Trustwide CYPS Chair (1PA) • Trustwide IMWH Chair (1PA) • Trustwide MHLD Chair (1PA) 13 Speciality Lead posts (0.5PA per post)
PA Allocation	(0.5 - 1 PA per post, depending on volume)
Appointment Term	3 Years Initially

13.9 Clinical Standards and Audit Lead (1 Post Total)

Role Description	**Clinical Standards and Audit Lead** The Clinical Standards and Audit Lead will lead the coordination and monitoring of systems and processes to ensure maximum compliance with clinical standards as endorsed or mandated by regional or professional bodies. This role will include brokering actions across divisions and directorates where standards span same. This role will not remove or undermine operational DMD clinical governance responsibilities and accountabilities to their areas of service.
Number of Posts	1 Post (Previously Funded)
Areas of Responsibility	• Provide independent assessment of action taken to ensure compliance on a range of standards, guidelines and review recommendations • Identify and challenge where compliance is not being achieved and lead discussions on how to improve compliance • Monitor the effectiveness of agreed action on compliance and

	take appropriate action to ensure clinical leadership is applied to address improved outcomes • Lead on the co-ordination of compliance discussions / actions across directorate interface areas
PA Allocation	1 PA
Appointment Term	3 Years Initially

13.10 Medical Lead for Coroners Services (1 Post Total)

Role Description	**Medical Lead for Coroners Services** The Medical Lead for Coroners Services will work with the Legal Services Manager Clinical Directors to provide professional and clinical input into the management of Coroner's cases.
Number of Posts	1 Post
Areas of Responsibility	• Support Legal Services Manager in the process of obtaining statements from involved staff as requested by the Coroner's Office and advise on action to be taken • Support the Legal Services Manager from whom statements and reports should be sought, review reports • Directly liaise with the Trust's legal advisors (DLS) as required • Advise the Legal Services Manager on who should be requested to provide expert reports. • When required, advise the Medical Director and the Medical Director's Office on all matters relating to the Coroner's Office. • Provide, with the Legal Services Manager, a direct liaison and efficient communication with the Coroner's Office. • Provide, along with the Legal Services Manager, support to Trust staff who are to appear in the Coroner's Court which may mean attending that Court.
PA Allocation	(3 PA, not funded)
Appointment Term	3 Years Initially

13.11 Medical Lead for Litigation Services (1 Post Total)

Role Description	**Medical Lead for Litigation Services**
Number of Posts	1 Post
Areas of Responsibility	• Support Legal Services Manager in the process of obtaining statements from involved staff as requested by the Courts and advise on action to be taken • Support the Legal Services Manager from whom statements and reports should be sought, review reports • Directly liaise with the Trust's legal advisors (DLS) as required • Advise the Legal Services Manager on who should be requested to provide expert reports. • When required, advise the Medical Director and the Medical Director's Office on all matters relating to the Courts. • Provide, along with the Legal Services Manager, support to Trust staff who are to appear in the Court which may mean attending that Court.
PA Allocation	(1 PA, not funded)
Appointment Term	3 Years Initially

13.12 Clinical Governance Leads and Safety and Quality Improvement Leads

39. Each directorate will have the opportunity to develop Clinical Governance Lead and Safety and Quality Improvement Lead posts based on local needs. These posts will be funded from directorate budgets, an outline role description will be developed as a guide by the Medical Director.

13.13 Administrative and Clerical Support Requirements

40. To support the administration of the new posts and to manage new interfaces between Medical Leaders and Operational Managers it is proposed the following new posts are allocated.

Role	Time Allocation	Supporting Band
Deputy Medical Director Support	37.5 Hours per week	1 WTE Band 4

Divisional Medical Director Support	Allocated within each directorate	Allocated within each directorate
Clinical Director Support	Allocated within each directorate	Allocated within each directorate
Lead Clinician Support	To be agreed and supported by operational directorates	To be agreed at operational directorate level

14. Proposal Costings

41. The current medical leadership structure is significantly smaller than the structure that emerged following the 2011 medical leadership review. As previously noted, AMD posts for Emergency Medicine (3 PA's), Infection Prevention and Control (2 PA's) and Standard and Guidelines (1 PA) were stood down and the duties merged into operational AMD roles.

