

**SSI Ortho:**

- Next update when Q1 2017 SSI Rates are released by PHA

**SSI C/Section:**

- The quarterly Audits are taking place in June 17, with results shared in Aug 17

**VAP:**

- Vent Days Between VAP's **1055** (5<sup>th</sup> September 16 → 30<sup>th</sup> April 17)
- Calendar Days Between VAP's **238** (5<sup>th</sup> September 16 → 30<sup>th</sup> April 17)

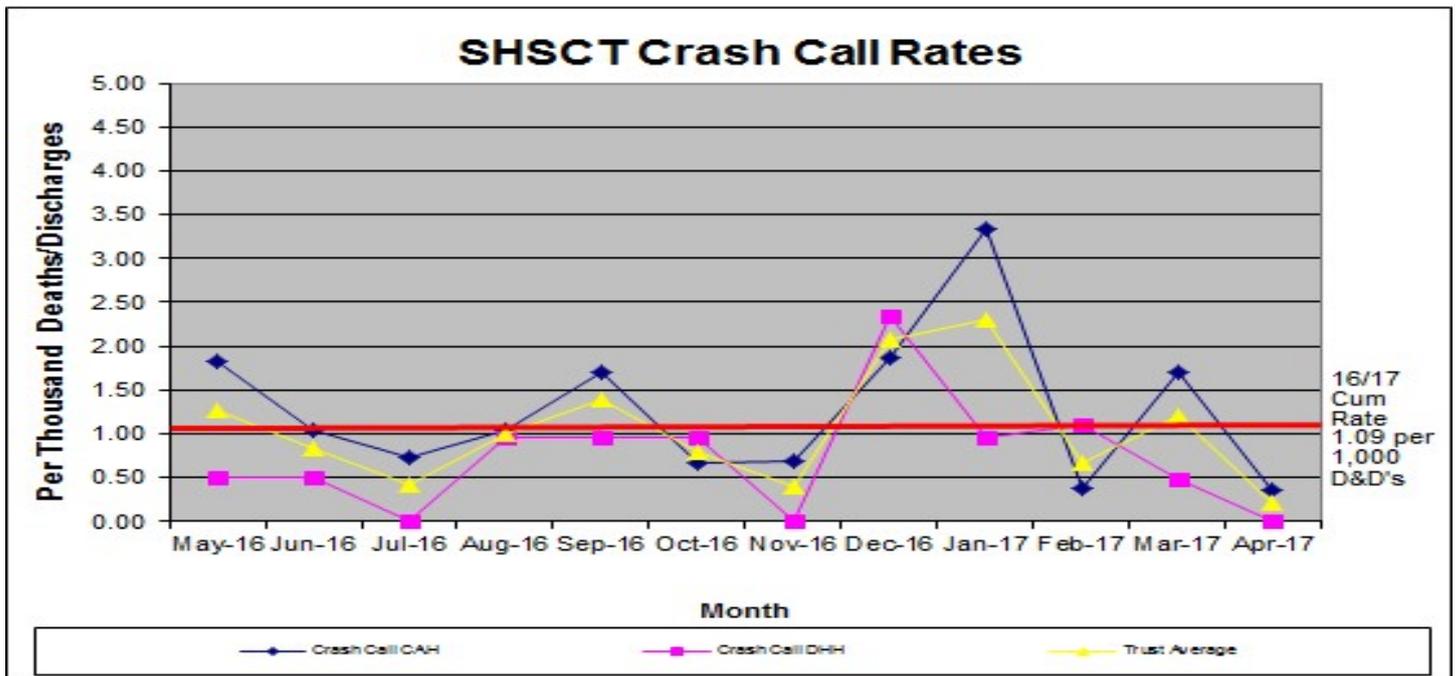
**Central Line:**

- There was 1 Central Line Infections reported in April 17 (Ward 4 South). The Line was inserted in Theatre 1 on the 23<sup>rd</sup> March 17 & removed on the 12<sup>th</sup> April 17. An RCA will be carried out in due course, with same shared with this meeting in due course.

**NEWS:**

- The results of the first quarterly Independent Audit (April → June 17) will be shared with the meeting in August 17

**Crash Calls:**



- CAH Rate **0.36** per 1,000 deaths/discharges (**1** Crash Call) down from **1.70** (**5** Crash Calls) in Mar 17
- DHH Rate **0** per 1,000 deaths/discharges (**0** Crash Calls) down from **0.49** (**1** Crash Call) in Mar 17
- Trust Rate **0.21** per 1,000 deaths/discharges (**1** Crash Call) down from **1.20** (**6** Crash Calls) in Mar 17
- Trust cumulative Crash Call rate for 17/18 stands at **0.21** (**1**) per 1,000 deaths/discharges, down from **1.09** (**63**) in 16/17

## MUST (Malnutrition Universal Screening Tool):

# WIT-96412

- The results of the first quarterly Independent Audit (April → June 17) will be shared with the meeting in August 17

## Stroke Collaborative:

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

Measure	CAH		DHH		TRUST		Commentary Apr 17
		Apr17		Apr17		Apr17	
Patients who are potentially eligible for thrombolysis are assessed by Acute Stroke Team within 30 minutes of arrival	15/16 93%	100% (38/38)	15/16 96%	100% (13/13)	15/16 94%	100% (51/51)	N/A
Patients who are potentially eligible for thrombolysis receive CT scan within 45 minutes	15/16 94%	100% (5/5)	15/16 89%	N/A (0/0)	15/16 91%	100% (5/5)	N/A
Patients deemed suitable for thrombolysis receive first bolus within 60 minutes	15/16 78%	0% (0/2)	15/16 70%	N/A (0/0)	15/16 75%	0% (0/2)	CAH: Case 1 presented out-of-hours. Outside target timeframe by 7 mins. Case 2 presented out-of-hours. Outside target timeframe by 59 mins. Delays in CT being reported & in contacting Consultant/decision to treat
Patients transferred to Hyper Acute Stroke Unit (or appropriate environment) within 90 mins	15/16 94%	100% (2/2)	15/16 100%	N/A (0/0)	15/16 96%	100% (2/2)	N/A
	CAH		DHH		TRUST		AIM 17/18 (Based on Commissioning Plan)  To ensure that the proportion of thrombolysis administration is at least 15%
Outcome Measure	2016/17	Apr 17	2016/17	Apr 17	2016/17	Mar 17	
Monthly Thrombolysis Rate		9.1% (2/22)		0% (0/11)		6.1% (2/33)	
Thrombolysis Rate (Yearly)	9.0% (34/376)	9.1% (2/22)	12.9% (19/147)	0% (0/11)	10.1% (53/523)	6.1% (2/33)	

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

## Maternity Quality Improvement Collaborative:

- No further update.

## Sepsis6:

- There have been no further developments

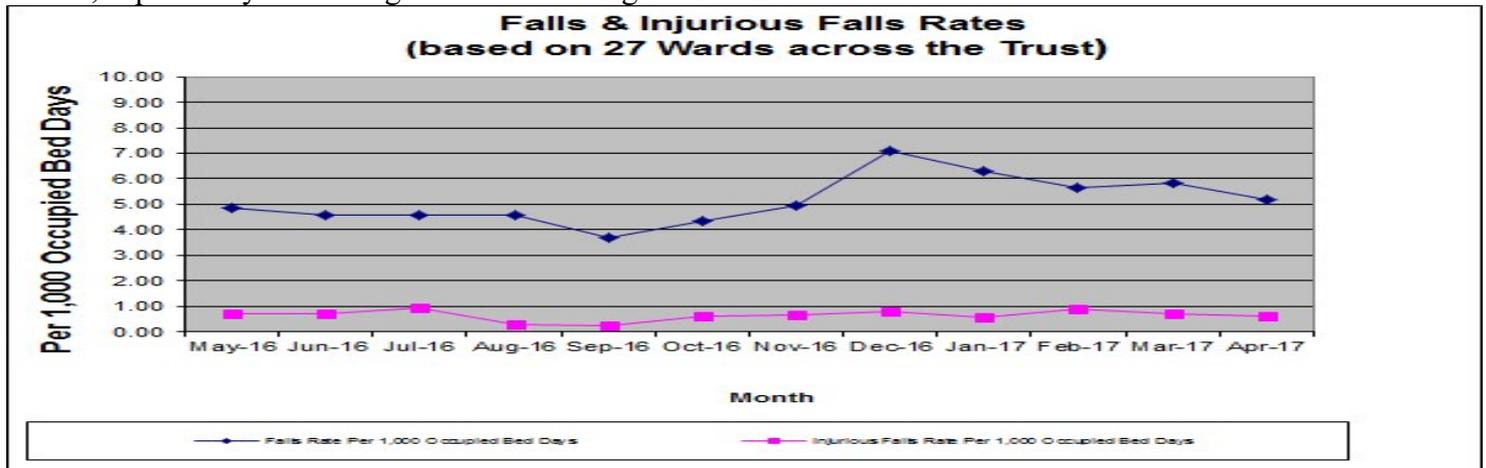
## WHO Surgical Safety Checklist:

- The next Annual WHO Audit will take place in September 2017.

## Falls:

- The results of the first quarterly Independent Audits of FallSafe A & B (April → June 17) will be shared with the meeting in August 17

The Run Chart below shows Patient Falls & Injurious Falls Rates per 1,000 Occupied Bed Days based on 26 Wards, captured by staff using the Falls Walking Stick & Datix.



- Falls Rate **5.20** (90/17,312 Occupied Bed Days) down from **5.85** (102/17,446) in Mar 17
- Injurious Falls Rate **0.64** (11/17,312 Occupied Bed Days) down from **0.69** (12/17,446) in Mar 17

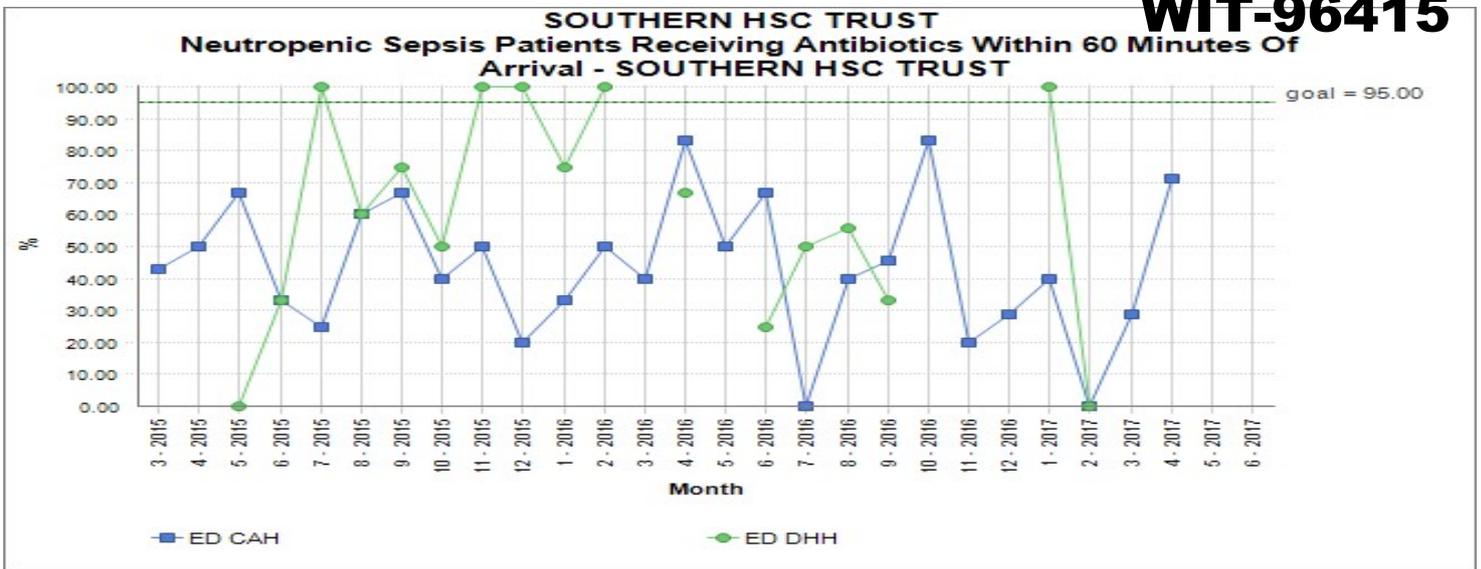
The table below gives details of individual Ward's Falls Numbers & Falls Rate 17/18:

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 17/18	Rate 16/17
<b>CAH</b>															
Ward 4 South	5												5	4.74	3.38 (43) ↑
Ward 4 North	0												0	0	3.45 (37) ↓
Ward 3 South	1												1	1.01	3.51 (42) ↓
Trauma Ward	0												0	0	3.08 (28) ↓
Orthopaedic Ward	1												1	2.76	3.78 (20) ↓
Gynae Ward	0												0	0	2.70 (9) ↓
Ward 2 South Med	5												5	10.12	8.48 (51) ↑
Ward 2 South, Stroke	3												3	5.80	7.63 (47) ↓
Ward 2 North Resp.	2												2	3.77	3.49 (22) ↑
Ward 2 North Medicine	3												3	6.05	N/A
Haematology Ward	3												3	7.94	5.23 (24) ↑
Ward 1 South	13												13	12.26	8.49(108) ↑
Ward 1 North	4												4	4.26	4.31 (48) ↓
AMU	16												16	17.43	10.33 (112) ↑
<b>DHH</b>															
Male Surgical	4												4	8.83	2.50 (15) ↑
Female Surg/Gynae	2												2	2.98	3.30 (29) ↓
HDU	0												0	0	2.30 (7) ↓
Stroke/Rehab	3												3	3.44	5.28 (56) ↓
Male Med/CCU	0												0	0	4.05 (47) ↓
Female Medical	1												1	1.06	3.30 (39) ↓
<b>Lurgan</b>															
Ward 1	0												0	0	2.88 (15) ↓
Ward 2	4												4	7.71	4.86 (29) ↑
Ward 3	1												1	2.11	2.43 (14) ↓
<b>STH</b>															
Ward 1 STH	0												0	0	1.37 (8) ↓
Ward 2 STH	2												2	4.07	1.25 (7) ↑
<b>MHLD</b>															
Gillis	12												12	22.30	15.52 (109) ↑
Willows	5												5	8.82	11.16 (77) ↓
<b>TOTAL</b>	<b>90</b>												<b>90</b>		
<b>RATE</b>	<b>5.20</b>													<b>5.20</b>	<b>5.09 (1043) ↑</b>

Bundle Element	CEM Standard	CAH 15/16 & 16/17	CAH Apr 17 (10 pts.)	DHH 15/16 & 16/17	DHH Feb 17 (10 pts.)
Vital Signs measured & recorded in ED Notes	100%	15/16 100% 16/17 99%	100%	15/16 100% 16/17 99%	100%
Capillary Blood Glucose measured & recorded on arrival	100%	15/16 82% 16/17 97%	100%	15/16 95% 16/17 90%	90%
Evidence in ED notes that high flow O2 was initiated in ED	100%	15/16 87% 16/17 95%	70%	15/16 99% 16/17 97%	100%
Evidence in ED Notes that IV Fluids administered with 1 hour of arrival	75%	15/16 70% 16/17 74%	40% (in 6 other cases IV Fluids given but outside 1 hour)	15/16 92% 16/17 86%	80% (in 2 other cases IV Fluids given but outside 1 hour)
Evidence that serum lactate measurement obtained	100%	15/16 92% 16/17 97%	100%	15/16 95% 16/17 85%	100%
Evidence of Blood Cultures obtained before patient leaves ED	100%	15/16 83% 16/17 94%	90%	15/16 96% 16/17 90%	90%
Antibiotics administered within 1 hour of arrival	50% (CEM) 75% (Regional)	15/16 72% 16/17 76%	50% (in 5 other cases antibiotics given but outside 1 hour)	15/16 94% 16/17 81%	80% (in 2 other cases antibiotics given but outside 1 hour)
Urinary Output measured before patient leaves ED	100%	15/16 66% 16/17 72%	50%	15/16 80% 16/17 79%	90%
Medical Pick up within 1 hour/ Senior Help Summoned	N/A	15/16 96% 16/17 91%	60%	15/16 98% 16/17 96%	100%

The above table is based on the College of Emergency Medicine Severe Sepsis & Septic Shock Audit

- DHH Audits for March & April 17 outstanding at time of reporting
- An Audit of the monitoring of suspected Neutropenic Sepsis in ED's is carried each month, with results forwarded to the Health & Social Care Board. The below Run Charts shows the percentage of these patients who received antibiotics within 60 minutes of arrival at the ED's of CAH & DHH since March 15.

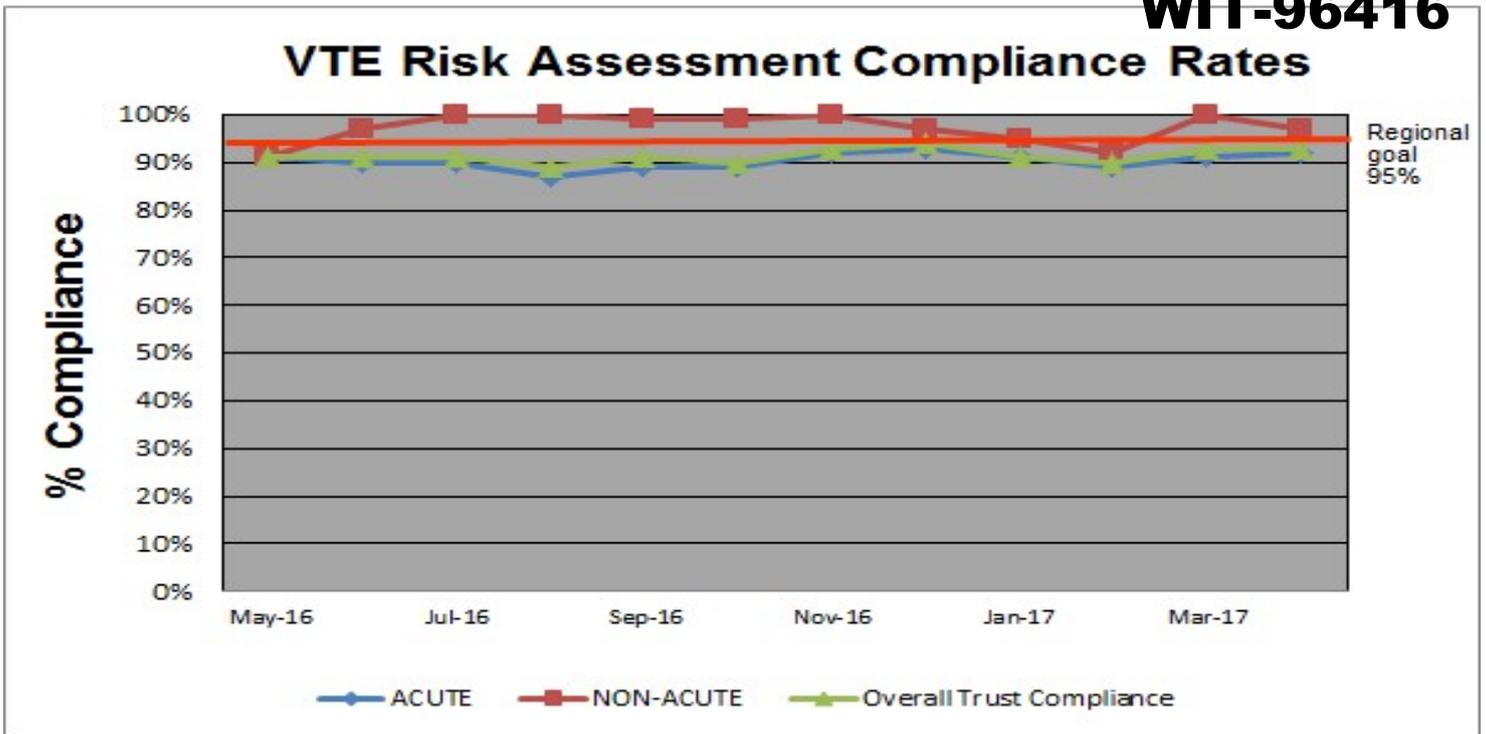


- DHH Audits for March & April 17 outstanding at time of reporting

VTE:

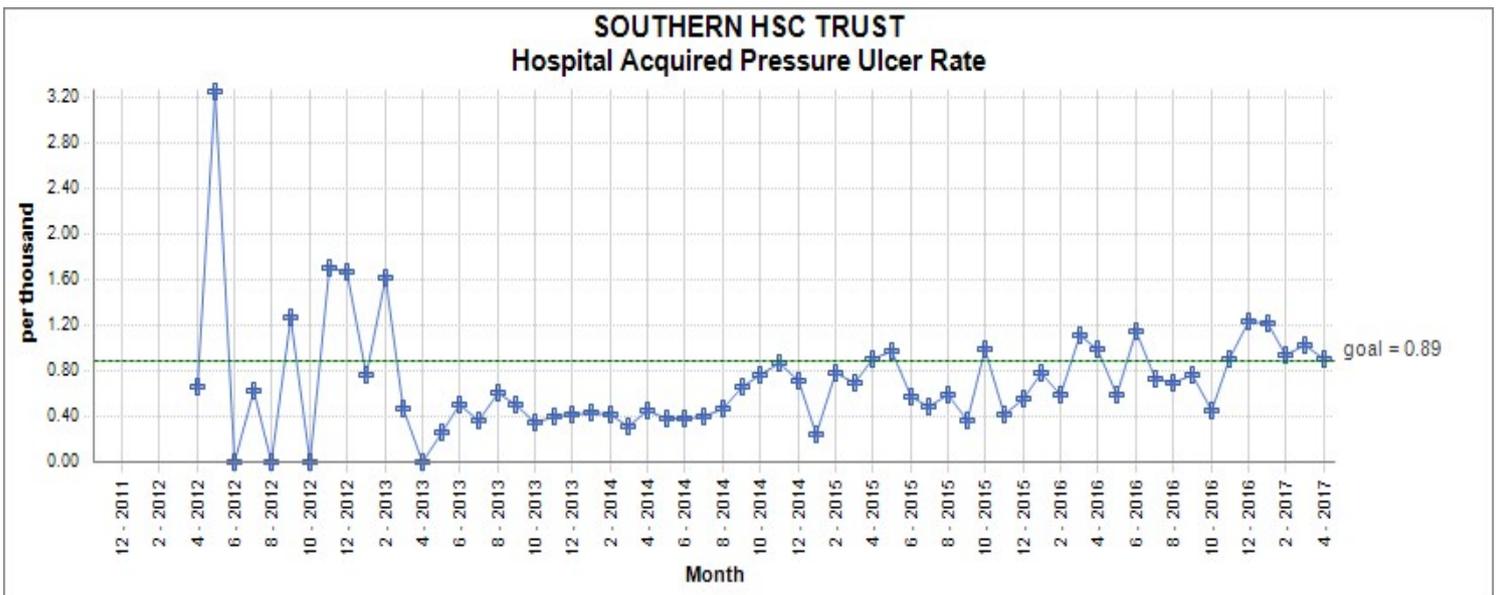
APRIL 2017 (Week Ending 2/4/17 → Week Ending 30 <sup>th</sup> Apr 17)						
Division	Site	Ward	Number of Weekly Audits not done	Charts with Fully Completed VTE Risk Assessment	Number of Charts Audited	Percentage Compliance
S&EC	CAH	3 South	2	13	15	87%
		4 North CESW	1	20	20	100%
		4 South	0	24	25	96%
		Elective Adm.	0	22	22	100%
		Orthopaedic	1	19	20	95%
		Trauma	1	20	20	100%
	DHH	F/male Surgical	0	23	25	92%
		Male Surg/HDU	0	19	25	76%
M&UC	CAH	1 South	1	19	20	95%
		1 North	1	13	20	65%
		2 North Resp.	0	24	25	96%
		Haematology	0	24	25	96%
		2 South Medical	1	20	20	100%
		2 South Stroke	1	19	20	95%
		CDU	0	19	25	76%
		AMU	0	25	25	100%
	DHH	F/male Medical	0	20	25	80%
		CCC/Male Med.	1	20	21	95%
Stroke/Rehab		2	15	15	100%	
IMWH	CAH	Gynae	0	25	25	100%
<b>TOTAL</b>			<b>20</b>	<b>403</b>	<b>438</b>	<b>92%</b>

- Overall Compliance with fully completed Risk Assessment was **92%** (403/438 charts audited) up from **91%** (283/310 charts audited) in Mar 17. Total number of weekly audits not completed in April 17 was **12** down from **17** in Mar 17
- The Run Chart below shows compliance against the Commissioning Plan target of **95%** compliance. The Trust Compliance includes the Non-Acute Wards & therefore their compliance has been included also for comparison.



**SKIN Care (Pressure Ulcer):**

- The results of the first quarterly Independent Audits of the SKIN Care Bundle (April → June 17) will be shared with the meeting in August 17



- The Trust’s Monthly Hospital Acquired Pressure Ulcer Rate for Apr17, based on **29** Wards was **0.91** (**16/17,519**) per 1,000 Occupied Bed Days down from **1.02** (**19**) per 1,000 Bed Days in Mar 17
- The Trust’s 2016/17 Hospital Acquired Pressure Ulcer Rate, based on **29** Wards was **0.89** (**192**) per 1,000 Bed Days, compared to **0.70** (**141**) in 2015/16
- There were **3** Grade 4 Ward Acquired Pressure Ulcers reported in Apr 17 (2 in 2 South Medical, & 1 in ICU). An RCA will be undertaken in these cases in due course

Ward Acquired Pressure Ulcers & Rate per 1,000 Occupied Bed Days 2016/17:

**WIT-96417**

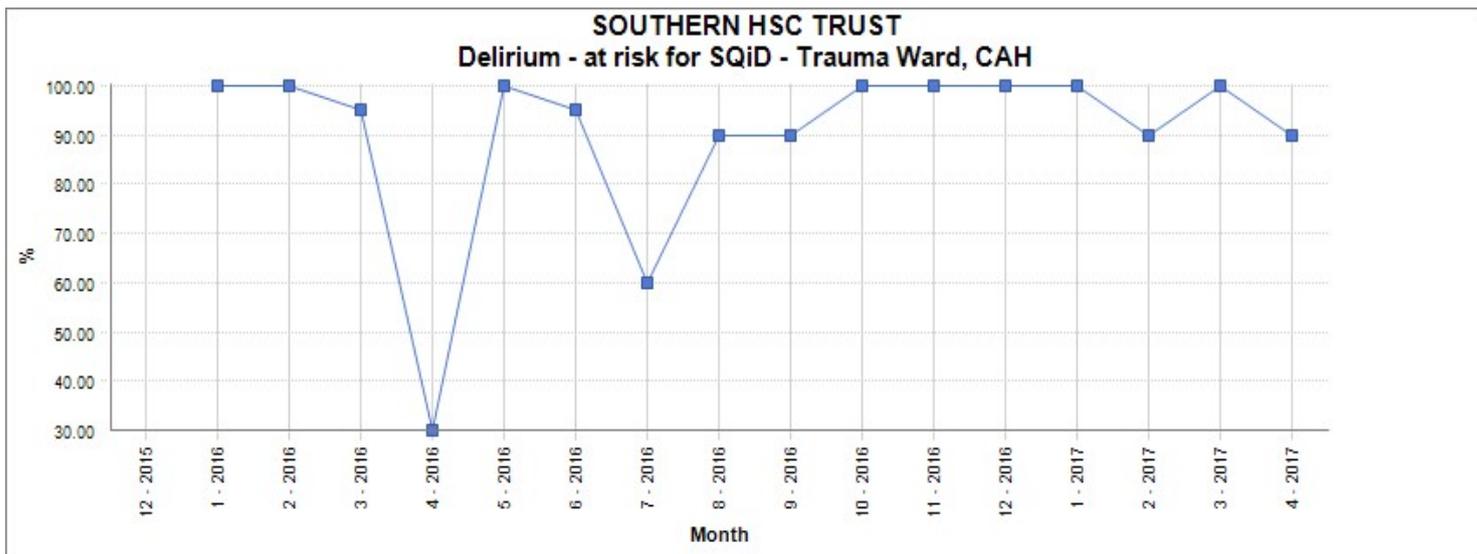
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Rate 17/18	Rate & No 1617
<b>CAH</b>															
Ward 4 South	1												1	0.95	1.34 (17) ↓
Ward 4 North	2												2	2.32	1.12 (12) ↑
Ward 3 South	2												2	2.02	1.09 (13) ↑
Trauma Ward	0												0	0	1.76 (16) ↓
Orthopaedic Ward	0												0	0	0.94 (5) ↓
Gynae Ward	0												0	0	0.30 (1) ↓
ICU	1												1	4.83	3.34 (8) ↑
Ward 2 South Med	2												2	4.05	2.00 (12) ↑
Ward 2 South, Stroke	0												0	0	0.97 (6) ↓
Ward 2 North Resp.	0												0	0	1.11 (7) ↓
Ward 2 North Medicine	3												3	6.07	N/A
Ward 5 Haematology	0												0	0	0.22 (1) ↓
Ward 1 South	1												1	0.94	1.97 (25) ↓
Ward 1 North	0												0	0	0.27 (3) ↓
AMU	1												1	1.09	0.46 (5) ↑
2 Nth Med/Winter/EA Ward	0												0	N/A	N/A (18)
<b>DHH</b>															
Male Surgical	0												0	0	0.67 (4) ↓
Female Surg/Gynae	0												0	0	0.11 (1) ↓
HDU	0												0	0	1.97 (6) ↓
Stroke/Rehab	0												0	0	0.38 (4) ↓
Male Med/CCU	0												0	0	0 (0) ↔
Female Medical	0												0	0	0.76 (9) ↓
<b>Lurgan</b>															
Ward 1	0												0	0	0 (0) ↔
Ward 2	0												0	0	0.50 (3) ↓
Ward 3	1												1	2.11	1.57 (9) ↑
<b>STH</b>															
Ward 1 STH	1												1	2.01	0 (0) ↑
Ward 2 STH	1												1	2.04	0.18 (1) ↑
<b>MHLD</b>															
Gillis	0												0	0	0.85 (6) ↓
Willows	0												0	0	0 (0) ↔
<b>TOTAL</b>	<b>16</b>												<b>16</b>		
<b>RATE</b>	<b>0.91</b>													<b>0.91</b>	<b>0.89 (192) ↑</b>

\*\*\*\*Rate per 1,000 Occupied Bed Days

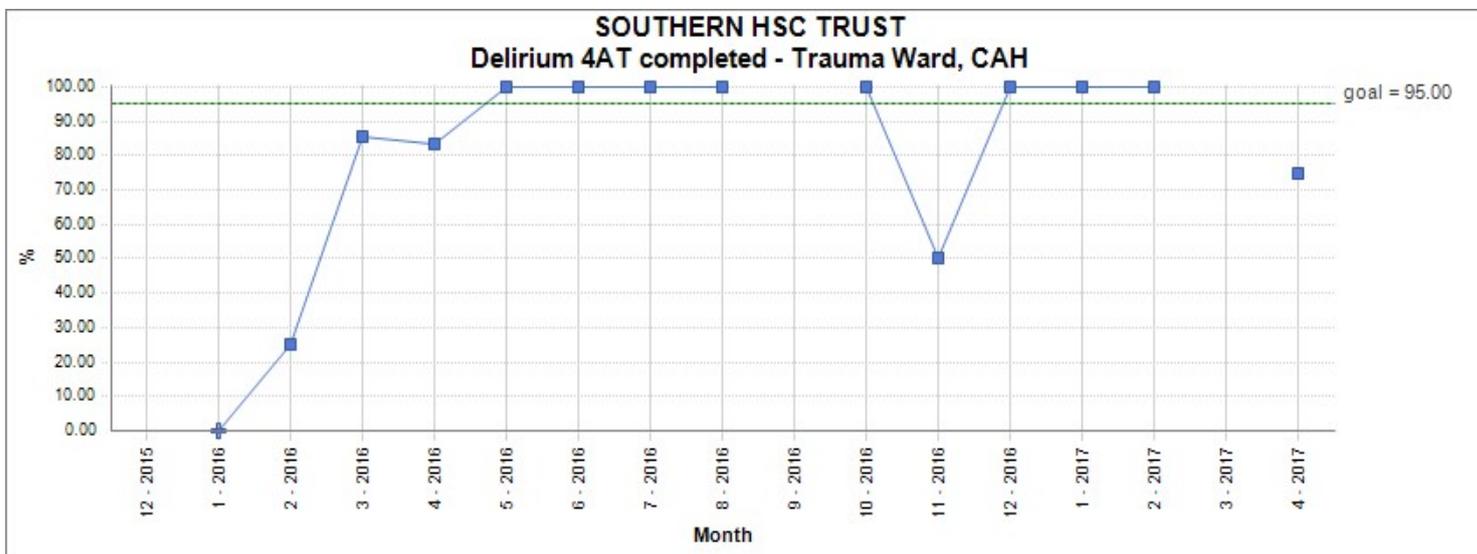
**Regional General Ward Collaborative:**

- Three measures are in place to demonstrate progress in the use of the Delirium Tool:
  - **Number of at risk patients who have a SQiD (single question in delirium) carried out**
  - **Number of patients with a 4AT completed (tool to assess for delirium)**
  - **Number of patients with an investigations & management plan completed**

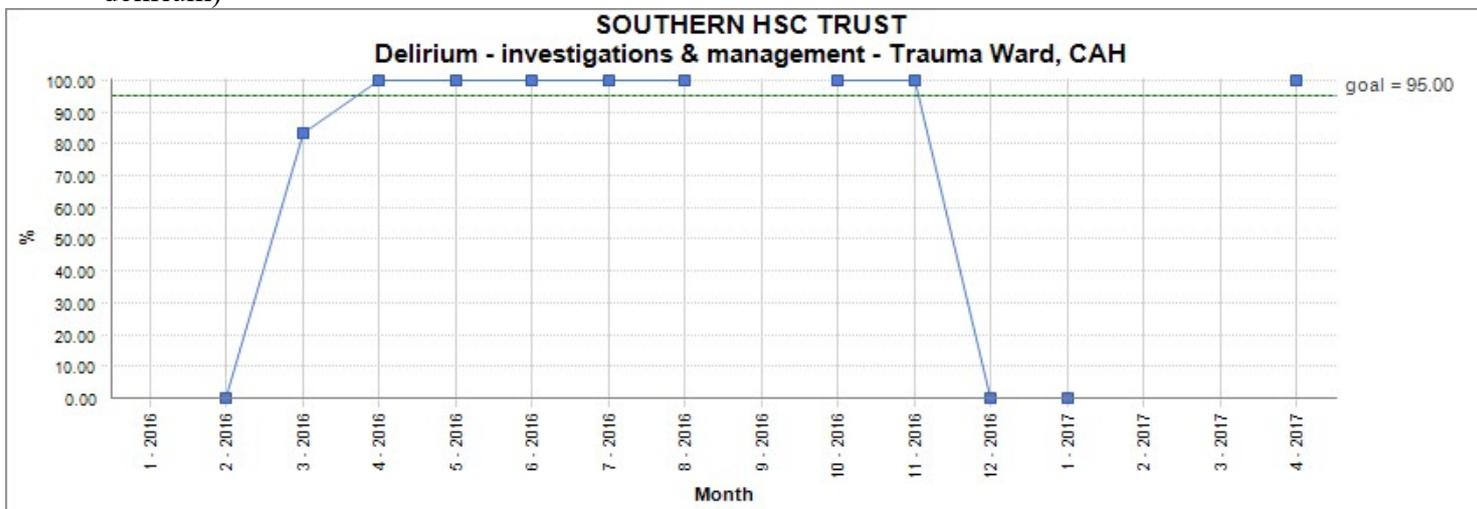
- The Run Charts below shows the progress with each of the above elements on the Trauma Ward, CAH



- 18 of 20 patients audited in Apr 17 had a SQiD (single question in delirium) carried out



- 3 of 4 patients audited in Apr 17 who were SQiD positive had a 4AT completed (tool to assess for delirium)



- 3 of 3 patients audited in Apr 17 with a 4AT score of 4 or more had an investigations & management plan completed



Patient Support Enquiries Report April 2017

WIT-96420

ID	Received	Site	Division	Location	Subject	Staff	Description	Outcome	Closed
2088	12/04/2017	Craigavon Area Hospital	Surgery and Elective Care	Fracture Clinic	Staff attitude/behaviour	Administrative and Clerical	Comment card received from patient who is unhappy with attitude of receptionist when making her review appointment. Patient was given an appointment and asked for later time and felt the receptionist was abrupt in her manner.	Comment card forwarded to Senior Manager for their attention/action.	13/04/2017
2079	06/04/2017	Craigavon Area Hospital	Surgery and Elective Care	4 North	Communication/information to patients	Medical and Dental	Patient's family are concerned with their father's care. Delay receiving antibiotics and has been fasted for several days awaiting an investigation. Also concerned re lack of communication regarding treatment plan.	Patient attended for planned investigation 6/4/17 and were updated by Clinicians and nursing staff regarding ongoing care.	07/04/2017
2079	06/04/2017	Craigavon Area Hospital	Surgery and Elective Care	4 North	Communication/information to patients	Nursing and Midwifery	Patient's family are concerned with their father's care. Delay receiving antibiotics and has been fasted for several days awaiting an investigation. Also concerned re lack of communication regarding treatment plan.	Patient attended for planned investigation 6/4/17 and were updated by Clinicians and nursing staff regarding ongoing care.	07/04/2017
2079	06/04/2017	Craigavon Area Hospital	Surgery and Elective Care	4 North	Theatre/operation/procedure, delay/cancellation	Medical and Dental	Patient's family are concerned with their father's care. Delay receiving antibiotics and has been fasted for several days awaiting an investigation. Also concerned re lack of communication regarding treatment plan.	Patient attended for planned investigation 6/4/17 and were updated by Clinicians and nursing staff regarding ongoing care.	07/04/2017
2079	06/04/2017	Craigavon Area Hospital	Surgery and Elective Care	4 North	Treatment and care quality	Nursing and Midwifery	Patient's family are concerned with their father's care. Delay receiving antibiotics and has been fasted for several days awaiting an investigation. Also concerned re lack of communication regarding treatment plan.	Patient attended for planned investigation 6/4/17 and were updated by Clinicians and nursing staff regarding ongoing care.	07/04/2017
2084	11/04/2017	Craigavon Area Hospital	Surgery and Elective Care	ENT Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding a date for an appointment at the ENT clinic. Child's mother advises her son has regular nose bleeds and is anxious or him to be seen by ENT doctor.	Child's mother informed of current waiting time for ENT appointments. Advised to attend GP/Emergency Department if nose bleeds occur and cannot be controlled.	11/04/2017
2097	24/04/2017	Craigavon Area Hospital	Surgery and Elective Care	General Surgery Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Patient was referred by his GP for an outpatient appointment and asks when he will have an appointment.	Patient advised his referral has been graded routine priority and current waiting time is 65 weeks. Advised to attend his GP should his symptoms change.	
2075	04/04/2017	Daisy Hill Hospital	Surgery and Elective Care	General Surgery Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding an appointment at the General Surgical clinic.	Patient advised of current waiting times for routine priority at General Surgical clinic and opted for DHH which has shorter waiting time. Booking centre advised of patient choice.	05/04/2017
2076	05/04/2017	Craigavon Area Hospital	Surgery and Elective Care	Orthopaedic waiting list	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding a date for planned Orthopaedic surgery.	Enquirer informed patient is currently on the routine waiting list for planned orthopaedic surgery and current waiting time is 98 weeks. No date could be given for admission.	05/04/2017
2099	24/04/2017	Craigavon Area Hospital	Surgery and Elective Care	Trauma Ward	Theatre/operation/procedure, delay/cancellation	Non Staff	Enquiry from elected representative on behalf of patient waiting for trauma surgery. Patient unhappy she did not have her surgery today and is anxious for a confirmed date for surgery.	Patient informed by her Consultant she should be scheduled for her surgery 27/4/17 as she requires a lower limb surgeon and theatre lists for earlier dates are scheduled. Elected representative updated as per situation.	24/04/2017
2078	06/04/2017	Craigavon Area Hospital	Surgery and Elective Care	Orthopaedic waiting list	Admission into hospital (delay cancellation) (inpatients)	Non Staff	Enquiry from elected representative on behalf of patient who is waiting a date for planned orthopaedic surgery and seeks clarification regarding patient's waiting time.	Enquirer advised date patient was added to waiting list and current waiting time for urgent priority. Also that following pre-operative assessment patient may require further investigations prior to surgery to ensure she is medically fit.	06/04/2017
2090	12/04/2017	Craigavon Area Hospital	Surgery and Elective Care	4 North	Treatment and care quality	Nursing and Midwifery	Patient's mother is distressed and unhappy hospital security were called to assist staff with her daughter who has learning disability. Patient's mother is concerned her daughter's behaviour has become aggressive and confused since admission.	Lengthy meeting between patient's mother, Lead Nurse, Ward Manager and Patient Support Manager to discuss her concerns and how best to manage her daughter. Patient provided with 1:1 nursing and was referred to Neurology for assessment. Ongoing support offered. Patient's mother satisfied with outcome of meeting and treatment plan.	14/04/2017
2090	12/04/2017	Craigavon Area Hospital	Surgery and Elective Care	4 North	Staff attitude/behaviour	Nursing and Midwifery	Patient's mother is distressed and unhappy hospital security were called to assist staff with her daughter who has learning disability. Patient's mother is concerned her daughter's behaviour has become aggressive and confused since admission.	Lengthy meeting between patient's mother, Lead Nurse, Ward Manager and Patient Support Manager to discuss her concerns and how best to manage her daughter. Patient provided with 1:1 nursing and was referred to Neurology for assessment. Ongoing support offered. Patient's mother satisfied with outcome of meeting and treatment plan.	14/04/2017
2077	05/04/2017	Craigavon Area Hospital	Surgery and Elective Care	General Surgery Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding a date for an appointment at the General Surgical clinic. GP urgent referral sent 3/3/17.	Enquirer advised referral has been received and was informed of current access waiting time for urgent referrals. If patient symptoms change GP can contact surgeon directly.	05/04/2017
2086	11/04/2017	Craigavon Area Hospital	Specialist Child Health and Disability	Cardiology Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry from child's mother regarding an appointment at the Paediatric Cardiology Clinic	Child's mother informed of current waiting time for a routine referral appointment at Paediatric clinic. Advised to discuss with GP should her daughter's symptoms change.	11/04/2017