42. The following costings for the revised medical leadership structure are as follows:

Domain	Role	PA Required	PA Currently Funded	Investment Required	Comment
Medical Executive Posts	Deputy Medical Director – Governance , Patient Safety & Quality Improvement	6	5	1	*New post previously approved by SMT*
	Deputy Medical Director - Education and Workforce Development	6	5	1	*New post previously approved by SMT*
Operational Divisional Medical Director Posts	DMD Surgery and Elective Care	3	0.79	2.21	
	DMD ATICS	2	2	0	
	DMD Medicine	4	4	0	
	DMD Integrated Maternity and Women's Health	2.85	2.85	0	
	DMD Children's and Young Peoples Services	3	3	0	
	DMD Mental Health and Learning Disability	2	2	0	
	DMD Cancer and Clinical Services	3	3	0	
	DMD Unscheduled Care &Emergency Medicine	3	3	0	
	DMD Older People	3	3	0	
Corporate Services	CD Research and Development	2	2	0	*Post converted to Clinical Director Role*
	AMD Education and Training	2.5	2.5	0	
	AMD Primary Care	3	3	0	
	Medical Lead for Coroner Services	1	0	1	*New Post currently*

					unfunded
	Medical Lead for Standards and Guidelines	1	0	1	*New Post currently unfunded*
	Medical Lead for Litigation	1	0	1	*New Post currently unfunded*
Revalidation Support	Medical Lead Corporate Appraisal & Revalidation	1	1	0	
	Medical Lead Consultant Appraisal & Revalidation	1	1	0	
	Lead SAS Doctors Appraisal and Revalidation	2	2	0	*Two Existing Funded Posts*
Patient Safety Leads	Patient Safety Leads (19 posts)	12.5	6	6.5	*Six posts Trustwide (6.5 new PA to include sub speciality M&M meetings)*
Total		**64.85**	**51.14**	**13.71**	

Domain	Role	PA Required	PA Currently Funded	Investment Required	Comment
New Operational Clinical Director Posts	Clinical Director Posts Emergency Care (DHH and CAH)	2	2	0	*Two previously funded posts*
Total		**2**	**2**	**0**	

43. The following costings for the revised medical leadership structure administration support are as follows.

Role	Currently Funded	New / Additional Required
Deputy Medical Director Support (1WTE Band 4)	0 WTE	1WTE

15. Proposed Service Enhancements and Accountabilities

15.1 Service Enhancements (Measurable Outcomes)

44. Pending SMT approval funding the Medical Director will devise unique role descriptors for each existing and new post will agree individual accountabilities and performance measures.

45. At a corporate level the following service enhancements have been identified.

Accountability	Method of Assurance
Strengthened clinical oversight and assurance of Trust Morbidity and Mortality (M&M) Process	• Responsibility for reviewing and monitoring M&M processes and outputs and identifying areas for systems strengthening • Responsibility for initiating mortality case reviews and reporting outcomes • Twice yearly assurance reporting to SMT and Trust Governance Committee on M&M processes and outputs
Strengthened clinical oversight and assurance of Trust Adverse Incident Identification and Investigation Processes	• Responsibility for reviewing and monitoring Adverse Incident processes and outputs and identifying areas for systems strengthening • Provide clinical quality assurance of Adverse Incident Investigations • Strengthen SAI investigation teams • Twice yearly reporting to SMT and Trust Governance Committee to quality assure SAI processes
Strengthened clinical oversight and assurance of Standard and Guideline	• Responsibility for providing assurance on Trust Standard and Guideline processes

processes and outputs	and outputs • Support directorate governance teams in identifying appropriate 'change leads' for Standards and Guidelines received by the Trust • Twice yearly reporting to SMT and Trust Governance Committee to quality assure Standard and Guideline processes
Strengthened clinical oversight and assurance of Trust clinical audit process and subsequent learning outputs	• Responsibility for the creation of a Trustwide priority based clinical audit programme that considers a range of potential audit activity inputs: - National and regional audits - Standard and guidelines - Adverse incident and complaints - Medical incidents - Near miss events - Audits of local interest • Responsibility to identify audit learning from audits to improve services • Twice yearly reporting to SMT and Trust Governance Committee to quality assure Clinical Audit processes
Strengthened Lessons Learned functions	• Responsibility for the oversight and implementation of the Trust Lessons Learned function • Responsibility for ensuring that sources of learning are identified including, national regional and local learning • Responsibility to interface with local sources of learning including litigation, complaints, SAI's and patient / staff