Patient Support Enquiries Report April 2017

WIT-96421

ID	Received	Site	Division	Location	Subject	Staff	Description	Outcome	Closed
2083	10/04/2017	Community	Primary Care	Home of client	Communication/information to patients	Non Staff	Patient's daughter is concerned her mother receives a care package to meet her needs and seeks advice whom she should contact. Patient's daughter lives in England and has siblings who live near her mother.	Patient daughter advised to discuss her concerns with her siblings who can arrange a meeting with Community Teams. Contact details provided for GP. District Nurse informed of daughter's concerns.	10/04/2017
2083	10/04/2017	Community	Primary Care	Home of client	Treatment and care quality	Nursing and Midwifery	Patient's daughter is concerned her mother receives a care package to meet her needs and seeks advice whom she should contact. Patient's daughter lives in England and has siblings who live near her mother.	Patient daughter advised to discuss her concerns with her siblings who can arrange a meeting with Community Teams. Contact details provided for GP. District Nurse informed of daughter's concerns.	10/04/2017
2072	03/04/2017	Community	Primary Care	Home of client	Communication/information to patients	Non Staff	Patient's wife asks for contact details for Macmillan Nurse. Patient's husband has a cancer diagnosis and was recently discharged from hospital and has been feeling unwell.	Contact details provided for hospital Macmillan Nurse, also advised how to contact Community nurses. Advised to contact GP should her husband become unwell and if appropriate call an ambulance.	03/04/2017
2073	03/04/2017	Community	Primary Care	Home of client	Treatment and care quality	Medical and Dental	Patient's son seeks advice how to expedite a care package for his mother who has recently been diagnosed with cancer and her condition is deteriorating. District nurse was contacted last week and the family have not had an update.	District Nurse contacted and advised of patient's son's concerns. District Nurse indicated she had made a referral for a care package and equipment aids and would contact patient's son to update. Hospital Macmillan Nurses also informed of enquiry and agreed to discuss with team members.	03/04/2017
2073	03/04/2017	Community	Primary Care	Home of client	Communication/information to patients	Nursing and Midwifery	Patient's son seeks advice how to expedite a care package for his mother who has recently been diagnosed with cancer and her condition is deteriorating. District nurse was contacted last week and the family have not had an update.	District Nurse contacted and advised of patient's son's concerns. District Nurse indicated she had made a referral for a care package and equipment aids and would contact patient's son to update. Hospital Macmillan Nurses also informed of enquiry and agreed to discuss with team members.	03/04/2017
2073	03/04/2017	Community	Primary Care	Home of client	Treatment and care quality	Nursing and Midwifery	Patient's son seeks advice how to expedite a care package for his mother who has recently been diagnosed with cancer and her condition is deteriorating. District nurse was contacted last week and the family have not had an update.	District Nurse contacted and advised of patient's son's concerns. District Nurse indicated she had made a referral for a care package and equipment aids and would contact patient's son to update. Hospital Macmillan Nurses also informed of enquiry and agreed to discuss with team members.	03/04/2017
2080	07/04/2017	Community	Physical and Sensory Disability Service	Home of client	Communication/information to patients	Non Staff	Enquiry regarding transport options available for elderly patient who attends regular hospital appointments.	Enquirer provided with information for SHSCT transport options and contact details for other community groups .	07/04/2017
2104	26/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	1 South Medical	Discharge/transfer arrangements	Non Staff	Patient's family are unhappy their father who is dying is placed as a 3rd patient in a 2 bedded area and feel this is undignified and unsafe. Patient waiting a bed in the hospice and his family are anxious for his transfer.	Meeting between Head of Service and Patient Flow and patient's family to discuss their concerns. 3rd patient removed from 2 bedded area later that day. Patient discharged to Hospice the next day. Patient's family remained unhappy and asked how to make a formal complaint.	27/04/2017
2104	26/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	1 South Medical	Environmental	Non Staff	Patient's family are unhappy their father who is dying is placed as a 3rd patient in a 2 bedded area and feel this is undignified and unsafe. Patient waiting a bed in the hospice and his family are anxious for his transfer.	Meeting between Head of Service and Patient Flow and patient's family to discuss their concerns. 3rd patient removed from 2 bedded area later that day. Patient discharged to Hospice the next day. Patient's family remained unhappy and asked how to make a formal complaint.	27/04/2017
2104	26/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	1 South Medical	Patients' privacy/dignity	Non Staff	Patient's family are unhappy their father who is dying is placed as a 3rd patient in a 2 bedded area and feel this is undignified and unsafe. Patient waiting a bed in the hospice and his family are anxious for his transfer.	Meeting between Head of Service and Patient Flow and patient's family to discuss their concerns. 3rd patient removed from 2 bedded area later that day. Patient discharged to Hospice the next day. Patient's family remained unhappy and asked how to make a formal complaint.	27/04/2017
2082	10/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	MAU	Treatment and care quality	Nursing and Midwifery	Patient's family are unhappy with the late transfer from AMU to 2 South Medical. Patient was informed he was for transfer after 12 MN and his belongings were packed on his bed until transfer at 1:30am.	Meeting with patient to discuss his concerns and apologise for an distress caused. Explanation provided for late transfer and how decision is made. Patient appeared satisfied with outcome of meeting and accepted my apology.	10/04/2017
2085	11/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	2 South Medical/Stroke	Communication/information to patients	Social Services	Patient's daughters seek advice regarding their father's discharge plan. Patient's siblings do not agree and are divided regarding his discharge. Patient has been referred to Safeguarding Team and his family seek clarification of process.	Lengthy meeting with patient's 2 daughters to discuss their concerns. 2nd meeting planned for 12/4/17 between all family members, Head of Social work, Ward Manager to discuss their concerns. Advised to seek legal advice regarding next of kin. Appeared satisfied with outcome of meeting.	13/04/2017
2085	11/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	2 South Medical/Stroke	Discharge/transfer arrangements	Social Services	Patient's daughters seek advice regarding their father's discharge plan. Patient's siblings do not agree and are divided regarding his discharge. Patient has been referred to Safeguarding Team and his family seek clarification of process.	Lengthy meeting with patient's 2 daughters to discuss their concerns. 2nd meeting planned for 12/4/17 between all family members, Head of Social work, Ward Manager to discuss their concerns. Advised to seek legal advice regarding next of kin. Appeared satisfied with outcome of meeting.	13/04/2017

Patient Support Enquiries Report April 2017

WIT-96422

ID	Received	Site	Division	Location	Subject	Staff	Description	Outcome	Closed
2081	07/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	A&E	Other	Non Staff	Enquirer seeks advice how she can be supported/fast tracked through the Emergency Department. Enquirer is the carer for her elderly mother, brother and son both with Learning disabilities. Enquirer indicated all 3 relatives must be with her at all times.	Lengthy discussion regarding support from Social Services and Community Learning Disability team. Hospital passport/fast track cards for Learning Disability brother and son. Enquirer agreed to contact community teams for support. Enquirer agreed to document her concerns and Patient Support agreed to forward details of enquiry to senior managers following receipt of letter.	07/04/2017
2095	21/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	MAU	Communication/information to patients	Medical and Dental	Patient's son seeks a meeting with clinical staff to discuss his father's treatment and care which he feels is not being managed.	Meeting between Clinical staff and patient's son to discuss his concerns. Patient's son indicated he was satisfied with outcome of the meeting.	21/04/2017
2095	21/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	MAU	Treatment and care quality	Medical and Dental	Patient's son seeks a meeting with clinical staff to discuss his father's treatment and care which he feels is not being managed.	Meeting between Clinical staff and patient's son to discuss his concerns. Patient's son indicated he was satisfied with outcome of the meeting.	21/04/2017
2102	26/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	Dermatology Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding red flag referral to "Plastic Surgery" clinic Belfast	Patient offered and accepted an appointment at RVH Belfast 15/5/17.	26/04/2017
2093	14/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	Cardiology Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding a date for an appointment for an Echocardiogram.	Enquirer advised the current waiting time is 6 months and her name has been added to the short notice/cancellation list. Advised to attend her GP should her symptoms change	14/04/2017
2098	24/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	A&E	Communication/information to patients	Non Staff	Patient attended the Emergency Department with back pain and was discharged home with analgesia and follow up by GP. Patient unclear of her discharge plan, if she has to have an MRI scan	Patient advised to attend her GP for management of her pain. If pain not settling after 1-2 weeks to attend the Emergency Department and MRI can be requested if appropriate.	24/04/2017
2101	25/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	Cardiology Clinic	Appointments, delay/cancellation (outpatients)	Non Staff	Patient seeks advice where and when she will have a cardiology review appointment. Patient has attended both RVH and CAH for cardiology treatment and appointments.	Patient advised she has a cardiology review appointment scheduled for 7/6/17 at CAH and will receive a letter to confirm details.	25/04/2017
2101	25/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	Cardiology Clinic	Communication/information to patients	Non Staff	Patient seeks advice where and when she will have a cardiology review appointment. Patient has attended both RVH and CAH for cardiology treatment and appointments.	Patient advised she has a cardiology review appointment scheduled for 7/6/17 at CAH and will receive a letter to confirm details.	25/04/2017
2087	12/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	1 South Medical	Discharge/transfer arrangements	Social Services	Enquiry from patient's daughter regarding her mother's discharge plan. Patient's daughter requests Social Worker to contact her to discuss Nursing home options.	Social Worker contacted and agreed to update patient's daughter regarding discharge plan and options for Nursing homes.	12/04/2017
2091	13/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	2 South Medical/Stroke	Discharge/transfer arrangements	Non Staff	Enquiry regarding discharge plan for patient who has been diagnosed as End of Life care. Patient's family are anxious to take her home.	Patient's relative informed referrals have been made to appropriate teams and once patient has been assessed and care package in place patient can be discharged. Advised to liaise with ward staff for updates.	13/04/2017
2092	12/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	Sleep Lab, 2 North	Treatment and care quality	Non Staff	Patient presented to the hospital to request a CPAP machine.(Continuous positive airway pressure). Patient had attended a private appointment and was informed she would be referred for the machine.	Patient advised she has an appointment at the Sleep Studies Clinic 19/4/17 where she will be assessed and advised regarding her treatment plan. Hospital record systems checked and no referral had been received regarding CPAP machine. Patient advised to attend the Emergency Department if she felt she required urgent treatment.	12/04/2017
2092	12/04/2017	Craigavon Area Hospital	Medicine and Unscheduled Care	Sleep Lab, 2 North	Appointments, delay/cancellation (outpatients)	Non Staff	Patient presented to the hospital to request a CPAP machine.(Continuous positive airway pressure). Patient had attended a private appointment and was informed she would be referred for the machine.	Patient advised she has an appointment at the Sleep Studies Clinic 19/4/17 where she will be assessed and advised regarding her treatment plan. Hospital record systems checked and no referral had been received regarding CPAP machine. Patient advised to attend the Emergency Department if she felt she required urgent treatment.	12/04/2017
2100	25/04/2017	Craigavon Area Hospital	Informatics	Medical Records	Records/record keeping	Non Staff	Patient's son seeks advice how to obtain a copy of his mother's medical records.	Patient's son provided with Access to Records form and contact details for Information Governance. Discussion regarding his concerns and offer of meeting with Clinical Staff which was declined. We Value Your Views Leaflet provided and Patient Support Service offered.	25/04/2017
2096	24/04/2017	Craigavon Area Hospital	Informatics	Medical Records	Admission into hospital (delay cancellation) (inpatients)	Non Staff	Patient seeks confirmation he is on the waiting list for planned orthopaedic surgery. Also requests a copy of his MRI carried out 11.2.17	Patient advised he was added to the routine waiting list 30/3/17 for planned orthopaedic surgery and current waiting time is 24 weeks. Patient provided with Access to Records form and contact details for Information Governance. Advised how to complete form.	24/04/2017
2096	24/04/2017	Craigavon Area Hospital	Informatics	Medical Records	Records/record keeping	Non Staff	Patient seeks confirmation he is on the waiting list for planned orthopaedic surgery. Also requests a copy of his MRI carried out 11.2.17	Patient advised he was added to the routine waiting list 30/3/17 for planned orthopaedic surgery and current waiting time is 24 weeks. Patient provided with Access to Records form and contact details for Information Governance. Advised how to complete form.	24/04/2017

Patient Support Enquiries Report April 2017

WIT-96423

ID	Received	Site	Division	Location	Subject	Staff	Description	Outcome	Closed
2071	03/04/2017	Craigavon Area Hospital	Functional Support Services	Car Park/Grounds	Environmental	Non Staff	Enquiry from staff member who has a Blue Badge and asks if she can park in designated disabled spaces. Enquirer she has observed cars without Blue Badge parking in these spaces. Enquirer also asks location of baby changing facilities in CAH.	Enquirer advised Disability parking spaces are for anyone with a Blue Badge and was advised to report any member of staff who illegally parks in designated spaces and they will be asked to move their vehicle. Also informed of location of baby changing facilities in CAH.	03/04/2017
2103	26/04/2017	Daisy Hill Hospital	Financial Management	General Male Medical, Level 5	Policy/commercial decisions	Non Staff	Enquiry regarding policy for non UK patient receiving treatment at DHH.	Enquirer contacted by Cashier and advised regarding Trust Policy for patient receiving non emergency treatment and financial implications.	26/04/2017
2094	20/04/2017	Community	Enhanced Services	SAUCS (GPOOH) Craigavon	Staff attitude/behaviour	Administrative and Clerical	Enquirer contacted GP Out of Hours as her granddaughter had a high temperature, rash and was irritable. Enquirer is unhappy with the unpleasant attitude of the receptionist who took her call	Enquirer wished to remain anonymous and happy for her experience to be shared with GP Out of Hours Manager. Enquiry forwarded to Senior Manager Out Of Hours.	20/04/2017
2074	04/04/2017	Craigavon Area Hospital	Cancer and Clinical Services	MRI Unit	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding waiting time for MRI. Patient attended Orthopaedic ICATs and has been referred for MRI.	Patient informed her MRI referral has a routine priority and was informed of current waiting time for routine priority which is approximately 6 months. Advised to attend her GP should her symptoms change.	04/04/2017
2089	11/04/2017	South Tyrone Hospital	Cancer and Clinical Services	CT Scanner	Appointments, delay/cancellation (outpatients)	Non Staff	Enquiry regarding a date for an appointment for CT scan.	Patient offered a cancellation appointment for CT scan 12/4/17 which she accepted.	11/04/2017

**Patient Support Enquiries Report – April 2017**

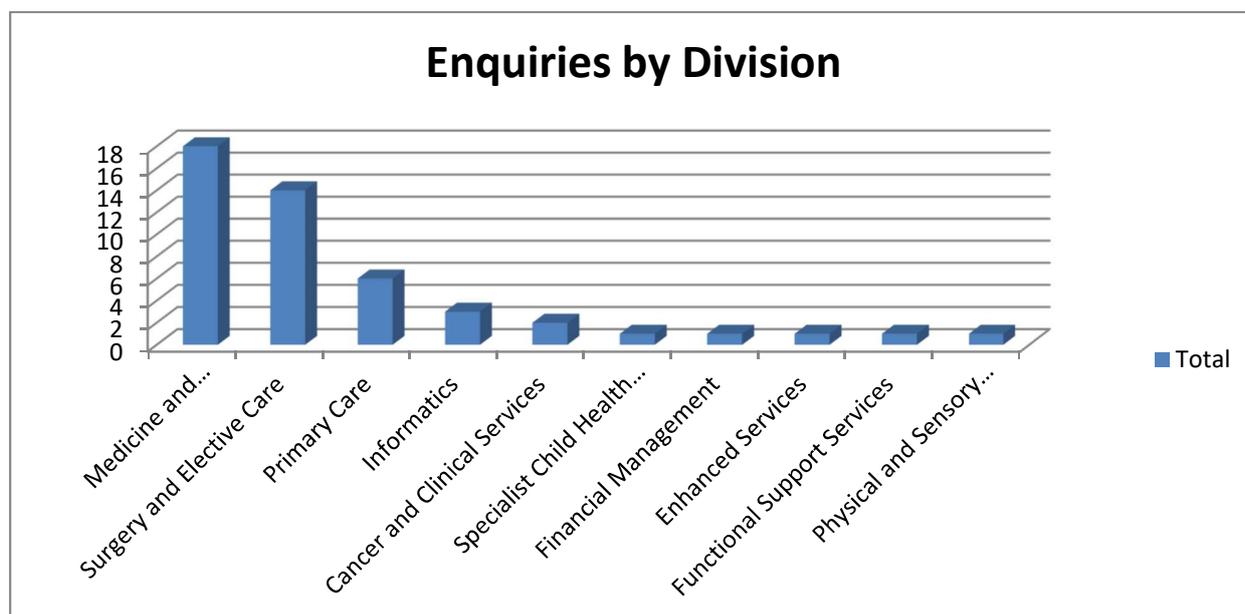
The purpose of this report is to inform senior staff within the Acute Services Directorate about the Patient Support Enquiries received within the Directorate in April 2017 and highlight any key issues or recurring themes. An anonymous summary pertaining to each Enquiry is attached.

**Summary**

- **48** Patient Support Enquiries were received in April 2017. This is an increase of **14** Enquiries received as the same month (April) last year.
- **100%** of these Patient Support Enquiries have been responded to and are now closed.

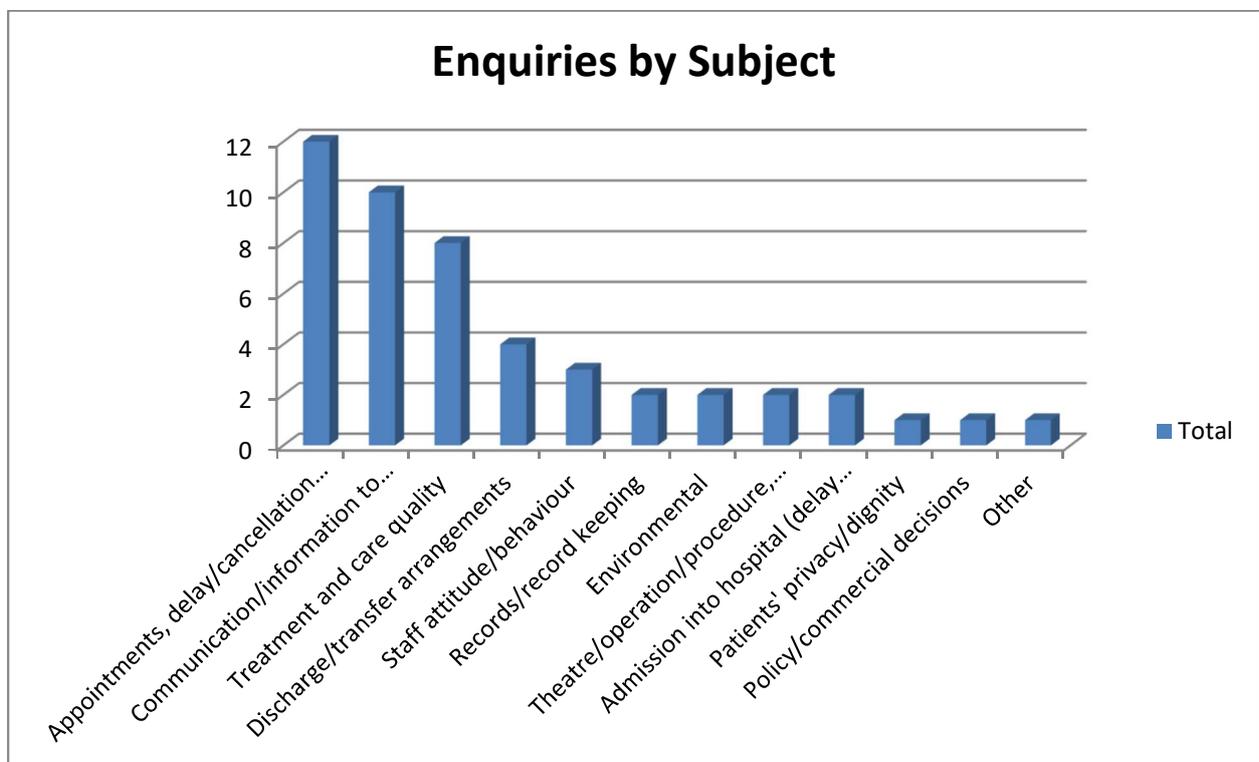
**Top Enquiries received per Division**

Enquiries by Division	2016	2017
Medicine and Unscheduled Care	4	18
Surgery & Elective Care	19	14
Primary Care	0	6
Informatics	0	3
Cancer and Clinical Services	5	2



**Top 5 Enquiries Received per Subject:**

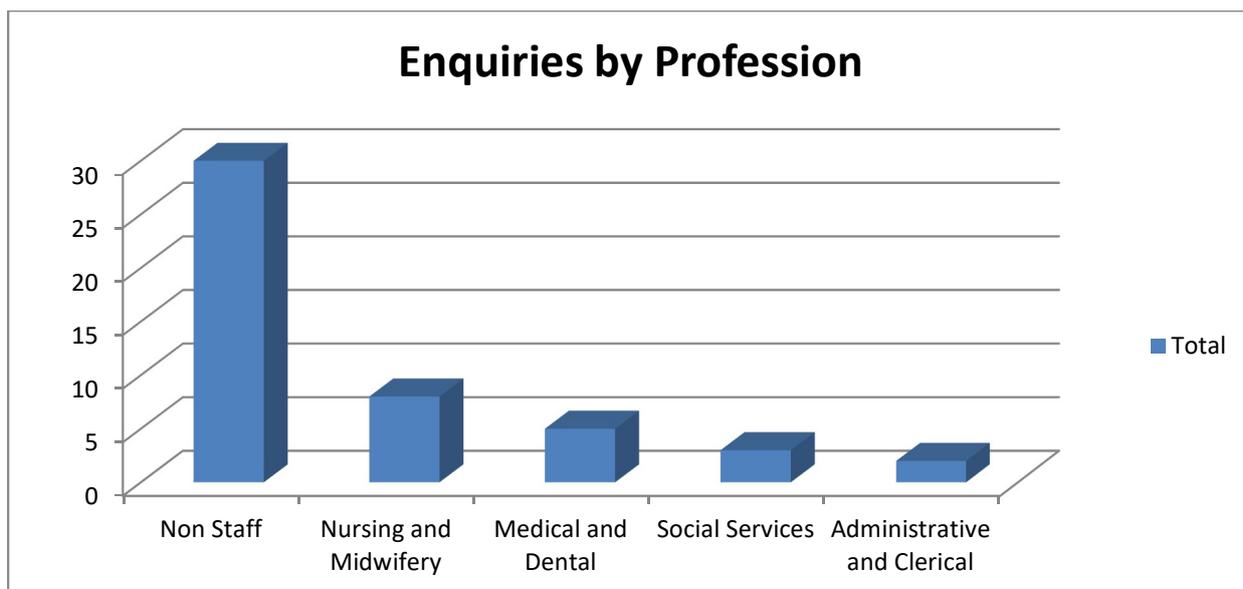
Subject	2016	2017
Appointments, delay/cancellation (outpatients)	12	12
Communication/information to patients	11	10
Treatment and Care quality	4	8
Discharge/transfer arrangements	0	4
Staff attitude/behaviour	1	3



**Top Enquiries Received per Professions**

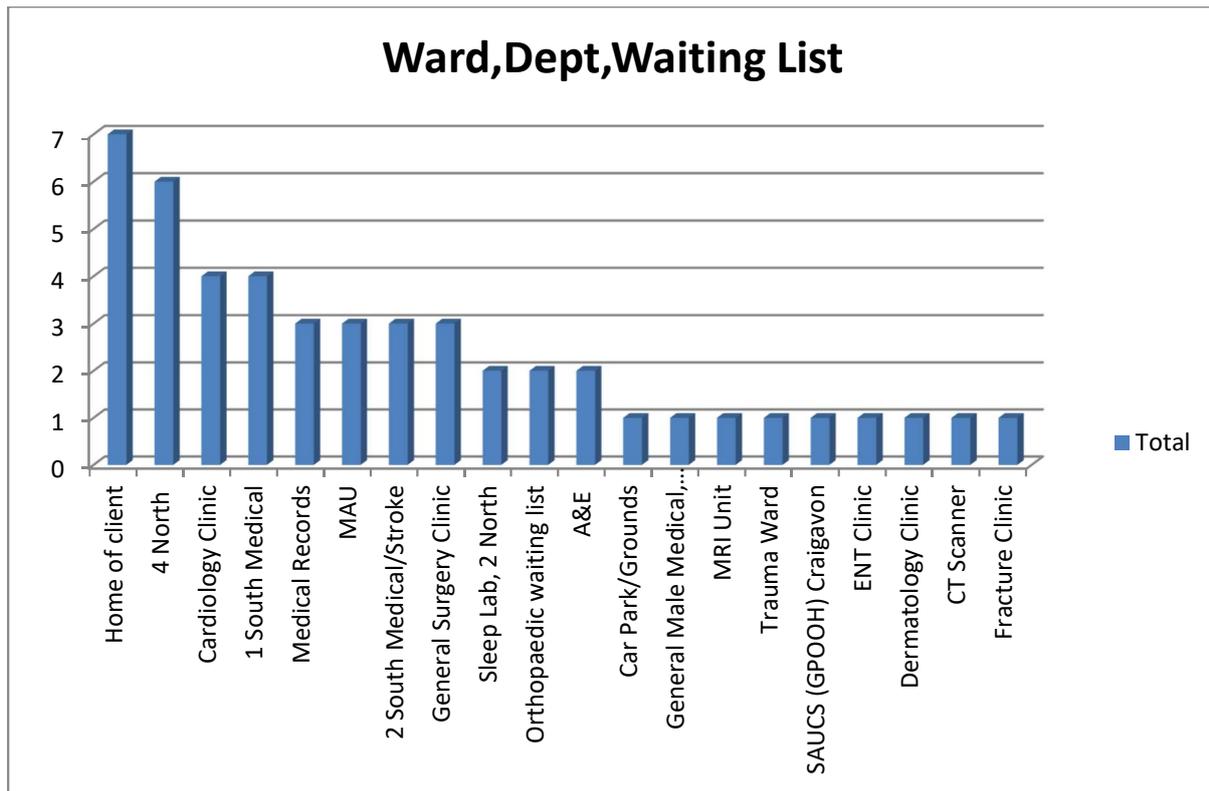
Profession	2016	2017
Non Staff	21	30
Nursing and Midwifery	3	8
Medical and Dental	7	5
Social Services	0	3
Administrative and Clerical	1	2

\*Non Staff refers to enquiries regarding inpatient/outpatient waiting times and general communication /information enquiries that cannot be attributed to any staff group



### Top Enquiries Received per Ward/Department/Waiting List

Ward/ Departments/ Waiting List	2016	2017
Home of Client	0	7
4 North	3	6
Cardiology Clinic	0	4
1 South Medical	0	4
Medical Records	0	3
MAU	0	3
2 South Medical/Stroke	0	3
General Surgery Clinic	4	3



### Enquiries by Hospital, Division and Subject

Hospital, Division and Subject	April 2017
<b>Craigavon Area Hospital</b>	<b>37</b>
<b>Medicine and Unscheduled Care</b>	<b>18</b>
Communication/information to patients	4
Appointments, delay/cancellation (outpatients)	4
Discharge/transfer arrangements	4
Treatment and care quality	3
Patients' privacy/dignity	1
Other	1
Environmental	1
<b>Surgery and Elective Care</b>	<b>13</b>
Appointments, delay/cancellation (outpatients)	4
Treatment and care quality	2
Theatre/operation/procedure, delay/cancellation	2
Staff attitude/behaviour	2
Communication/information to patients	2
Admission into hospital (delay cancellation) (inpatients)	1
<b>Informatics</b>	<b>3</b>
Records/record keeping	2

Admission into hospital (delay cancellation) (inpatients)	1
<b>Functional Support Services</b>	<b>1</b>
Environmental	1
<b>Cancer and Clinical Services</b>	<b>1</b>
Appointments, delay/cancellation (outpatients)	1
<b>Specialist Child Health and Disability</b>	<b>1</b>
Appointments, delay/cancellation (outpatients)	1
<b>Community</b>	<b>8</b>
<b>Primary Care</b>	<b>6</b>
Treatment and care quality	3
Communication/information to patients	3
<b>Enhanced Services</b>	<b>1</b>
Staff attitude/behaviour	1
<b>Physical and Sensory Disability Service</b>	<b>1</b>
Communication/information to patients	1
<b>Daisy Hill Hospital</b>	<b>2</b>
<b>Surgery and Elective Care</b>	<b>1</b>
Appointments, delay/cancellation (outpatients)	1
<b>Financial Management</b>	<b>1</b>
Policy/commercial decisions	1
<b>South Tyrone Hospital</b>	<b>1</b>
<b>Cancer and Clinical Services</b>	<b>1</b>
Appointments, delay/cancellation (outpatients)	1
<b>Grand Total</b>	<b>48</b>

<b>2017</b>	
<b>MONTH</b>	<b>ENQUIRIES</b>
APRIL	48

## **Acute Directorate**

### Corporate Governance Update

Presentation at Acute Clinical Governance meeting  
6<sup>th</sup> June 2017

**Acute Directorate**

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**Acute Directorate Governance Meeting:**
**Corporate Governance Audit Summary: June 2017**

<b>Audit</b>	<b>Position Statement</b>	<b>Division</b>	<b>AMD/ AD</b>	<b>Clinical Lead</b>	<b>Deadline</b>
Local audit of cardiac arrests	<ul style="list-style-type: none"> <li>Corporate Governance team will liaise with RTOs re reporting arrangements for next Acute Governance meeting.</li> </ul>	Acute – All	All	RTOs. Dr A Cullen	Continuous
Hyponatraemia 14-16 year olds	<ul style="list-style-type: none"> <li>Monthly report enclosed</li> </ul>	Acute – All	All	ADs to provide ongoing feedback re action plans	Continuous
National Audit of Inpatient Falls Round 2	The audit will comprise of: <ol style="list-style-type: none"> <li>Organisational audit</li> <li>Case note review</li> <li>Bedside/patient environment observation</li> </ol>	Acute – All	All	Dr D Gormley	9/6/17
Right Iliac Fossa Pain audit (RIFT)	Data collection periods <ol style="list-style-type: none"> <li>13 March – 26 March 2017</li> <li>24 April – 7 May 2017</li> <li>5 June – 18 June 2017</li> </ol>	SEC	Mr R Carroll	Ms S Yoong, Dr R Thompson	31/8/17
UK Parkinson's Audit	The objective of the Parkinson's patient management audit is to ascertain if the assessment and management of patients with an established diagnosis of Parkinson's complies with national guidelines including the Parkinson's NICE guideline and the National Service Framework for Long Term Neurological Conditions	MUSC	Dr P Murphy / Mrs McVey	Dr D Craig	30/10/17

Audit	Position Statement	Division	AMD/ AD	Clinical Lead	Deadline
CXR Learning Letter	<ul style="list-style-type: none"> <li>Dr Porter to finalise previous audit and undertake re-audit as per Learning Letter.</li> </ul>	Acute – All	All	Dr S Porter. ED audit representative to be nominated for re-audit	Ongoing
HIV and Post Exposure Prophylaxis (PEP) Following Sexual Exposure PL/2015/006)	<ul style="list-style-type: none"> <li>Baseline audit has been completed by GUM / Pharmacy and recommendation to re-audit mid 2017</li> </ul>	MUSC	Mrs McVey	Dr E McCarty, J Fyfe, A Dawson P McStay	Ongoing
IBD patient satisfaction survey	<ul style="list-style-type: none"> <li>Preliminary data analysis has been forwarded to Ruth Hall.</li> </ul>	MUSC	Mrs McVey	Ruth Hall	Ongoing
Non Invasive ventilation	<ul style="list-style-type: none"> <li>Audit of NIV using British Thoracic Society guidelines. Early stages.</li> </ul>	MUSC	Mrs McVey	Dr Convery	Ongoing
GAIN Audit of CMV Colitis (Regional)	<ul style="list-style-type: none"> <li>Chart retrieval and data collection stage.</li> </ul>	Acute – All	Acute – All	Ruth Hall	Ongoing
GAIN Where are the red cells being transfused in Northern Ireland?	<ul style="list-style-type: none"> <li>Data collection completed</li> </ul>	All	All	P Watt	Completed
UTI regional audit	<ul style="list-style-type: none"> <li>Data to be submitted.</li> </ul>	All	All	Anne McCorry S Daly	Ongoing
GAIN COPD audit	<ul style="list-style-type: none"> <li>Draft report returned with GAIN comments for final amendments prior to consultation.</li> </ul>	MUSC	Mrs McVey	Catriona Kavanagh	Ongoing
GAIN Audit of diagnosis and treatment of lung cancer patients diagnosed 2014 in NI (Regional)	<ul style="list-style-type: none"> <li>Dr A Gavin leading regionally</li> <li>On target for completion End March 2017</li> </ul>	MUSC	Mrs McVey	Dr A Gavin leading regionally	Ongoing
GAIN (Regional ) audit of vision services and vision finding in special education schools	<ul style="list-style-type: none"> <li>Data collection ongoing</li> </ul>	S&EC	Mr Carroll	Dr Page	Ongoing
GAIN Audit of Mid-Urethral Tapes for Stress Urinary Incontinence (TVT)	<ul style="list-style-type: none"> <li>Report awaited from GAIN</li> </ul>	IMWH	Mrs Trouton	Dr McCracken	Ongoing
GAIN Clinical Case Note Audit of Late Term Stillbirths (= $>$ 37 weeks) in 2016 (Regional)	<ul style="list-style-type: none"> <li>Audit in early stages. First panel meeting completed dates being arranged for next panel (data collection stage)</li> </ul>	IMWH	Mrs Trouton	Dr Adams	April 2017

Audit	Position Statement	Division	AMD/ AD	Clinical Lead	Deadline
Policy for the identification and labelling of invasive lines and tubes : Ward Breakdown of Hospitals across Northern Ireland	<ul style="list-style-type: none"> <li>Working group established</li> <li>GAIN have received confirmation of wards and bed complement</li> </ul>	All	All	Dr P Merjavy, T Reid	Proposed audit
Northern Ireland Asthma Audit	<ul style="list-style-type: none"> <li>Data collection completed for paediatric element. Adult element planned</li> </ul>	MUSC	Mrs McVey	Catriona Kavanagh	Ongoing
STICKS –Phase 1 Safe Transitions in Care Checklists: A ward-round weekend handover project in surgical units	<ul style="list-style-type: none"> <li>Initial project meeting held 12/12/16. Data proforma being produced for piloting and then data collection to commence</li> </ul>	S&EC	Mr Carroll	Mr Weir	Ongoing
Supply of Medication on Discharge for Palliative Care Patients Regional audit	<ul style="list-style-type: none"> <li>Aim of the audit is to identify if the quantities of medication given to palliative care patients on discharge are in line with the recommendations from Transforming Your Palliative and End of Life Care (TYPEOLC), and evaluate the workload of palliative discharges on Pharmacy with respect to amount/type of medicines and time taken to process.</li> </ul>	All	All	Maureen Mullan	Ongoing
NCEPOD Acute Heart Failure study	<ul style="list-style-type: none"> <li>Case identification stage</li> <li>Approval to submit data externally to be given</li> </ul>	All	All	Mr G McArdle , Mr D McKay	Ongoing
Acute Directorate Operational Audit Work Plan	Feedback from Directorate / Divisions regarding the Top 10 audits.				



Southern Health  
and Social Care Trust

## **Acute Directorate**

**Hyponatraemia Audit: 14-16\* year olds on IV Fluids (\* Day before 16th Birthday)**

Audit results 27.03.17 – 30.04.17

Presentation at Acute Clinical Governance Meeting  
6<sup>th</sup> June 2017



**Hyponatraemia Audit: 14-16\* year olds on IV Fluids (\* Day before 16th Birthday)**  
**27<sup>th</sup> March 2017 – 30<sup>th</sup> April 2017**

Division	Audit Compliance	Areas of non-compliance	Comments
ATICS (n=4)	50%	<ul style="list-style-type: none"> <li>No weight recorded.</li> <li>No weight recorded. No fluid balance chart.</li> </ul>	
IMWH (n=1)	0%	<ul style="list-style-type: none"> <li>No documentation on fluid calculation, pump details, start time finish time , volume given, hourly amount, BM, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> </ul>	
MUSC (n=9)	11%	<ul style="list-style-type: none"> <li>Case awaiting review</li> <li>Patient not clearly identified, no documentation on pump details, finish time, volume given</li> <li>No documentation on pump details, initials of nurse observing IV fluids, total intake and output</li> <li>No documentation on ward, hourly amount, BM, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> <li>No documentation on pump details, finish time, volume, hourly amount, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> <li>No documentation on hourly amount, output, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> <li>No documentation on pump details, finish time, volume given, amount and type of oral / enteral feeding, hourly amount, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> <li>No documentation on pump details, output, total intake and output</li> </ul>	
SEC (n=3)	0%	<ul style="list-style-type: none"> <li>No documentation on weight, fluid calculation, finish time, volume given, hourly amount incorrect, BM, total intake and output, cumulative totals</li> <li>No documentation on finish time, volume given, total intake and output</li> <li>Patient not clearly identified, no documentation on pump details, finish time, volume given, amount and type of oral / enteral feeding, output, BM, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> </ul>	
Total (n=17)	18%		

Individual divisional reports have been forwarded to nurse managers for their action plans and timescales, where applicable

N.B Awaiting direction from GAIN regarding regional audit proforma



**Hyponatraemia Audit: 14-16\* year olds on IV Fluids (\* Day before 16th Birthday) 27<sup>th</sup> March 2017 – 30<sup>th</sup> April 2017**

**Action Plan**

<b>No of cases identified by Division for inclusion in the audit in this time period:</b>	n=4	<b>Audit compliance:</b>	50%
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Ward	Issue	Action Proposed by Ward Manager/clinical sister	Person Responsible	Timescale	Confirm action complete or not complete
<b>Ward:</b> Theatres <b>Date of fluids:</b> 9/4/17	No weight recorded.	Anaesthetic department to be emailed to remind them to document weight on the daily fluid balance sheet	Dr O'Connor	Immediate	
<b>Ward:</b> Theatres <b>Date of fluids:</b> 11/4/17	Fully compliant.				
<b>Ward:</b> Theatres <b>Date of fluids:</b> 15/4/17	No weight recorded.	Anaesthetic department to be emailed to remind them to document weight on the daily fluid balance sheet	Dr O'Connor	Immediate	
<b>Ward:</b> Theatres <b>Date of fluids:</b> 19/4/17	Fully compliant.				

<b>No of patients with a low NA as identified by the labs system (to 30<sup>th</sup> April 2017)</b>	n=0	<b>Audit compliance:</b>	N/A
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**Hyponatraemia Audit: 14-16\* year olds on IV Fluids (\* Day before 16th Birthday) 27<sup>th</sup> March 2017 – 30<sup>th</sup> April 2017**

**Action Plan**

<b>No of cases identified by Division for inclusion in the audit in this time period:</b>	n=1	<b>Audit compliance</b>	0%
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Ward	Issue	Action Proposed by Ward Manager/clinical sister	Person Responsible	Timescale	Confirm action complete or not complete
<b>Ward:</b> 1 West Gynae  <b>Date of fluids:</b> 26/4/17	No documentation on fluid calculation, pump details, start time finish time , volume given, hourly amount, BM, initials of nurse observing IV fluids, total intake and output, cumulative totals	Raise with Ward Sister and to be discussed at the next team meeting	W Clarke	Immediate	

<b>No of patients with a low NA as identified by the labs system (to 30<sup>th</sup> April 2017)</b>	n=0	<b>Audit compliance: N/A</b>
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**Hyponatraemia Audit: 14-16\* year olds on IV Fluids (\* Day before 16th Birthday) 27<sup>th</sup> March 2017 – 30<sup>th</sup> April 2017**

**Action Plan**

<b>No of cases identified by Division for inclusion in the audit in this time period:</b>	n=9	<b>Audit compliance</b>	11%
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Ward	Issue	Action Proposed by Ward Manager/clinical sister	Person Responsible	Timescale	Confirm action complete or not complete
<b>Ward:</b> Male Medical <b>Date of fluids:</b> 7/4/17	<ul style="list-style-type: none"> <li>Case awaiting review</li> </ul>				
<b>Ward:</b> 2 North Resp <b>Date of fluids:</b> 8/4/17	<ul style="list-style-type: none"> <li>Patient not clearly identified, no documentation on pump details, finish time, volume given</li> </ul>	Raise at safety briefing	Sr J Wilson	Immediate	
<b>Ward:</b> Emergency Department CAH <b>Date of fluids:</b> 15/4/17	<ul style="list-style-type: none"> <li>No documentation on pump details, initials of nurse observing IV fluids, total intake and output</li> </ul>	Raise with staff at the safety briefing and with individual staff member	Sr S Holmes	19/5/17	<b>Completed 26.05.17</b>
<b>Ward:</b> Emergency Department CAH <b>Date of fluids:</b> 17/4/17	<ul style="list-style-type: none"> <li>Fully compliant</li> </ul>		Sr S Holmes		
<b>Ward:</b> Emergency Department CAH <b>Date of fluids:</b> 19/4/17	<ul style="list-style-type: none"> <li>No documentation on ward, hourly amount, BM, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> </ul>	Raise with staff at the safety briefing and with individual staff member	Sr S Holmes	26/5/17	<b>Completed 26.05.17</b>
<b>Ward:</b> Emergency Department CAH <b>Date of fluids:</b> 20/4/17	<ul style="list-style-type: none"> <li>No documentation on pump details, finish time, volume, hourly amount, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> </ul>	Raise with staff at the safety briefing	Sr S Holmes	26/5/17	<b>Completed 26.05.17</b>
<b>Ward:</b> AMU <b>Date of fluids:</b> 23/4/17	<ul style="list-style-type: none"> <li>No documentation on hourly amount, output, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> </ul>	Raise with staff at the safety briefing and with individual staff member	Sr L Cullen	12/5/17	
<b>Ward:</b> Female Medical <b>Date of fluids:</b> 23/4/17	<ul style="list-style-type: none"> <li>No documentation on pump details, finish time, volume given, amount and type of oral / enteral feeding, hourly amount, initials of nurse observing IV fluids, total intake and output, cumulative totals</li> </ul>	Raise with staff at the safety briefing and with individual staff member	Sr G McQuade	18/5/17	

<b>Ward:</b> Emergency Department CAH <b>Date of fluids:</b> 29/4/17	<ul style="list-style-type: none"><li>No documentation on pump details, output, total intake and output</li></ul>	Raise with staff at the safety briefing	Sr S Holmes	26/5/17	Completed 26.05.17
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<b>No. of patents with a low NA as identified by the labs system (to 31<sup>st</sup> March 2017)</b>	n=0	<b>Audit compliance:</b>	N/A
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**Hyponatraemia Audit: 14-16\* year olds on IV Fluids (\* Day before 16th Birthday) 27<sup>th</sup> March 2017 – 30<sup>th</sup> April 2017**

**Action Plan**

<b>No of cases identified by Division for inclusion in the audit in this time period:</b>	n=3	<b>Audit compliance:</b>	0%
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Ward	Issue	Action Proposed by Ward Manager/clinical sister	Person Responsible	Timescale	Confirm action complete or not complete
<b>Ward:</b> Trauma <b>Date of fluids:</b> 28/3/17	No documentation on weight, fluid calculation, finish time, volume given, hourly amount incorrect, BM, total intake and output, cumulative totals	Raise at weekly measures board meeting	Sr N Magee	29/5/17	
<b>Ward:</b> Male Surgical <b>Date of fluids:</b> 30/3/17	No documentation on finish time, volume given, total intake and output	Raise at weekly team briefing	Sr J Lavery	19/5/17	
<b>Ward:</b> 3 South <b>Date of fluids:</b> 17/4/17	Patient not clearly identified, no documentation on pump details, finish time, volume given, amount and type of oral / enteral feeding, output, BM, initials of nurse observing IV fluids, total intake and output, cumulative totals	Raise at next ward meeting and measures board meeting	Sr C Caddell	2/6/17	

<b>No. of patients with a low NA as identified by the labs system (to 30<sup>th</sup> April 2017)</b>	n=1	<b>Audit compliance:</b>	0%
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Southern Health  
and Social Care Trust

## **Acute Directorate**

### **National Cardiac Arrest Audit (NCCA)**

Summary for February 2017

Presentation at Acute Clinical Governance meeting  
6<sup>th</sup> June 2017

**National Cardiac Arrest Audit (NCAA)  
Summary February 2017**

**Crash Calls Summary CAH February 2017**

	Number
Total number of crash calls logged with switchboard	15
<b>Breakdown of Switchboard Calls</b>	
Cardio Respiratory arrest	4
Peri arrest	4
False Alarm	7
Number of forms entered onto NCAA website	4
Number of Charts Reviewed by RO (excluded 1 x OOH, 2 X 1 North)	1
<b>Calls not logged with switchboard (Team not present at arrest)</b>	<b>1</b>
ICU (1 x Cardiac Arrests)	

**Crash Calls Summary DHH February 2017**

	Number
Total number of crash calls logged with switchboard	9
<b>Breakdown of Switchboard Calls</b>	
Cardio Respiratory arrest	5
Peri arrest	2
No form	2
Number of forms entered onto NCAA website	5
Number of Charts Reviewed by RO (1 case to follow)	
<b>Exclusions: 4 XED</b>	

*Criteria for NCAA cases: Individual is an adult or child over 28 day; individual received chest compressions and/or defibrillation; 6666 call logged with switchboard; individual attended by hospital based resuscitation team in response to 6666 call.*

\*Only the case notes of patients who had a cardio respiratory arrest are reviewed on PFA Target wards by the Resuscitation officers.

Excluded wards/departments are: ICU/HDU/Theatres/ Cardiology 1 North & ED.

CAH Crash Call Chart Reviews February 2017

Date/Time Admission	Date/Time Event	Patient Identifier	Location	NEWS Score prior to Arrest	Outcome	Summary
05/02/2017	09/02/2017 @ 01.23hrs	<small>Personal information redacted by the USI</small> (Dr N Abdelhafeez )	1 South	2	Died	<p>84 yr old female, nursing home resident was admitted with CAP – consolidation R base. C/O IV antibiotics &amp; Physio.</p> <p>PMH: PVD, AF (on warfarin), HTN, COPD, T2DM, CKD, MI.</p> <p>07/02 @ 02:02hrs – FY1 asked to review patient by H@N team as NEWS 10. Assessment and treatment initiated and escalated to Med Reg who was happy with ABG result &amp; hold off further escalation at present.</p> <p>08/02 @04:00hrs – NEWS 8. Evidence of Physio in attendance, however no evidence in nursing/medical notes of escalation to medical team.</p> <p>09/02 @ 01:23hrs - found collapsed by nursing team.</p> <p><b>Chart Review findings:</b> NEWS of 8 – 10 – 24hrs prior to arrest would usually involve escalation to ICU - unsure if patient was suitable for escalation to ICU?</p>

## ACUTE SERVICES STANDARDS & GUIDELINES FORUM

Date: Tuesday 16 May 2017  
 Time: 1:30pm  
 Venue: Meeting Room, Admin Floor, CAH

### ACTION NOTES

<p><b>1.0</b></p>	<p><b>In attendance:</b>                  Esther Gishkori (Chair) Tracey Boyce, Trudy Reid, Anne McVey,                  Heather Trouton, Ronan Carroll, Barry Conway, Anita Carroll, Jilly Redpath, Barbara Joyce</p> <p><b>Apologies:</b>                  Caroline Beattie</p>
<p><b>2.0</b></p>	<p><b>Review of actions agreed at last meeting held 02 May 2017</b></p> <ul style="list-style-type: none"> <li>○ Trust Thrombosis Committee                         <ul style="list-style-type: none"> <li>○ approved re-establishment of committee</li> </ul> </li> <li>○ ISO Connectors implementation plan                         <ul style="list-style-type: none"> <li>○ update provided by Trudy Reid</li> </ul> </li> <li>○ Policy for the identification of Invasive Lines and Tubes                         <ul style="list-style-type: none"> <li>○ update provided by Trudy Reid</li> </ul> </li> </ul>
<p><b>3.0</b></p>	<p><b>UPDATE ON PROGRESS – Proposal to pilot new safety devices to reduce the risk of oxygen tubing being connected to air flow</b></p> <ul style="list-style-type: none"> <li>○ update provided by Trudy Reid</li> </ul>
<p><b>4.0</b></p>	<p><b>Positive Assurance Report May 2017</b></p> <p>Due for submission to Corporate Governance Office on the 23 May 2017</p>
<p><b>5.0</b></p>	<p><b>Newly Issued Standards &amp; Standards (01/05/2017 – 12/05/2017)</b></p> <ul style="list-style-type: none"> <li>○ Reviewed and circulated to identified Change Leads/Clinical Directors</li> </ul>

<b>6.0</b>	<b>Submissions to HSCB (01/05/2017 to 12/05/2017)</b> <ul style="list-style-type: none"><li>○ SQR Learning Letter - Prescribing of Methadone Submitted 02/05/2017</li></ul>
<b>7.0</b>	<b>Outstanding Submissions to HSCB</b> <ul style="list-style-type: none"><li>○ None to report</li></ul>
<b>8.0</b>	<b>Approval of Action Plans/E-Proformas/Baseline Assessment Tools</b>  <i>E Proformas</i>  CG 110 – Pregnancy & Complex Social Factors – <i>HOLD until guidance reviewed by Heather</i> CG 129 – Multiple Pregnancy – <i>Approved for submission to HSCB</i>  <i>Action Plans</i> <ul style="list-style-type: none"><li>○ SQR/SAI/2017/023 – Sepsis due to Untreated Urinary Tract Infections in Pregnancy – <i>Approved for submission to HSCB</i></li></ul>
<b>9.0</b>	<b>New Policy/Guidelines/Protocols:</b>  None to present
<b>10.0</b>	<b>Any Other Business:</b>  Establishment of a cross directorate working group to support the implementation of <i>NICE CG 56 – Multi-morbidity : Clinical Assessment and Management – approved</i>  <i>NGT Audit Tool to be undertaken 05 June – approved, results to be shared with group once audit completed.</i>
<b>11.0</b>	<b>Date of Next Meeting:</b>  <b>06 June 2017 at 1:30pm</b>

## Acute S&amp;G Forum

Table 1 - Newly Issued S&amp;G 01/05/2017 to 12/05/2017

Date of Issue from External Agency	Reference	Title of Circular	Guidance Type	External Assurance Requirement Date	Agreed Change Lead	Agreed Risk Rating
02/05/2017	NG 60	HIV testing: increasing uptake among people who may have undiagnosed HIV	NICE Public Health Guideline	02/05/2018	Caroline raising process of implementation for NICE Public Health Guidelines at NICE Managers Forum 160517 –	Low
04/05/2017	Update to CG 174	Update to Intravenous fluid therapy in adults in hospital	NICE Clinical Guideline	n/a	Dr Damian Scullion/ Dr Claire Shevlin	Low
10/05/2017	CG 174	HSCB Update request	HSCB	17/05/2017		
05/05/2017	PH 51	Contraceptive services for under 25s	NICE Public Health Guideline	05/08/2017 (3 month implementation) 05/05/2018 (12 month implementation)	Caroline raising process of implementation for NICE Public Health Guidelines at NICE Managers Forum 160517	Low
08/05/2017	HSS(MD)7/2017	Evidence of Harm from Fentanul-Contaminated Heroin	CMO Letter	n/a	Issued from Directors office on the 08/05/2017  No Change Lead Required for dissemination only	Low

08/05/2017	Update to NG 28	Update to Type 2 diabetes in adults: management	NICE Clinical Guideline	n/a	Dr Una Bradley to nominate:  Group have suggested Dr Paul McMullan	Low
09/05/2017	NG 64	Drug misuse prevention: targeted interventions	NICE Public Health Guideline	09/08/2017 (3 month implementation) 09/05/2018 (12 month implementation)	Caroline raising process of implementation for NICE Public Health Guidelines at NICE Managers Forum 160517	Low
10/05/2017	Update to CG 124	Update to Hip fracture: management	NICE Clinical Guideline	n/a	Dr Mr McKeown (Clinical Director) & Head of T&O Service are the nominated Change Leads	Low

**Acute Services Directorate SMT Governance Meeting**

**Standards & Guidelines Monthly Activity report**

**Key Discussion Points**

**05 June 2017, 2pm, Meeting Room, Admin Floor**

*Report Author: Mrs Caroline Beattie  
Standards & Guidelines Manager – Acute Services*

*Date of submission: 02 June 2017*



**Table 1 - Newly Issued Standards & Guidelines from 01 May to 31 May 2017**

Date of Issue from External Agency	Title of Circular	Reference	Guidance Type	Date Reviewed by Acute S&G Group	Applicable Division	Primary Change Lead(s)
26/05/2017	Mepolizumab for treating severe refractory eosinophilic asthma.	TA 431	Nice Technology Appraisal	06/06/2017	MUSC	To be confirmed
23/05/2017	Update to Idiopathic pulmonary fibrosis in adults: diagnosis and management	Update to NG 163	Nice Clinical Guideline	06/06/2017	MUSC	To be confirmed
24/05/2017	Sexually transmitted infections: condom distribution schemes	NG 68	Nice Clinical Guideline	06/06/2017	IMWH	To be confirmed
23/05/2017	Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation.	TA 429	Nice Technology Appraisal	06/06/2017	CCS	To be confirmed
23/05/2017	Sofosbuvir-velpatasvir for treating chronic hepatitis C.	TA 430	Nice Technology Appraisal	06/06/2017	MUSC	To be confirmed
15/05/2017	Mental health of adults in contact with the criminal justice system	NG 66	Nice Clinical Guideline	06/06/2017	Led by MHLD	To be confirmed
18/05/2017	Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib.	TA 427	Nice Technology Appraisal	06/06/2017	CCS	To be confirmed
18/05/2017	Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy.	TA 428	Nice Technology Appraisal	06/06/2017	CCS	To be confirmed
10/05/2017	Update to Hip fracture: management	Update to CG 124	NICE Clinical Guideline	16/05/2017	SEC	Mr R McKeown, Head of T&O
08/05/2017	Evidence of Harm from Fentanyl-Contaminated Heroin	HSS(MD)7/2017	CMO Letter	16/05/2017	MUSC	Not required as for dissemination only
08/05/2017	Update to Type 2 diabetes in adults: management	NG 28	NICE Clinical Guideline	16/05/2017	MUSC	Dr Paul McMullan (Acute Services)
09/05/2017	Drug misuse prevention: targeted interventions	NG 64	Public Health Guideline	16/05/2017	IMWH/MUSC	For information
02/05/2017	HIV testing: increasing uptake among people who may have undiagnosed HIV	NG 60	Public Health Guideline	16/05/2017	IMWH/MUSC	For information
05/05/2017	Contraceptive services for under 25s	PH 51	Public Health Guideline	16/05/2017	IMWH	For information
04/05/2017	Update to Intravenous fluid therapy in adults in hospital	Update to CG 174	NICE Clinical Guideline	16/05/2017	ATICS/CCS/IMWH/MUSC/SEC	Dr Claire Shevlin/ Dr Damian Scullion

Table 2 - Assurance Responses that have been submitted to the Corporate Governance Office from 01 May to 31 May 2017

Date of Issue from External Agency	Title of Circular	Reference	Guidance Type	Implementation Date	RESPONSE DATE TO EXTERNAL AGENCY	Applicable Division	Primary Change Lead(s)	Has a baseline assessment or action plan been completed?	Total Number of recommendations deemed applicable to SHSCT	Number of applicable recommendations currently implemented	Overall level of compliance %	Action Plan Review date Earliest completion date on Directorate action plan	Date response submitted to Corporate Governance Office	Rating	Risk Rating
30/01/2017	Sepsis due to untreated urinary tract infections in pregnancy	SQR/SAI/2017/023 (MCH & PHC)	Safety And Quality Reminder Of Best Practice Guidance	16/05/2017	16/05/2017	IMWH	Dr Beverley Adams	Yes	6	4	67%	01/09/2017	16/05/2017	PC [I]	HIGH
19/01/2017	Prescribing of Methadone	SQR/SAI/2017/022 (AS & MH)	Safety & Quality Reminder of Best Practice Guidance	30/03/2017	02/05/2017	MUSC	Dr David Mawhinney	Yes	5	4	80%	31/05/2017	02/05/2017	PC [I]	MEDIUM

Please refer to the accompanying Positive Assurance report that was submitted to the Corporate Governance Office on the 26 May 2017. This report outlines the compliance position of the referenced NICE guidelines and NICE Technology Appraisals that have been reached either their 3 month implementation timescales.

Table 3 - Responses due for submission 01 June -31 July 2017

Date of Issue from External Agency	Title of Circular	Reference	Guidance Type	Implementation Date	Applicable Division	Clinical Speciality	Primary Change Lead(s)	Acute Directorate Compliance Rating	Acute Compliance Position Statement
21/03/2017	Cerebral palsy in under 25s: assessment and management	NG 62	NICE Clinical Guideline	21/06/2017 (3 months assurance)	CCS/IMWH/MU SC/SEC	Neurology	Dr R Forbes		Correspondence has been sent to Clinical Change Lead to ascertain if the guidance is applicable to Acute Services
24/04/2017	Spondyloarthritis in over 16s: diagnosis and management	NG 65	NICE Clinical Guideline	24/07/2017 (3 months assurance)	MUSC	Rheumatology	Dr Nicola Maiden		
01/06/2016	Nutritional Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition	CG 32	NICE Clinical Guideline	01/06/2017 (Full Implementation)	CCS	Dietetics	Ashleigh Nelson (Enteral Feeding Group) Hilary Mathieson (Acute Parenteral Nutrition Team)	PC [I&E]	Updated E-proforma approved on the 16/02/2017. The E proforma was sent to the Corporate Governance Team on the 16/01/2017 and advises that there are 11 key recommendations impeding the Trusts ability to implement all of the key recommendations outlined in the guidance.
15/07/2016	Diagnosis and Management of Type 1 Diabetes in Adults - <b>Updated Recommendation</b>	NG 17	NICE Clinical Guideline	15/07/2017 (Full Implementation)	MUSC	Diabetology	Acute -Dr M McConnell, OPPC - Mandy Gilmore	PC [I]	05/12/2016 - Forms part of ongoing work as outlined in NG 12
15/07/2016	Management of Type 2 Diabetes in Adults - <b>Updated Recommendation</b>	NG 28	NICE Clinical Guideline	15/07/2017 (Full Implementation)	MUSC	Diabetology	Dr M McConnell	PC [I&E]	
15/07/2016	Cardiovascular Disease: Risk Assessment and Reduction, including Lipid Modification	CG 181	NICE Clinical Guideline	15/07/2017 (Full Implementation)	MUSC	Cardiology	Dr Sharpe	C	SHSCT has moved to non-HDL Cholesterol as the primary target and has it available routinely on lipid profiles. All GP's within the SHSCT locality have been notified of this change and the system went live on 16/02/2016. A global email was issued from the Head of Laboratory Services to all laboratory users advising them of this change.
15/07/2016	Prophylaxis against infective endocarditis	CG 64	NICE Clinical Guideline	15/07/2017 (Full Implementation)	MUSC	Cardiology	Dr McEneaney & Kay Carroll	Y	05/01/2017- Due to winter bed pressures meetings to discuss this have been cancelled. Meeting to be held with Kay Carroll on 11/01/2017 to review and update to be provided at next S&G review meeting
19/07/2016	Haematological Cancers: Improving Outcomes	NG 47	NICE Clinical Guideline	19/07/2017 (Full Implementation)	CCS	Cancer Services	Dr K Boyd	PC [I]	05/12/2016 - work continues to be progressed in completing the baseline tool. Further meeting held with Dr Boyd on 15/11/2016 to review recommendations and identify key actions that will progress compliance status.  Action Plan to progress areas of non-compliance: 1. Recommendation 1.3. 11 - Need to consider contingency arrangements for ensuring Radiology cover when the Radiology Clinical lead is not able to attend 2. Recommendations 1.3.9, 1.3.12 and 1.3.25 - Consider the need to increase the administrative support for the Acute Leukaemia MDT 3. Recommendations 1.3.18 and 1.3.20 - Review the terms of reference for Cancer Peer review 4. Recommendation 1.3.9 and 1.3.17 – there is a need to discuss the following at the next MDT meeting in order to scope out the best way forward: <input type="checkbox"/> What written policies are in place regarding referral of patients <input type="checkbox"/> How best to provide palliative care service and evidence collaboration with hospital and community palliative care services
27/07/2016	Familial Hypercholesterolaemia Identification and Management	CG 71	NICE Clinical Guideline	27/07/2017 (Full Implementation)	MUSC	Cardiology	Dr P Sharpe		
02/03/2017	Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF inhibitor.	TA 415	NICE Technology Appraisal	02/06/2017	MUSC	Rheumatology	Dr Nicola Maiden	C	SHSCT is fully compliant with the use of this drug
31/03/2017	Ticagrelor for secondary prevention of atherothrombotic events after myocardial infarction	TA 420	NICE Technology Appraisal	30/06/2017	MUSC	Acute Medicine	Dr M Moore		
31/03/2017	Dapagliflozin in triple therapy for treating type 2 diabetes (part review of TA288)	TA 418	NICE Technology Appraisal	30/06/2017	MUSC	Diabetology	Dr Paul McMullan		
05/04/2017	Apremilast for treating moderate to severe plaque psoriasis (review of TA368).	TA 419	NICE Technology Appraisal	05/07/2017	MUSC	Dermatology	Dr A O'Hagan	C	SHSCT is fully compliant with the use of this drug
14/04/2017	Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens (review of TA250)	TA 423	NICE Technology Appraisal	14/07/2017	CCS	Cancer Services	Mrs Fiona Reddick / Dr Audrey Fenton (Consultant Oncologist for Breast Care)		

Date of Issue from External Agency	Title of Circular	Reference	Guidance Type	Implementation Date	Applicable Division	Clinical Speciality	Primary Change Lead(s)	Acute Directorate Compliance Rating	Acute Compliance Position Statement
14/04/2017	Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (review of TA296)	TA 422	NICE Technology Appraisal	14/07/2017	CCS	Cancer Services	Fiona Reddick/ Dr Nemer Osman Locum Consultant Oncologist		
14/04/2017	Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (review of TA295)	TA 421	NICE Technology Appraisal	14/07/2017	CCS	Cancer Services	Mrs Fiona Reddick / Dr Audrey Fenton (Consultant Oncologist for Breast Care)		
28/04/2017	Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer	TA 424	NICE Technology Appraisal	28/07/2017	CCS	Cancer Services	Fiona Reddick/Dr Audrey Fenton		
28/04/2017	Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia (review of TA241 & part review TA70).	TA 425	NICE Technology Appraisal	28/07/2017	CCS	Cancer Services	Dr Kathryn Boyd		
28/04/2017	Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia (review of TA251 & part review of TA70)	TA 426	NICE Technology Appraisal	28/07/2017	CCS	Cancer Services	Dr Kathryn Boyd		
31/10/2016	Reducing the Risk of Oxygen Tubing being connected to air flow meters	HSC (SQSD) 57/16	Patient Safety Alert	04/07/2017	ATICS/CCS/IMW H/MUSC/SEC	All	Medical Gas Committee, OPCC - Catherine Sheeran/ Pat Nuggett, CYP - Bernie McGibbon Acute- James Wylie		The Trust Medical Gas committee met on the 13 December and reviewed the Patient Safety Alert. A draft action plan was developed - NPSA action plan – feedback comments This was reviewed by the committee and the following action points were updated:- Recommendation 3 Bernie Masterson (MTO3, Pharmacy Department) has been assigned as the Technician responsible for cylinder management. Given the work that has been completed in recent years regarding the management and tracking of cylinders the committee indicated that the use of a barcode tracking system for cylinders may not now be considered as necessary. No procedures have been produced as yet. Review date: 6 months (30/06/2017) Recommendation 4 The risk of confusion of oxygen and medical air is still ongoing and a new patient safety alert has just been endorsed on 31/10/2016 by the DHSSPSNI. An action plan outlining the 5 key actions is being completed by the working group, who are the assigned change lead for taking forward this work. Whilst action is to be undertaken

**Reference: HSC (SQSD) 57/16  
(NHS/PSA/D/2016/009)****Date of Issue: 31<sup>st</sup> October 2016****REDUCING THE RISK OF OXYGEN TUBING BEING CONNECTED TO AIR FLOW METERS****For Action:**

Chief Executives of HSC Trusts  
Chief Executive RQIA  
Chief Executive, HSCB  
Chief Executive PHA  
Chief Executive NIMDTA

**Related documents**

**HSC (SQSD) 63/09: Oxygen Safety in Hospitals**  
<https://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2009-2010>

**Superseded documents:** N/A**Implementation:** Immediate**For Information:**

Distribution as listed at the end of this PSA.

**DoH Safety and Quality Circulars including Patient Safety Alerts can be accessed on:**

<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars>

**Summary**

NHS Improvement has issued Patient Safety Alert NHS/PSA/D/2016/009 "Reducing the Risk of Oxygen Tubing being connected to air flowmeters". This alert requires NHS providers that supply medical air using medical gas pipeline systems to have three barriers in place to ensure that the risk of connecting oxygen tubing to medical air is minimised.

**Action****Chief Executives of HSC Trusts should:**

- Disseminate this circular to all relevant staff.
- Identify a named individual to take responsibility for coordinating the delivery of the actions required within this circular.
- Review current policies and procedures and if appropriate develop an action plan to ensure that the three barrier methods described in the NHS Improvement Patient Safety Alert to prevent misconnection of oxygen tubing to air flowmeters are instigated in all relevant clinical areas within your organisation.

- Establish ongoing systems of audit or equipment checks to ensure that these policies and procedures are maintained and correctly followed.
- Ensure that any learning or locally developed good practice information is shared via the Medical Device Liaison Officers network.

## **Chief Executive, RQIA should:**

- Disseminate this circular to all appropriate Independent Sector providers.

## **Chief Executive, NIMDTA should:**

- Disseminate this circular to doctors in training in all relevant specialities.

## **Chief Executives, HSCB and PHA should:**

- Disseminate this circular to all relevant staff and consider it through the normal HSCB/PHA process for assuring implementation of safety and quality alerts.

## **Background**

Severe harm or death can occur if medical air is accidentally administered to patients instead of oxygen. A Rapid Response Report (RRR) issued by the National Patient Safety Agency (NPSA) in 2009 highlighted the risk and requested that NHS Trusts develop action plans to prevent these incidents. HSC Circular HSC (SQSD) 63-09 covered this issue in Northern Ireland.

Since January 2013, the National Reporting and Learning System in England and Wales has received two reports of fatalities, two of severe harm, and over 200 of incidents resulting in moderate, low or no harm, highlighting that the actions required to minimise this risk are not being implemented fully by NHS Trusts in England and Wales.

Air and oxygen flowmeters can be difficult to tell apart and as they both have universal outlets, oxygen tubing can be attached to both. International connector standards are being developed for breathing systems and driving gases applications however, it is unclear at present whether these new connectors will differentiate oxygen and medical air. Even if they do, it can take industry many years to adopt a new design and other barrier solutions are required in the interim to prevent harm and these are outlined in the Patient Safety Alert.

Supporting information on this alert providing further details, other potential barriers and local implementation examples is available at:  
[https://improvement.nhs.uk/uploads/documents/Supporting\\_information\\_for\\_air\\_flow\\_meter\\_PSA1.pdf](https://improvement.nhs.uk/uploads/documents/Supporting_information_for_air_flow_meter_PSA1.pdf)

The NHS Improvement PSA is available at:  
<https://improvement.nhs.uk/news-alerts/reducing-risk-oxygen-tubing-being-connected-air-flowmeters>

## Enquiries:

Any enquiries about the content of this circular should be addressed to:

Mr David Wilson  
Medical Device and Estates Safety Policy Branch  
Department of Health  
Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ

Tel:

Personal Information redacted by the USI

Personal Information redacted by the USI

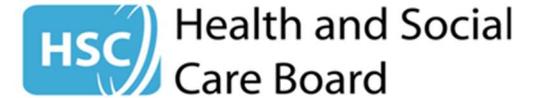
Yours sincerely

Personal Information redacted by the USI

**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Distributed for Information to:

Chief Executive, NIAS  
Director of Public Health/Medical Director, PHA  
Director of Nursing, PHA  
Head of Pharmacy and Medicines Management, HSCB (for onward distribution to Community Pharmacists)  
Heads of Pharmacy and Medicines Management, HSC Trusts  
Dir of Performance Management & Service Improvement, HSCB  
Safety and Quality Alerts Team, HSC Board  
Governance Leads, HSCT  
Prof. Sam Porter, Head of Nursing & Midwifery, QUB  
Prof. Pascal McKeown, Head of Medical School, QUB  
Prof. Donald Burden, Head of School of Dentistry, QUB  
Prof. Carmel Hughes, Head of School of Pharmacy QUB  
Dr Owen Barr, Head of School of Nursing, UU  
Prof. Paul McCarron, Head of Pharmacy School, UU  
Staff Tutor of Nursing, Open University  
Director, Safety Forum  
Lead, NI Medicines Governance Team  
NI Medicines Information Service  
NI Centre for Pharmacy Learning and Development  
Clinical Education Centre  
NI Royal College of Nursing

**Positive Assurance Template for HSCB Issued NICE Guidelines  
May 2017**

In line with NICE Circular HSC (SQSD) 2/13 and Circular HSC (SQSD) 3/13 which sets out the requirements for the monitoring and implementation of NICE Guidance, the HSCB seeks positive assurance on all NICE Guidance issued from September 2011 on the following:

1. The Trust has completed the initial required actions of targeted dissemination, identification of a clinical/management lead and implementation planning within three months of a Service Notification being issued by the HSCB.
2. The Trust has fully implemented all guidance within the required timescale from a HSCB Service Notification/DHSSPS Circular being issued.

A list of applicable guidance on which the HSCB seeks assurance is set out in the following sections:

**SECTION A** - Assurance on the planning/dissemination of Technology Appraisals

**SECTION B** - Assurance on the implementation of Technology Appraisals

**SECTION C** - Assurance on the planning/dissemination of Clinical Guidelines

**SECTION D** - Assurance on the implementation of Clinical Guidelines

**SECTION E** - Clinical Guidelines not implemented / not on track for implementation within 12 months of issue by DHSSPS

*Any issues regarding the implementation of NICE guidance should be forwarded to the HSCB NICE Inbox*

Irrelevant information redacted by the USI

**SECTION A - Assurance on the planning/dissemination of Technology Appraisals****Recommended Technology Appraisals**

<b>NICE Ref</b>	<b>NICE Guidance Title</b>	<b>Service notification issued by HSCB</b>	<b>Expected Planning Completion Date</b>	<b>Assurance Provided (Y/N)</b>	<b>Material Issue/ Comment raised by Trust (issue preventing implementation)</b>
TA 402	Pemetrexed maintenance treatment following induction therapy with pemetrexed and cisplatin for non-squamous non-small-cell lung cancer (Review of TA309).	21/12/2016	21/03/2017	Y	SHSCT is compliant
TA 404	Degarelix for treating advanced hormone-dependent prostate cancer	14/12/2016	14/03/2017	Y	SHSCT is compliant
TA 405	Trifluridine–tipiracil for previously treated metastatic colorectal cancer.	21/12/2016	21/03/2017	Y	SHSCT is compliant
TA 406	Crizotinib for untreated anaplastic lymphoma kinase-positive non-small-cell lung cancer.	26/01/2017	26/04/2017	Y	SHSCT is compliant
TA 410	Talimogene laherparepvec for treating metastatic melanoma.	26/01/2017	26/04/2017		N/A
TA 412	Radium-223 dichloride for treating metastatic hormone relapsed prostate cancer with bone metastases.	26/01/2017	26/04/2017		N/A

**SECTION B - Assurance on the implementation of Technology Appraisals**

I – Implemented
N/I – Not Implemented
N/A – Not Applicable

**Recommended Technology Appraisals**

NICE Ref	NICE Guidance Title	Service notification issued by HSCB	Expected Implementation Date	Implementation Status (please indicate)			Reason for non-compliance (Not Implemented or Not Applicable)
				I	N/I	N/A	
TA 376	Radium-223 dichloride for treating metastatic hormone relapsed prostate cancer with bone metastases.	01/06/2016	01/03/2017			✓	
TA 377	Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated.	02/06/2016	02/03/2017	✓			
TA 379	Nintedanib for treating idiopathic pulmonary fibrosis.	06/06/2016	06/03/2017	✓			
TA 380	Panobinostat for treating multiple myeloma after at least 2 previous treatments.	02/06/2016	02/03/2017	✓			
TA 381	Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy.	02/06/2016	02/03/2017			✓	
TA 383	TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (including a review of	09/06/2016	09/03/2017	✓			

HSCB / Trust Director Bi-monthly meeting – May 2017

	TA143 and TA233).						
TA 384	Nivolumab for treating advanced (unresectable or metastatic) melanoma.	13/07/2016	13/04/2017			✓	
TA 385	Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolaemia (review of TA132).	05/07/2016	05/04/2017	✓			

Acute Services Response

HSCB / Trust Director Bi-monthly meeting – May 2017

**Not Recommended Technology Appraisals**

*None this period*

Acute Services Response

**SECTION C - Assurance on the planning/dissemination of Clinical Guidelines**

**Definitions:**

**Red** - The Trust is unable to fully implement the guidance within the one year period without regional co-ordination and/or additional resources.  
*(A Section E template should be completed for these CGs)*

**Amber** – The Trust is able to implement the guidance within the one year period without regional co-ordination and/or additional resources.  
*(A Section E template is not required, however status only applicable at initial 3 month review)*

**Green** – The Trust has fully implemented the guidance.  
*(No further action required)*

**Blue** - The Trust has fully implemented all of the recommendations with the exception of any recommendations which are not applicable to the Trust e.g. Applicable only to Primary Care or a procedure or diagnostic test recommended is not available in NI.  
*(Section E should be completed for these CGs. Any non-applicable recommendations must be specified)*

NICE Ref	NICE Guidance Title	DHSSPS Circular issued	Expected Planning Completion Date	Implementation Status <i>(please indicate)</i>				If guidance is deemed not applicable, please provide explanatory note
				R	A	G	B	
CG 19	Dental checks: intervals between oral health reviews.	06/01/2017	06/04/2017					Led by CYP directorate
NG 59	Low back pain and sciatica in over 16s: assessment and management (updates & replaces CG88).	23/01/2017	23/04/2017					Led by OPPC directorate
NG 61	End of life care for infants, children and young people with life-limiting conditions: planning and management.	30/01/2017	30/04/2017					Led by CYP directorate with the agreement that should there be any input required from Adult Palliative care services (change lead Dr Tracy Anderson) her

								clinical expertise would be sought
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Acute Services Response

**SECTION D - Assurance on the implementation of Clinical Guidelines**

**Definitions:**

**Red - The Trust is unable to fully implement the guidance within the one year period without regional co-ordination and/or additional resources.**  
*(A Section E template should be completed for these CGs)*

**Green – The Trust has fully implemented the guidance.**  
*(No further action required)*

**Blue - The Trust has fully implemented all of the recommendations with the exception of any recommendations which are not applicable to the Trust e.g. Applicable only to Primary Care or a procedure or diagnostic test recommended is not available in NI.**  
*(Section E should be completed for these CGs. Any non-applicable recommendations must be specified)*

NICE Ref	NICE Guidance Title	DHSSPS Circular issued	Expected Implementation Date	Implementation Status <i>(please indicate)</i>			If guidance is deemed not applicable, please provide explanatory note
				R	G	B	
NG 33	Tuberculosis	14/03/2016	14/03/2017	✓			E Proforma attached
NG 35	Myeloma: diagnosis and management	05/04/2016	05/04/2017	✓			E Proforma attached
NG 36	Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over	05/04/2016	05/04/2017	✓			E Proforma attached
NG 37	Fractures (complex): assessment and management	15/04/2016	15/04/2017	✓			Significant cross divisional working has been undertaken but further work is ongoing to finalise E proforma and this will be submitted as soon as possible

NG 38	Fractures (non-complex): assessment and management	15/04/2016	15/04/2017	✓			Significant cross divisional working has been undertaken but further work is ongoing to finalise E proforma and this will be submitted as soon as possible
NG 39	Major trauma: assessment and initial management	15/04/2016	15/04/2017	✓			Significant cross divisional working has been undertaken but further work is ongoing to finalise E proforma and this will be submitted as soon as possible
NG 40	Major trauma: service delivery	15/04/2016	15/04/2017	✓			Significant cross divisional working has been undertaken but further work is ongoing to finalise E proforma and this will be submitted as soon as possible
NG 41	Spinal injury: assessment and initial management	15/04/2016	15/04/2017	✓			Significant cross divisional working has been undertaken but further work is ongoing to finalise E proforma and this will be submitted as soon as possible
CG 72	Attention deficit hyperactivity disorder: diagnosis and management - Addendum.	12/04/2016	12/04/2017	✓			Led by MHD
NG 42	Motor neurone disease: assessment and management.	19/04/2016	19/04/2017	✓			Not Applicable – SHSCT Following consultation with key clinicians the requirements of this guideline are managed in the specialist regional service (BHSCT).