	feedback and M & M learning. • Twice yearly reporting to SMT and Trust Governance Committee to quality assure Lessons Learned processes
Strengthened support for Trust Safety & Quality Improvement initiatives	• Responsible for oversight of local safety and quality improvement initiatives • Support for quality improvement collaborations with national and international improvement organisations, universities, health and other social care providers. • Developing capability in the medical workforce to design, deliver and evaluate a quality and safety improvement programmes. • Work with the quality improvement team towards developing a Trust quality improvement 'hub'

15.2 Integration with Operational Management Roles

46. It is proposed the following collective forums will be created / enhanced between operational managers and medical leaders. This list is not prescriptive and is aimed to set the context of a renewed phase of engagement, accountability and shared responsibility between Medical Leaders and Operational Managers.

Type of Interface	Name	Composition
Corporate Interfaces & Collective Forums	Senior Leaders Forum	Trust Directors, AMDs and CDs (Bi-monthly)
	Clinical and Social Care Governance Meeting	Directorate Governance Coordinators, DMD Representation (Weekly /

		Monthly)
	Trust SMT Attendance	Medical Director to delegate / include relevant medical leaders based on meeting requirements as required (Weekly)
Directorate Forums	Directorate Governance Meetings	Directorate SMT Meetings (Fortnightly)
	Speciality Meetings	Operational Management present at speciality meetings (Including M&M, Clinical Governance and Service Improvement meetings)
	One-to-One Director / Assistant Director meetings	Meetings to discuss Medical Leader and Operational Manager performance

16. SMT Endorsement

47. The Medical Director asks the Senior Management Team to consider the previously set out proposal and approve its implementation

Appendix 1 Focus of Medical Leadership Review

The 2018 Trust medical leadership review will focus on strengthening four key areas:

Development Aim	Rationale	Intended Outcomes
Support Medical Leadership Development	Leadership skills should be an essential component of development all medical staff[1]. Doctors should not only be strong academically and clinically but must begin early in their careers to develop a set of knowledge, skills and behaviours that will enable them to engage and lead in highly complex, rapidly changing environments.	• Implement a Trust Medical Leadership Framework for development
Increase the Role of Succession Planning	Staff are the Trust's most valuable asset, managing, nurturing and keeping medical staff engaged and motivated important for the Trust's ability to provide high-quality care. To achieve this will require the development of a medical succession planning strategy, which must be related to the organisation's vision and strategic objectives.	• Development of a medical succession planning strategy • Creation structured opportunities for staff to develop and gain insight into more senior roles
Enhanced Accountability for Medical Leaders	Enhancing accountability for medical leadership roles can assist in ensuring ownership, setting expectations and strengthen culture[25] within clinical teams.	• Link accountability to the Trust Medical Leadership Framework • Agree performance indicators for each

[25] Niven, Paul R. Balanced scorecard step-by-step: Maximizing performance and maintaining results. John Wiley & Sons, 2002.

		service area
Review the Current Structure of Medical Leadership	Review the Trust medical leadership form and function, on the basis of an assessment of how fit for purpose it remains in a constantly changing environment.	• Provide an updated medical leadership structure for SMT approval