Acute Services Response

## Metcalfe, Lynne

---

**From:** Joyce, Barbara  
**Sent:** 23 May 2017 10:03  
**To:** Joyce, Barbara  
**Subject:** Care of the Deceased Patient and their Family - A Guideline for Nursing Practice in Northern Ireland  
**Attachments:** Care of the deceased patient and their family guidance final print vers....pdf

---

**From:** Wright, Elaine  
**Sent:** 15 May 2017 09:29  
**To:** Gishkori, Esther; Magwood, Aldrina; McMurray, Bryce; McVeigh, Angela; O'Neill, Helen; Morgan, Paul; Toal, Vivienne; Wright, Richard  
**Cc:** Alexander, Ruth; Gilmore, Sandra; Griffin, Tracy; Mallagh-Cassells, Heather; Murphy, Jane S; Stinson, Emma M; Taylor, Karen; White, Laura  
**Subject:** Care of the Deceased Patient and their Family - A Guideline for Nursing Practice in Northern Ireland

Please find as attached. Thanks Elaine

---

**From:** Irvine, Annette [[mailto: \[redacted\]](#)] Personal Information redacted by the USI  
**Sent:** 12 May 2017 09:48  
**To:** BHSCT - CE's office; BHSCT - Martin Dillon; BSO - Amanda Mills; BSO - Liam McIvor; HSCB - Valerie Watts; HSCB - Valerie Watts; NHSCT; NHSCT - Tony Stevens; NIAS; NIAS - Shane Devlin; NIBTS - Karin Jackson; NIGALA; NIGALA - Peter Reynolds; Pauline Dardis; Keith Gardiner; NIPEC; NIPEC - Angela McLernon; NISCC - Colum Conway; PCC - Maeve Hully; PCC - Maeve Hully; PHA; PHA - Valerie Watts; RQIA - Kyla Phillips; RQIA - Olive Macleod; SEHSCT - Hugh McCaughey; SEHSCT - Hugh McCaughey's Office; McNally, Stephen; Wright, Elaine; WHSCT - Elaine Way; WHSCT - Elaine Way; Gary Thompson; Liz Poots; NIFRS - Gary Thompson  
**Cc:** Crossley, Lucille; [paul.mccloskey \[redacted\]](#) Personal Information redacted by the USI  
**Subject:** Care of the Deceased Patient and their Family - A Guideline for Nursing Practice in Northern Ireland

To: Chief Executives of ALBs

Please find attached for dissemination as appropriate a copy of the new guideline '**Care of the deceased patient and their family: A Guideline for Nursing Practice in Northern Ireland**'.

The guideline is being launched by Professor Charlotte McArdle, Chief Nursing Officer this morning at an event at SEHSCT HQ as part of the celebration of International Nurses Day.

Kind regards.

Annette

**Annette Irvine, Personal Secretary to:**

La'Verne Montgomery, Director of Corporate Management  
Prof Charlotte McArdle, Chief Nursing Officer  
Dr Eugene Mooney, Director of Information & Analysis  
Department of Health, Room C5.21, Castle Buildings, Stormont Estate, Belfast BT4 3SQ

**E:** [redacted] Personal Information redacted by the USI

**T:** [redacted] Personal Information redacted by the USI

**Guideline for Use of Injectable Phenytoin in Adults**

<b>Presentation</b>	250mg in 5ml (50mg/ml) ampoule
<b>IV Loading Dose</b>	<p><b>20mg/kg</b>            Estimated weight may be used in emergency            Max dose 2g            Write 'Loading Dose' on the 'Once only' prescription            Final concentration not to exceed 10mg/ml            Doses up to 1g - add to 100ml of Sodium Chloride 0.9%            Doses more than 1g – add to 250ml Sodium Chloride 0.9%</p> <p>For patients already taking phenytoin do not delay emergency treatment, take a phenytoin level and adjust maintenance dose as necessary</p>
<b>Administration of IV Loading Dose</b>	<p><b>An in-line filter (0.22-0.5 micron) should be used</b>            Administer via a large vein using a large gauge cannula            Maximum IV administration rate is 50mg/minute            For doses up to 1g infuse over 20 minutes            For doses more than 1g infuse over 40 minutes            Administration must be completed within one hour of preparation            The product should be inspected visually for particulate matter and discolouration prior to administration</p>
<b>Compatible Infusion Fluids</b>	<p><b>Sodium Chloride 0.9%</b>            Do not infuse or mix with any other IV fluids or medicines as precipitation may occur</p>
<b>Flushing</b>	Sodium Chloride 0.9% before and after IV administration to avoid local venous irritation
<b>Monitoring</b>	<p>Continuous monitoring of ECG, heart rate and blood pressure            Rapid IV administration may result in hypotension, CNS depression, arrhythmias, cardiovascular collapse, respiratory arrest, tonic seizures</p> <p>Cardiac resuscitation equipment should be available</p>
<b>IV Maintenance Dose</b>	<p>100mg IV every 8 hours.            Doses adjusted depending on plasma levels to achieve seizure control</p>
<b>Oral Maintenance Dose</b>	<p>3-4mg/kg daily</p> <p>Usual dose is 300mg daily, depending on plasma levels</p> <p>Suspension can be administered via a feeding tube. Stop enteral feed for 2 hours before and after administration, flush tube well with water</p>
<b>Bioavailability</b>	100mg Phenytoin Na (capsule/tablet/injection) is bioequivalent to 92mg Phenytoin (Susp/chewable tab)

## Guideline for Use of Injectable Phenytoin in Adults

<b>Therapeutic Drug Monitoring</b>	Phenytoin displays non-linear saturation kinetics, hence a small increase in dose may result in a much larger increase in serum level Hypoalbuminaemia will increase the amount of free phenytoin; therefore a patient with a low albumin can have a phenytoin level within range and still be toxic; the reported level will require correcting if the patient has low albumin <b>Accepted Therapeutic Range = 10 to 20mg/ml</b> Therapeutic drug level monitoring is required
<b>Impaired Liver function</b>	Phenytoin is highly protein bound and extensively metabolised by the liver. Reduced maintenance dose may be required in impaired liver function
<b>Ideal Sampling Time</b>	Take first level 18-24 hours after IV loading For IV maintenance therapy at least 4-6 hours post IV dose For oral maintenance therapy immediately prior to next oral dose
<b>Stability</b>	Store below 25°C, once reconstituted use immediately and complete within 1 hour pH:10-12.3 Sodium content 0.91mmol/250mg
<b>Caution</b>	Patients with hypotension, severe myocardial insufficiency, diabetes and porphyria. Impaired hepatic function, the elderly, or those who are gravely ill who may show early signs of toxicity
<b>Contraindications</b>	Hypersensitivity to phenytoin or other hydantoins Sinus bradycardia, sino-atrial block and second and third A-V block, and patients with Stokes-Adams syndrome; acute porphyria
<b>Drug Interactions</b>	Phenytoin is both a hepatic enzyme inducer and a narrow therapeutic index drug. There is an extensive list of drug interactions. Seek advice from SPC, BNF, your ward Pharmacist or Medicines Information
<b>Phenytoin Toxicity</b>	Symptoms of toxicity include nystagmus, diplopia, slurred speech, ataxia, confusion and hyperglycaemia

### References

- Epanutin Ready Mixed Parental SPC Updated 29 July 2016 [www.medicines.org.uk](http://www.medicines.org.uk)
- BNF 72<sup>nd</sup> Edition
- Injectable Medicines Guide (Medusa) 21<sup>st</sup> March 2017
- UKMI NHS Medicines Q&A – How can we minimise the risks to patients when using intravenous phenytoin in status epilepticus (SE)
- The Royal College of Emergency Medicine Safety Alert: Phenytoin Toxicity  
<http://www.rcem.ac.uk/docs/Safety%20Resources%20+%20Guidance/Phenytoin%20toxicity%20-%20Nov%202016.pdf>
- Department of Health Patient Safety Alert: Risk of death and severe harm from error with injectable phenytoin <https://www.health-ni.gov.uk/sites/default/files/publications/health/HSC-SQSD-61-16.pdf>

Written by: G Dorman/Dr K McKnight /Dr M Perry

Date: April 2017

Date of review: April 2020

<b>CLINICAL GUIDELINES ID TAG</b>		
Title:	Guidance for General Practitioners: Referring Children for Hearing Assessment	
Author:	Mrs Avril Watson and Mr PJ Leyden	
Designation:	Audiology Manager & ENT Consultant	
Speciality/Division:	ENT – Surgery & Elective Care Diagnostics Service - Cancer & Clinical Services Division	
Directorate:	Acute Services	
Date:	02/05/17	
Consulted upon:	Mr PJ Leyden, ENT Consultant Jeanette Robinson, Head of Diagnostics	
Authorised by:	Acute Standards & Guidelines Forum	
Approved By	Acute Standards & Guidelines Forum	
Applicable to: Delete Yes/No as appropriate)	<b>Dept/Division only</b>	-
	<b>Directorate only</b>	<b>Yes</b>
	<b>Trust wide</b>	-
Review Date: (every 2 years or sooner if required)	31/05/19	
Clinical Guideline ID		

**Guidance for General Practitioners:**  
**Referring Children for Hearing**  
**Assessment**  
**(May 2017)**

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**4.0 Management of children requiring Hearing Assessment .....4**

**4.1 Referral Pathway.....4**

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**5.0 Age - Appropriate Audiological Tests.....6**

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## **1.0 Purpose**

This document aims to provide guidance for General Practitioners when referring children for Hearing Assessment.

## **2.0 Scope**

This document provides guidelines for General Practitioners referring all ages of children for Hearing Assessment.

## **3.0 Background**

All infants born in Northern Ireland will be offered the Newborn Hearing Screen within 4 weeks of birth. The aim of the screen is early identification of infants with a significant permanent childhood hearing impairment. In June 2012 an updated set of best practice surveillance guidelines were published. This update showed a reduction in the risk factors considered to be triggers for Audiological follow-up at 8 months of age. The current risk factors are as follows:

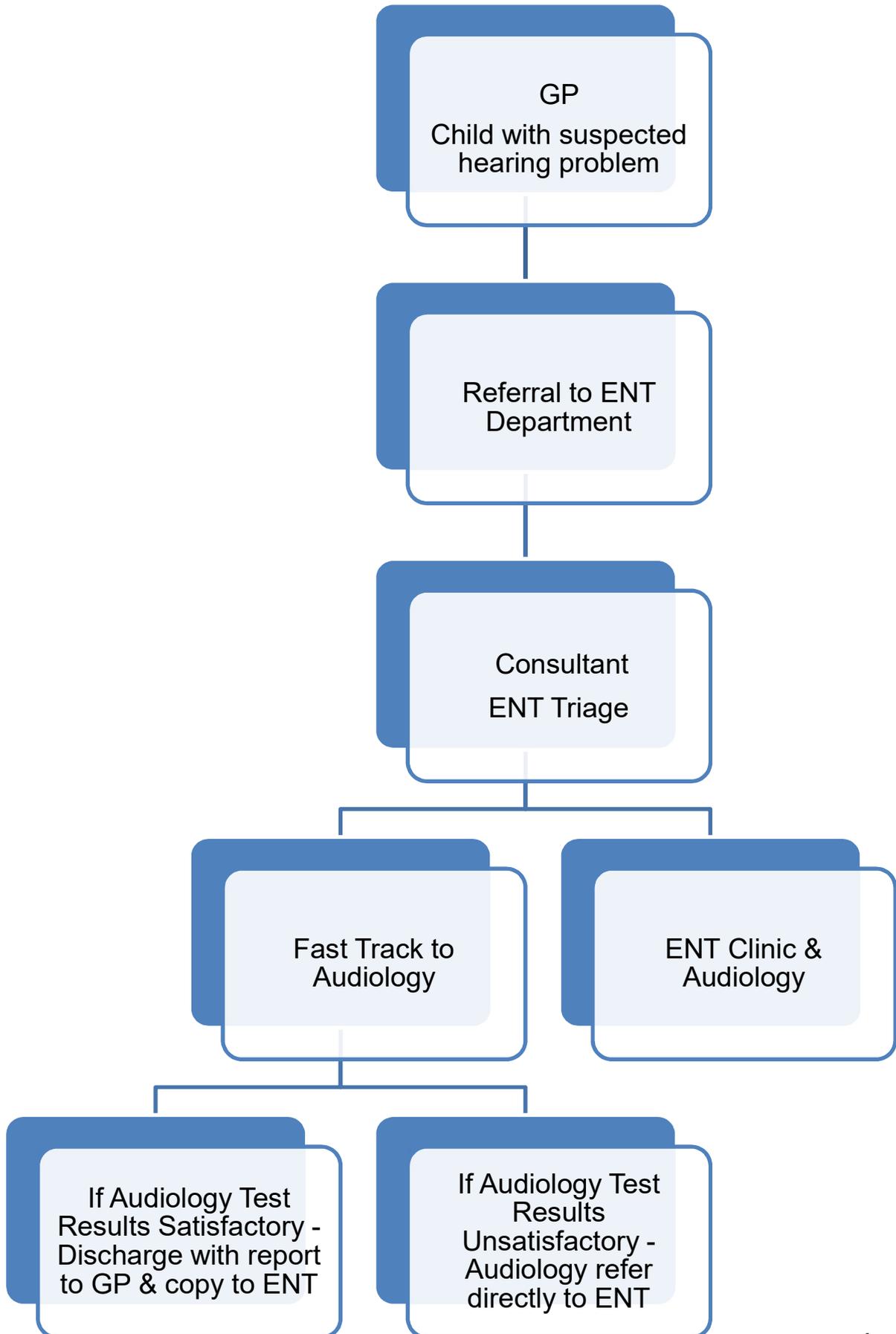
- ✓ Syndromes associated with Hearing loss
- ✓ Craniofacial abnormalities including Cleft Palate
- ✓ Confirmed congenital infection (Toxoplasmosis, rubella or CMV)
- ✓ SCBU/NICU over 48 hours with no clear response on OAE screen in both ears but clear response on AABR.

At any point in the child's development, if parents have concerns regarding the child's ability to hear, they can be referred for Hearing Assessment. Currently the pathway for referral for Audiological Assessment is via the GP. The GP will refer to the ENT department and on receipt of the referral, the urgency will be triaged and where necessary, fast tracked onwards to Audiology. Audiology will see all fast tracked paediatric patients within a 9 week time frame. Appropriate referral management will ensure the fast track system is maintained.

Following a recent significant event, where an infant presented with a late diagnosis of profound sensorineural hearing loss, an audit regarding paediatric referral for Hearing Assessment was carried out. The reported infant had bilateral 'clear responses' at Newborn Hearing Screening and no failure of screening was found. Current Newborn Hearing Screening methods identify around 90% of infants born with permanent childhood hearing impairment and cannot identify acquired hearing impairment. This means that continued vigilance for the signs of hearing impairment is required by parents and professionals. This audit prompted the need for an urgent referral route for both General Practitioners and Health Visitors for Hearing Assessment in instances where there is significant concern regarding a suspected severe to profound sensorineural hearing loss, as was the case in the reported incident.

4.0 Management of children requiring Hearing Assessment

4.1 Referral Pathway



## **4.2 Referral for Hearing Assessment**

The GP will refer the child for Hearing Assessment to ENT. On receipt of the referral the urgency of Audiological Assessment will be triaged by an ENT Consultant and where necessary, it will be fast tracked onward to Audiology. Therefore all relevant ENT history and/or paediatric and child development information will aid appropriate triaging.

Please note that any hearing difficulties noted as a result of ongoing ear infections should continue to be referred to ENT via the routine GP pathway.

Audiology follow-up protocols are in place for the assessment and management of post meningitis patients.

Protocols are also in place for children attending the Child Development clinic and Community Paediatric clinic who present with suspected hearing loss. These children may be referred directly to ENT by the Paediatrician and will be triaged at the point of receipt of referral according to urgency.

Children who move into the area after birth (from a different country) may have had a newborn hearing screen conducted in their country of birth. However not all countries offer the newborn hearing screen. If a child  $\leq$  6months old moves into the area, the Newborn Hearing Screening coordinator will be alerted by the Child Health System record and a screening appointment will be offered. Audiology may not be alerted to the movement in of older children and therefore if there are concerns regarding hearing, a referral for Hearing Assessment should be made via the normal referral route as outlined in section 3.0; unless they meet the criteria for urgent referral as detailed in these guidelines, section 4.3.

## **4.3 Management of children referred for Hearing Assessment with suspected severe to profound sensorineural hearing loss**

### **Urgent Referrals**

In cases of suspected severe to profound sensorineural hearing loss a referral should be sent to ENT marked as **URGENT**. This referral is based on parental, GP or Health Visitor observation of a child, who may demonstrate the following:

- ✓ No response to raised voice in the absence of visual cues
- ✓ No startling to loud environmental sounds
- ✓ A change in general behaviour

When Audiology receive the triaged referral via ENT:

- ✓ The child will be appointed for age appropriate testing within approximately 7 days of receiving the referral according to urgency.
- ✓ Ear specific hearing levels will be confirmed and further management plan agreed.
- ✓ All reported results will be discussed with parents and forwarded to ENT and followed up as appropriate.
- ✓ Hearing intervention e.g. hearing aids, will be arranged as appropriate
- ✓ Review appointments will be arranged as required.
- ✓ An outcome report will be forwarded to Parent, ENT, GP and Health Visitor.

The purpose of the urgent referral pathway is to expedite appointments for children thought to have severe to profound hearing loss needing urgent attention. They will take precedent over other paediatric referrals, therefore it is important that this pathway is preserved and followed accurately (i.e only used in urgent cases).

## 5.0 Age - Appropriate Audiological Tests

When a child is referred for Hearing Assessment the Audiologist will select age-appropriate Audiological tests which include:

- **Auditory Brainstem Response (ABR).** These diagnostic tests are carried out on the Craigavon Area Hospital site only within the SHSCT.
- **Visual Reinforcement Audiometry (VRA).** Suitable for children developmental age 8 months until approx. 2 ½ / 3 years. These tests are carried out at Craigavon Area Hospital (CAH), Daisy Hill Hospital (DHH) and South Tyrone Hospital (STH)
- **Pure-tone Audiometry.** Suitable for children of developmental age approximately 4+ years. Available at all ENT/ Audiology clinics.
- **Tympanometry.** Available at all ENT/Audiology clinics
- **Otoacoustic Emissions (OAE).** Available at all ENT/Audiology clinics.

## Adult Audiology and Hearing Aid Services

Available at:

Armagh Community Hospital  
Banbridge Health & Care Centre  
Craigavon Area Hospital  
Daisy Hill Hospital  
Portadown Health & Care Centre  
South Tyrone Hospital

## Paediatric Hearing Aid Services

Any child who has been assessed and fitted with a Hearing Aid can contact the Audiology Service directly if there are any concerns about the child's hearing or Hearing Aid by telephoning:

Craigavon Area Hospital	(028) 38612168
South Tyrone Hospital	(028) 87713503
Daisy Hill Hospital	(028) 30835014

## **6.0 References**

Harper, C (2015). Public Health Agency: Safety and Quality Reminder of Best Practice. Services for Infants/Young Children with Suspected Hearing Impairment.

Sutton G, Wood S, Feirn R, Minchom S, Parker G & Sirimanna T (2012) Newborn Hearing Screening and Assessment; Guidelines for surveillance and Audiological referral of infants and children following the Newborn Hearing Screening. NHSP clinical Group. V5.1

From the Deputy Chief Medical Officer  
**Dr Anne Kilgallen**

## Circular HSC (SQSD) (NICE NG68) 23/17



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

### **Subject: NICE Public Health Guideline NG68 - Sexually transmitted infections: condom distribution schemes**

#### **For action by:**

Chief Executive of HSC Board – **for distribution to:**

All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**

Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant  
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade  
to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant  
staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff  
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

#### **For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:** This guideline covers condom distribution schemes. The aim is to reduce the risk of sexually transmitted infections (STIs). In addition, these schemes can provide a good introduction to broader sexual and reproductive health services, especially for younger people, and help prevent unplanned pregnancies.

#### **Enquiries:**

Any enquiries about the content of this Circular should be addressed to:

Quality Regulation and Improvement Unit  
Department of Health  
Room D1.4  
Castle Buildings  
Stormont Estate  
Belfast  
BT4 3SQ

[SGU-NICEGuidance@health-ni.gov.uk](mailto:SGU-NICEGuidance@health-ni.gov.uk)

**Circular Reference: HSC (SQSD) (NICE NG68) 23/17**

**Date of Issue: 24 May 2017**

#### **Related documents:**

HSC (SQSD) 37/15  
HSC (SQSD) (NICE PH51) 10/17  
HSC (SQSD) (NICE NG57) 14/17

#### **Superseded documents**

None

#### **Status of Contents:**

Action

#### **Implementation:**

As per circular HSC (SQSD) 37/15

#### **Additional copies:**

Available to download from  
<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

**Dear Colleagues**

**NICE Public Health Guideline NG68 - Sexually transmitted infections: condom distribution schemes** <https://www.nice.org.uk/guidance/ng68>

The Department has recently reviewed the above NICE guidance and has formally considered it for applicability in Northern Ireland.

**Decision:**

All recommendations in guideline NG68 - Sexually transmitted infections: condom distribution schemes are to be taken into account in designing and delivering services that will help reduce the risk of sexually transmitted infections (STIs) and improve sexual and reproductive health.

**Action Required:**

In accordance with the process outlined in circular HSC (SQSD) 37/15, the following initial actions should be taken.

1. HSCB/PHA
  - a. Identify a Professional Lead who will consider the commissioning implications of the Public Health Guideline and co-ordinate with any other relevant commissioning teams.
  - b. The PHA will identify other relevant stakeholders and networks and disseminate as appropriate, typically within two weeks of receipt.
  - c. The HSC Board will ensure that relevant guidance is sent to the appropriate Family Practitioners.
2. HSC Trusts
  - a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
3. RQIA
  - a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
  - a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

The detailed arrangements for implementation, monitoring and assurance can be found in circular (<https://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2015-2016>).

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website (<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>).

Personal information redacted by the USI

**Dr Anne Kilgallen**  
**Deputy Chief Medical Officer**

## Appendix 1

## Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Public Health Guideline – NG68 <a href="https://www.nice.org.uk/guidance/ng68">https://www.nice.org.uk/guidance/ng68</a>
Title	Sexually transmitted infections: condom distribution schemes
Summary of guidance	<p>This guideline covers condom distribution schemes. The aim is to reduce the risk of sexually transmitted infections (STIs). In addition, these schemes can provide a good introduction to broader sexual and reproductive health services, especially for younger people, and help prevent unplanned pregnancies.</p> <p>It includes recommendations on:</p> <ul style="list-style-type: none"> <li>• targeting services</li> <li>• multicomponent condom distribution schemes for young people in health, education, youth and outreach settings</li> <li>• single component schemes</li> </ul> <p>NICE has also produced guidelines PH51 - Contraceptive services for under 25s (endorsed by DoH in May 2017) and NG57 - Physical health of people in prison (endorsed by DoH in February 2017) <a href="https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice">https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice</a></p>
Related strategically relevant policies	<p>Making Life Better - A Whole System Strategic Framework for Public Health and supporting strategies <a href="https://www.health-ni.gov.uk/topics/public-health-policy-and-advice/making-life-better-whole-system-strategic-framework-public">https://www.health-ni.gov.uk/topics/public-health-policy-and-advice/making-life-better-whole-system-strategic-framework-public</a></p> <p>Regional Child Protection Policy and Procedures <a href="https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/acprognalstrategy.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/acprognalstrategy.pdf</a></p> <p>The Sexual Offences (Northern Ireland) Order 2008 <a href="http://www.legislation.gov.uk/nisi/2008/1769/contents">http://www.legislation.gov.uk/nisi/2008/1769/contents</a></p> <p>The Sexual Offences Act 2003 <a href="http://www.legislation.gov.uk/ukpga/2003/42/contents">http://www.legislation.gov.uk/ukpga/2003/42/contents</a></p> <p>Pharmacy in the Community Strategy <a href="https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community">https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community</a></p>

Inter-Departmental interest	<p>The Department of Justice (DoJ) have noted that if there is future consideration about the distribution of free condoms (with lubricant) in a prison setting then the Northern Ireland Prison Service (NIPS) would need to be consulted in respect of the any assessment of risk and in the planning phase for design and delivery of the service. This would include engagement between the NIPS and South Eastern HSCT as the healthcare delivery partner. Whilst the endorsement of the Guidance is not directly politically contentious, consideration of the introduction of condoms into the prison environment in future may be – dependent upon Ministerial appointments. This would require detailed consultation with the Department of Justice through the Northern Ireland Prison Service.</p>
Legislative / policy caveats	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>This guidance refers to some NICE Public Health Guidance which pre-dates the introduction of the DoH process for endorsing Public Health guidelines. All Public Health Guidance endorsed by DoH can be found at: <a href="https://www.health-ni.gov.uk/articles/nice-public-health-guidance">https://www.health-ni.gov.uk/articles/nice-public-health-guidance</a></p>

1.	<p><b>Treatment &amp; Condition</b></p> <p>Mepolizumab for treating severe refractory eosinophilic asthma.</p>
2.	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance TA431 (25 January 2017)</p> <p>Mepolizumab, as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults, only if:</p> <ul style="list-style-type: none"> <li>• the blood eosinophil count is 300 cells/microlitre or more in the previous 12 months</li> <li>• the person has agreed to and followed the optimised standard treatment plan and             <ul style="list-style-type: none"> <li>➢ has had 4 or more asthma exacerbations needing systemic corticosteroids in the previous 12 months or</li> <li>➢ has had continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months</li> </ul> </li> <li>• the company provides the drug with the discount agreed in the patient access scheme.</li> </ul> <p>At 12 months of treatment:</p> <ul style="list-style-type: none"> <li>• stop mepolizumab if the asthma has not responded adequately<sup>1</sup> or</li> <li>• continue treatment if the asthma has responded adequately and assess response each year.</li> </ul> <p><sup>1</sup><i>An adequate response is defined as:</i></p> <ul style="list-style-type: none"> <li>• <i>at least 50% fewer asthma exacerbations needing systemic corticosteroids in those people with 4 or more exacerbations in the previous 12 months or</i></li> <li>• <i>a clinically significant reduction in continuous oral corticosteroid use while maintaining or improving asthma control.</i></li> </ul>
3.	<p><b>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</b></p> <p>From the NICE Resource Impact Template that accompanies TA431, it is estimated that 100 people in Northern Ireland will have treatment with mepolizumab each year. The Resource Impact Template assumes that the number will increase to 100 over the next 4 years.</p>
4.	<p><b>Patient Access Scheme Availability</b></p> <p><b>(Yes/No)</b></p> <p>The manufacturer of mepolizumab (GlaxoSmithKline) has agreed a patient access scheme (PAS) with the Department of Health. This makes mepolizumab available at a discounted price. The size of this discount is commercial in confidence.</p>

5.	<b>Costs</b> ( <i>before PAS if applicable</i> )
5.1	<p><b>Drug cost per patient per annum (for new and prevalent cases)</b></p> <p>The recommended dose of mepolizumab is 100 mg administered subcutaneously once every 4 weeks. It is intended for long-term treatment, but the summary of product characteristics states that 'the need for continued therapy should be considered at least on an annual basis as determined by physician assessment of the patient's disease severity and level of control of exacerbations'.</p> <p>The list price of mepolizumab is £840 per dose (excluding VAT). Therefore the annual cost per patient = £10,920 (assuming 13 doses are given annually)</p>
5.2	<p><b>Total Drug Costs Per Annum</b></p> <p>As per the NICE Resource Impact Template the estimated recurrent costs after four years (at a steady state) are £465,000 which includes expected savings of £16k for reductions in corticosteroid bursts.</p>
5.3	<p><b>Infrastructure Costs Per Annum</b></p> <p>Uptake of this treatment will be monitored on a cost per case basis and the HSC Board will work with clinicians to identify any additional infrastructure requirements to support the implementation of this treatment regime.</p>
6.	<p><b>Expected implementation period</b></p> <p>This therapy is currently available in Northern Ireland on a cost per case basis. It is expected that this therapy will be formally commissioned during 2017/18.</p>
7.	<p><b>Commissioning arrangements</b></p> <p>This drug will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis.</p>
8.	<p><b>Monitoring arrangements</b></p> <p>The Belfast Trust will be required to provide regular updates to the Specialist Services Commissioning Team on the number of patients receiving treatment with mepolizumab and the associated drug costs.</p>
9.	<p><b>DoH (NI) Legislative/Policy Caveats</b></p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>



**Health & Social Care Board**  
**12-22 Linenhall Street**  
**BELFAST BT2 8BS**

**Chief Executives of Trusts - for cascade to:**

Medical Directors  
Directors of Nursing  
Directors of Acute Services  
Heads of Pharmacy & Medicines Management  
Clinical & Social Governance Leads

**Tel :**

Personal Information redacted by  
the USI

**Fax :**

Personal Information redacted by  
the USI

**Web Site :**

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

**Our Ref:**

**NICE/ Technology Appraisals /  
TA 431**

**Director of Integrated Care, HSCB - for cascade to:**

Head of Pharmacy & Medicines Management

26 May 2017

Dear Colleague

**Implementation of NICE Technology Appraisal 431: Mepolizumab for treating severe refractory eosinophilic asthma.**

I refer to the above NICE guidance and the required arrangements for its implementation.

**Background**

NICE TA 431 sets out arrangements for the use of mepolizumab for treating severe refractory eosinophilic asthma. In line with Circular HSC (SQSD) 2/13, the HSCB is required to issue a Service Notification for this NICE TA to all relevant providers and stakeholders. The attached Service Notification now represents the Department's formal policy position (see annex 1).

*Resource Implications*

Any additional resources associated with the technology will be incorporated in the Trust financial allocation for 2017/18 and beyond.

**Action required by Health and Social Care**

Trusts should now take forward the implementation of NICE TA 431 in accordance with the enclosed service notification with immediate effect. The Board's expectation is that proportionate implementation arrangements will be established on receipt of this correspondence.

In particular, within three months ensure that: targeted dissemination takes place; a clinical/management change leader has been agreed; and a proportionate implementation plan is in place.

**Assurance arrangements**

The Board will seek direct assurances from Trusts on an ongoing basis regarding the actions outlined above.

Thank you for your attention with this matter. If you have any queries please contact Jonathan Houston (Tel: 95 36 3191) in the HSCB Commissioning Directorate in the first instance.

Yours sincerely

Personal information redacted by the USI

**Dean Sullivan**  
**Director of Commissioning**

Cc Chief Medical Officer  
Chief Executive Patient and Client Council  
Chief Executive/Postgraduate Dean, NIMDTA  
Chief Executive, NICPLD  
Chief Executive, NIPEC  
Chief Executive, NIBTS  
Chief Executive, RQIA  
Chief Executive, PHA  
Senior Management Team, HSCB  
Assistant Directors of Commissioning, HSCB

Encs

**Metcalfe, Lynne**

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**From:** DoH SGU - NICE Guidance Personal Information redacted by the USI  
**Sent:** 31 May 2017 15:28  
**To:** Joyce, Barbara; Beattie, Caroline; Jill Shaw O'Doherty; Jonathan Houston; Liz Campbell; Mandy Gormley; Martine McNally; StandardsAndGuidelines; Ruth McDonald; McLoughlin, Sandra E; Teresa Murray  
**Cc:** Lesley Edgar; Lamont, Jennifer  
**Subject:** Update to NICE Public Health Guideline PH56 - Vitamin D: increasing supplement use in at-risk groups

**Categories:** Agenda Items

Dear Colleagues,

For information.

The introduction, recommendations 1 and 6, the context section and the glossary have been updated after publication of [The SACN vitamin D and health report 2016](#). NICE has also amended at-risk age ranges, updated links to the new report and updated reference nutrient intake details.

<https://www.nice.org.uk/guidance/ph56>

Kind Regards  
Jonathan

**Jonathan Adair**  
**Quality Regulation Policy & Legislation Branch**  
**Department of Health**  
**Tel:** Personal Information redacted by the USI

From the Chief Medical Officer  
**Dr Michael McBride**



HSS(MD) 8/2017

For Action:  
Chief Executives, Public Health Agency/Health and  
Social Care Board/HSC Trusts/NIAS  
GP Medical Advisers, Health and Social Care Board  
All General Practitioners and GP Locums (*for onward  
distribution to practice staff*)

Castle Buildings  
Stormont Estate  
Belfast BT4 3SQ

Tel: Personal Information redacted by the USI  
Fax: Personal Information redacted by the USI  
Email: Personal Information redacted by the USI

**Please see attached full addressee list**

Your Ref:  
Our Ref: HSS(MD) 8/2017  
Date: 1 June 2017

Dear Colleague

## **END OF 2016/17 FLU SEASON AND RELATED ISSUES**

### **ACTION REQUIRED**

**Chief Executives must ensure that this information is drawn to the attention of all staff involved in the seasonal flu vaccination programme.**

**The HSCB must ensure that this information is cascaded to all General Practitioners.**

### **Introduction**

1. The purpose of this letter is to draw your attention to the end of the flu season for 2016/17 and a number of related issues.
2. I would like to express my sincere appreciation to all who have worked hard to manage seasonal flu during the past winter. I recognise the considerable effort required to ensure the HSC was prepared for the normal winter pressures and to complete the annual seasonal flu vaccination programme.

### **Surveillance**

3. The Public Health Agency's regular flu bulletin is the definitive source of public health surveillance information on flu activity for Northern Ireland

throughout the season. The surveillance of seasonal flu depends on accurate, timely data produced by GP sentinel practices, the labs and collated by the PHA flu team to produce the bulletin which enables us to follow the course of the flu season and respond accordingly. I would like to thank all those involved in the production of this information.

### **Use of Antiviral Medicines**

4. The Public Health Agency surveillance data reported in the flu bulletin confirms that the circulation of flu virus in the community has fallen to low levels. **This means that the use of antiviral medicines for the prevention and treatment of influenza is no longer indicated.**

### **Seasonal flu vaccination programme**

5. As you are aware due to confirmed positive cases of influenza continuing beyond the end of March and April, the PHA had recommended that anyone still seeking the flu vaccine should be vaccinated up to the end of May. **Flu vaccine is therefore not required for pregnant women or any other population group from June over the summer in 2017.**

### **Vaccine uptake rates**

6. At the end of March 2017, the proportion of people in Northern Ireland aged 65 years and over who had received the seasonal influenza vaccine was 71.9%, while the uptake in those aged under 65 in an at-risk group was 57.1%. This compares with 74.4% uptake in the over 65s, and 59.9% in the under 65 at-risk group for the same period last year.
7. For the children's programme an uptake rate of 52.6% for 2 to 4 year olds was achieved while for all primary 1 to primary 7 children an uptake of 78.3% was achieved. This compares with 50.5% and 76.8% achieved for both groups last year.
8. An uptake of 29% of front-line Health and Social Care workers was also achieved by Trust's Occupational Health Units. While I acknowledge the efforts put into this to achieve a 4.4% increase against the previous year's figures it is still too low.
9. It is important that lessons from previous vaccination programmes are learnt, and are used to significantly improve uptake by this group, to protect themselves and their patients and to maintain service capacity during a period of high demand. The Commissioning Plan for 2016/17 included an indicator of performance for flu vaccine uptake by front-line HCWs, and in 2016/17 each Trust was expected to achieve a 40% uptake by its front-line staff. It is anticipated that this recommendation will also be included for 2017/18.

**Primary care**

10. I want to acknowledge the effort of GPs and their staff to deliver the flu vaccination programme to an increasing cohort of patients, while also managing those who presented with flu and other illnesses.

**Critical Care**

11. The total number of ICU admissions this season was lower than in the previous two seasons. Staff in critical care are commended for their ongoing work and the robust escalation plans that are in place should these be required.

**HSC Staff**

12. I would wish to convey my sincere thanks to the many clinical, managerial and other staff throughout the HSC all of whom responded so admirably and professionally throughout the winter, and so minimised any potential impact on patients and clients.

**Regional Procurement Service**

13. I would like to thank the Regional Procurement Service for all the work they did in ensuring the flu vaccines were procured, delivered, managed and distributed throughout Northern Ireland and for providing regular updates on stock levels during the flu season.

**LOOKING AHEAD TO THE 2017/18 FLU SEASON****Management of seasonal flu in 2017/18**

14. Department of Health officials are working with colleagues in the HSC to update and issue the management of seasonal flu plan for 2017/18. While the HSC coped well with the flu season for 2016/17, we still need to ensure the HSC is ready to cope with every eventuality in the coming flu season.

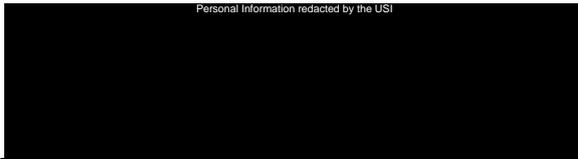
**Seasonal Flu Vaccination Programme 2017/18**

15. The flu programme for 2017/18 will remain largely unchanged. In 2017/18 all pre-school children aged 2 years and above will again be offered vaccination by their GP's while all children attending a primary school (P1 to P7 inclusive) will again be offered vaccination by the school health team.
16. Further details of the vaccination programme will be included in the latest chapter on seasonal flu in the Green Book due to be issued shortly.

**Seasonal flu vaccine supplies**

17. The process to centrally purchase seasonal influenza vaccines for the 2017/18 season is on track. I fully expect the Department, PHA, HSC organisations and GPs to build on the experiences gained from the previous year's vaccination programmes in order to deliver a high quality service to protect the health of the people of Northern Ireland. The seasonal flu policy letter setting out full details of the 2017/18 vaccination programme will be issued shortly.

Yours sincerely



**Michael McBride**  
**Chief Medical Officer**

**CIRCULATION LIST**

Director of Public Health/Executive Medical Director, Public Health Agency  
*(for onward distribution to all relevant health protection staff)*  
Assistant Director Public Health (Health Protection), Public Health Agency  
Director of Nursing, Public Health Agency  
Assistant Director of Pharmacy and Medicines Management, Health & Social Care Board, *(for onward distribution to all Community Pharmacies)*  
Directors of Pharmacy HSC Trusts  
Director of Social Care and Children, HSCB  
Family Practitioner Service Leads, Health & Social Care Board *(for cascade to GP Out of Hours services)*  
Medical Directors, HSC Trusts *(for onward distribution to all Consultant Obstetricians, Paediatricians and other relevant staff)*  
Directors of Nursing, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*  
Directors of Children's Services, HSC Trusts  
RQIA *(for onward transmission to all independent providers including independent hospitals)*  
Regional Medicines Information Service, Belfast HSC Trust  
Regional Pharmaceutical Procurement Service, Northern HSC Trust

This letter is available on the Department of Health website at  
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

**SAFETY AND QUALITY  
REMINDER OF BEST PRACTICE GUIDANCE**

<b>Subject</b>	<b>Reducing the risk of throat packs being retained after surgery</b>
HSCB reference number	SQR-SAI-2017-026 (Acute)
Programme of care	Acute services

<b>LEARNING SOURCE</b>			
SAI/Early Alert/Adverse incident	<b>X</b>	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

<b>SUMMARY OF EVENT</b>
<p>A patient was anaesthetised for a surgical procedure. A nasal ET Tube and throat pack were inserted in theatre and a throat pack sticker was applied to the patient's clothing. The patient was extubated. Post-surgery in recovery, the patient began to gag. It was discovered that the throat pack was still in situ obstructing the airway. Not all staff were aware of the presence of the throat pack as there were no visible warnings to alert staff i.e.:</p> <ul style="list-style-type: none"> <li>• The string from the throat pack was inside the mouth;</li> <li>• The throat pack sticker on the patient's clothing could not be seen;</li> <li>• The presence of the throat pack was not documented on the theatre white board;</li> <li>• The sign-out section of the WHO surgical safety checklist was not completed before leaving theatre.</li> </ul> <p>The patient returned to theatre immediately and had the throat pack removed.</p>

<b>REQUIREMENTS UNDER CURRENT GUIDANCE</b>
<p>The National Patient Safety Agency issued a Safer Practice Notice 'Reducing the risk of retained throat packs after surgery'<sup>1</sup> in 2009.</p> <p><a href="http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59853">http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59853</a>.</p>

<sup>1</sup> National Patient Safety Agency (NPSA). Reducing the risk of retained throat packs after surgery –Safer Practice Notice. NPSA 2009

A Safety and Quality Learning Communication was issued by the Department of Health for action<sup>2</sup>. <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20SQSD%20Learning%20Communication%2006-09.pdf>

This guidance remains best practice. It recommends procedures involving visual checks and procedures involving documentary checks to reduce the risk of retained throat packs.

### **For Clinical risk managers responsible for anaesthesia and surgery**

You should ensure that local policies and procedures include the following:

- The decision to use a throat pack should be justified by the anaesthetist or surgeon for each patient. This person should assume responsibility for ensuring the chosen safety procedures are undertaken;
- At least one visually-based **and** one documentary-based procedure is applied whenever a throat pack is deemed necessary;
- All staff are fully informed of the chosen procedures;
- Insertion and removal of throat packs should be recorded.

## **ACTION REQUIRED**

### **HSC Trusts**

Please:

1. Share this Reminder of Best Practice Letter with all relevant staff;
2. Review your local Trust policies to reflect the 'Requirements under Current Guidance' section of this letter;
3. Confirm by **31 August 2017** to [alerts.hscb@hscni.net](mailto:alerts.hscb@hscni.net) that actions 1 and 2 have been completed.

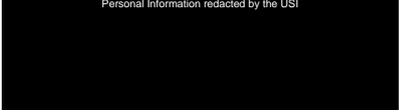
### **RQIA:**

1. Please disseminate this letter to all relevant independent sector providers.

### **NIMDTA:**

1. Please disseminate this letter to doctors in training in relevant specialties.

<sup>2</sup> Department of Health (DoH) Reducing the risk of retained throat packs after surgery. Safety and Quality Learning Communication 06/09. DHSSPS 2009.

<b>Date issued</b>	2 June 2017	
<b>Signed:</b>	<small>Personal Information redacted by the USI</small> 	<small>Personal Information redacted by the USI</small> 
<b>Issued by</b>	Dr Carolyn Harper Medical Director/Director of Public Health	Mrs Mary Hinds Director of Nursing, Midwifery & Allied Health Professionals

**RE: Reducing the risk of throat packs being retained after surgery– Distribution List**

	To – for Action	Copy		To – for Action	Copy
<b>HSC Trusts</b>			<b>PHA</b>		
CEXs	✓		CEX		✓
Medical Director		✓	Medical Director/Director of Public Health		✓
Directors of Nursing		✓	Director of Nursing/AHPs		✓
Directors of Social Services			PHA Duty Room		
Governance Leads		✓	AD Health Protection		
Directors of Acute Services		✓	AD Service Development/Screening		✓
Directors of Community/Elderly Services			AD Health Improvement		
Heads of Pharmacy			AD Nursing		✓
Allied Health Professional Leads			AD Allied Health Professionals		
<b>NIAS</b>			Clinical Director Safety Forum		✓
CEX			<b>HSCB</b>		
Medical Director			CEX		✓
<b>RQIA</b>			Director of Integrated Care		
CEX	✓		Director of Social Services		
Medical Director		✓	Director of Commissioning		✓
Director of Nursing		✓	Alerts Office		✓
Director for Social Care			Dir PMSI & Corporate Services		✓
<b>NIMDTA</b>			<b>Primary Care (through Integrated Care)</b>		
CEX / PG Dean	✓		GPs		
<b>QUB</b>			Community Pharmacists		
Dean of Medical School		✓	Dentists		
Head of Nursing School		✓	<b>Open University</b>		
Head of Social Work School			Head of Nursing Branch		✓
Head of Pharmacy School			<b>DoH</b>		
Head of Dentistry School			CMO office		✓
<b>UU</b>			CNO office		✓
Head of Nursing School		✓	CPO office		
Head of Social Work School			CSSO office		
Head of Pharmacy School			CDO office		
Head of School of Health Sciences (AHP Lead)			Safety, Quality & Standards Office		✓
<b>Clinical Education Centre</b>		✓	<b>NI Social Care Council</b>		
<b>NIPEC</b>		✓	<b>Safeguarding Board NI</b>		
<b>GAIN Office</b>		✓	<b>NICE Implementation Facilitator</b>		✓
<b>NICPLD</b>			<b>Coroners Service for Northern Ireland</b>		✓
<b>NI Medicines Governance Team Leader for Secondary Care</b>					

**ACUTE SERVICES STANDARDS & GUIDELINES FORUM**

Date: Tuesday 06 June 2017  
 Time: **1:30pm**  
 Venue: Meeting Room, Admin Floor, CAH

**AGENDA**

<b>1.0</b>	<b>Apologies:</b>	
<b>2.0</b>	<b>Review of actions agreed at last meeting held 16 May 2017</b>	 Acute Services S&G Forum - Action Notes
<b>3.0</b>	<b>Monthly Activity Report for Standards &amp; Guidelines (May 2017)</b>	 Acute S&G Activity Report 050617.xlsx
<b>4.0</b>	<b>Update on Progress</b> <ul style="list-style-type: none"> <li>• Proposal to pilot new safety devices to reduce the risk of oxygen tubing being connected to air flow</li> <li>• Policy for the identification of Invasive Lines and Tubes</li> </ul>	 HSC-SQSD-57-16.pdf
<b>5.0</b>	<b>Newly Issued Standards &amp; Standards (15/05/2017 – 02/06/2017)</b> <ul style="list-style-type: none"> <li>• Review &amp; determine applicability to Acute Services (<i>Table 1</i>)</li> <li>• Nomination of Change Lead</li> <li>• Risk review &amp; Prioritisation</li> </ul>	<b>See Table 1 of agenda</b>
<b>6.0</b>	<b>Submissions to HSCB (15/05/2017 to 02/06/2017)</b> <ul style="list-style-type: none"> <li>• Positive Assurance Template (May 2017)</li> </ul>	 20170526 Approved Acute Services -NICE
<b>7.0</b>	<b>Outstanding Submissions to HSCB</b> <ul style="list-style-type: none"> <li>• None to report</li> </ul>	

<p><b>8.0</b></p>	<p><b>Approval of Action Plans/E-Proformas/Baseline Assessment Tools</b></p> <ul style="list-style-type: none"> <li>• None to present</li> </ul>	
<p><b>9.0</b></p>	<p><b>New Policy/Guidelines/Protocols:</b></p> <ul style="list-style-type: none"> <li>• None to present</li> </ul>	
<p><b>10.0</b></p>	<p><b>Any Other Business:</b></p> <ul style="list-style-type: none"> <li>• Care of the Deceased Patient and their Family - A Guideline for Nursing Practice in Northern Ireland</li> <li>• Guideline for the Use of Injectable Phenytoin - <i>Outcome from Medicines Optimisation Group</i></li> <li>• Guidance for General Practitioners - Referral of children for hearing assessment – <i>circulation to local GP Services</i></li> <li>• National Pilot for NICE Accredited PDT Service Standards</li> </ul>	 Care of the Deceased Patient and  Guideline for Use of Injectable Phenytoin  Guidance for General Practitioners - Referr  20170602_National Pilot for NICE Accredi
<p><b>11.0</b></p>	<p><b>Date of Next Meeting:</b></p> <p><b>20 June 2017 at 1:30pm</b></p>	

## Acute S&G Forum

Table 1 - Newly Issued S&G 16/05/2017 to 02/06/2017

Date of Issue from External Agency	Reference	Title of Circular	Guidance Type	External Assurance Requirement Date	Link	Comments
15/05/2017	NG66	Mental health of adults in contact with the criminal justice system Circular Reference: HSC (SQSD)	NICE Clinical Guideline	15/08/2017 3 months assurance 15/05/2018 12 month implementation	<a href="#">NG 66 Mental health of adults in contact with the criminal justice system - All Documents</a>	
17/05/2017	TA 427	Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib (review of TA338).	NICE Technology Appraisal	17/08/2017	 NICE TA 427 Service Notification.pdf   NICE TA 427 Cover Letter to Service.pdf	
17/05/2017	TA 428	Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy.	NICE Technology Appraisal	17/08/2017	 NICE TA 428 Service Notification.pdf   NICE TA 428 Cover Letter to Service.pdf	
23/05/2017	CG 163	Idiopathic pulmonary fibrosis in adults: diagnosis and management <b>Update to recommendations</b>	NICE Clinical Guideline	Not specified	 Update to NICE Clinical Guideline CG163	S&G database indicates that Dr Liam Polley is the nominated Clinical Change Lead

23/05/2017	TA 429	Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation	NICE Technology Appraisal	23/08/2017	 NICE TA 429 Service Notification.pdf   NICE TA 429 Cover Letter to Service.pdf	
23/05/2017	TA 430	Sofosbuvir-velpatasvir for treating chronic hepatitis C	NICE Technology Appraisal	23/08/2017	 NICE TA 430 Service Notification.pdf   NICE TA 430 Cover Letter to Service.pdf	
24/05/2017	NG 68	Sexually transmitted infections: condom distribution schemes	NICE Public Health Guidelines	24/08/2017	 Circular HSC _SQSD_ _NICE NG68_ 23 ~ S	
26/05/2017	TA 431	Mepolizumab for treating severe refractory eosinophilic asthma.	NICE Technology Appraisal	26/08/2017	 NICE TA 431 Service Notification.pdf   NICE TA 431 Cover Letter to Service.pdf	
31/05/2017	PH 56	Update to PH56 - Vitamin D: increasing supplement use in at-risk groups	NICE Public Health Guidelines	Not Specified	 20170531_Update to NICE Public Health Gu	

02/06/2017	HSS (MD) 8/2017	End Of 2016/17 Flu Season And Related Issues	CMO Letter	Not Specified	 20170602_HSS MD 8 2017 - End of 2016-2	
02/06/2017	SQR-SAI-2017-026	Reducing the risk of throat packs being retained after surgery	Safety & Quality Reminder of Best Practice	31/08/2017	 SQR-SAI-2017-026 - Reducing the risk of t	

**SAFETY AND QUALITY  
REMINDER OF BEST PRACTICE GUIDANCE**

<b>Subject</b>	<b>Blood Transfusion and the risk of Transfusion-Associated Circulatory Overload (TACO)</b>
HSCB reference number	SQR-[irrelevant information redacted by USI] (Acute)
Programme of care	Acute Services

<b>LEARNING SOURCE</b>			
SAI	✓	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

<b>SUMMARY OF EVENT</b>
<p>In a serious adverse incident (SAI), a patient died with symptoms and signs consistent with severe pulmonary oedema after a blood transfusion was completed approximately 7 hours before death.</p> <p>On a detailed investigation of the patient's medical history, it was noted that the patient had been admitted one month previously with a suspected 'post transfusion type reaction'. The mechanism to report such a reaction to the Blood Bank was not followed and no blood samples for investigation of a transfusion reaction were taken. When this patient was admitted one month later for a planned blood transfusion, the admitting team and the laboratory staff were therefore unaware of the previously suspected transfusion reaction. Post mortem examination revealed previously undiagnosed cirrhosis of the liver which could have increased the patient's susceptibility to fluid overload, pulmonary oedema or Transfusion Associated Circulatory Overload (TACO).</p> <p>Similarly, in an another SAI, a patient died after blood transfusion and it was noted from the investigation report that the patient had concomitant medical conditions predisposing the patient to the risk of Transfusion Associated Circulatory Overload (TACO). The patient was monitored closely during the blood transfusion, but nonetheless developed signs that were consistent with TACO. The patient's condition did not improve despite clinical intervention.</p> <p>The key learning identified in the investigations of these SAIs were:</p> <ul style="list-style-type: none"> <li>In the first SAI, Blood Bank staff, Haemovigilance staff and the clinical Haematologist were not informed when clinical staff considered that the patient's symptoms could have been in keeping with a transfusion reaction;</li> </ul>

- Both SAIs highlighted firstly, the need to carefully **assess** a patient's risk of developing TACO, particularly their existing circulation capacity and cardiac status, and secondly, the need to **manage** transfusion with extreme care in patients at risk of TACO.

## REQUIREMENTS UNDER CURRENT GUIDANCE

In 2012, the British Society for Haematology (BSH), formally known as British Committee for Standards in Haematology (BCSH), published guidelines on the investigation and management of Acute Transfusion Reactions. This document provides clear guidance on the recognition, investigation and management of acute adverse reactions to blood components. It is clinically focused and recognises that the precise nature and severity of reactions may not be apparent at presentation. It is intended to provide a framework for the development of institutional policies. The emphasis is on the immediate management of potentially life-threatening reactions, but it also makes recommendations about the appropriate investigation and reporting of transfusion reactions. This guidance states:

“The recognition and the immediate management of the ATR (Acute Transfusion Reaction) should be incorporated into local transfusion policies and there should be mandatory transfusion training requirements for all clinical and laboratory staff involved in the transfusion process.”

“All transfusion reactions except mild febrile and/or allergic reactions must be reported to the appropriate regulatory and Haemovigilance organisations (MHRA and SHOT) and should be reviewed within the hospital.”

The full guidance is available online at:

<http://www.b-s-h.org.uk/guidelines/guidelines/investigation-and-management-of-acute-transfusion-reactions/>

Trusts may also wish to refer to the ***Serious Hazards of Transfusion (SHOT) Annual (2015) Report published in July 2016. This report states:***

“A formal pre-transfusion risk assessment for transfusion-associated circulatory overload (TACO) should be performed whenever possible as TACO is the most commonly reported cause of death and major morbidity.”

The SHOT report recommendations (2015) also highlighted that if a patient is at high risk of TACO then the clinical staff should:

1. Consider reviewing the need for transfusion taking into account the risk and benefits of transfusion;
2. Consider if transfusion can be deferred safely until any potential issues can be investigated, treated or resolved;
3. Consider body weight dosing for red cells (especially if low body weight), review

of symptoms of anaemia after transfusion of one unit, consideration of prophylactic diuretic where indicated, and close monitoring of vital signs including oxygen saturation.

The detailed SHOT annual report (2015) is available online at:

<http://www.shotuk.org/wp-content/uploads/SHOT-2015-Annual-Report-Web-Edition-Final-bookmarked.pdf>

## **ACTION REQUIRED**

### **HSC Trusts**

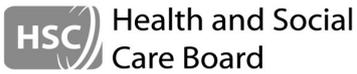
1. All Trusts should ensure that healthcare staff are made aware of this transfusion related complication. Please share this Reminder of Best Practice Letter with all relevant staff and highlight it at relevant frontline multidisciplinary team meetings. In particular, please reinforce:
  - a. The requirement to document and report all transfusion related adverse incidents, including TACO and other pulmonary complications secondary to blood transfusion, to the Trust Haemovigilance team for investigation and appropriate reporting;
  - b. The importance of using a TACO checklist, such as that developed by SHOT, to identify patients at risk, and of seeking advice from an experienced healthcare professional if in doubt.
2. Trusts should support the Northern Ireland Transfusion Committee (NITC) to develop and implement a single standardised Northern Ireland Transfusion Record to include pre-transfusion risk assessment for Transfusion Associated Circulatory Overload (TACO), and management of transfusion in patients who are at risk of TACO. NITC will take this work forward with Trusts.
3. Confirm by **15 July 2017** to Irrelevant information redacted by the USI that action 1 has been completed.

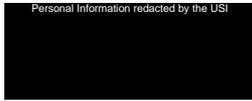
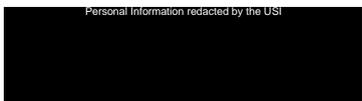
### **NIMDTA**

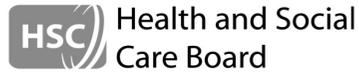
1. Please disseminate this letter to all doctors in training in relevant specialties.

### **RQIA**

1. Please disseminate this letter to all relevant independent sector providers.



<b>Date issued</b>	7 June 2017	
<b>Signed:</b>	 <small>Personal Information redacted by the USI</small>	 <small>Personal Information redacted by the USI</small>
<b>Issued by</b>	Dr Carolyn Harper Medical Director/Director of Public Health	Mrs Mary Hinds Director of Nursing, Midwifery & Allied Health Professionals



**RE: Blood Transfusion and the risk of Transfusion-Associated Circulatory Overload (TACO)**

	To – for Action	Copy		To – for Action	Copy
<b>HSC Trusts</b>			<b>PHA</b>		
CEXs	√		CEX		√
Medical Director		√	Medical Director/Director of Public Health		√
Directors of Nursing		√	Director of Nursing/AHPs		√
Directors of Social Services		√	PHA Duty Room		
Governance Leads		√	AD Health Protection		
Directors of Acute Services		√	AD Service Development/Screening		√
Directors of Community/Elderly Services		√	AD Health Improvement		
Heads of Pharmacy			AD Nursing		√
Allied Health Professional Leads			AD Allied Health Professionals		
			Clinical Director Safety Forum		√
<b>NIAS</b>			<b>HSCB</b>		
CEX		√	CEX		√
Medical Director		√	Director of Integrated Care		
<b>RQIA</b>			Director of Social Services		
CEX	√		Director of Commissioning		
Medical Director		√	Alerts Office		√
Director of Nursing		√	Dir PMSI & Corporate Services		√
Director for Social Care			<b>Primary Care (through Integrated Care)</b>		
<b>NIMDTA</b>			GPs		
CEX / PG Dean	√		Community Pharmacists		
<b>QUB</b>			Dentists		
Dean of Medical School		√	<b>Open University</b>		
Head of Nursing School		√	Head of Nursing Branch		√
Head of Social Work School			<b>DoH</b>		
Head of Pharmacy School			CMO office		√
Head of Dentistry School			CNO office		√
<b>UU</b>			CPO office		
Head of Nursing School		√	CSSO office		
Head of Social Work School			CDO office		
Head of Pharmacy School			Safety, Quality & Standards Office		√
Head of School of Health Sciences (AHP Lead)			<b>NI Social Care Council</b>		
<b>Clinical Education Centre</b>		√	<b>Safeguarding Board NI</b>		
<b>NIPEC</b>		√	<b>NICE Implementation Facilitator</b>		√
<b>GAIN Office</b>		√	<b>Coroners Service for Northern Ireland</b>		√
<b>NICPLD</b>					

**SAFETY AND QUALITY  
REMINDER OF BEST PRACTICE GUIDANCE**

<b>Subject</b>	<b>How to Examine Newborns for Red Reflexes</b>
HSCB reference number	SQR-SAI- <span style="background-color: black; color: black;">[redacted]</span> (MCH & PHC)
Programme of care	Maternity and Child Health / Primary Health Care

<b>LEARNING SOURCE</b>			
SAI/Early Alert/Adverse incident	√	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

**SUMMARY OF EVENT**

At a developmental neonatal follow-up clinic, an 11-week old baby was noted by a consultant neonatologist to have absent red reflexes in both eyes with dense, white cataracts. An urgent ophthalmology review was arranged with a consultant ophthalmologist and subsequently the baby required emergency cataract surgery. A serious adverse incident (SAI) was reported.

The baby, born at term, had spent a short time in a neonatal unit after birth and was being investigated for intra uterine growth restriction (IUGR) with a possible genetic condition as part of the differential diagnosis for the IUGR. This investigative pathway included a referral to the paediatric ophthalmology service. Before discharge from the neonatal unit, the baby had a routine newborn examination. A red reflex was reported as having been visualised in one eye by two senior staff members. Examination of the second eye was not completed due to bruising acquired during birth.

After discharge from hospital, the routine infant 8-week check for red reflexes was not undertaken as it was wrongly assumed that the existing referral to paediatric ophthalmology was sufficient.

**Investigation of this SAI highlighted the following areas for improvement:**

- In the first newborn examination, the eye test for red reflexes was not completed in both eyes;
- The difficulty in visualising the second eye was not discussed with the Consultant;
- The routine infant eye examination at 8 weeks was not undertaken as a referral to ophthalmology had already been requested. This resulted in missing a potential opportunity to identify a developing cataract and refer the baby urgently

to ophthalmology services. All routine universal newborn examination eye tests should be carried out regardless of existing referrals to ophthalmology services.

## REQUIREMENTS UNDER CURRENT GUIDANCE

Congenital cataracts may be secondary to intrauterine infection (e.g. rubella) or be an inherited abnormality. Congenital cataracts are present at birth, but they are not always detected at birth.

Early detection and prompt treatment are essential in order to avoid lifelong visual impairment. The optimum time for removing cataracts in a child with bilateral cataracts is around 6-8 weeks of age.

### Newborn and Infant Physical Examination (NIPE) programme

All babies are offered a routine physical examination which includes an eye test within the first few days of life and again between six to eight weeks of age. During the eye examination, a light from an ophthalmoscope is shone into the baby's eyes to look for a red reflex. If a red reflex is shown, cataracts can be ruled out.

<https://www.nidirect.gov.uk/articles/newborn-screening#toc-1>

- Where red reflexes are not identified in a newborn baby, an urgent referral should be made to consultant ophthalmology services.
- Referrals should clearly indicate the level of concern and urgency.
- Arrangements should also be in place to follow up the referral as a matter of urgency. All relevant professionals should be familiar with the process of referral to regional ophthalmology services.

For Trusts using the Belfast Trust ophthalmology service, all referrals to paediatric ophthalmology should be made to the Paediatric Ophthalmology Priority Consultation Clinic by e-mail to Irrelevant information redacted by the USI. Only referrals sent from trust email accounts can be accepted. Referrals are triaged daily and children are seen within 2-15 working days according to clinical priority. Referrers will be informed of the allocated appointment.

For Trusts using the Western Trust ophthalmology service, all referrals should be made in writing or by e-mail to the general ophthalmology service where they are triaged by the ophthalmology consultant of the week and referred to paediatric ophthalmology as appropriate. Where a referring clinician has a concern about an individual child, they should phone the service directly.

Of note, babies with neurological/neurodevelopmental conditions or sensorineural hearing impairment, and babies with chromosomal abnormalities, such as Trisomy 21 will require regular monitoring, even if the examination shows no evidence of an ocular problem.

## **For Directors with responsibility for paediatric / maternity services**

You should ensure that:

- All staff who undertake newborn/infant examinations have been trained in the ophthalmic assessment of babies. Relevant staff include midwives, health visitors, neonatal nurses, paediatricians, neonatologists and doctors working in paediatric or neonatal settings;
- All relevant staff are aware that routine universal newborn/infant examinations should be completed regardless of existing referrals in the system;
- Robust arrangements are in place in your Trust for the referral and follow up of urgent referrals to ophthalmology services;
- Parents understand the rationale for newborn/infant eye examination and that they are advised who to contact if they have concerns about their baby's eyes.

## **For all medical, nursing and midwifery staff who carry out newborn and/or 6-8 week infant physical examinations (in primary and secondary care settings) you should ensure that:**

- You have completed training in the physical examination of the newborn/infant;
- You are competent in the ophthalmic assessment of newborn babies/infants and are aware of the importance of detecting red reflexes;
- Where there is difficulty in examination, the pupils should be dilated using appropriate eye drops (e.g. Tropicamide 0.5% or Cyclopentolate 0.5% - waiting at least 15minutes for effect);
- If red reflexes are not clearly present in both eyes:
  - Paediatric staff should discuss this with the baby's consultant with a view to an urgent referral to paediatric ophthalmology services;
  - GPs should make an urgent referral directly to paediatric ophthalmology services;
- You understand how to make an urgent referral to paediatric ophthalmology services;
- You explain to parents fully why eye examination is undertaken in newborn babies at birth and at 6-8 weeks, and provide advice on what to do if they have any concerns about their baby's eyes, for example, if:
  - Their baby does not open their eyes and focus or doesn't follow small movements;
  - The baby's eyes look unusual;
  - There is a lack of 'red eye' in one eye in a photograph of their baby.

**ACTION REQUIRED**

**HSC Trusts should:**

1. Share this Reminder of Best Practice Letter with all relevant hospital and community staff;
2. Review and as necessary, update Trust systems in light of the 'Requirements under Current Guidance' section of this letter;
3. Confirm by **31 August 2017** to Irrelevant information redacted by the USI that actions 1-2 have been completed.

**NIMDTA should:**

1. Disseminate this letter to doctors in training in relevant specialties.

**RQIA should:**

1. Disseminate this letter to relevant independent sector providers.

**HSCB should:**

1. Disseminate this letter to all GPs and GP out-of-hours services.

<b>Date issued</b>	2 June 2017		
<b>Signed:</b>	<small>Personal Information redacted by the USI</small>	<small>Personal Information redacted by the USI</small>	<small>Personal Information redacted by the USI</small>
<b>Issued by</b>	Dr Carolyn Harper Medical Director/ Director of Public Health	Mrs Mary Hinds Director of Nursing Midwifery & Allied Health Professionals	Dr Margaret O'Brien Assistant Director Integrated Care, Head of General Medical Services

	To – for Action	Copy		To – for Action	Copy
<b>HSC Trusts</b>			<b>PHA</b>		
CEXs	√		CEX		√
Medical Director		√	Medical Director/Director of Public Health		√
Directors of Nursing		√	Director of Nursing/AHPs		√
Directors of Social Services		√	PHA Duty Room		
Governance Leads		√	AD Health Protection		
Directors of Acute Services		√	AD Service Development/Screening		√
Directors of Community/Elderly Services			AD Health Improvement		
Heads of Pharmacy			AD Nursing		√
Allied Health Professional Leads			AD Allied Health Professionals		
<b>NIAS</b>			Clinical Director Safety Forum		√
CEX			<b>HSCB</b>		
Medical Director			CEX		√
<b>RQIA</b>			Director of Integrated Care	√	
CEX	√		Director of Social Services		
Medical Director		√	Director of Commissioning		
Director of Nursing		√	Alerts Office		√
Director for Social Care			Dir PMSI & Corporate Services		√
<b>NIMDTA</b>			<b>Primary Care (through Integrated Care)</b>		
CEX / PG Dean	√		GPs		√
<b>QUB</b>			Community Pharmacists		
Dean of Medical School		√	Dentists		
Head of Nursing School		√	<b>Open University</b>		
Head of Social Work School			Head of Nursing Branch		√
Head of Pharmacy School			<b>DoH</b>		
Head of Dentistry School			CMO office		√
<b>UU</b>			CNO office		√
Head of Nursing School		√	CPO office		
Head of Social Work School			CSSO office		
Head of Pharmacy School			CDO office		
Head of School of Health Sciences (AHP Lead)			Safety, Quality & Standards Office		√
<b>Clinical Education Centre</b>		√	<b>NI Social Care Council</b>		
<b>NIPEC</b>		√	<b>Safeguarding Board NI</b>		
<b>GAIN Office</b>		√	<b>NICE Implementation Facilitator</b>		√
<b>NICPLD</b>			<b>Coroners Service for Northern Ireland</b>		√
<b>NI Medicines Governance Team Leader for Secondary Care</b>					

**SAFETY AND QUALITY  
REMINDER OF BEST PRACTICE GUIDANCE**

<b>Subject</b>	<b>Reducing the risk of throat packs being retained after surgery</b>
HSCB reference number	SQR-SAI- <span style="background-color: black; color: black;">Personal information redacted</span> (Acute)
Programme of care	Acute services

LEARNING SOURCE			
SAI/Early Alert/Adverse incident	<b>X</b>	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

**SUMMARY OF EVENT**

A patient was anaesthetised for a surgical procedure. A nasal ET Tube and throat pack were inserted in theatre and a throat pack sticker was applied to the patient's clothing. The patient was extubated. Post-surgery in recovery, the patient began to gag. It was discovered that the throat pack was still in situ obstructing the airway. Not all staff were aware of the presence of the throat pack as there were no visible warnings to alert staff i.e.:

- The string from the throat pack was inside the mouth;
- The throat pack sticker on the patient's clothing could not be seen;
- The presence of the throat pack was not documented on the theatre white board;
- The sign-out section of the WHO surgical safety checklist was not completed before leaving theatre.

The patient returned to theatre immediately and had the throat pack removed.

**REQUIREMENTS UNDER CURRENT GUIDANCE**

The National Patient Safety Agency issued a Safer Practice Notice 'Reducing the risk of retained throat packs after surgery'<sup>1</sup> in 2009.

<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59853>.

<sup>1</sup> National Patient Safety Agency (NPSA). Reducing the risk of retained throat packs after surgery –Safer Practice Notice. NPSA 2009

A Safety and Quality Learning Communication was issued by the Department of Health for action<sup>2</sup>. <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20SQSD%20Learning%20Communication%2006-09.pdf>

This guidance remains best practice. It recommends procedures involving visual checks and procedures involving documentary checks to reduce the risk of retained throat packs.

### **For Clinical risk managers responsible for anaesthesia and surgery**

You should ensure that local policies and procedures include the following:

- The decision to use a throat pack should be justified by the anaesthetist or surgeon for each patient. This person should assume responsibility for ensuring the chosen safety procedures are undertaken;
- At least one visually-based **and** one documentary-based procedure is applied whenever a throat pack is deemed necessary;
- All staff are fully informed of the chosen procedures;
- Insertion and removal of throat packs should be recorded.

## **ACTION REQUIRED**

### **HSC Trusts**

Please:

1. Share this Reminder of Best Practice Letter with all relevant staff;
2. Review your local Trust policies to reflect the 'Requirements under Current Guidance' section of this letter;
3. Confirm by **31 August 2017** to Irrelevant information redacted by the USI that actions 1 and 2 have been completed.

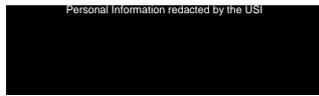
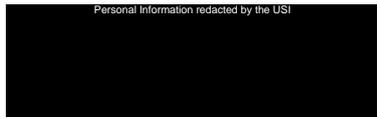
### **RQIA:**

1. Please disseminate this letter to all relevant independent sector providers.

### **NIMDTA:**

1. Please disseminate this letter to doctors in training in relevant specialties.

<sup>2</sup> Department of Health (DoH) Reducing the risk of retained throat packs after surgery. Safety and Quality Learning Communication 06/09. DHSSPS 2009.

<b>Date issued</b>	2 June 2017	
<b>Signed:</b>	<div style="text-align: center;"> <small>Personal Information redacted by the USI</small>   </div>	<div style="text-align: center;"> <small>Personal Information redacted by the USI</small>   </div>
<b>Issued by</b>	Dr Carolyn Harper Medical Director/Director of Public Health	Mrs Mary Hinds Director of Nursing, Midwifery & Allied Health Professionals

**RE: Reducing the risk of throat packs being retained after surgery– Distribution List**

	To – for Action	Copy		To – for Action	Copy
<b>HSC Trusts</b>			<b>PHA</b>		
CEXs	✓		CEX		✓
Medical Director		✓	Medical Director/Director of Public Health		✓
Directors of Nursing		✓	Director of Nursing/AHPs		✓
Directors of Social Services			PHA Duty Room		
Governance Leads		✓	AD Health Protection		
Directors of Acute Services		✓	AD Service Development/Screening		✓
Directors of Community/Elderly Services			AD Health Improvement		
Heads of Pharmacy			AD Nursing		✓
Allied Health Professional Leads			AD Allied Health Professionals		
<b>NIAS</b>			Clinical Director Safety Forum		✓
CEX			<b>HSCB</b>		
Medical Director			CEX		✓
<b>RQIA</b>			Director of Integrated Care		
CEX	✓		Director of Social Services		
Medical Director		✓	Director of Commissioning		✓
Director of Nursing		✓	Alerts Office		✓
Director for Social Care			Dir PMSI & Corporate Services		✓
<b>NIMDTA</b>			<b>Primary Care (through Integrated Care)</b>		
CEX / PG Dean	✓		GPs		
<b>QUB</b>			Community Pharmacists		
Dean of Medical School		✓	Dentists		
Head of Nursing School		✓	<b>Open University</b>		
Head of Social Work School			Head of Nursing Branch		✓
Head of Pharmacy School			<b>DoH</b>		
Head of Dentistry School			CMO office		✓
<b>UU</b>			CNO office		✓
Head of Nursing School		✓	CPO office		
Head of Social Work School			CSSO office		
Head of Pharmacy School			CDO office		
Head of School of Health Sciences (AHP Lead)			Safety, Quality & Standards Office		✓
<b>Clinical Education Centre</b>		✓	<b>NI Social Care Council</b>		
<b>NIPEC</b>		✓	<b>Safeguarding Board NI</b>		
<b>GAIN Office</b>		✓	<b>NICE Implementation Facilitator</b>		✓
<b>NICPLD</b>			<b>Coroners Service for Northern Ireland</b>		✓
<b>NI Medicines Governance Team Leader for Secondary Care</b>					

From the Deputy Chief Medical Officer  
**Dr Paddy Woods**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**Reference: HSC (SQSD) 16/17**

**Date of Issue: 31st March 2017**

## **MANAGING RISKS DURING THE TRANSITION PERIOD TO NEW ISO CONNECTORS FOR MEDICAL DEVICES**

### **For Action:**

Chief Executives HSC Trusts  
Chief Executive HSCB/PHA  
Chief Executive RQIA  
Chief Executive, NIMDTA

### **For Information:**

Distribution as listed at the end of this Circular.

### **Related documents:**

HSC (SQSD) 19/15- Managing risks during the transition period to new ISO connectors for medical devices

[www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2015-2016](http://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2015-2016)

HSC (SQSD) 85/09 Safer spinal, epidural and regional devices.

[www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2009-2010](http://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2009-2010)

HSC (SQSD) 85/09 Addendum 1

[www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2009-2010](http://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2009-2010)

HSC (SQSD) 6 /11 Minimising risks of mismatching spinal, epidural and regional devices with incompatible connectors

[www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2011-2012](http://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2011-2012)

NHS/PSAW/2015/004

<https://www.england.nhs.uk/wp-content/uploads/2015/04/psa-managing-risk-during-transition-iso-connectors.pdf>

NPSA/2011/PSA001

<http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=94529>

**Implementation: Immediate**

**DoH Safety and Quality Circulars including Patient Safety Alerts can be accessed on:**

<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars>

## **Summary**

The purpose of this letter is to advise HSC organisations that from April 2017 newly designed neuraxial administration sets (fitted with new ISO non-luer connectors) will be available from manufacturers. The availability of these devices means the requirements of circular HSC (SQSD) 85/09 outlining the use of non-luer devices in order to reduce the risk of wrong route administration for neuraxial applications can be implemented.

As with the introduction of the new ISO standard enteral administration sets, outlined in HSC circular (SQSD) 19/15, there is a need to address the risks and be vigilant during the transition period from the old to new connectors and that the advice, as outlined in HSC (SQSD) 85/09, in relation to a regional approach to the procurement of these devices is applied.

## Action

### Chief Executives of HSC Trusts should:

- Ensure that an action plan is underway to minimise the risks during any transition period for these devices including continued application of the advice as outlined in HSC (SQSD) 85/09 in relation to procurement.
- Distribute this circular to all staff involved in purchasing, training and distribution of the affected medical devices

### Chief Executive, HSCB and PHA should:

- Disseminate this letter to all relevant HSCB/PHA staff
- Consider it through the normal HSCB/PHA processes for assuring implementation of safety and quality alerts.

### Chief Executive, RQIA should:

- Disseminate this circular to all appropriate Independent Sector providers.

### Chief Executive, NIMDTA should:

- Disseminate this letter to doctors in training in all relevant specialties.

## Background

The International Organisation for Standardisation (ISO) have developed a series of new International Standards for small bore connectors (ISO 80369) in a range of medical devices with the aim of reducing the risk of misconnections and wrong route administration by having specific connectors for specific applications.

Currently included are breathing systems and driving gases, enteral feeding, limb cuff inflation devices, neuraxial devices (for spinal and epidural injections), and intravascular/ hypodermic applications (i.e. injections and infusions, for which Luer connectors will be retained). The standards define the design of the connectors for these applications so that the risk of misconnections with other connectors in the series is reduced.

Associated risks during transition between old to new devices may include inability to deliver therapy due to device incompatibility, use of adapters, device shortages, logistical issues and awareness problems.

As with the introduction of the new ISO enteral administration sets in September 2015, outlined in HSC circular (SQSD) 19/15, there is a need to address all identified risks and be vigilant during the transition period from the old to new connectors. There is also a requirement that the advice, as outlined in HSC (SQSD) 85/09, in relation to the procurement of these devices is applied.

## Resources

To assist clinicians and healthcare organisations in the understanding of the changes, the NHS England small bore working group has produced the attached FAQ document (**Annex A**) for use across the UK. The document is also available on:

[http://www.barema.org/wp-content/plugins/dms/pages/file\\_retrieve.php?function=view&obj\\_id=96](http://www.barema.org/wp-content/plugins/dms/pages/file_retrieve.php?function=view&obj_id=96)

Additional resources to support organisations to prepare for the change can be found at: <http://stayconnected.org/>, [http://www.barema.org/?page\\_id=6](http://www.barema.org/?page_id=6) and the FAQ document links.

## Enquiries:

Any enquiries about the content of this circular should be addressed to:

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Tel: Personal Information redacted by the USI

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Yours sincerely

Personal Information redacted by the USI

**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Distributed for Information to:

Executive Medical Director/Director of Public Health, PHA  
Director of Nursing and Allied Health Professions, PHA  
Director of Public Health/Medical Director, PHA  
Dir of Performance Management & Service Improvement, HSCB  
Safety and Quality Alerts Team, HSC Board  
Chief Executive NI Blood Transfusion Agency  
Chief Executive, NIAS  
Prof. Donna Fitzsimons, Head of Nursing & Midwifery, QUB  
Prof. Pascal McKeown, Head of Medical School, QUB  
Prof. Donald Burden, Head of School of Dentistry, QUB

Professor Carmel Hughes, Head of School of Pharmacy QUB  
Dr Owen Barr, Head of School of Nursing, UU  
Prof. Paul McCarron, Head of Pharmacy School, UU  
Chief Executive, NIPEC  
Chief Executive HSE NI  
Regional Heads of Estates Group  
Staff Tutor of Nursing, Open University  
Director, Safety Forum  
NI Centre for Pharmacy Learning and Development  
Clinical Education Centre  
NI Royal College of Nursing

### FAQ for the UK NHS NEURAXIAL (ISO 80369-6) CONNECTORS CHANGEOVER

Last Updated: 2017-03-10

Note that there are some UK devolved administration-specific issues which are dealt with at the end of this document.

#### General questions related to the UK

##### 1. What is a small-bore connector?

- A small-bore connector is a connector with an inner diameter of less than 8.5mm used to connect medical devices, components and accessories for the purposes of delivering fluids or gases.

##### 2. What changes are coming to small-bore connectors?

- The International Organisation for Standardisation (ISO<sup>1</sup>) has developed a suite of standards for small-bore connectors, known as ISO 80369 series. These standards provide design and performance specifications for a range of connectors which can be used for different medical device applications (see table below) and which have been shown to reduce the risks of cross-connections between applications.

80369 part	Use/Application	Common Name
- 2	breathing systems and driving gases	
- 3	enteral applications	ENFit
- 4	urethral and urinary applications	
- 5	limb cuff inflation	
- 6	neuraxial applications and major regional anaesthesia	NRFit
-7	intravascular or hypodermic applications	Luer

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<sup>1</sup> ISO (International Organization for Standardization) is the world's largest developer of voluntary International Standards. It has published more than 19,500 International Standards covering almost all aspects of technology and business and has members from 163 countries.

### 3. When will the changeover take place?

- The NHS England Small Bore Connectors Clinical Advisory Group worked with the Devolved Administrations, including the Welsh Non-Luer Connectors Reference Group (WNCRG), as well as Scottish and Northern Ireland representatives on a coordinated date for UK NHS introduction of the new devices.
- **As of March 2017, this is anticipated to start in April 2017, although it is now clear that some manufacturers will be a few months delayed.** A communication is available on the AAGBI website:  
<https://www.aagbi.org/safety/non-luer-small-bore-connectors>

### 4. Will non-Luer new medical connectors have distinct names?

- Connector naming is not included in the ISO 80369 series of standards. Therefore, companies are free to name the new connectors as they choose.
- An industry organisation known as GEDSA and members of the ISO joint working group have proposed the use of the name “NRFit” (pronounced ‘ner-fit’) for the new connectors used for neuraxial and major regional applications. NRFit is a name that will be used to identify devices that comply with the ISO 80369-6 standard.

### 5. Why is industry adopting the new ISO neuraxial connector?

- The standard small-bore connector in the medical device field for many years has been the Luer connector. Because the Luer connector was such an effective and reliable design, it has been used in many different types of device applications, such as vascular, enteral, respiratory, epidural, and intrathecal. The consequence of this has been that devices that were never intended to be connected together can, in some circumstances, allow the fatal wrong route administration of fluids and gases such as the delivery of toxic chemotherapy drugs into the spinal canal.
- The NPSA (National Patient Safety Agency - now dissolved) published a series of alerts in 2009 and 2011 requiring the UK NHS to use non-Luer devices for neuraxial bolus doses and infusions. This was partly successful with many English Trusts adopting proprietary systems for chemotherapy use in particular. Other Trusts and the Devolved Administrations of Wales, N Ireland and Scotland decided to wait for the ISO standard to be published.
- As well as preventing the delivery of IV drugs into the neuraxial space, use of the ISO 80369-6 connectors will also prevent wrong-route delivery of neuraxial medicines (such as bupivacaine) intravenously.