Appendix 2 Review Process

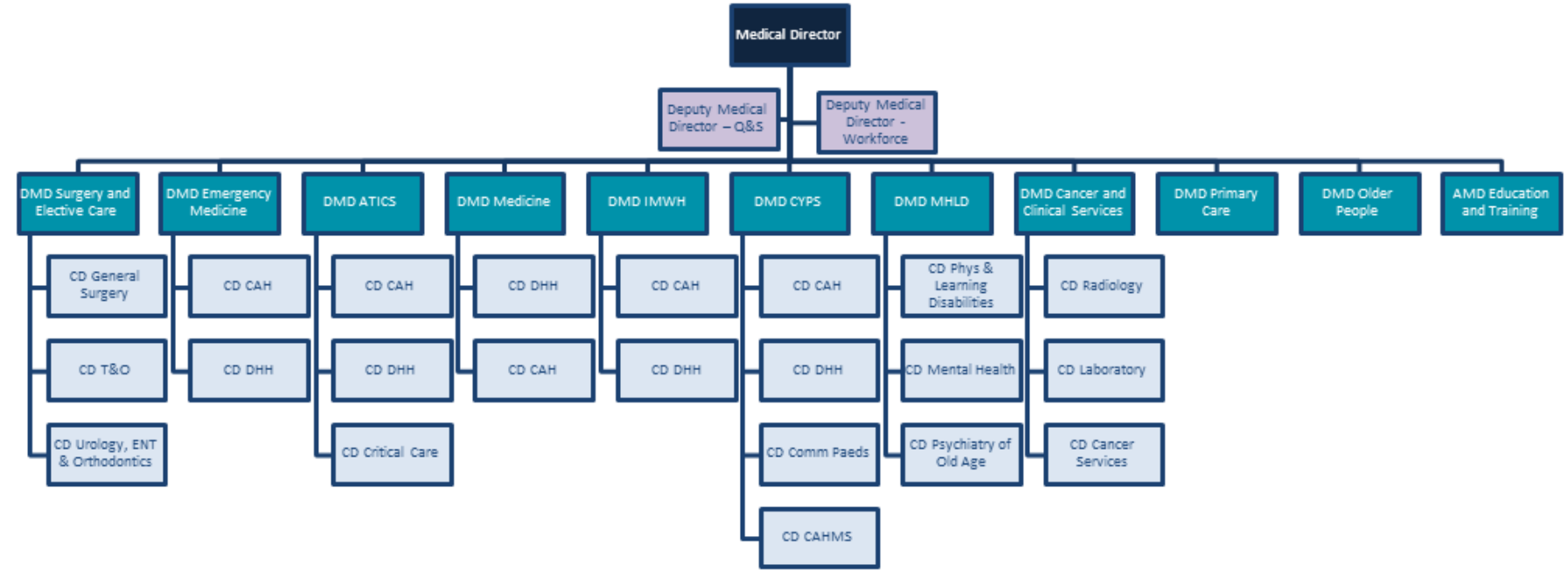
Throughout the review process Trust Medical Leaders and Directors were engaged through a variety of mechanisms to ensure all views, experiences and requirements are fully captured.

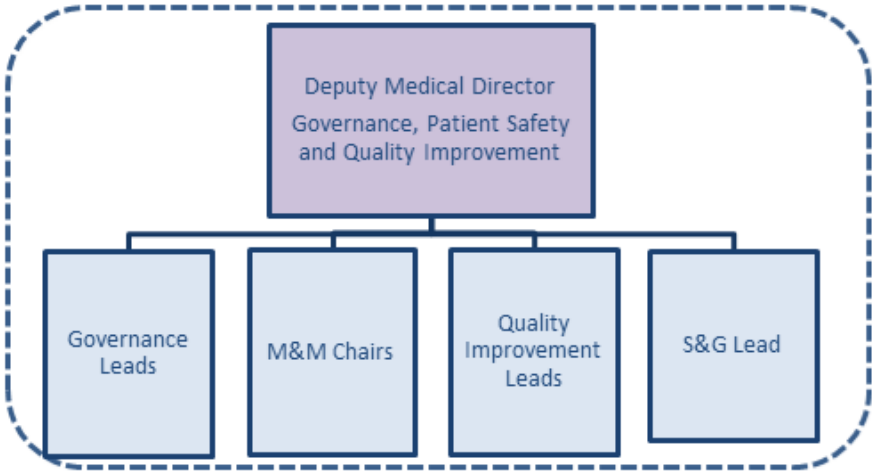
The following staged approach to delivering the Medical Leadership review and proposal was enacted:

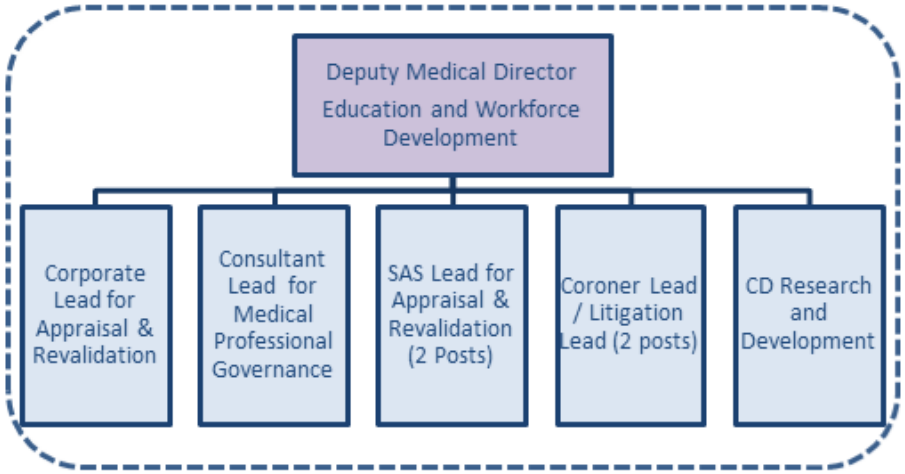
Stage	Stage Title	Elements	Timeline
1	**Literature and Practice Review**	• Review of best practice literature regarding medical leadership (including NHS Medical Leadership Competency Framework) • Review of other regional Trusts / NHS UK Trusts existing Medical Leadership structures	30th May 2018
2	**Stakeholder Engagement**	• Conduct a face to face SWOT[26] analysis via a with existing Trust medical leaders (AMDs and CDs) • Engage Trust Medical Leaders (AMDs and CDs) in a qualitative and quantitative evaluation • Engage SHSCT Directors via a survey	2018 /2019
3	**Development of a Proposal Paper for Approval**	• Draft of proposal paper to meet review aims for agreement by AMD's • Proposal Paper for presentation to SMT for approval	May 2019
4	**Implementation**	• Development of prioritised action plan for AMD approval • Development of project milestones for monitoring project progress	Quarter 2 2019

[26] (Strengths, Weaknesses, Opportunities and Threats)
https://www.mindtools.com/pages/article/newTMC_05.htm

Appendix 3 Proposed Revised Medical Leadership Structure







Appendix 4 Consultation with Trust Medical Leadership

Appendix 5 Consultation with Trust Directors

How do you feel the role of medical leaders could be strengthened to increase contribution to leading and developing Trust services?

- An interface SMT and medical leadership group could be established with 4/5 key corporate annual objectives for improvement being set.
- Learning from Directorates who have good medical leadership models well embedded in MDT leadership approaches.
- Stronger links, (two way) between CD ↔ AMD ↔ Operational Director of management and service delivery issues
- Opportunities to gain a greater appreciation of the pressures/demands of operational teams/staff (nursing, SW, AHP etc)
- Look at taking forward a quality improvement project for the Trust via, for example the Scottish Fellowship Leadership programme or our Trust Quality Improvement Team
- Increased consultant protected time for governance, leadership, standards and guidelines.
- We need clarity in the leader's role and the areas that they are to be held accountable for.
- Current leaders need to assist with ongoing issues such as medical staff infection control training and compliance, medical gas prescribing, discharge process, etc.

How well do you feel existing medical leadership roles integrate with operational management roles with regards to leading and developing services?

- There is a very well established and legacy practice of medical staff being an integral part of MHD operational business.
- Translating this into medical leaders being part of many key Directorate and Corporate operational groups to develop policy directions, improvement plans and operationalisation of services. This can feel like it is done in professional silos in some operational services.
- It's quite good between AMD & Director. Needs more time/effort to develop the input of the CD
- Possibly some joint training or project work would help with working relationships, appreciating that there is a lot of pressure in the system.

- Clarity re role and responsibility for medical leaders vs operational managers, need clear guidance
- Support for innovation and quality services is required
- The AMDs and CDs work very well with the ADs and their teams, given the limited time they have available for this role.
- The integration with operational management needs to perhaps have a more structured approach with clarity on roles, agendas, their remit, etc.