## 6. What are the implications of these new standards?

- Unique connector designs promote better patient safety and helps ensure that connectors for unrelated applications are incompatible. This reduces the chances of wrong route injections and infusions and the harm and death associated with these incidents.
- Syringes used for intravascular and hypodermic access will no longer be interchangeable with neuraxial syringes. For manufacturers and suppliers this may cause temporary inconvenience as procedure packs may be more difficult to customize. Clinicians need to be aware of what extra items they use which will in future need to be 80369-6 compliant, as those will need to be ordered specifically ( for example three-way taps, epidural filter caps and manometers etc): as pulling those from intravenous supplies stock will no longer suffice.
- Pharmacy departments preparing medicines for intrathecal and epidural use (for example, aseptic preparation of intrathecal chemotherapy preparations) will also have to ensure they have appropriate stocks of syringes, syringe caps, filling devices, filters and other equipment necessary to fill and dispense using the new connectors.

## 7. What connectors are affected by the ISO 80369-6 (NRFit) connector standard?

- 80369-6 applications involve the use of medical devices to administer medications to and take samples from neuraxial sites (central nervous system including intracranial and spinal canal such as epidural and intrathecal), major peripheral nerve local anaesthetic blockade and continuous wound infiltration. This includes anaesthetic delivery, monitoring cerebro-spinal fluid (CSF) pressure, and removing CSF for therapeutic or diagnostic purposes.
- It should be noted that there are risks from delivering neuraxial medications intravenously, such as bupivacaine, and whilst the ISO connector will address the near-patient misconnection risk of attaching a neuraxial giving set to an IV cannulae, there is still the risk of misconnecting the reservoir (i.e., the infusion bag) to an IV line as presently they all use the same spike connector. Work is underway within ISO to design connectors for the reservoir end, but this is still a few years away.

## 8. Who developed the new ISO 80369-6 connector design?

- This new connector design was developed by ISO through the combined global effort of clinicians, regulators, test houses and industry. The initial design came from a UK anaesthetist, Dr Philip Bickford-Smith.
- The ISO 80369-6 connector has undergone a rigorous validation process including computer aided design (CAD) misconnection tests, laboratory leak testing and human factors and usability assessment.

Frequently Asked Questions - ISO 80369-6 connectors - Version 2017-03-09

## 9. Why should we adopt the new 80369-6 connector?

- The ISO 80369-6 connector provides a simple way to reduce the risk of neuraxial misconnections which in turn should improve patient safety.
- The new connector reduces the chance of an unintentional cross-connection with any other connector intended for non-neuraxial routes.
- In some countries, the legal systems expect clinical staff to take all reasonable steps to mitigate the risk of cross-connection incidents, and therefore may expect clinical staff to use devices that use these application specific connectors.
- Non-adoption of the new connectors may expose clinical staff and organisations to legal challenges if further wrong-route incidents take place which could have been prevented by use of ISO 80369-6 compliant devices.
- Because industry is adopting the new standard, it is expected that at some time in the near future, Luer versions of neuraxial devices such as spinal needles will no longer be available.
- Note that wrong-route injections and infusions continue to take place in the UK NHS.

## 10. What makes the new ISO 80369-6 connector different from the current Luer system?

- The new ISO 80369-6 connector looks like a Luer connector, but is about 20% smaller and has a unique design that reduces the risk of cross connection with other connectors developed under the same series of standards, especially with Luer connectors. There is one visible difference: slip males will have a collar surrounding the connector, as currently only seen in Luer locking versions.

## 11. When will the new ISO 80369-6 connector be available?

- Neuraxial devices with the ISO 80369-6 connector are expected to be available starting Q3 2016 in the U.S., Canada and other markets.
- The UK is expecting to start the deployment of these devices from April 2017. This date was discussed and agreed between industry and the NHS England Small Bore Connectors Clinical Advisory Group.
- The ISO 80369-6 connector should be introduced into use with minimal disruption.

- Timing is subject to change pending regulatory agency clearance and each manufacturer's readiness. In Europe, manufacturers may need to involve their Notified Body before devices are available. Check with your supplier representative for precise timing and device-specific details.
- The April 2017 date is thought to be the earliest the industry marketplace will offer a complete range of equipment solutions.

## **12. How will the new ISO 80369-6 connector be introduced into my healthcare organisation?**

- This will vary throughout the UK. See the country-specific sections at the end.

## **13. How is industry coordinating their efforts?**

- Industry are working both on their own and through GEDSA and BAREMA There is general agreement to:
  - Develop and execute a coordinated communications initiative
  - Use a common brand name for the ISO-80369-6 connector – NRFit .
  - Use the same time frame to introduce neuraxial devices with the new connector

As of Jan 2017, most of the key suppliers are aligned with this initiative.

## **14. If we use Neuraxial parts from another manufacturer's set, how will we know the products will work together?**

- As long as the connectors have been produced in compliance with the ISO standard, then it is expected that the devices will connect together effectively and safely.
- All major neuraxial device manufacturers are expected to comply with the proposed new ISO standards to help ensure neuraxial components fit together as a system.
- Many compatible devices will be marked with the NRFit label or with the standard number (ISO 80369-6).
- For clinician convenience, some items, such as syringe plungers, are expected to maintain the yellow colour seen in most proprietary non-Luer syringes in current use.

## 15. Is it mandatory to transition to the new ISO 80369-6 connector?

- There is no legal requirement to make the transition. However, there is an expectation that all UK organisations providing NHS funded care will implement the new connectors, in line with the NPSA safety alert of 2011 (NPSA/2011/PSA001).
- Organisations which fail to change to non-Luer connectors may find themselves exposed legally if a wrong-route incident occurs and they have not used devices which may have prevented that incident.
- As the ISO 80369 series is stimulating a global change in connectors on neuraxial devices, it is expected that eventually all suppliers will have moved to the ISO 80369-6 connector, and Luer-compatible neuraxial devices will be rare.

## 16. When will the neuraxial devices with current connectors be discontinued?

- Discontinuation of items is at the sole discretion of manufacturers. For precise timing of item discontinuation, contact your supplier representative. The Luer connector for neuraxial devices will be phased out of hospitals on varying timelines.
- Hospitals using the Surety connector should check with their suppliers if there is a date after which their devices will no longer be available with the Surety connector.
- It is important to understand that some devices, such as spinal needles, are presently used for non-neuraxial applications, such as amniocentesis and joint injections (sometimes called 'off-label' use). The use of long needles with a Luer connector will still be required by these specialists (for example, orthopaedic surgeons) after the change to 80369-6 connectors, and some manufacturers have declared their intent to market such devices to meet clinical needs. You should therefore start contacting the suppliers of the needles you presently use and ask them what plans they have for long needles with Luer connectors in the future. There is a risk that clinicians undertaking some clinical procedures may find there is no suitable device available after the withdrawal of Luer-based spinal needles from the healthcare setting. If there is no alternative option a clinician may decide to use the ISO 80369-6 devices off-label i.e. for a purpose other than that what it was intended by the manufacturer. The MHRA has published guidance on off label use of medical devices including considerations and recommendations for clinicians. You should also ensure that you follow your local governance and risk management procedures, which may include documenting the usage in your local risk register or local governance system.

- Liaison with the specialist clinicians who use spinal needles 'off label' should also be undertaken to ensure that they understand the change and what options will be available to them post-change.

## **17. Will there be new Catalogue numbers for the new 80369-6 devices?**

- Introduction of new items and related issues such as new item numbers are at the sole discretion of manufacturers. For precise answers relative to new item introductions, contact your supplier representative.
- In the UK, clinical incidents have already arisen over confusion between proprietary neuraxial connector devices and standard Luer devices, resulting in delays to treatments. It is therefore anticipated that many manufacturers will use product codes that allow individuals to distinguish easily between Luer, ISO 80369-6 devices to avoid such incidents.
- In parts of the UK, where proprietary non-Luer connectors are already in use, the codes will also be different, and there will be need for additional vigilance in these settings.

## **18. If applicable, when will the new catalogue numbers be available and how will we know when to order the new devices?**

- Introduction of new items and related issues, such as new item numbers, are at the sole discretion of manufacturers. For precise answers relative to new item introductions, contact your supplier representative.

## **19. Will there be a price increase?**

- Pricing is at the sole discretion of device manufacturers.
- Some manufacturers involved in supplying proprietary non-Luer systems in the UK have kept their prices stable.

## **20. Will there be a standard colour for the 80369-6 connector?**

- Colour-coding is not included in the ISO 80369 series of standards. The standards will only address the shape and size of the new connectors. These engineering controls make it unlikely that two unintended connectors will fit together. While you might see a consistent colour used for devices with neuraxial connectors, it is not a requirement. There is, however, a trend in parts of the world to use the colour yellow to indicate neuraxial routes. This feature would be provided for convenience, not safety.

## 21. Does this new system require that devices using the Luer connector become obsolete?

- The Luer connector will still be used for intravascular and hypodermic access and now has its own standard in the ISO 80369 series – ISO 80369-7 (this was previously a separate ISO standard, ISO 594).
- It is, however, expected that availability of *neuraxial devices* using Luer connectors will decline rapidly because of the significant patient safety benefits associated with a connector which will not cross-connect with Luer. One of the most effective ways to comprehensively reduce the risk of misconnections and enhance patient safety is to ensure that connectors of different delivery systems (i.e., neuraxial and intravascular) are not compatible.

## 22. Will there be adapters for different kinds of syringes?

- There will be no adapters. Syringes will be supplied with the application specific connector.

## 23. Is there any specific action required for pharmacy departments?

- Yes. Pharmacy departments undertaking pre-filling of syringes for neuraxial/intrathecal use (such as those for spinal chemotherapy, antibiotics and pain management) will be using new ISO-compliant neuraxial-specific syringes, and should instigate a formal, documented change control process which covers changes to policy, worksheets (which will in future need to be specific regarding the connector on the syringe), training, and awareness. This must be managed locally as part of a multidisciplinary approach.
- Due to the potential change in handling and connecting the new devices, it is recommended that pharmacy departments undertake broth fills as part of the initial validation run for ISO 80369-6 compliant devices.
- Pharmacy departments should also ensure that they have appropriate evidence to support any storage requirements they have for the new syringes. This could be produced by industry or by the departments themselves.
- As of December 2016, we are aware that Intervene and B.Braun intend to supply neuraxial syringes and were in the process of commissioning stability and storage validation studies with UK NHS laboratories. The protocol agreed by UK production and QA pharmacists is available on the [PASG](#) website.
- Pharmacy departments using bulk-sterilised syringes (from companies such as Helapet, MicronClean, AMD and Ecolab) should ensure their supplier has a plan of action to make the ISO 80369-6 syringes and ancillary equipment available prior to implementation or ensure that they can make alternate arrangements.

The current main supplier, BD, will not have product available in time for the April 2017 target date.

- See next question for information on elastomeric and cassette devices.

## 24. Will elastomeric and cassette delivery devices for analgesia be affected?

- Yes. Elastomeric devices and cassettes for epidural/regional use will need to have an ISO 80369-6 (NRFit) connector on the line that connects to the patient. We believe that some suppliers will be ready in Q2 2017, although timescales for all suppliers are not yet fully understood.
- **Elastomeric devices:** Eventually the filling port on elastomeric devices for epidural/regional use should also be ISO-compliant but timescales from industry are not yet available.
- **Cassettes:** Because cassettes are filled through the administration line there is no separate requirement for a filling port on these devices. Small scale filling of these cassettes for epidural/regional use could be carried out using NRFit syringes. However, for larger scale batch production this may present an issue for aseptic units (NHS or commercial) using automated filling pumps until the filling lines used in these pumps become available with an ISO compatible connector for connection to the cassettes.
- We advise NHS and commercial aseptic compounding units, using automated filling pumps to fill these devices for epidural/regional use, to raise this issue with their pump manufacturer. Whilst initially this will only be a problem for cassette filling, in the longer term it will also apply to elastomeric devices for epidural/regional use when the manufacturers of these devices change the filling ports from luer to NRFit connectors.

## 25. Are there any specific actions for EBME/Medical Physics departments?

- Yes. If your hospital uses syringe drivers for intrathecal or epidural infusions, you will probably have to set the driver up for one of the new designs of neuraxial syringes.

## 26. What about specialist areas of anaesthesia such as Caudal injections?

- At present anaesthetists in the UK use IV devices to undertake Caudal injections (such as a non-ported IV cannula or hypodermic needle). In future, accessing the neuraxial/epidural space with these Luer devices may be classified as 'off-label'. The solution is to use a specific caudal device utilising the ISO 80369-6 connector, but at the time of writing no such device is available. Until industry manufacture such a device, organisations providing NHS funded care should manage the risk through their risk register.

## 27. What about highly specialist areas such as implantable pain management systems?

- Implantable reservoirs and vascular access ports usually use special non-coring needles, commonly known as Huber point needles. They are used to penetrate the skin and the septum of a reservoir or access port underneath the skin. If these ports are connected to the neuraxial system, then theoretically the Huber needle should use a 80369-6 hub. As a result of their highly specialised nature, the production of such devices is at the discretion and control of the manufacturers. It is unclear whether industry will have these available in the near future, and therefore plans should be made to manage these devices through the risk register initially.

## 28. How will training be provided?

- Training is expected to be coordinated by the local hospital groups in conjunction with Procurement.
- When planning the training programme for the deployment of ISO 80369-6, we recommend that you train your acute pain management teams first, as in many hospitals it is this group who train ward staff.

## 29. Do we need a Plan B in case we encounter problems with the new ISO compliant devices?

- A phased rollout within an organisation would mean that Luer or proprietary non-Luer devices were still available in the organisation if necessary, especially in the early stages when it is more likely that issues would be encountered. It may be prudent to keep a supply for the first few weeks. The expectation is that the risk with ISO should be lower than with the previous proprietary connectors as it is a single design. Issues should be reported on a case by case basis and risk assessments made to decide on continuing use of the ISO system where required.

## 30. Is there any documentation which would help my organisation deploy these new devices?

- Yes. A HOWTO document has been authored by two clinicians involved with the deployment of Surety devices in NHS organisations in England. It is available at this link: <https://goo.gl/mERxFo>

## 31. Are External Ventricular Drains (EVDs) covered?

- Yes. The clear intent in the UK from the original NPSA alert was that EVDs would be covered. The [February 2011 Newsletter \(Page 4\)](#) clarifies this.
- In addition the Scope of ISO 80369-6 states:

○ *NOTE 1 Sites for the neuraxial application include the spine, intrathecal or subarachnoid space, **ventricles of the brain**, and the epi-, extra-, or peridural space. Neuraxial application anaesthetics can be administered regionally affecting a large part of the body, such as a limb, and include plexus blocks, such as the branchial plexus blocks or single nerve blocks. Neuraxial application procedures include continuous infusion of wounds with local anaesthetic agents.*

- As of September 2016, it appears unlikely that EVDs will be available with the new connectors alongside the rest of the ISO compliant equipment and Trusts, Health Boards and other providers of NHS funded care should initially manage through their risk register. Industry have signalled their intent to make ISO compliant EVDs available but we do not have anticipated timescales as yet.

## **32. Should spinal needle introducers use the new connector?**

- In the UK the consensus has been that a non-Luer connector (in this case, an ISO 80369-6 connector) on the introducer both prevents the wrong route injection of IV drugs (which would be possible with a Luer connector) and allows the clinician, in rare circumstances when they may accidentally pierce the dura with the introducer, to deliver spinal medication if necessary.
- The alternate view is that it should have no connector (for example, a Sise introducer).
- Luer 80369-7 connectors should not continue to be used on introducer needles once ISO 80369-6 has been deployed, because it introduces the risk of giving IV medications spinally if the introducer pierces the dura.

## **Questions specific to the NHS in England**

### **1. How will the new ISO 80369-6 connector be introduced into my healthcare organisation?**

- There is no central co-ordination of introduction to specific organisations through the NHS in England. Each organisation will be responsible for establishing its own multidisciplinary group to facilitate the introduction process.
- Most major manufacturers have adopted the ISO 80369-6, NRFit system. The intention, therefore, is to be able to simply change your current device, Luer or proprietary non-Luer, to a new device with the NRFit connector from the same manufacturer. This may require waiting past the April 2017 initiation date if your specific manufacturer will not be ready at that time.
- April 2017 is the date, from extensive industry meetings, when we believe the marketplace will contain a full range of essential compliant devices. They are unlikely to be from a single manufacturer and may not contain your current

supplier. It will, however, allow organisations wanting to change their devices to do so from that date onwards if the devices available meet with clinical acceptance.

- There is guidance on establishing a multidisciplinary group (HOWTO document), including projected timescales required available from OAA, AAGBI and BAREMA.
- Individual industry members and the BAREMA special interest group, accessed via [www.barema.org](http://www.barema.org), will be in a position to guide their customers to appropriate device availability and advise on the levels of support they can offer to facilitate a smooth transition in each clinical area.
- Device issues should be logged using your current organisations reporting system and referred to the MHRA.

## **2. Will there be new Catalogue numbers for the new 80369-6 devices?**

- Manufacturers are being encouraged to ensure their product codes are easy to distinguish between both Luer and proprietary non-Luer devices already in use across England.
- NHS Supply chain will be in a position to help guide organisations with accessing the knowledge they require to facilitate production selection.

## **Questions specific to the NHS in Wales**

### **1. How will the new ISO 80369-6 connector be introduced into my healthcare organisation?**

- In Wales, the introduction is being coordinated by the WNCRG (Welsh Non-Luer Connectors Reference Group) in conjunction with NWSSP procurement and local Health Board representatives.
- The principle being followed in Wales is that clinicians continue to use the same brand and design devices currently in use, where the only difference is that they will have the new ISO 80369-6 connector attached. The aim of this strategy was to minimise disruption during the changeover. As of February 2017, we are now aware that BD will not have 80369-6 compliant product available until sometime in Q3 2018, Vygon will have spinal needles available from Q3 2017, and Smith Portex will have their product range available between June-August 2017. Most other key equipment manufacturers continue to expect product availability in April/May 2017.

- We are planning to wait until all of the essential equipment is available before beginning the implementation.
- Healthcare facilities and providers will also be able to call upon industry to help them with a careful transition plan to replace Luer devices with the new ISO 80369-6 connector.
- Public Health Wales have been funded by Welsh Government to undertake baseline surveillance of neuraxial procedures prior to the changeover, as well as surveillance post-changeover (for 6 months). The aim of this exercise is to ensure that no new risks are introduced for patients and staff with the new devices. All NHS staff involved in the use of these devices should participate in the surveillance exercise. See <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=72625> for information on the surveillance exercise as well as links to access the reporting forms.
- As usual, any device issues should be reported in compliance with the NHS Wales requirements (<http://www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=56203> )
- We expect the first Welsh hospital to change to ISO-compliant equipment in Q3 2017.

## 2. Will there be new Catalogue numbers for the new 80369-6 devices?

- In Wales we are encouraging manufacturers to use significantly different catalogue numbers for Luer and non-Luer devices to help differentiate them in the supply chain and in the clinic.

## 3. Are there any risk register templates available?

- Yes. Welsh NHS staff can access them from the [neuraxial web page](#)

## 4. Who do I contact for further information?

- You can contact the chair of the WNCRG, Pete Phillips < Personal Information redacted by the USI >.

## Questions specific to the NHS in Scotland

### Who do I contact for further information in Scotland?

- The lead in Scotland is Terry O'Kelly, consultant surgeon and Chair of the non luer group: < Personal Information redacted by the USI >.

## Questions specific to the NHS in Northern Ireland

### Who do I contact for further information in Northern Ireland?

- Please see <http://www.hscbusiness.hscni.net/services/1908.htm> for contacts for Northern Ireland.

### RESOURCES

1. A video is available which can be used in training sessions to help increase awareness of the changeover.
2. A HOWTO document with advice on managing a controlled changeover on a hospital by hospital basis.
3. BAREMA Portal with information on individual company information, and links to the HOWTO, FAQ and Video.
4. The Jan 2017 Anaesthesia News has an article on NRFit
5. AAGBI have a page on this topic.

*This FAQ is based on an original FAQ coordinated by Rory Jaffe at CHPSO (California Hospital Patient Safety Organization) and GEDSA (Global Enteral Device Supplier Association) including contributions from a number of UK experts. The panel who have edited it for the UK includes Pete Phillips (Chair of the Welsh Non-Luer Connectors Reference Group), Paul Sharpe (Chair of the NHS Improvement Neuraxial Oversight Group), and Matthew Alderman (NWSSP Procurement and member of the WNCRG).*

Frequently Asked Questions - ISO 80369-6 connectors - Version 2017-03-09

**DIRECTORATE OF ACUTE SERVICES**  
Director: Mrs Esther Gishkori

**ACUTE CLINICAL GOVERNANCE**

Date: Friday, 9<sup>th</sup> November 2018 8am

<b>1.0</b>	<b>Apologies:</b> Dr Hogan, Mr Haynes	
<b>2.0</b>	<b>Matters Arising/Actions</b>	
<b>3.0</b>	<p><b>Result Sign off</b></p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p>All Users Sept 2018 - SIGNOFF_201810_S FOR DISCUSSION WIOUTHERN FOR KATE.</p> <p>September’s blood result’s sign off, increased from 17168 to 18378 increase 1210. Dr Murphy has noticed that more of the juniors are using the system and that may be down to Kate Cunningham’s help. The radiology ones still need work. The plan is do another push when the new Medical Director starts in December.</p> <p>Radiology results at ward level - discussions so far are that the consensus is to have them shredded as the risk is extremely low. Many of the inpatient reports in the ‘piles’ are already years old. Dr Yousuf and Dr McCaffrey expressed some concern re the risk. Potential malignancy as incidental findings on chest and other x-rays are emailed to consultants so that risk is covered. However Dr Yousuf reported that this does not happen for inpatients – only those who are ED patients or outpatients. If this was switched on for inpatients the POW would be inundated with emails.</p> <p>The same discussion was had re blood results a number of years ago and the decision was to shred the papers copy backlog on the wards and this caused no issues. We also need to check that labs are not printing paper copies of labs in DHH – Trudy to check. Maternity do print a copy as their patient’s carry their own notes.</p> <p>Esther summarised the discussion and the decision of the group was to shred the backlog – as we will not be increasing the risk as these reports are not being used. The focus to reduce the</p>	

	<p>existing risk must be to promote the correct use of the electronic system. We will run a monthly report re unsigned electronic reports to monitor the change. We must move to staff signing off report or escalate them when they view them.</p> <p>Dr McCaffrey raised the issue of the position of the Addendum on radiology reports – Dr Yousuf said it was agreed regionally that it would be at the top of the report.</p>	
<p><b>4.0</b></p>	<p><b>Hyponatraemia</b></p> <p>Update on progress – Trudy gave an update on the Trust progress on the required paediatric training for the adult wards.</p> <p>The issue of telemetry for adolescents was discussed. Dr Murphy stated that the issue of telemetry should not influence which consultant cares for them – paediatricians should be caring for these children regardless. Trudy will contact Bernie re CYP telemetry. In DHH both HDU and Gynae may have an under 16 year old as BT PICU will only take up to 12 year olds. This needs to be discussed further with CYP and perhaps highlight to RQIA when they visit.</p> <p>Visit from Dr Simpson PHA 4th December 2018</p>	<p>Trudy</p>
<p><b>5.0</b></p>	<p><b>Standards and Guidelines</b></p>  <p>20181106_Agenda - Acute SG Forum meet</p>	
<p><b>6.0</b></p>	<p><b>Audit Committee</b></p> <p>Trust's Audit Assurance Report update required - AMDs to action.</p>   <p>Standardised reporting templates National and clinical Audit strategy Final v</p> <p>RQIA audit update required</p>   <p>RQIA Reports for Action Nov 2018.doc Acute March 2018 - SHSCT.xlsx</p>	
<p><b>7.0</b></p>	<p><b>SAIs:</b></p> <ul style="list-style-type: none"> <li>SAI Summary spread sheet (report enclosed) for information.</li> </ul>	

	 <p>SAI Report to 30.10.18.xlsx</p> <ul style="list-style-type: none"> <li>Recommendations</li> </ul>  <p>SAI Recommendations 30</p>	
<p><b>8.0</b></p>	<p><b>Complaints Position</b> (paper enclosed) – the number and complexity is increasing. Would all teams keep pushing to get them answered.</p> <p>Trudy explain a project planned to look at a different way of managing complaints.</p>    <p>Ombudsman weekly 051118.xlsx    complaints and enquiries by month 2 Report 06.11.18.xlsx    Weekly Re-Opened Report 06.11.18.xlsx</p>	<p>All</p>
<p><b>9.0</b></p>	<p><b>Incident Management Position</b></p> <ul style="list-style-type: none"> <li>Incident review position – violence and aggression incidents are on the increase. Training was discussed. The RQIA limits on the use of EMI homes is also an issue as patients have to have a dementia diagnosis to be admitted to one, yet delirium can last for many months in some patients. Esther has been having discussions re this issue with other Directorates. Acute Care at Home are also under huge pressure at the moment due to nursing shortages. Acute Care at Home is a great help to the Acute bed pressures.</li> </ul>  <p>Incident Review Position as at 05.11.1</p> <ul style="list-style-type: none"> <li>Majors and above for October 2017</li> </ul>  <ul style="list-style-type: none"> <li>Major and Catastrophic Incident</li> </ul> <ul style="list-style-type: none"> <li>Incidents</li> </ul>     <p>Pressure Ulcers QE Sept 2018.xlsx    Pressure Ulcer Oct18.xlsx    Moderate - Catastrophic Falls ApiMonth (April 2016 - O</p>     <p>Acute Services - Falls Absconding Incidents - October 2018.xlsx    Acute Services (01. Aggression Incidents    Violence and Aggression Incidents    Violence and Aggression Incidents</p>	

	 Violence and Aggression Incidents  Staffing incidents October 2018.xlsx	
	<p><b>NEWS 2</b></p> <ul style="list-style-type: none"> <li>• Implementation must be implemented in the Trust by March 2019</li> <li>• Local escalation guidance will be still be on the back of the chart – however Trudy has raised regionally the issue of our inability to use the Royal College escalation guidance due to our lack of registrars at night. Sepsis will be built in to this.</li> </ul>	Trudy Reid
<p><b>10.0</b></p>	<p><b>Risk Registers</b> – additions, amendments and closures to the Gov team. Dr Yousuf discussed the CT risk. The new CAH modular one will reduce the CAH risk significantly – to low. The DHH scanner is very old and breaks down frequently (30 days in year to date) so this is now high risk. The effect of this on stroke services and the future of this service were discussed. Anne to set up an urgent meeting next Thursday or Friday.</p>  Directorate RR Apr18 by person resp  Directorate RR Nov18.xlsx	Anne McVey
<p><b>11.0</b> SI</p>	<p><b>Management of Trust Clinical Guidelines</b> Process for clinical guidelines</p>	
<p><b>12.0</b></p>	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• Delirium Care Bundle document – Trudy shared a paper copy of the letter from Mark Roberts on Pharmacological interventions for discussion. People in the meeting were content with the changes.</li> <li>• Winter ward – 3N is a bit behind time – another bay needs to be painted to give 24 beds. The winter ward should be opening at the beginning of December and this will affect consultant team working plans etc for the next month – however this can't be planned until it is decided where the beds will be and how many there will be. There will be a minimum of 18 beds. Mr Haynes accepts that it would be better to have all the medical outliers in one place for efficiency of all the staff involved. However his concern is if surgery move they will take all their nurses with them and that will challenge the new 3 south medical ward. Esther to make a decision today so rotas etc can be finalised.</li> </ul>	Esther Gishkori
<p><b>13.0</b></p>	<p><b>Date of Next Meeting:</b></p>	

	<b>Friday 14<sup>th</sup> December 2018 at 8.00 am in the Board Room, CAH</b>	
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**Stinson, Emma M**

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**From:** Reid, Trudy [Personal Information redacted by the USI]  
**Sent:** 05 September 2017 12:20  
**To:** Carroll, Ronan; McVey, Anne; Trouton, Heather; Boyce, Tracey; Conway, Barry; Carroll, Anita; Gishkori, Esther  
**Subject:** Mandatory training  
**Attachments:** CMT Training Compliance for Trudy Reid as at 30th June 2017\_04.09.17.xlsx; Acute.xlsx

Good afternoon I have just received the attached report, I will include it in the governance papers

Regards,

Trudy

**Trudy Reid**  
**Acute Clinical and Social Care Governance Coordinator**  
**Craigavon Area Hospital**  
**68 Lurgan Road**  
**Portadown**  
**BT63 5QQ**  
**Telephone** [Personal Information redacted by the USI]  
**Mobile** [Personal Information redacted by the USI]



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**From:** Reid, Trudy  
**Sent:** 05 September 2017 11:17  
**To:** Carroll, Ronan; McVey, Anne; Trouton, Heather; Boyce, Tracey; Conway, Barry; Carroll, Anita  
**Subject:** Current Complaints 060917.xlsx

Dear all we updated the complaints report today again please see attached latest position

Regards,

Trudy

**Southern Health & Social Care Trust**

**Summary of CMT Compliance for Staff in Acute Directorate by Division including % of Staff trained as at 30th June 2017**

Prepared by/HR Contact: Personal Information redacted by the USI

Date: 4/9/2017

**Notes**

Bank/Staff Side have been separated from main HROD Figures.

Key: % Trained	
0% - 59%	
60% - 79%	
80% - 100%	

**Corporate Induction**

Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	52	24	76	32%
	Functional Support Services Division	61	8	69	12%
	IM&WH and Cancer & Clinical Services Division	26	32	58	55%
	Medicine & Unscheduled Care Division	43	25	68	37%
	Pharmacy Division	1	4	5	80%
<b>Acute Services Total</b>		<b>183</b>	<b>93</b>	<b>276</b>	<b>34%</b>

**Departmental Induction**

Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	74	2	76	3%
	Functional Support Services Division	69		69	0%
	IM&WH and Cancer & Clinical Services Division	49	9	58	16%
	Medicine & Unscheduled Care Division	67	1	68	1%
	Pharmacy Division	5		5	0%
<b>Acute Services Total</b>		<b>264</b>	<b>12</b>	<b>276</b>	<b>4%</b>

**Information Governance Awareness**

Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	348	603	951	63%
	Director's Office	1	2	3	67%
	Functional Support Services Division	316	618	934	66%
	IM&WH and Cancer & Clinical Services Division	268	723	991	73%
	Medicine & Unscheduled Care Division	469	477	946	50%
	Pharmacy Division	60	94	154	61%
<b>Acute Services Total</b>		<b>1462</b>	<b>2517</b>	<b>3979</b>	<b>63%</b>

		<b>Fire Safety</b>			
Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	347	604	951	64%
	Director's Office	1	2	3	67%
	Functional Support Services Division	260	674	934	72%
	IM&WH and Cancer & Clinical Services Division	286	705	991	71%
	Medicine & Unscheduled Care Division	394	552	946	58%
	Pharmacy Division	84	70	154	45%
<b>Acute Services Total</b>		<b>1372</b>	<b>2607</b>	<b>3979</b>	<b>66%</b>

		<b>Safeguarding</b>			
Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	248	703	951	74%
	Director's Office		3	3	100%
	Functional Support Services Division	427	507	934	54%
	IM&WH and Cancer & Clinical Services Division	207	784	991	79%
	Medicine & Unscheduled Care Division	311	635	946	67%
	Pharmacy Division		154	154	100%
<b>Acute Services Total</b>		<b>1193</b>	<b>2786</b>	<b>3979</b>	<b>70%</b>

		<b>COSHH</b>			
Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	178	709	887	80%
	Functional Support Services Division	248	309	557	55%
	IM&WH and Cancer & Clinical Services Division	117	686	803	85%
	Medicine & Unscheduled Care Division	246	572	818	70%
	Pharmacy Division	35	109	144	76%
<b>Acute Services Total</b>		<b>824</b>	<b>2385</b>	<b>3209</b>	<b>74%</b>

		<b>Waste</b>			
Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	322	565	887	64%
	Functional Support Services Division	355	202	557	36%
	IM&WH and Cancer & Clinical Services Division	238	565	803	70%
	Medicine & Unscheduled Care Division	407	411	818	50%
	Pharmacy Division	43	101	144	70%
<b>Acute Services Total</b>		<b>1365</b>	<b>1844</b>	<b>3209</b>	<b>57%</b>

		<b>Infection Prevention &amp; Control</b>			
Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	343	608	951	64%
	Director's Office	3		3	0%
	Functional Support Services Division	326	523	849	62%
	IM&WH and Cancer & Clinical Services Division	369	622	991	63%
	Medicine & Unscheduled Care Division	362	584	946	62%
	Pharmacy Division	84	70	154	45%
<b>Acute Services Total</b>		<b>1487</b>	<b>2407</b>	<b>3894</b>	<b>62%</b>

		<b>Food Safety</b>			
Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division	215	236	451	52%
	Functional Support Services Division	142	242	384	63%
	IM&WH and Cancer & Clinical Services Division	136	180	316	57%
	Medicine & Unscheduled Care Division	345	354	699	51%
<b>Acute Services Total</b>		<b>838</b>	<b>1012</b>	<b>1850</b>	<b>55%</b>

Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective Division				62%
	Director's Office				33%
	Functional Support Services Division				73%
	IM&WH and Cancer & Clinical Services Division				63%
	Medicine & Unscheduled Care Division				57%
Pharmacy Division					75%
<b>Acute Services Total</b>		<b>1429</b>	<b>2550</b>	<b>3979</b>	<b>64%</b>

		MAPA - CH3, Level 3 & 4			
Directorate	Division	Not Trained	Trained	Head Count	% Trained
Acute Services	ATICS & Surgery & Elective				3%
	Functional Support Services Division				88%
	IM&WH and Cancer & Clinical Services Division				0%
	Medicine & Unscheduled Care Division				10%
<b>Acute Services Total</b>		<b>1165</b>	<b>102</b>	<b>1267</b>	<b>8%</b>

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

Due to the delay in receipt of, and occasional delays in processing and verification of, some New Start, Transfer/Amendment and Termination forms, the information contained in this report may not be completely up-to-date. In order to minimise this it is essential that New Start, Amendment/Transfer and Termination forms are completed and forwarded to the relevant department in a timely manner.

For staff on pay protection, the grade and pay scale information indicates the band that the person is currently protected on, not the actual post they are working in.

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

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

## Southern Health &amp; Social Care Trust

## Summary of Staff in Acute Directorate with Information Governance Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

		Information Governance			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ACH - Outpatients	1	3	4	75%
	Acute Governance	1	1	2	50%
	Acute Governance Team 1	2		2	0%
	Acute Governance Team 2	2	4	6	67%
	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2	1		1	0%
	Anaesthetics/Theatres/ICU Medical		1	1	100%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	1	1	2	50%
	ATICS Admin	7	17	24	71%
	Banbridge and N&M - Outpatients		23	23	100%
	CAH - Acute Pain Clinic		2	2	100%
	CAH - Anaesthetics	8	18	26	69%
	CAH - Day Surgery Unit	7	24	31	77%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - Emerg Surg Adm/Urology Ward Deputy	1		1	0%
	CAH - ENT Medical	9	1	10	10%
	CAH - I.C.U.	3	52	55	95%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Lead Nurses SEC	2	1	3	33%
	CAH - Orthodontics Dental		3	3	100%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	15	16	31	52%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	6	22	28	79%
	CAH - Pain Clinic		2	2	100%
	CAH - Progressive Care Ward Deputy	40	10	50	20%
	CAH - Progressive Care Ward Deputy 1	1		1	0%
	CAH - Progressive Care Ward Deputy 2	1		1	0%
	CAH - Recovery Areas	4	27	31	87%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 2		1	1	100%
	CAH - T&O - Fracture Clinic	4	8	12	67%
	CAH - Theatres 1 - 4	5	54	59	92%
	CAH - Theatres 1 - 4 Deputy 1		1	1	100%
	CAH - Theatres 1 - 4 Deputy 3		1	1	100%
	CAH - Theatres 1 - 4 Deputy 4		1	1	100%
	CAH - Theatres 1 - 4 Deputy 5		1	1	100%
	CAH - Theatres 5 - 8	6	26	32	81%
	CAH - Theatres 5 - 8 Deputy 1		1	1	100%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%
	CAH - Theatres 5 - 8 Deputy 3		2	2	100%
	CAH - Theatres 5 - 8 Deputy 4		1	1	100%
	CAH - Thorndale Unit	3	7	10	70%
	CAH - Thorndale Unit Dep Mgr		1	1	100%
	CAH - Trauma & Orthopaedics Medical	6	9	15	60%
	CAH - Trauma Ward	18	18	36	50%
	CAH - Trauma Ward Deputy Manager	1		1	0%
	CAH - X-Ray - Nursing	1	3	4	75%
	CAH 1 West - Elective Admission Ward	4	10	14	71%
	CAH 3 South - Short Stay Surgical Ward	33	15	48	31%
	CAH 4 North - Emerg Surg Adm/Urology	28	16	44	36%
	CAH 4 South - Progressive Care Ward	1		1	0%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 2		1	1	100%
	CAH I.C.U Deputy 3	1		1	0%
	CAH I.C.U Deputy 5	1		1	0%
	CAH Surgery Medical	5	9	14	64%
	CAH Urology Medical	4	2	6	33%
	CAH-Trauma Ward Deputy Manager 2	1	1	2	50%
	Clinical Director General Surgery		2	2	100%
	DHH - Anaesthetics	5	9	14	64%
	DHH - Endoscopy	4	11	15	73%
DHH - Female Surgical Winter Pressure	4	1	5	20%	
DHH - Female Surgical/Gynae Deputy	2	1	3	33%	
DHH - Female Surgical/Gynae Ward	18	17	35	49%	
DHH - General Surgery Medical	5	4	9	44%	
DHH - High Dependency Unit	12	11	23	48%	
DHH - Male Surgical Deputy	2		2	0%	
DHH - Male Surgical Ward	23	8	31	26%	
DHH - Pain Clinic	1		1	0%	