Overall how effective do you feel the current Trust medical leadership structure is contributing to the overall delivery of Trust services

- Start early- Medical trainee placements in MDT depts.
- Engage medical staff in MDT improvement plans
- PC AMD took a very refreshing and upstream approach to joined up working.
- Complete leadership training together as an MDT ethos and not in professional silo groups.
- An interface SMT and medical leadership group could be established with 4/5 key corporate annual objectives for improvement being set.
- Learning from Directorates who have good medical leadership models well embedded in MDT leadership approaches.
- M&M meetings could be more MDT focused.
- A lessons learned MDT forum that focuses on the key recurring SAI themes for change improvement.
- From the outside looking in, there are some real tensions/issues between some of the medical specialities. This needs addressed, as it can impact significantly on service development/delivery.
- It's about communication, relationship building and resolving issues, early on and face to face
- By taking a more strategic holistic overview of population health, rather than focusing solely on their own speciality.
- Varies from director to director and practitioner to practitioner
- In OPPC this I belive this works better that in some areas
- Greater profile and ownership key delegated tasks and outcomes agreed and measured

- Increased consultant protected time for governance, leadership, standards and guidelines.
- Clarity in each of the leader's role and the areas that they are to be held accountable for.
- Guidance for our current medical leaders is need so that they are clear as to how they are to assist with ongoing issues such as medical staff infection control training and compliance, medical gas prescribing, discharge process, patient flow issues, etc.

Any other comments /Suggestions

- Relationships is key to making a difference
- Currently Acute is experiencing difficulty in securing consultant leadership for activities such as chairing of SAI panels, change leadership for standards and guidelines, reviewing clinical guidelines and clinical audit leadership.
- This seems to be as a result of other areas having dedicated PA time for these activities. This needs to be addressed as quickly as possible as it is affecting Acute Governance.

Southern Health and Social Care Trust

Quality Care - for you, with you

Medical Leadership Review

Revised March 2020

Senior Management Team Meeting - Date 10th March 2020

Contents

Section 1 – Medical Leadership Structure Review Framework

1. Background and Context

1. The most important determinant of the development and maintenance of an organisation's culture is current and future leadership. Every interaction by every leader at every level shapes the emerging culture of an organisation[1].

2. Leaders need to ensure that all staff can adopt leadership roles in their work and take individual and collective responsibility for delivering safe, effective, high-quality and compassionate care for patients and service users. Achieving this requires careful planning, persistent commitment and a constant focus on nurturing leadership and culture.

3. With this in mind good medical leadership has been identified as vital in delivering high-quality healthcare[2]. There is an increasing body of published literature that links the performance of units to levels of medical leadership[3].

4. To achieve competence in strong medical leadership doctors are required to develop strong personal and professional values, a range of non-technical skills that allow them to lead across professional boundaries, and an understanding of the increasingly complex environment in which modern health and social care is delivered[4].

5. The divisional medical leadership structure within the SHSCT last underwent a review in 2011 where medical leaders functions, responsibilities and accountabilities were considered. Corporate leadership roles were introduced to support medical revalidation processes, GMC responsible officer requirements and to support the development of SAS grade doctors.

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[1] *Kings Fund - Leadership and Leadership Development in Health Care: The Evidence Base (2011)*
[2] *Warren OJ, Carnall R Medical leadership: why it's important, what is required, and how we develop it Postgraduate Medical Journal 2011;87:27-32.*
[3] *Clark J. Enhancing medical engagement in leadership. InView 2006;10:14e15.*
[4] *Darzi A. A time for revolutions – the role of clinicians in health care reform. N Engl J Med. 2009;361(6):e8.*

6. Over time there has been an erosion of the number and impact of these leadership roles which in turn has affected morale, recruitment and retention of staff, particularly doctors. (See section 14, p 22)

7. Given the length of time since the 2011 review and the significant changes in the health and social care landscape it is now time to -re-visit, the Trust medical leadership form and function, based on an assessment of how fit for purpose it remains in a highly dynamic environment.

8. Any structure that emerges must drive a culture of effective, continually improving high quality, safe, patient / service user focussed services underpinned by quality improvement, education and research.

9. It must be open and transparent in its decision making. It must encourage all clinicians to contribute to Trust's strategic priorities and take responsibility for contributing their delivery.

2. Strategic Drivers

10. The Southern Trust must nurture a culture that ensures the delivery of continuously improving high quality, safe and compassionate healthcare. Leadership is the most influential factor in shaping organisational culture and so ensuring the necessary leadership behaviours, strategies and qualities are fostered is fundamental[5].

11. The task of leaders is to ensure direction, alignment of purpose and commitment within teams and organisations. Direction ensures agreement and pride among people in relation to what the organisation is trying to achieve, consistent with vision, values and strategy. Alignment refers to effective coordination and integration of the work.

[5] *Kings Fund - Leadership and Leadership Development in Health Care: The Evidence Base (2011)*