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Theatres	9	42	51	82%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		1	1	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	1		1	0%
	Endoscopy Pain & Day Units		1	1	100%
	General Surgery/Orthodontics	1		1	0%
	Operational Support Admin		2	2	100%
	PCL ENT/Urology/Outpatients		1	1	100%
	Pre OP Assessment Admin	1	5	6	83%
	Pre OP Assessment Team	5	8	13	62%
	Scheduling Team		7	7	100%
	Specialist Endoscopy		6	6	100%
	STH - General Surgery Medical	1		1	0%
	STH - Outpatients	11	1	12	8%
	STH - Theatres	4	31	35	89%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2		1	1	100%
	Surgery & Elective Division Admin		2	2	100%
	Trauma & Orthopaedics	1	2	3	67%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>348</b>	<b>603</b>	<b>951</b>	<b>63%</b>
Director's Office	Acute Services	1	1	2	50%
	Strategy Reform & Service Improvement		1	1	100%
<b>Director's Office Total</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>67%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		5	5	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services		4	4	100%
	Armagh & Dungannon Support Services	1		1	0%
	Armagh Community Hospital Health Records		2	2	100%
	Armagh Community Support Services		12	12	100%
	Armagh Support Services	2	13	15	87%
	Banbridge H&CC Support Services	4	2	6	33%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution		3	3	100%
	Bluestone Support Services	2	2	4	50%
	Bluestone Support Services 1	5	6	11	55%
	Bluestone Support Services 2	2	8	10	80%
	Bluestone Support Services 3	3	5	8	63%
	C&B Community Support Services	1		1	0%
	C&B Community Units	3	2	5	40%
	C&B Functional Support Switchboard	7	8	15	53%
	C&B Health Records Team	9	28	37	76%
	C&B Locality Health Records		2	2	100%
	C&B Locality Health Records Supervisor 2		1	1	100%
	C&B Locality Health Records Supervisor 3		1	1	100%
	CAH - Dermatology Admin		3	3	100%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	3	35	38	92%
	CAH - Med Rec ENT (Surg)	1	6	7	86%
	CAH - Med Rec Maternity	2	4	6	67%
	CAH - Med Records Obs/Gynae	3	10	13	77%
	CAH - Sterile Services Department	26	1	27	4%
	CAH Support Services	3	1	4	25%
	CAH Surgery Admin IS	1	2	3	67%
	CAH/ACH/STH - General Medicine Admin	5	52	57	91%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2		1	1	100%
	CAH/STH - Emergency Admin Supervisor 3		1	1	100%
	CAH/STH - Emergency Admin Team	1	22	23	96%
	CAH-Ward Clerks	3	20	23	87%
	Community Domestic Services	5	1	6	17%
	Craigavon Catering 1	3	6	9	67%
	Craigavon Catering 2	1	5	6	83%
	Craigavon Catering 3	4	11	15	73%
	Craigavon Catering 4	3	14	17	82%
	Craigavon Catering Service		2	2	100%
	Craigavon Domestic Services		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	2	6	8	75%
	Craigavon Domestic Services Team 1	3	23	26	88%
	Craigavon Domestic Services Team 2	3	31	34	91%
	Craigavon Domestic Services Team 3	5	75	80	94%
	Craigavon Domestic Services Team 4		5	5	100%
	Craigavon Portering 1	6		6	0%
	Craigavon Portering 2	7		7	0%
	Craigavon Portering 3	8	1	9	11%
	Craigavon Portering 4	7		7	0%
	Craigavon Portering Service	1		1	0%
	Decontamination Services		1	1	100%
	Dermatology Admin	2		2	0%
	DHH - Emergency Admin Team	2	6	8	75%
	DHH - ENT Admin		2	2	100%
	DHH - General Medicine Admin	4	4	8	50%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service		1	1	100%
	DHH - Obs & Gynae Admin	2	7	9	78%
	DHH - Obs&Gynae O/P Admin		1	1	100%
	DHH - Sterile Services Department	5	1	6	17%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH & Community Domestic Services	2		2	0%
	DHH Emergency & Renal Admin		1	1	100%
	DHH Emergency & Renal Admin Deputy		1	1	100%
	DHH-Ward Clerks	3	4	7	57%
	Domestic Services Manager	1		1	0%
	Domestic Services Team	51	1	52	2%
	Dungannon Catering	1	4	5	80%
	Functional Support Services Division	1	2	3	67%
	General & Oral Surgery Admin	2	27	29	93%
	Health Records		1	1	100%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services	6	1	7	14%
	Lurgan Domestic Services	22	1	23	4%
	Lurgan Linen Dispatch		1	1	100%
	Lurgan Support Services	3		3	0%
	Midwifery/Gynae Service Admin		3	3	100%
	Minor Injuries Admin STH		3	3	100%
	N&M A&D C&B Support Services	2	1	3	33%
	N&M Catering Services	18	1	19	5%
	N&M Functional Support Switchboard	6		6	0%
	N&M General & Oral Sugery Admin	1	7	8	88%
	N&M Health Records Team	1	11	12	92%
	N&M Locality Health Records		2	2	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	10	5	15	33%
	N&M Renal Admin Team	1	3	4	75%
	N&M Support Services Manager	1		1	0%
	Portadown Support Services	8	2	10	20%
	Porters	3		3	0%
	Referral & Booking Centre	5	33	38	87%
	Referral & Booking Centre Dep Mgr		1	1	100%
	Referral & Booking Centre Manager	1		1	0%
	Southern Trust Support Services	1		1	0%
	St Lukes Hospital Villa 3 Health Records		1	1	100%
	Sterile Services Department		1	1	100%
	STH Day Support Services	4	10	14	71%
	STH Evening Support Services	1	11	12	92%
	Switchboard & Residential Accommodation	1	1	2	50%
	Trustwide Support Services Admin		2	2	100%
<b>Functional Support Services Division Total</b>		<b>316</b>	<b>618</b>	<b>934</b>	<b>66%</b>
IM&WH and Cancer & Clinical Services Division	A&D Comm Midwifery Nsg-Armagh	8	14	22	64%
	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Breast Care	2	1	3	33%
	Breast Feeding Support		3	3	100%
	Breast Screening Admin		6	6	100%
	C&B Community Midwives	11	10	21	48%
	C&CS Service Improve		1	1	100%
	CAH - Acute OT Admin		2	2	100%
	CAH - Acute OT Inpatient	5	5	10	50%
	CAH - Acute OT MAU & ED & GLT		4	4	100%
	CAH - Acute OT Outpatient	2	3	5	60%
	CAH - Acute Physiotherapy	7	21	28	75%
	CAH - Acute Speech & Language Therapy	1	4	5	80%
	CAH - Adm & Asses Unit O&G	1	5	6	83%
	CAH - Audiology	2	8	10	80%
	CAH - Biochemistry	3	35	38	92%
	CAH - Cancer Unit	7	22	29	76%
	CAH - Cellular Pathology	1	23	24	96%
	CAH - Delivery Suite	2	6	8	75%
	CAH - Delivery Suite 1	2	8	10	80%
	CAH - Delivery Suite 2	4	5	9	56%
	CAH - Delivery Suite 3	4	6	10	60%
	CAH - Delivery Suite 4	1	3	4	75%
	CAH - Delivery Suite 5	5	4	9	44%
	CAH - Delivery Suite 6	4	6	10	60%
	CAH - DOU Maternity	2	1	3	33%
	CAH - General Laboratories	1	3	4	75%
	CAH - Haematology	1	21	22	95%
	CAH - Haemovigilance		1	1	100%
	CAH - Hearing Therapy	1		1	0%
	CAH - Maternity O/P	10	15	25	60%
	CAH - Microbiology	1	21	22	95%
	CAH - Mortuary		2	2	100%
	CAH - Obstetrics/Gynae	5	8	13	62%
	CAH - Orthoptics SHSCT		4	4	100%
	CAH - Palliative Care		3	3	100%
	CAH - Pathology		1	1	100%
	CAH - Pathology Team 1		1	1	100%
	CAH - Pathology Team 2	2	1	3	33%
	CAH - Pathology Team 3	3	5	8	63%
	CAH - Pathology Team 5		2	2	100%
	CAH - Radiology	4	11	15	73%
	CAH - Student Midwives	1	3	4	75%
	CAH - T&O Physiotherapy	2	10	12	83%
	CAH 1 East - Gynae Ward	4	16	20	80%
	CAH 2 East - Midwifery Led Unit	10	12	22	55%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH 2 West - Maternity Ward	22	30	52	58%
	CAH- Audiology Deputy Manager		1	1	100%
	CAH/DHH - Acute Dietetics		7	7	100%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer & Clinical Services Admin		2	2	100%
	Cancer Services		2	2	100%
	Cancer Services Admin	2	21	23	91%
	Cancer Services Haematology	1	1	2	50%
	Colorectal		4	4	100%
	DHH - Acute Occupational Therapy	1	9	10	90%
	DHH - Acute OT Admin		1	1	100%
	DHH - Acute Physiotherapy	2	7	9	78%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH - Admission & Assessment Unit	1	4	5	80%
	DHH - Ante/Post Natal	7	25	32	78%
	DHH - Audiology	2	2	4	50%
	DHH - Delivery Suite 1	2	8	10	80%
	DHH - Delivery Suite 2		4	4	100%
	DHH - Delivery Suite 3	2	4	6	67%
	DHH - Delivery Suite 4	2	3	5	60%
	DHH - Delivery Suite 5	4		4	0%
	DHH - Delivery Suite 6	2	6	8	75%
	DHH - Delivery Suite 7		4	4	100%
	DHH - Dietetics Renal Unit		2	2	100%
	DHH - Mortuary		1	1	100%
	DHH - Obs & Gynae	5	8	13	62%
	DHH - Outpatients-Mat/Gynae	9	6	15	40%
	DHH - Radiology	1		1	0%
	DHH Cancer & Clinical Admin		6	6	100%
	Diagnostics	1		1	0%
	Diagnostics Admin	8	20	28	71%
	Early Intervention Transform Programme	2	7	9	78%
	IM&WH & Cancer & Clinical Division		2	2	100%
	IM&WH Community Admin		1	1	100%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	6	18	24	75%
	Midwifery/Gynae Service	5	2	7	29%
	N&M Community Midwives	4	9	13	69%
	N&M Gen Med Pract - Gum Clinic	2	1	3	33%
	N&M Sexual Health Clinic	1	1	2	50%
	NICRN Cancer Research Nurse		1	1	100%
	NMT Sexual Health Clinic Nurses	2	1	3	33%
	Oncology	1	1	2	50%
	P.C.L Maternity DHH	1		1	0%
	P.C.L Mgs Community		1	1	100%
	P.C.L Mgs Delivery/MLU/Admis		1	1	100%
	PACS Team	1	2	3	67%
	Paediatric Audiology	2	4	6	67%
	Palliative Nursing	5	1	6	17%
	Radiography Support	4	8	12	67%
	SHSCT Orthoptics Team		1	1	100%
	STH - Audiology		2	2	100%
	STH - Radiology Admin		2	2	100%
	X-Ray - ACH		5	5	100%
	X-Ray - Banbridge Hospital		1	1	100%
	X-Ray - CAH Breast Screening	1		1	0%
	X-Ray - CAH C.T.	1	12	13	92%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH E.E.G.	3		3	0%
	X-Ray - CAH Fluoroscopy		2	2	100%
	X-Ray - CAH General	4	11	15	73%
	X-Ray - CAH MRI Unit	7	12	19	63%
	X-Ray - CAH Nuclear Medicine		7	7	100%
	X-Ray - CAH Trauma & Orthopaedics	1	6	7	86%
	X-Ray - CAH Ultra Sound	3	11	14	79%
	X-Ray - DHH	7	27	34	79%
	X-Ray - DHH Deputy 1		1	1	100%
	X-Ray - DHH Deputy 2		1	1	100%
	X-Ray - General Deputy		1	1	100%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	2	11	13	85%
	X-Ray - STH-ACH-CAH	1		1	0%
	X-Ray CAH Breast Team	5	8	13	62%
	X-Ray CAH E.E.G. Deputy	1		1	0%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>268</b>	<b>723</b>	<b>991</b>	<b>73%</b>
Medicine & Unscheduled Care Division	Acute Geriatric & Stroke	2	1	3	33%
	Acute Health Roster Team		2	2	100%
	Acute Hospital Social Work Department		1	1	100%
	AM & Unscheduled Care Nurse Manager	1		1	0%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 North Medicine	16	7	23	30%
	CAH - 2 North Respiratory Ward Deputy 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 1	1		1	0%
	CAH - 2 South Acute Elderly Ward Dep 2	1		1	0%
	CAH - 2 South Stroke Ward Deputy 1		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - 2 South Stroke Ward Deputy 2	1		1	0%
	CAH - Acute Med Admission Unit	13	43	56	77%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Cardiac Rehabilitation		2	2	100%
	CAH - Cardiology Medical	4	7	11	64%
	CAH - Cardiovascular Research		5	5	100%
	CAH - Catheterisation Laboratory	5	13	18	72%
	CAH - Day Clinical Care	9	5	14	36%
	CAH - Dermatology - Medical	3	5	8	63%
	CAH - Dermatology - Nursing	8	7	15	47%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Dermatology - Nursing Dep Mgr 2		1	1	100%
	CAH - Diabetes Endocrine - Medical	2	1	3	33%
	CAH - Diabetic Nurse Specialist		2	2	100%
	CAH - E.C.G.	9	7	16	44%
	CAH - Emerg-Acute Elderly-Gen Medicine	1	1	2	50%
	CAH - Emergency Dental		1	1	100%
	CAH - Emergency Medical	7	7	14	50%
	CAH - Emergency Nurse Practitioners	4	2	6	33%
	CAH - Emergency Nursing	40	61	101	60%
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Gastroenterology - Medical	2	2	4	50%
	CAH - Medical	2	7	9	78%
	CAH - Neurology - Medical	2	1	3	33%
	CAH - Neurology Nursing		2	2	100%
	CAH - Pulmonary Function Lab	6	2	8	25%
	CAH - Rapid Acc Chest Pain Clinic	2	1	3	33%
	CAH - Respiratory - Medical		4	4	100%
	CAH - Respiratory Nrs Specialist	1	2	3	67%
	CAH - Resuscitation		2	2	100%
	CAH - Rheumatology - Medical	1	4	5	80%
	CAH - Rheumatology Nurse Specialist		4	4	100%
	CAH - Stroke Geriatric - Medical	1	1	2	50%
	CAH - Ward 1 Medical Ramone		1	1	100%
	CAH - Winter Ward Deputy 1	1		1	0%
	CAH - Winter Ward Deputy 2		1	1	100%
	CAH 1 North - Cardiology Ward	40	10	50	20%
	CAH 1 NORTH - Cardiology Ward Dep Mgr	1		1	0%
	CAH 1 South - Medical Ward	29	23	52	44%
	CAH 2 North - Haematology Ward	10	10	20	50%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	14	14	28	50%
	CAH 2 South - Acute Elderly Ward	14	11	25	44%
	CAH 2 South - Stroke Ward	14	13	27	48%
	CAH Catheterisation Laboratory Dep Mgr 1	1		1	0%
	CAH Catheterisation Laboratory Dep Mgr 2	1		1	0%
	CAH-E.C.G Deputy Manager		1	1	100%
	Cardiology Neurology & Dermatology	4	4	8	50%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	6	1	7	14%
	Chaplains - Daisy Hill Hospital	3	1	4	25%
	Chaplains - Lurgan Hospital	2		2	0%
	Chaplains - South Tyrone Hospital	1	1	2	50%
	DHH - Day Clinical Centre	2	3	5	60%
	DHH - Diabetes Endocrine - Medical	2		2	0%
	DHH - Diabetic Nurse Specialist	1		1	0%
	DHH - E.C.G.	2	2	4	50%
	DHH - E.C.G. Deputy Manager		1	1	100%
	DHH - Emergency Medical	3	3	6	50%
	DHH - Emergency Nursing	27	26	53	49%
	DHH - Emergency Nursing Deputy 1	1		1	0%
	DHH - Female Medical Ward	32	8	40	20%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Gastroenterology - Medical	2	1	3	33%
	DHH - General Medical	1	1	2	50%
	DHH - Geriatric Medical		2	2	100%
	DHH - Geriatrics - Medical		1	1	100%
	DHH - Male Medical Ward	40	4	44	9%
	DHH - Nursing	1	1	2	50%
	DHH - Renal Dialysis Nurse Spec		2	2	100%
	DHH - Renal Nursing		1	1	100%
	DHH - Renal Nursing Dep	5	35	40	88%
	DHH - Renal Unit - Medical		5	5	100%
	DHH - Respiratory - Medical	3	1	4	25%
	DHH - Respiratory Nurse Spec		1	1	100%
	DHH - Stroke & Rehab Level 6	29	7	36	19%
	DHH - Stroke & Rehab Level 6 Dep 1	2		2	0%
	DHH-Male Medical Dep		1	1	100%
	Gastro Rheum & Diabetes	1	1	2	50%
	Gastroenterology Nurse Specialist		1	1	100%
	Hospital Social Work Team - CAH		13	13	100%
	Hospital Social Work Team - DHH	1	7	8	88%
	Hospital Social Work Team CAH-Sen Pract		1	1	100%
	Medicine & Unscheduled Care Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine		2	2	100%
	Patient Flow - CAH	15	18	33	55%
	Patient Flow - DHH	3	4	7	57%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Quality/Patient Support		1	1	100%
	Quality/Patient Support Admin		1	1	100%
	Senior Nurse Governance EM	2	1	3	33%
	STH - Emergency Minor Injuries Unit	4	5	9	56%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
					50%
Pharmacy Division	Acute Governance	1	2	3	
	Anticoagulation Team		3	3	100%
	Antimicrobial Pharmacist		1	1	100%
	Aseptic Services		4	4	100%
	CAH - Band 4 Technicians	1	1	2	50%
	CAH - Clinical Pharmacy Team	2	3	5	
	CAH - Dispensary Team	2	2	4	50%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	4	6	10	
	CAH - Distribution Technician Team	1	3	4	
	CAH - IMM Technician Services	8	7	15	47%
	CAH - Medicines Information Team 1		2	2	100%
	CAH - Medicines Information Team 2		2	2	100%
	CAH - Pharmacy Ward Services	4	4	8	50%
	CAH - Procurement Technician Team	6	4	10	40%
	Chemotherapy Pharmacy Services	2	2	4	50%
	Cytotoxic Services	5	2	7	29%
	DHH - Band 4 Technicians	2	3	5	
	DHH - Clinical Pharmacy Team	2	3	5	
	DHH - Dispens & Distrib Technician Team	6	2	8	25%
	DHH - Dispensary Team	2	4	6	
	DHH Renal Pharmacy Team	1	1	2	50%
	Director of Pharmacy		1	1	100%
	Medicine Clinical Pharmacy	1	5	6	83%
	MH Clinical Pharmacy		1	1	100%
	Nursing Home Pharmacist		1	1	100%
	OPPC Clinical Pharmacy	1	1	2	50%
	Pharmacy - Lurgan Hospital		1	1	100%
	Pharmacy Admin		3	3	100%
	Pharmacy Chief Technicians	1	2	3	
	Pharmacy Clinical Services		1	1	100%
	Pharmacy Finance Team	1	1	2	50%
	Pharmacy Medicines Governance		1	1	100%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%
	Pharmacy Procurement		1	1	100%
	Pharmacy Production Team	1	3	4	
	Pharmacy QA/Aseptic Services		1	1	100%
	Pharmacy Specialist Medicines	1		1	0%
	STH/SLH Clinical Pharmacy Team	1		1	0%
	Surgery Clinical Pharmacy	3	3	6	50%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services	1	1	2	50%
<b>Acute Services Total</b>		<b>1462</b>	<b>2517</b>	<b>3979</b>	

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

Due to the delay in receipt of, and occasional delays in processing and verification of, some New Start, Transfer/Amendment and Termination forms, the information contained in this report may not be completely up-to-date. In order to minimise this it is essential that New Start, Amendment/Transfer and Termination forms are completed and forwarded to the relevant department in a timely manner.

For staff on pay protection, the grade and pay scale information indicates the band that the person is currently protected on, not the actual post they are working in.

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

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

## Southern Health &amp; Social Care Trust

## Summary of Staff in Acute Directorate with Fire Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact:

Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained

0% - 59%

60% - 79%

80% - 100%

		Fire Safety				
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained	
ATICS & Surgery & Elective Division	ACH - Outpatients		4	4	100%	
	Acute Governance	1	1	2	50%	
	Acute Governance Team 1	2		2	0%	
	Acute Governance Team 2		6	6	100%	
	Anaesthetics/Theatres/ICU	1		1	0%	
	Anaesthetics/Theatres/ICU 2	1		1	0%	
	Anaesthetics/Theatres/ICU Medical	1		1	0%	
	Assistant Medical Director	1		1	0%	
	ATICS & Surgery & Elective Division			2	2	100%
	ATICS Admin	11	13	24	54%	
	Banbridge and N&M - Outpatients	10	13	23	57%	
	CAH - Acute Pain Clinic			2	2	100%
	CAH - Anaesthetics	13	13	26	50%	
	CAH - Day Surgery Unit	5	26	31	84%	
	CAH - Day Surgery Unit Deputy	1		1	0%	
	CAH - Day Surgical Ward Deputy		1	1	100%	
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%	
	CAH - Emerg Surg Adm/Urology Ward Deputy	1		1	0%	
	CAH - ENT Medical	6	4	10	40%	
	CAH - I.C.U.	12	43	55	78%	
	CAH - I.C.U. Deputy		1	1	100%	
	CAH - Lead Nurses SEC	2	1	3	33%	
	CAH - Orthodontics Dental		3	3	100%	
	CAH - Orthodontics Medical		1	1	100%	
	CAH - Orthopaedic Ward	6	25	31	81%	
	CAH - Orthopaedic Ward Deputy		1	1	100%	
	CAH - Outpatients	4	24	28	86%	
	CAH - Pain Clinic		2	2	100%	
	CAH - Progressive Care Ward Deputy	27	23	50	46%	
	CAH - Progressive Care Ward Deputy 1		1	1	100%	
	CAH - Progressive Care Ward Deputy 2		1	1	100%	
	CAH - Recovery Areas	6	25	31	81%	
	CAH - Recovery Areas Deputy 1		1	1	100%	
	CAH - Recovery Areas Deputy 2	1		1	0%	
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%	
	CAH - Short Stay Surgical Ward Deputy 2	1		1	0%	
	CAH - T&O - Fracture Clinic	5	7	12	58%	
	CAH - Theatres 1 - 4	17	42	59	71%	
	CAH - Theatres 1 - 4 Deputy 1		1	1	100%	
	CAH - Theatres 1 - 4 Deputy 3		1	1	100%	
	CAH - Theatres 1 - 4 Deputy 4	1		1	0%	
	CAH - Theatres 1 - 4 Deputy 5		1	1	100%	
	CAH - Theatres 5 - 8	13	19	32	59%	
	CAH - Theatres 5 - 8 Deputy 1		1	1	100%	
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%	
	CAH - Theatres 5 - 8 Deputy 3	1	1	2	50%	
	CAH - Theatres 5 - 8 Deputy 4	1		1	0%	
	CAH - Thorndale Unit	3	7	10	70%	
	CAH - Thorndale Unit Dep Mgr		1	1	100%	
	CAH - Trauma & Orthopaedics Medical	6	9	15	60%	
	CAH - Trauma Ward	15	21	36	58%	
	CAH - Trauma Ward Deputy Manager		1	1	100%	
	CAH - X-Ray - Nursing	1	3	4	75%	
CAH 1 West - Elective Admission Ward	3	11	14	79%		
CAH 3 South - Short Stay Surgical Ward	30	18	48	38%		
CAH 4 North - Emerg Surg Adm/Urology	16	28	44	64%		
CAH 4 South - Progressive Care Ward	1		1	0%		
CAH I.C.U Deputy 1		1	1	100%		
CAH I.C.U Deputy 2		1	1	100%		
CAH I.C.U Deputy 3		1	1	100%		
CAH I.C.U Deputy 5		1	1	100%		
CAH Surgery Medical	5	9	14	64%		
CAH Urology Medical	4	2	6	33%		
CAH-Trauma Ward Deputy Manager 2		2	2	100%		
Clinical Director General Surgery		2	2	100%		
DHH - Anaesthetics	4	10	14	71%		
DHH - Endoscopy	6	9	15	60%		
DHH - Female Surgical Winter Pressure	2	3	5	60%		
DHH - Female Surgical/Gynae Deputy	1	2	3	67%		
DHH - Female Surgical/Gynae Ward	16	19	35	54%		
DHH - General Surgery Medical	6	3	9	33%		
DHH - High Dependency Unit	11	12	23	52%		
DHH - Male Surgical Deputy		2	2	100%		
DHH - Male Surgical Ward	11	20	31	65%		
DHH - Pain Clinic	1		1	0%		

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Theatres	23	28	51	55%
	DHH - Theatres Deputy 1	1		1	0%
	DHH - Theatres Deputy 2	1		1	0%
	DHH - Theatres Deputy 3	1		1	0%
	DHH Observation Area		1	1	100%
	Endoscopy Pain & Day Units		1	1	100%
	General Surgery/Orthodontics	1		1	0%
	Operational Support Admin		2	2	100%
	PCL ENT/Urology/Outpatients	1		1	0%
	Pre OP Assessment Admin	2	4	6	67%
	Pre OP Assessment Team	5	8	13	62%
	Scheduling Team	6	1	7	14%
	Specialist Endoscopy	3	3	6	50%
	STH - General Surgery Medical		1	1	100%
	STH - Outpatients	2	10	12	83%
	STH - Theatres	5	30	35	86%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2		1	1	100%
	Surgery & Elective Division Admin	1	1	2	50%
	Trauma & Orthopaedics	1	2	3	67%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>347</b>	<b>604</b>	<b>951</b>	<b>64%</b>
Director's Office	Acute Services		2	2	100%
	Strategy Reform & Service Improvement	1		1	0%
<b>Director's Office Total</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>67%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		5	5	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services	4		4	0%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records	1	1	2	50%
	Armagh Community Support Services	7	5	12	42%
	Armagh Support Services	14	1	15	7%
	Banbridge H&CC Support Services	2	4	6	67%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	2	1	3	33%
	Bluestone Support Services	2	2	4	50%
	Bluestone Support Services 1	3	8	11	73%
	Bluestone Support Services 2	1	9	10	90%
	Bluestone Support Services 3		8	8	100%
	C&B Community Support Services	1		1	0%
	C&B Community Units	1	4	5	80%
	C&B Functional Support Switchboard	7	8	15	53%
	C&B Health Records Team	8	29	37	78%
	C&B Locality Health Records		2	2	100%
	C&B Locality Health Records Supervisor 2		1	1	100%
	C&B Locality Health Records Supervisor 3		1	1	100%
	CAH - Dermatology Admin		3	3	100%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	7	31	38	82%
	CAH - Med Rec ENT (Surg)	2	5	7	71%
	CAH - Med Rec Maternity	3	3	6	50%
	CAH - Med Records Obs/Gynae	3	10	13	77%
	CAH - Sterile Services Department	6	21	27	78%
	CAH Support Services	3	1	4	25%
	CAH Surgery Admin IS	1	2	3	67%
	CAH/ACH/STH - General Medicine Admin	12	45	57	79%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%
	CAH/STH - Emergency Admin Supervisor 3	1		1	0%
	CAH/STH - Emergency Admin Team	6	17	23	74%
	CAH-Ward Clerks	4	19	23	83%
	Community Domestic Services	3	3	6	50%
	Craigavon Catering 1		9	9	100%
	Craigavon Catering 2		6	6	100%
	Craigavon Catering 3	1	14	15	93%
	Craigavon Catering 4		17	17	100%
	Craigavon Catering Service	1	1	2	50%
	Craigavon Domestic Services		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	2	6	8	75%
	Craigavon Domestic Services Team 1	4	22	26	85%
	Craigavon Domestic Services Team 2	6	28	34	82%
	Craigavon Domestic Services Team 3	7	73	80	91%
	Craigavon Domestic Services Team 4	2	3	5	60%
	Craigavon Portering 1	1	5	6	83%
	Craigavon Portering 2		7	7	100%
	Craigavon Portering 3	4	5	9	56%
	Craigavon Portering 4		7	7	100%
	Craigavon Portering Service		1	1	100%
	Decontamination Services	1		1	0%
	Dermatology Admin	1	1	2	50%
	DHH - Emergency Admin Team	3	5	8	63%
	DHH - ENT Admin		2	2	100%
	DHH - General Medicine Admin	3	5	8	63%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service		1	1	100%
	DHH - Obs & Gynae Admin	1	8	9	89%
	DHH - Obs&Gynae O/P Admin		1	1	100%
	DHH - Sterile Services Department		6	6	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH & Community Domestic Services	2		2	0%
	DHH Emergency & Renal Admin		1	1	100%
	DHH Emergency & Renal Admin Deputy		1	1	100%
	DHH-Ward Clerks	2	5	7	71%
	Domestic Services Manager	1		1	0%
	Domestic Services Team	22	30	52	58%
	Dungannon Catering	1	4	5	80%
	Functional Support Services Division	1	2	3	67%
	General & Oral Surgery Admin	4	25	29	86%
	Health Records	1		1	0%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services	1	6	7	86%
	Lurgan Domestic Services	5	18	23	78%
	Lurgan Linen Dispatch	1		1	0%
	Lurgan Support Services		3	3	100%
	Midwifery/Gynae Service Admin	1	2	3	67%
	Minor Injuries Admin STH	1	2	3	67%
	N&M A&D C&B Support Services	1	2	3	67%
	N&M Catering Services	10	9	19	47%
	N&M Functional Support Switchboard	6		6	0%
	N&M General & Oral Sugery Admin	2	6	8	75%
	N&M Health Records Team	2	10	12	83%
	N&M Locality Health Records	1	1	2	50%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	15		15	0%
	N&M Renal Admin Team	2	2	4	50%
	N&M Support Services Manager	1		1	0%
	Portadown Support Services	7	3	10	30%
	Porters	3		3	0%
	Referral & Booking Centre	16	22	38	58%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager	1		1	0%
	Southern Trust Support Services	1		1	0%
	St Lukes Hospital Villa 3 Health Records	1		1	0%
	Sterile Services Department		1	1	100%
	STH Day Support Services	3	11	14	79%
	STH Evening Support Services	2	10	12	83%
	Switchboard & Residential Accommodation		2	2	100%
	Trustwide Support Services Admin		2	2	100%
<b>Functional Support Services Division Total</b>		<b>260</b>	<b>674</b>	<b>934</b>	<b>72%</b>
IM&WH and Cancer & Clinical Services Division	A&D Comm Midwifery Nsg-Armagh	4	18	22	82%
	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute		1	1	100%
	Breast Care	2	1	3	33%
	Breast Feeding Support	1	2	3	67%
	Breast Screening Admin		6	6	100%
	C&B Community Midwives	4	17	21	81%
	C&CS Service Improve		1	1	100%
	CAH - Acute OT Admin		2	2	100%
	CAH - Acute OT Inpatient	1	9	10	90%
	CAH - Acute OT MAU & ED & GLT		4	4	100%
	CAH - Acute OT Outpatient	1	4	5	80%
	CAH - Acute Physiotherapy	4	24	28	86%
	CAH - Acute Speech & Language Therapy	1	4	5	80%
	CAH - Adm & Asses Unit O&G	3	3	6	50%
	CAH - Audiology	3	7	10	70%
	CAH - Biochemistry	3	35	38	92%
	CAH - Cancer Unit	10	19	29	66%
	CAH - Cellular Pathology	2	22	24	92%
	CAH - Delivery Suite	6	2	8	25%
	CAH - Delivery Suite 1	2	8	10	80%
	CAH - Delivery Suite 2		9	9	100%
	CAH - Delivery Suite 3	1	9	10	90%
	CAH - Delivery Suite 4		4	4	100%
	CAH - Delivery Suite 5	4	5	9	56%
	CAH - Delivery Suite 6	2	8	10	80%
	CAH - DOU Maternity		3	3	100%
	CAH - General Laboratories		4	4	100%
	CAH - Haematology	1	21	22	95%
	CAH - Haemovigilance		1	1	100%
	CAH - Hearing Therapy	1		1	0%
	CAH - Maternity O/P	15	10	25	40%
	CAH - Microbiology		22	22	100%
	CAH - Mortuary		2	2	100%
	CAH - Obstetrics/Gynae	8	5	13	38%
	CAH - Orthoptics SHSCT	1	3	4	75%
	CAH - Palliative Care	1	2	3	67%
	CAH - Pathology		1	1	100%
	CAH - Pathology Team 1		1	1	100%
	CAH - Pathology Team 2	1	2	3	67%
	CAH - Pathology Team 3		8	8	100%
	CAH - Pathology Team 5		2	2	100%
	CAH - Radiology	6	9	15	60%
	CAH - Student Midwives	3	1	4	25%
	CAH - T&O Physiotherapy	4	8	12	67%
	CAH 1 East - Gynae Ward	1	19	20	95%
	CAH 2 East - Midwifery Led Unit	5	17	22	77%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH 2 West - Maternity Ward	24	28	52	54%
	CAH- Audiology Deputy Manager		1	1	100%
	CAH/DHH - Acute Dietetics	1	6	7	86%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer & Clinical Services Admin		2	2	100%
	Cancer Services	1	1	2	50%
	Cancer Services Admin	1	22	23	96%
	Cancer Services Haematology		2	2	100%
	Colorectal		4	4	100%
	DHH - Acute Occupational Therapy	2	8	10	80%
	DHH - Acute OT Admin		1	1	100%
	DHH - Acute Physiotherapy	3	6	9	67%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH - Admission & Assessment Unit	2	3	5	60%
	DHH - Ante/Post Natal	13	19	32	59%
	DHH - Audiology		4	4	100%
	DHH - Delivery Suite 1	5	5	10	50%
	DHH - Delivery Suite 2	2	2	4	50%
	DHH - Delivery Suite 3	2	4	6	67%
	DHH - Delivery Suite 4	1	4	5	80%
	DHH - Delivery Suite 5	2	2	4	50%
	DHH - Delivery Suite 6	7	1	8	13%
	DHH - Delivery Suite 7	1	3	4	75%
	DHH - Dietetics Renal Unit		2	2	100%
	DHH - Mortuary	1		1	0%
	DHH - Obs & Gynae	8	5	13	38%
	DHH - Outpatients-Mat/Gynae	11	4	15	27%
	DHH - Radiology	1		1	0%
	DHH Cancer & Clinical Admin		6	6	100%
	Diagnostics	1		1	0%
	Diagnostics Admin	5	23	28	82%
	Early Intervention Transform Programme	3	6	9	67%
	IM&WH & Cancer & Clinical Division	1	1	2	50%
	IM&WH Community Admin		1	1	100%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	3	21	24	88%
	Midwifery/Gynae Service	6	1	7	14%
	N&M Community Midwives	7	6	13	46%
	N&M Gen Med Pract - Gum Clinic	3		3	0%
	N&M Sexual Health Clinic	2		2	0%
	NICRN Cancer Research Nurse	1		1	0%
	NMT Sexual Health Clinic Nurses	2	1	3	33%
	Oncology		2	2	100%
	P.C.L Maternity DHH		1	1	100%
	P.C.L Mgs Community	1		1	0%
	P.C.L Mgs Delivery/MLU/Admis	1		1	0%
	PACS Team		3	3	100%
	Paediatric Audiology		6	6	100%
	Palliative Nursing	3	3	6	50%
	Radiography Support	3	9	12	75%
	SHSCT Orthoptics Team		1	1	100%
	STH - Audiology	1	1	2	50%
	STH - Radiology Admin		2	2	100%
	X-Ray - ACH		5	5	100%
	X-Ray - Banbridge Hospital		1	1	100%
	X-Ray - CAH Breast Screening	1		1	0%
	X-Ray - CAH C.T.	3	10	13	77%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH E.E.G.		3	3	100%
	X-Ray - CAH Fluoroscopy		2	2	100%
	X-Ray - CAH General	6	9	15	60%
	X-Ray - CAH MRI Unit	8	11	19	58%
	X-Ray - CAH Nuclear Medicine		7	7	100%
	X-Ray - CAH Trauma & Orthopaedics	5	2	7	29%
	X-Ray - CAH Ultra Sound	7	7	14	50%
	X-Ray - DHH	10	24	34	71%
	X-Ray - DHH Deputy 1	1		1	0%
	X-Ray - DHH Deputy 2	1		1	0%
	X-Ray - General Deputy		1	1	100%
	X-Ray - Practice Educator		1	1	100%
	X-Ray - STH	6	7	13	54%
	X-Ray - STH-ACH-CAH	1		1	0%
	X-Ray CAH Breast Team	4	9	13	69%
	X-Ray CAH E.E.G. Deputy		1	1	100%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>286</b>	<b>705</b>	<b>991</b>	<b>71%</b>
Medicine & Unscheduled Care Division	Acute Geriatric & Stroke	1	2	3	67%
	Acute Health Roster Team		2	2	100%
	Acute Hospital Social Work Department	1		1	0%
	AM & Unscheduled Care Nurse Manager	1		1	0%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3	1		1	0%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 North Medicine	5	18	23	78%
	CAH - 2 North Respiratory Ward Deputy 1	1		1	0%
	CAH - 2 South Acute Elderly Ward Dep 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 2		1	1	100%
	CAH - 2 South Stroke Ward Deputy 1	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - 2 South Stroke Ward Deputy 2	1		1	0%
	CAH - Acute Med Admission Unit	9	47	56	84%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Cardiac Rehabilitation		2	2	100%
	CAH - Cardiology Medical	5	6	11	55%
	CAH - Cardiovascular Research	3	2	5	40%
	CAH - Catheterisation Laboratory	4	14	18	78%
	CAH - Day Clinical Care	3	11	14	79%
	CAH - Dermatology - Medical	5	3	8	38%
	CAH - Dermatology - Nursing	5	10	15	67%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Dermatology - Nursing Dep Mgr 2		1	1	100%
	CAH - Diabetes Endocrine - Medical	2	1	3	33%
	CAH - Diabetic Nurse Specialist		2	2	100%
	CAH - E.C.G.	4	12	16	75%
	CAH - Emerg-Acute Elderly-Gen Medicine		2	2	100%
	CAH - Emergency Dental		1	1	100%
	CAH - Emergency Medical	5	9	14	64%
	CAH - Emergency Nurse Practitioners	3	3	6	50%
	CAH - Emergency Nursing	44	57	101	56%
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Gastroenterology - Medical	3	1	4	25%
	CAH - Medical	5	4	9	44%
	CAH - Neurology - Medical	2	1	3	33%
	CAH - Neurology Nursing	1	1	2	50%
	CAH - Pulmonary Function Lab	5	3	8	38%
	CAH - Rapid Acc Chest Pain Clinic		3	3	100%
	CAH - Respiratory - Medical	2	2	4	50%
	CAH - Respiratory Nrs Specialist		3	3	100%
	CAH - Resuscitation		2	2	100%
	CAH - Rheumatology - Medical	3	2	5	40%
	CAH - Rheumatology Nurse Specialist		4	4	100%
	CAH - Stroke Geriatric - Medical		2	2	100%
	CAH - Ward 1 Medical Ramone		1	1	100%
	CAH - Winter Ward Deputy 1		1	1	100%
	CAH - Winter Ward Deputy 2		1	1	100%
	CAH 1 North - Cardiology Ward	29	21	50	42%
	CAH 1 NORTH - Cardiology Ward Dep Mgr		1	1	100%
	CAH 1 South - Medical Ward	13	39	52	75%
	CAH 2 North - Haematology Ward	13	7	20	35%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	9	19	28	68%
	CAH 2 South - Acute Elderly Ward	7	18	25	72%
	CAH 2 South - Stroke Ward	7	20	27	74%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	CAH-E.C.G Deputy Manager		1	1	100%
	Cardiology Neurology & Dermatology	4	4	8	50%
	Chaplains - CAH Bluestone		1	1	100%
	Chaplains - Craigavon Area Hospital	1	6	7	86%
	Chaplains - Daisy Hill Hospital	4		4	0%
	Chaplains - Lurgan Hospital	1	1	2	50%
	Chaplains - South Tyrone Hospital	2		2	0%
	DHH - Day Clinical Centre	2	3	5	60%
	DHH - Diabetes Endocrine - Medical	2		2	0%
	DHH - Diabetic Nurse Specialist		1	1	100%
	DHH - E.C.G.	4		4	0%
	DHH - E.C.G. Deputy Manager	1		1	0%
	DHH - Emergency Medical	2	4	6	67%
	DHH - Emergency Nursing	34	19	53	36%
	DHH - Emergency Nursing Deputy 1	1		1	0%
	DHH - Female Medical Ward	28	12	40	30%
	DHH - Female Medical Ward Deputy 1	1		1	0%
	DHH - Female Medical Ward Deputy 2		1	1	100%
	DHH - Gastroenterology - Medical	1	2	3	67%
	DHH - General Medical	1	1	2	50%
	DHH - Geriatric Medical		2	2	100%
	DHH - Geriatrics - Medical		1	1	100%
	DHH - Male Medical Ward	29	15	44	34%
	DHH - Nursing		2	2	100%
	DHH - Renal Dialysis Nurse Spec		2	2	100%
	DHH - Renal Nursing		1	1	100%
	DHH - Renal Nursing Dep	7	33	40	83%
	DHH - Renal Unit - Medical	1	4	5	80%
	DHH - Respiratory - Medical	2	2	4	50%
	DHH - Respiratory Nurse Spec	1		1	0%
	DHH - Stroke & Rehab Level 6	20	16	36	44%
	DHH - Stroke & Rehab Level 6 Dep 1	1	1	2	50%
	DHH-Male Medical Dep		1	1	100%
	Gastro Rheum & Diabetes		2	2	100%
	Gastroenterology Nurse Specialist		1	1	100%
	Hospital Social Work Team - CAH	7	6	13	46%
	Hospital Social Work Team - DHH	4	4	8	50%
	Hospital Social Work Team CAH-Sen Pract		1	1	100%
	Medicine & Unscheduled Care Division		2	2	100%
	Operational Supp Lead Gen&Spec Medicine	1	1	2	50%
	Patient Flow - CAH	14	19	33	58%
	Patient Flow - DHH	2	5	7	71%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Quality/Patient Support		1	1	100%
	Quality/Patient Support Admin		1	1	100%
	Senior Nurse Governance EM		3	3	100%
	STH - Emergency Minor Injuries Unit	9		9	0%
	STH - Emergency Minor Injuries Unit Dep1	1		1	0%
	STH - Emergency Minor Injuries Unit Dep2	1		1	0%
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>394</b>	<b>552</b>	<b>946</b>	<b>58%</b>
Pharmacy Division	Acute Governance	2	1	3	33%
	Anticoagulation Team		3	3	100%
	Antimicrobial Pharmacist		1	1	100%
	Aseptic Services	4		4	0%
	CAH - Band 4 Technicians	1	1	2	50%
	CAH - Clinical Pharmacy Team	1	4	5	80%
	CAH - Dispensary Team	2	2	4	50%
	CAH - Dispensary Team 2	1	1	2	50%
	CAH - Dispensary Technician Team	9	1	10	10%
	CAH - Distribution Technician Team	3	1	4	25%
	CAH - IMM Technician Services	3	12	15	80%
	CAH - Medicines Information Team 1	1	1	2	50%
	CAH - Medicines Information Team 2	2		2	0%
	CAH - Pharmacy Ward Services	7	1	8	13%
	CAH - Procurement Technician Team	9	1	10	10%
	Chemotherapy Pharmacy Services		4	4	100%
	Cytotoxic Services	6	1	7	14%
	DHH - Band 4 Technicians	4	1	5	20%
	DHH - Clinical Pharmacy Team	2	3	5	60%
	DHH - Dispens & Distrib Technician Team	5	3	8	38%
	DHH - Dispensary Team	2	4	6	67%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		1	1	100%
	Medicine Clinical Pharmacy	3	3	6	50%
	MH Clinical Pharmacy	1		1	0%
	Nursing Home Pharmacist	1		1	0%
	OPPC Clinical Pharmacy	1	1	2	50%
	Pharmacy - Lurgan Hospital		1	1	100%
	Pharmacy Admin	1	2	3	67%
	Pharmacy Chief Technicians	1	2	3	67%
	Pharmacy Clinical Services		1	1	100%
	Pharmacy Finance Team	2		2	0%
	Pharmacy Medicines Governance		1	1	100%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%
	Pharmacy Procurement	1		1	0%
	Pharmacy Production Team	4		4	0%
	Pharmacy QA/Aseptic Services	1		1	0%
	Pharmacy Specialist Medicines		1	1	100%
	STH/SLH Clinical Pharmacy Team		1	1	100%
	Surgery Clinical Pharmacy	1	5	6	83%
	Teacher Practitioner Pharmacists	1	1	2	50%
	TPN Pharmacy Services	2		2	0%
<b>Pharmacy Division Total</b>		<b>84</b>	<b>70</b>	<b>154</b>	<b>45%</b>
<b>Acute Services Total</b>		<b>1372</b>	<b>2607</b>	<b>3979</b>	<b>66%</b>

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For staff on pay protection, the grade and pay scale information indicates the band that the person is currently protected on, not the actual post they are working in.

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## Southern Health &amp; Social Care Trust

## Summary of Staff in Acute Directorate with COSHH Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact:

Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained

0% - 59%

60% - 79%

80% - 100%

		COSHH			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ACH - Outpatients	1	3	4	75%
	Anaesthetics/Theatres/ICU Medical		1	1	100%
	Assistant Medical Director	1		1	0%
	Banbridge and N&M - Outpatients		23	23	100%
	CAH - Acute Pain Clinic	1	1	2	50%
	CAH - Anaesthetics	9	17	26	65%
	CAH - Day Surgery Unit	6	25	31	81%
	CAH - Day Surgery Unit Deputy		1	1	100%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - Emerg Surg Adm/Urology Ward Deputy		1	1	100%
	CAH - ENT Medical	5	5	10	50%
	CAH - I.C.U.	2	53	55	96%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Lead Nurses SEC	1		1	0%
	CAH - Orthodontics Dental	2	1	3	33%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	8	23	31	74%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	1	26	27	96%
	CAH - Pain Clinic		2	2	100%
	CAH - Progressive Care Ward Deputy	22	28	50	56%
	CAH - Progressive Care Ward Deputy 1	1		1	0%
	CAH - Progressive Care Ward Deputy 2		1	1	100%
	CAH - Recovery Areas	5	26	31	84%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 2	1		1	0%
	CAH - T&O - Fracture Clinic		12	12	100%
	CAH - Theatres 1 - 4	6	53	59	90%
	CAH - Theatres 1 - 4 Deputy 1		1	1	100%
	CAH - Theatres 1 - 4 Deputy 3		1	1	100%
	CAH - Theatres 1 - 4 Deputy 4		1	1	100%
	CAH - Theatres 1 - 4 Deputy 5		1	1	100%
	CAH - Theatres 5 - 8	4	27	31	87%
	CAH - Theatres 5 - 8 Deputy 1		1	1	100%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%
	CAH - Theatres 5 - 8 Deputy 3		2	2	100%
	CAH - Theatres 5 - 8 Deputy 4		1	1	100%
	CAH - Thorndale Unit		10	10	100%
	CAH - Thorndale Unit Dep Mgr		1	1	100%
	CAH - Trauma & Orthopaedics Medical	3	12	15	80%
	CAH - Trauma Ward	1	35	36	97%
	CAH - Trauma Ward Deputy Manager		1	1	100%
	CAH - X-Ray - Nursing	1	3	4	75%
	CAH 1 West - Elective Admission Ward	4	10	14	71%
	CAH 3 South - Short Stay Surgical Ward	23	25	48	52%
	CAH 4 North - Emerg Surg Adm/Urology	16	28	44	64%
	CAH 4 South - Progressive Care Ward	1		1	0%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 2		1	1	100%
	CAH I.C.U Deputy 3		1	1	100%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	6	8	14	57%
	CAH Urology Medical	2	4	6	67%
	CAH-Trauma Ward Deputy Manager 2		2	2	100%
	Clinical Director General Surgery		2	2	100%
	DHH - Anaesthetics	1	13	14	93%
	DHH - Endoscopy		15	15	100%
	DHH - Female Surgical Winter Pressure	3	2	5	40%
	DHH - Female Surgical/Gynae Deputy		3	3	100%
	DHH - Female Surgical/Gynae Ward	6	29	35	83%
	DHH - General Surgery Medical	4	5	9	56%
	DHH - High Dependency Unit	1	22	23	96%
	DHH - Male Surgical Deputy		2	2	100%
	DHH - Male Surgical Ward	5	26	31	84%
	DHH - Pain Clinic	1		1	0%
	DHH - Theatres	10	41	51	80%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		1	1	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	1		1	0%
	Pre OP Assessment Team	4	9	13	69%
	Specialist Endoscopy		6	6	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	STH - General Surgery Medical	1		1	0%
	STH - Outpatients	2	10	12	83%
	STH - Theatres	5	29	34	85%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2		1	1	100%
	Trauma & Orthopaedics		2	2	100%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>178</b>	<b>709</b>	<b>887</b>	<b>80%</b>
Functional Support Services Division	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services	4		4	0%
	Armagh & Dungannon Support Services	1		1	0%
	Armagh Community Support Services	9	3	12	25%
	Armagh Support Services	4	11	15	73%
	Banbridge H&CC Support Services	4	2	6	33%
	BCH Linen Distribution	2	1	3	33%
	Bluestone Support Services	4		4	0%
	Bluestone Support Services 1	11		11	0%
	Bluestone Support Services 2	10		10	0%
	Bluestone Support Services 3	7	1	8	13%
	C&B Community Units	2	2	4	50%
	C&B Health Records Team	3		3	0%
	CAH - Laundry Service	9	28	37	76%
	CAH - Sterile Services Department	8	19	27	70%
	Community Domestic Services	3	3	6	50%
	Craigavon Catering 1	3	6	9	67%
	Craigavon Catering 2	2	4	6	67%
	Craigavon Catering 3	4	11	15	73%
	Craigavon Catering 4	6	11	17	65%
	Craigavon Catering Service	1		1	0%
	Craigavon Domestic Services Dep Tm Mgr		8	8	100%
	Craigavon Domestic Services Team 1	1	25	26	96%
	Craigavon Domestic Services Team 2	13	21	34	62%
	Craigavon Domestic Services Team 3	7	73	80	91%
	Craigavon Domestic Services Team 4	1	4	5	80%
	Craigavon Portering 1	6		6	0%
	Craigavon Portering 2	6	1	7	14%
	Craigavon Portering 3	8	1	9	11%
	Craigavon Portering 4	4	3	7	43%
	Craigavon Portering Service		1	1	100%
	DHH - Laundry Service		1	1	100%
	DHH - Sterile Services Department		6	6	100%
	DHH & Community Domestic Services	2		2	0%
	Domestic Services Manager		1	1	100%
	Domestic Services Team	20	32	52	62%
	Dungannon Catering		5	5	100%
	Linen & Laundry Services	1		1	0%
	Lurgan Catering Services	7		7	0%
	Lurgan Domestic Services	23		23	0%
	Lurgan Linen Dispatch	1		1	0%
	Lurgan Support Services	1	1	2	50%
	N&M A&D C&B Support Services		1	1	100%
	N&M Catering Services	10	8	18	44%
	N&M Health Records Team	1		1	0%
	N&M Portering & Security Services 1	15		15	0%
	Portadown Support Services	10		10	0%
	Porters	3		3	0%
	Sterile Services Department		1	1	100%
	STH Day Support Services	1	11	12	92%
	STH Evening Support Services	10	2	12	17%
<b>Functional Support Services Division Total</b>		<b>248</b>	<b>309</b>	<b>557</b>	<b>55%</b>
IM&WH and Cancer & Clinical Services Division	A&D Comm Midwifery Nsg-Armagh	6	16	22	73%
	Breast Care	2	1	3	33%
	Breast Feeding Support		3	3	100%
	C&B Community Midwives	1	20	21	95%
	CAH - Acute Physiotherapy	8	19	27	70%
	CAH - Acute Speech & Language Therapy	1	4	5	80%
	CAH - Adm & Asses Unit O&G		6	6	100%
	CAH - Biochemistry	3	35	38	92%
	CAH - Cancer Unit	5	23	28	82%
	CAH - Cellular Pathology	1	23	24	96%
	CAH - Delivery Suite		7	7	100%
	CAH - Delivery Suite 1	1	9	10	90%
	CAH - Delivery Suite 2	3	6	9	67%
	CAH - Delivery Suite 3	3	7	10	70%
	CAH - Delivery Suite 4	1	3	4	75%
	CAH - Delivery Suite 5	1	8	9	89%
	CAH - Delivery Suite 6		10	10	100%
	CAH - DOU Maternity		3	3	100%
	CAH - General Laboratories		4	4	100%
	CAH - Haematology	2	20	22	91%
	CAH - Haemovigilance		1	1	100%
	CAH - Maternity O/P	2	23	25	92%
	CAH - Microbiology	1	21	22	95%
	CAH - Mortuary		2	2	100%
	CAH - Obstetrics/Gynae	2	11	13	85%
	CAH - Palliative Care	3		3	0%
	CAH - Pathology		1	1	100%
	CAH - Pathology Team 1		1	1	100%
	CAH - Pathology Team 2	1	2	3	67%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pathology Team 3	2	6	8	75%
	CAH - Pathology Team 5		2	2	100%
	CAH - Radiology	3	12	15	80%
	CAH - Student Midwives		4	4	100%
	CAH - T&O Physiotherapy	3	9	12	75%
	CAH 1 East - Gynae Ward		20	20	100%
	CAH 2 East - Midwifery Led Unit	1	21	22	95%
	CAH 2 West - Maternity Ward	7	44	51	86%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer Services	1		1	0%
	Cancer Services Haematology		2	2	100%
	Colorectal	1	3	4	75%
	DHH - Acute Physiotherapy	5	3	8	38%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH - Admission & Assessment Unit	1	4	5	80%
	DHH - Ante/Post Natal	7	25	32	78%
	DHH - Delivery Suite 1		10	10	100%
	DHH - Delivery Suite 2		4	4	100%
	DHH - Delivery Suite 3	1	5	6	83%
	DHH - Delivery Suite 4	1	4	5	80%
	DHH - Delivery Suite 5		4	4	100%
	DHH - Delivery Suite 6	1	7	8	88%
	DHH - Delivery Suite 7		4	4	100%
	DHH - Mortuary		1	1	100%
	DHH - Obs & Gynae	5	8	13	62%
	DHH - Outpatients-Mat/Gynae	2	12	14	86%
	DHH - Radiology	1		1	0%
	Early Intervention Transform Programme		7	7	100%
	Midwifery/Gynae Service	1	5	6	83%
	N&M Community Midwives	1	12	13	92%
	N&M Gen Med Pract - Gum Clinic	3		3	0%
	N&M Sexual Health Clinic	1	1	2	50%
	NMT Sexual Health Clinic Nurses		3	3	100%
	Oncology		2	2	100%
	P.C.L Maternity DHH		1	1	100%
	P.C.L Mgs Community		1	1	100%
	P.C.L Mgs Delivery/MLU/Admis		1	1	100%
	PACS Team	1		1	0%
	Palliative Nursing	3	3	6	50%
	Radiography Support	1	11	12	92%
	X-Ray - ACH		5	5	100%
	X-Ray - Banbridge Hospital	1		1	0%
	X-Ray - CAH Breast Screening	1		1	0%
	X-Ray - CAH C.T.	1	12	13	92%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH Fluoroscopy		2	2	100%
	X-Ray - CAH General	3	12	15	80%
	X-Ray - CAH MRI Unit		19	19	100%
	X-Ray - CAH Nuclear Medicine		7	7	100%
	X-Ray - CAH Trauma & Orthopaedics	2	5	7	71%
	X-Ray - CAH Ultra Sound	3	11	14	79%
	X-Ray - DHH	1	33	34	97%
	X-Ray - DHH Deputy 1	1		1	0%
	X-Ray - DHH Deputy 2		1	1	100%
	X-Ray - General Deputy		1	1	100%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	1	12	13	92%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	2	11	13	85%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>117</b>	<b>686</b>	<b>803</b>	<b>85%</b>
Medicine & Unscheduled Care Division	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 North Medicine	6	17	23	74%
	CAH - 2 North Respiratory Ward Deputy 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 1	1		1	0%
	CAH - 2 South Acute Elderly Ward Dep 2		1	1	100%
	CAH - 2 South Stroke Ward Deputy 1	1		1	0%
	CAH - 2 South Stroke Ward Deputy 2	1		1	0%
	CAH - Acute Med Admission Unit	8	48	56	86%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Cardiac Rehabilitation		2	2	100%
	CAH - Cardiology Medical	4	7	11	64%
	CAH - Cardiovascular Research	1		1	0%
	CAH - Catheterisation Laboratory	1	17	18	94%
	CAH - Day Clinical Care	4	10	14	71%
	CAH - Dermatology - Medical	4	4	8	50%
	CAH - Dermatology - Nursing	5	10	15	67%
	CAH - Dermatology - Nursing Dep Mgr	1		1	0%
	CAH - Dermatology - Nursing Dep Mgr 2		1	1	100%
	CAH - Diabetes Endocrine - Medical		3	3	100%
	CAH - Diabetic Nurse Specialist	1	1	2	50%
	CAH - Emerg-Acute Elderly-Gen Medicine		1	1	100%
	CAH - Emergency Dental	1		1	0%
	CAH - Emergency Medical	2	12	14	86%
	CAH - Emergency Nurse Practitioners	1	5	6	83%
	CAH - Emergency Nursing	31	69	100	69%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Gastroenterology - Medical		4	4	100%
	CAH - Medical	2	7	9	78%
	CAH - Neurology - Medical	1	2	3	67%
	CAH - Neurology Nursing	1	1	2	50%
	CAH - Pulmonary Function Lab	6	2	8	25%
	CAH - Rapid Acc Chest Pain Clinic		3	3	100%
	CAH - Respiratory - Medical	1	3	4	75%
	CAH - Respiratory Nrs Specialst	1	2	3	67%
	CAH - Rheumatology - Medical	1	4	5	80%
	CAH - Rheumatology Nurse Specialist	1	3	4	75%
	CAH - Stroke Geriatric - Medical	1	1	2	50%
	CAH - Ward 1 Medical Ramone		1	1	100%
	CAH - Winter Ward Deputy 1		1	1	100%
	CAH - Winter Ward Deputy 2		1	1	100%
	CAH 1 North - Cardiology Ward	32	18	50	36%
	CAH 1 NORTH - Cardiology Ward Dep Mgr	1		1	0%
	CAH 1 South - Medical Ward	7	45	52	87%
	CAH 2 North - Haematology Ward	6	14	20	70%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	12	16	28	57%
	CAH 2 South - Acute Elderly Ward	6	19	25	76%
	CAH 2 South - Stroke Ward	9	18	27	67%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	DHH - Day Clinical Centre	1	4	5	80%
	DHH - Diabetes Endocrine - Medical		2	2	100%
	DHH - Diabetic Nurse Specialist		1	1	100%
	DHH - Emergency Medical	3	3	6	50%
	DHH - Emergency Nursing	10	43	53	81%
	DHH - Emergency Nursing Deputy 1		1	1	100%
	DHH - Female Medical Ward	21	19	40	48%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Gastroenterology - Medical	3		3	0%
	DHH - General Medical	1	1	2	50%
	DHH - Geriatric Medical	1	1	2	50%
	DHH - Geriatrics - Medical		1	1	100%
	DHH - Male Medical Ward	18	26	44	59%
	DHH - Nursing	1	1	2	50%
	DHH - Renal Dialysis Nurse Spec		2	2	100%
	DHH - Renal Nursing		1	1	100%
	DHH - Renal Nursing Dep	1	38	39	97%
	DHH - Renal Unit - Medical	4	1	5	20%
	DHH - Respiratory - Medical		4	4	100%
	DHH - Respiratory Nurse Spec		1	1	100%
	DHH - Stroke & Rehab Level 6	13	23	36	64%
	DHH - Stroke & Rehab Level 6 Dep 1		2	2	100%
	DHH-Male Medical Dep		1	1	100%
	Gastro Rheum & Diabetes		1	1	100%
	Gastroenterology Nurse Specialist	1		1	0%
	Patient Flow - CAH	2	2	4	50%
	Senior Nurse Governance EM	1	1	2	50%
	STH - Emergency Minor Injuries Unit	1	8	9	89%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>246</b>	<b>572</b>	<b>818</b>	<b>70%</b>
Pharmacy Division	Anticoagulation Team		2	2	100%
	Antimicrobial Pharmacist		1	1	100%
	Aseptic Services	2	2	4	50%
	CAH - Band 4 Technicians		2	2	100%
	CAH - Clinical Pharmacy Team	1	4	5	80%
	CAH - Dispensary Team	1	3	4	75%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	3	7	10	70%
	CAH - Distribution Technician Team		4	4	100%
	CAH - IMM Technician Services	6	9	15	60%
	CAH - Medicines Information Team 1		2	2	100%
	CAH - Medicines Information Team 2		2	2	100%
	CAH - Pharmacy Ward Services	4	4	8	50%
	CAH - Procurement Technician Team	4	6	10	60%
	Chemotherapy Pharmacy Services		4	4	100%
	Cytotoxic Services	3	4	7	57%
	DHH - Band 4 Technicians	2	3	5	60%
	DHH - Clinical Pharmacy Team		5	5	100%
	DHH - Dispens & Distrib Technician Team	2	6	8	75%
	DHH - Dispensary Team	1	5	6	83%
	DHH Renal Pharmacy Team		2	2	100%
	Medicine Clinical Pharmacy	1	5	6	83%
	MH Clinical Pharmacy		1	1	100%
	Nursing Home Pharmacist		1	1	100%
	OPPC Clinical Pharmacy		2	2	100%
	Pharmacy - Lurgan Hospital		1	1	100%
	Pharmacy Chief Technicians		3	3	100%
	Pharmacy Clinical Services		1	1	100%
	Pharmacy Medicines Governance		1	1	100%
	Pharmacy Medicines Management	1		1	0%
	Pharmacy Patient Services		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement		1	1	100%
	Pharmacy Production Team	2	2	4	50%
	Pharmacy QA/Aseptic Services	1		1	0%
	Pharmacy Specialist Medicines		1	1	100%
	STH/SLH Clinical Pharmacy Team		1	1	100%
	Surgery Clinical Pharmacy	1	5	6	83%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services		2	2	100%
<b>Pharmacy Division Total</b>		<b>35</b>	<b>109</b>	<b>144</b>	<b>76%</b>
<b>Acute Services Total</b>		<b>824</b>	<b>2385</b>	<b>3209</b>	<b>74%</b>

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

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Southern Health & Social Care Trust

Summary of Staff in Acute Directorate with Waste Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained	
0% - 59%	
60% - 79%	
80% - 100%	

Division	Organisational Unit	Waste			
		Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ACH - Outpatients	1	3	4	75%
	Anaesthetics/Theatres/ICU Medical	1		1	0%
	Assistant Medical Director	1		1	0%
	Banbridge and N&M - Outpatients		23	23	100%
	CAH - Acute Pain Clinic	1	1	2	50%
	CAH - Anaesthetics	20	6	26	23%
	CAH - Day Surgery Unit	7	24	31	77%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - Emerg Surg Adm/Urology Ward Deputy	1		1	0%
	CAH - ENT Medical	9	1	10	10%
	CAH - I.C.U.	2	53	55	96%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Lead Nurses SEC	1		1	0%
	CAH - Orthodontics Dental		3	3	100%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	13	18	31	58%
	CAH - Orthopaedic Ward Deputy	1		1	0%
	CAH - Outpatients	6	21	27	78%
	CAH - Pain Clinic		2	2	100%
	CAH - Progressive Care Ward Deputy	36	14	50	28%
	CAH - Progressive Care Ward Deputy 1		1	1	100%
	CAH - Progressive Care Ward Deputy 2	1		1	0%
	CAH - Recovery Areas	7	24	31	77%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 2	1		1	0%
	CAH - T&O - Fracture Clinic	3	9	12	75%
	CAH - Theatres 1 - 4	4	55	59	93%
	CAH - Theatres 1 - 4 Deputy 1		1	1	100%
	CAH - Theatres 1 - 4 Deputy 3		1	1	100%
	CAH - Theatres 1 - 4 Deputy 4		1	1	100%
	CAH - Theatres 1 - 4 Deputy 5		1	1	100%
	CAH - Theatres 5 - 8	4	27	31	87%
	CAH - Theatres 5 - 8 Deputy 1		1	1	100%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%
	CAH - Theatres 5 - 8 Deputy 3		2	2	100%
	CAH - Theatres 5 - 8 Deputy 4		1	1	100%
	CAH - Thorndale Unit		10	10	100%
	CAH - Thorndale Unit Dep Mgr		1	1	100%
	CAH - Trauma & Orthopaedics Medical	8	7	15	47%
	CAH - Trauma Ward	17	19	36	53%
	CAH - Trauma Ward Deputy Manager	1		1	0%
	CAH - X-Ray - Nursing	1	3	4	75%
	CAH 1 West - Elective Admission Ward	4	10	14	71%
	CAH 3 South - Short Stay Surgical Ward	35	13	48	27%
	CAH 4 North - Emerg Surg Adm/Urology	35	9	44	20%
	CAH 4 South - Progressive Care Ward		1	1	100%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 2		1	1	100%
	CAH I.C.U Deputy 3		1	1	100%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	12	2	14	14%
	CAH Urology Medical	4	2	6	33%
	CAH-Trauma Ward Deputy Manager 2	1	1	2	50%
	Clinical Director General Surgery		2	2	100%
	DHH - Anaesthetics	5	9	14	64%
	DHH - Endoscopy		15	15	100%
	DHH - Female Surgical Winter Pressure	5		5	0%
	DHH - Female Surgical/Gynae Deputy	1	2	3	67%
	DHH - Female Surgical/Gynae Ward	9	26	35	74%
	DHH - General Surgery Medical	8	1	9	11%
	DHH - High Dependency Unit	10	13	23	57%
	DHH - Male Surgical Deputy	1	1	2	50%
	DHH - Male Surgical Ward	10	21	31	68%
	DHH - Pain Clinic	1		1	0%
	DHH - Theatres	12	39	51	76%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		1	1	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	1		1	0%
	Pre OP Assessment Team	9	4	13	31%
	Specialist Endoscopy	1	5	6	83%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	STH - General Surgery Medical	1		1	0%
	STH - Outpatients	4	8	12	67%
	STH - Theatres	4	30	34	88%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2		1	1	100%
	Trauma & Orthopaedics		2	2	100%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>322</b>	<b>565</b>	<b>887</b>	<b>64%</b>
Functional Support Services Division	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services	4		4	0%
	Armagh & Dungannon Support Services	1		1	0%
	Armagh Community Support Services	9	3	12	25%
	Armagh Support Services	14	1	15	7%
	Banbridge H&CC Support Services	4	2	6	33%
	BCH Linen Distribution	2	1	3	33%
	Bluestone Support Services	4		4	0%
	Bluestone Support Services 1	11		11	0%
	Bluestone Support Services 2	10		10	0%
	Bluestone Support Services 3	7	1	8	13%
	C&B Community Units	2	2	4	50%
	C&B Health Records Team	3		3	0%
	CAH - Laundry Service	10	27	37	73%
	CAH - Sterile Services Department	20	7	27	26%
	Community Domestic Services	3	3	6	50%
	Craigavon Catering 1	9		9	0%
	Craigavon Catering 2	6		6	0%
	Craigavon Catering 3	14	1	15	7%
	Craigavon Catering 4	17		17	0%
	Craigavon Catering Service	1		1	0%
	Craigavon Domestic Services Dep Tm Mgr		8	8	100%
	Craigavon Domestic Services Team 1	8	18	26	69%
	Craigavon Domestic Services Team 2	19	15	34	44%
	Craigavon Domestic Services Team 3	30	50	80	63%
	Craigavon Domestic Services Team 4	3	2	5	40%
	Craigavon Portering 1	6		6	0%
	Craigavon Portering 2	7		7	0%
	Craigavon Portering 3	8	1	9	11%
	Craigavon Portering 4	7		7	0%
	Craigavon Portering Service	1		1	0%
	DHH - Laundry Service		1	1	100%
	DHH - Sterile Services Department		6	6	100%
	DHH & Community Domestic Services	2		2	0%
	Domestic Services Manager		1	1	100%
	Domestic Services Team	20	32	52	62%
	Dungannon Catering	5		5	0%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services	7		7	0%
	Lurgan Domestic Services	23		23	0%
	Lurgan Linen Dispatch	1		1	0%
	Lurgan Support Services	1	1	2	50%
	N&M A&D C&B Support Services		1	1	100%
	N&M Catering Services	10	8	18	44%
	N&M Health Records Team	1		1	0%
	N&M Portering & Security Services 1	15		15	0%
	Portadown Support Services	10		10	0%
	Porters	3		3	0%
	Sterile Services Department		1	1	100%
	STH Day Support Services	6	6	12	50%
	STH Evening Support Services	11	1	12	8%
<b>Functional Support Services Division Total</b>		<b>355</b>	<b>202</b>	<b>557</b>	<b>36%</b>
IM&WH and Cancer & Clinical Services Division	A&D Comm Midwifery Nsg-Armagh	9	13	22	59%
	Breast Care	1	2	3	67%
	Breast Feeding Support	2	1	3	33%
	C&B Community Midwives	11	10	21	48%
	CAH - Acute Physiotherapy	6	21	27	78%
	CAH - Acute Speech & Language Therapy	2	3	5	60%
	CAH - Adm & Asses Unit O&G	3	3	6	50%
	CAH - Biochemistry	2	36	38	95%
	CAH - Cancer Unit	4	24	28	86%
	CAH - Cellular Pathology	1	23	24	96%
	CAH - Delivery Suite	3	4	7	57%
	CAH - Delivery Suite 1		10	10	100%
	CAH - Delivery Suite 2	2	7	9	78%
	CAH - Delivery Suite 3	4	6	10	60%
	CAH - Delivery Suite 4	1	3	4	75%
	CAH - Delivery Suite 5	5	4	9	44%
	CAH - Delivery Suite 6		10	10	100%
	CAH - DOU Maternity		3	3	100%
	CAH - General Laboratories		4	4	100%
	CAH - Haematology		22	22	100%
	CAH - Haemovigilance		1	1	100%
	CAH - Maternity O/P	10	15	25	60%
	CAH - Microbiology		22	22	100%
	CAH - Mortuary		2	2	100%
	CAH - Obstetrics/Gynae	10	3	13	23%
	CAH - Palliative Care	3		3	0%
	CAH - Pathology		1	1	100%
	CAH - Pathology Team 1		1	1	100%
	CAH - Pathology Team 2	2	1	3	33%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Pathology Team 3	6	2	8	25%
	CAH - Pathology Team 5		2	2	100%
	CAH - Radiology	12	3	15	20%
	CAH - Student Midwives	1	3	4	75%
	CAH - T&O Physiotherapy	3	9	12	75%
	CAH 1 East - Gynae Ward	10	10	20	50%
	CAH 2 East - Midwifery Led Unit	6	16	22	73%
	CAH 2 West - Maternity Ward	29	22	51	43%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer Services		1	1	100%
	Cancer Services Haematology		2	2	100%
	Colorectal		4	4	100%
	DHH - Acute Physiotherapy	4	4	8	50%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH - Admission & Assessment Unit	1	4	5	80%
	DHH - Ante/Post Natal	14	18	32	56%
	DHH - Delivery Suite 1	2	8	10	80%
	DHH - Delivery Suite 2		4	4	100%
	DHH - Delivery Suite 3	1	5	6	83%
	DHH - Delivery Suite 4	1	4	5	80%
	DHH - Delivery Suite 5	1	3	4	75%
	DHH - Delivery Suite 6	3	5	8	63%
	DHH - Delivery Suite 7		4	4	100%
	DHH - Mortuary		1	1	100%
	DHH - Obs & Gynae	9	4	13	31%
	DHH - Outpatients-Mat/Gynae	2	12	14	86%
	DHH - Radiology	1		1	0%
	Early Intervention Transform Programme	3	4	7	57%
	Midwifery/Gynae Service	4	2	6	33%
	N&M Community Midwives	9	4	13	31%
	N&M Gen Med Pract - Gum Clinic	3		3	0%
	N&M Sexual Health Clinic	1	1	2	50%
	NMT Sexual Health Clinic Nurses		3	3	100%
	Oncology		2	2	100%
	P.C.L Maternity DHH	1		1	0%
	P.C.L Mgs Community		1	1	100%
	P.C.L Mgs Delivery/MLU/Admis		1	1	100%
	PACS Team	1		1	0%
	Palliative Nursing	5	1	6	17%
	Radiography Support	1	11	12	92%
	X-Ray - ACH		5	5	100%
	X-Ray - Banbridge Hospital	1		1	0%
	X-Ray - CAH Breast Screening	1		1	0%
	X-Ray - CAH C.T.		13	13	100%
	X-Ray - CAH Cath Lab		2	2	100%
	X-Ray - CAH Fluoroscopy	1	1	2	50%
	X-Ray - CAH General	3	12	15	80%
	X-Ray - CAH MRI Unit	1	18	19	95%
	X-Ray - CAH Nuclear Medicine	1	6	7	86%
	X-Ray - CAH Trauma & Orthopaedics	2	5	7	71%
	X-Ray - CAH Ultra Sound	2	12	14	86%
	X-Ray - DHH	4	30	34	88%
	X-Ray - DHH Deputy 1	1		1	0%
	X-Ray - DHH Deputy 2		1	1	100%
	X-Ray - General Deputy		1	1	100%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	2	11	13	85%
	X-Ray - STH-ACH-CAH		1	1	100%
	X-Ray CAH Breast Team	3	10	13	77%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>238</b>	<b>565</b>	<b>803</b>	<b>70%</b>
Medicine & Unscheduled Care Division	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2	1		1	0%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 North Medicine	10	13	23	57%
	CAH - 2 North Respiratory Ward Deputy 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 1	1		1	0%
	CAH - 2 South Acute Elderly Ward Dep 2	1		1	0%
	CAH - 2 South Stroke Ward Deputy 1	1		1	0%
	CAH - 2 South Stroke Ward Deputy 2	1		1	0%
	CAH - Acute Med Admission Unit	8	48	56	86%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Cardiac Rehabilitation	2		2	0%
	CAH - Cardiology Medical	11		11	0%
	CAH - Cardiovascular Research		1	1	100%
	CAH - Catheterisation Laboratory	3	15	18	83%
	CAH - Day Clinical Care	4	10	14	71%
	CAH - Dermatology - Medical	7	1	8	13%
	CAH - Dermatology - Nursing	6	9	15	60%
	CAH - Dermatology - Nursing Dep Mgr	1		1	0%
	CAH - Dermatology - Nursing Dep Mgr 2		1	1	100%
	CAH - Diabetes Endocrine - Medical	1	2	3	67%
	CAH - Diabetic Nurse Specialist	1	1	2	50%
	CAH - Emerg-Acute Elderly-Gen Medicine	1		1	0%
	CAH - Emergency Dental		1	1	100%
	CAH - Emergency Medical	10	4	14	29%
	CAH - Emergency Nurse Practitioners	1	5	6	83%
	CAH - Emergency Nursing	32	68	100	68%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Gastroenterology - Medical	3	1	4	25%
	CAH - Medical	8	1	9	11%
	CAH - Neurology - Medical	2	1	3	33%
	CAH - Neurology Nursing	1	1	2	50%
	CAH - Pulmonary Function Lab	5	3	8	38%
	CAH - Rapid Acc Chest Pain Clinic	2	1	3	33%
	CAH - Respiratory - Medical	3	1	4	25%
	CAH - Respiratory Nrs Specialist	1	2	3	67%
	CAH - Rheumatology - Medical	4	1	5	20%
	CAH - Rheumatology Nurse Specialist	1	3	4	75%
	CAH - Stroke Geriatric - Medical	2		2	0%
	CAH - Ward 1 Medical Ramone		1	1	100%
	CAH - Winter Ward Deputy 1		1	1	100%
	CAH - Winter Ward Deputy 2	1		1	0%
	CAH 1 North - Cardiology Ward	36	14	50	28%
	CAH 1 NORTH - Cardiology Ward Dep Mgr	1		1	0%
	CAH 1 South - Medical Ward	22	30	52	58%
	CAH 2 North - Haematology Ward	10	10	20	50%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	16	12	28	43%
	CAH 2 South - Acute Elderly Ward	16	9	25	36%
	CAH 2 South - Stroke Ward	20	7	27	26%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	DHH - Day Clinical Centre	1	4	5	80%
	DHH - Diabetes Endocrine - Medical	2		2	0%
	DHH - Diabetic Nurse Specialist		1	1	100%
	DHH - Emergency Medical	4	2	6	33%
	DHH - Emergency Nursing	15	38	53	72%
	DHH - Emergency Nursing Deputy 1		1	1	100%
	DHH - Female Medical Ward	29	11	40	28%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Gastroenterology - Medical	3		3	0%
	DHH - General Medical	1	1	2	50%
	DHH - Geriatric Medical	1	1	2	50%
	DHH - Geriatrics - Medical		1	1	100%
	DHH - Male Medical Ward	39	5	44	11%
	DHH - Nursing	1	1	2	50%
	DHH - Renal Dialysis Nurse Spec		2	2	100%
	DHH - Renal Nursing		1	1	100%
	DHH - Renal Nursing Dep	2	37	39	95%
	DHH - Renal Unit - Medical	4	1	5	20%
	DHH - Respiratory - Medical	3	1	4	25%
	DHH - Respiratory Nurse Spec		1	1	100%
	DHH - Stroke & Rehab Level 6	32	4	36	11%
	DHH - Stroke & Rehab Level 6 Dep 1	2		2	0%
	DHH-Male Medical Dep		1	1	100%
	Gastro Rheum & Diabetes		1	1	100%
	Gastroenterology Nurse Specialist	1		1	0%
	Patient Flow - CAH	3	1	4	25%
	Senior Nurse Governance EM		2	2	100%
	STH - Emergency Minor Injuries Unit	4	5	9	56%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>407</b>	<b>411</b>	<b>818</b>	<b>50%</b>
Pharmacy Division	Anticoagulation Team		2	2	100%
	Antimicrobial Pharmacist		1	1	100%
	Aseptic Services	1	3	4	75%
	CAH - Band 4 Technicians		2	2	100%
	CAH - Clinical Pharmacy Team		5	5	100%
	CAH - Dispensary Team	3	1	4	25%
	CAH - Dispensary Team 2	1	1	2	50%
	CAH - Dispensary Technician Team	7	3	10	30%
	CAH - Distribution Technician Team		4	4	100%
	CAH - IMM Technician Services	6	9	15	60%
	CAH - Medicines Information Team 1		2	2	100%
	CAH - Medicines Information Team 2		2	2	100%
	CAH - Pharmacy Ward Services	3	5	8	63%
	CAH - Procurement Technician Team	4	6	10	60%
	Chemotherapy Pharmacy Services	1	3	4	75%
	Cytotoxic Services	4	3	7	43%
	DHH - Band 4 Technicians		5	5	100%
	DHH - Clinical Pharmacy Team		5	5	100%
	DHH - Dispens & Distrib Technician Team	2	6	8	75%
	DHH - Dispensary Team	1	5	6	83%
	DHH Renal Pharmacy Team		2	2	100%
	Medicine Clinical Pharmacy	1	5	6	83%
	MH Clinical Pharmacy		1	1	100%
	Nursing Home Pharmacist		1	1	100%
	OPPC Clinical Pharmacy	1	1	2	50%
	Pharmacy - Lurgan Hospital		1	1	100%
	Pharmacy Chief Technicians		3	3	100%
	Pharmacy Clinical Services		1	1	100%
	Pharmacy Medicines Governance		1	1	100%
	Pharmacy Medicines Management	1		1	0%
	Pharmacy Patient Services	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Pharmacy Procurement		1	1	100%
	Pharmacy Production Team	2	2	4	50%
	Pharmacy QA/Aseptic Services	1		1	0%
	Pharmacy Specialist Medicines		1	1	100%
	STH/SLH Clinical Pharmacy Team		1	1	100%
	Surgery Clinical Pharmacy	2	4	6	67%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services	1	1	2	50%
<b>Pharmacy Division Total</b>		<b>43</b>	<b>101</b>	<b>144</b>	<b>70%</b>
<b>Acute Services Total</b>		<b>1365</b>	<b>1844</b>	<b>3209</b>	<b>57%</b>

This report has been compiled and is intended for use only by the official recipient. Due to the delay in receipt of, and occasional delays in processing and verification of, some New Start, Transfer/Amendment and Termination forms, the information contained in this report may not be completely up-to-date. In order to minimise this it is essential that New Start, Amendment/Transfer and Termination forms are completed and forwarded to the relevant department in a timely manner.

For staff on pay protection, the grade and pay scale information indicates the band that the person is currently protected on, not the actual post they are working in.

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

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## Southern Health &amp; Social Care Trust

## Summary of Staff in Acute Directorate with Safeguarding Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

Division	Organisational Unit	Safeguarding			
		Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ACH - Outpatients		4	4	100%
	Acute Governance		2	2	100%
	Acute Governance Team 1	1	1	2	50%
	Acute Governance Team 2		6	6	100%
	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2		1	1	100%
	Anaesthetics/Theatres/ICU Medical		1	1	100%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division		2	2	100%
	ATICS Admin	10	14	24	58%
	Banbridge and N&M - Outpatients	2	21	23	91%
	CAH - Acute Pain Clinic	1	1	2	50%
	CAH - Anaesthetics	6	20	26	77%
	CAH - Day Surgery Unit	6	25	31	81%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - Emerg Surg Adm/Urology Ward Deputy	1		1	0%
	CAH - ENT Medical	3	7	10	70%
	CAH - I.C.U.	7	48	55	87%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Lead Nurses SEC	2	1	3	33%
	CAH - Orthodontics Dental	1	2	3	67%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	3	28	31	90%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	3	25	28	89%
	CAH - Pain Clinic	1	1	2	50%
	CAH - Progressive Care Ward Deputy	20	30	50	60%
	CAH - Progressive Care Ward Deputy 1	1		1	0%
	CAH - Progressive Care Ward Deputy 2		1	1	100%
	CAH - Recovery Areas	2	29	31	94%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 2	1		1	0%
	CAH - T&O - Fracture Clinic	3	9	12	75%
	CAH - Theatres 1 - 4	38	21	59	36%
	CAH - Theatres 1 - 4 Deputy 1	1		1	0%
	CAH - Theatres 1 - 4 Deputy 3	1		1	0%
	CAH - Theatres 1 - 4 Deputy 4	1		1	0%
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%
	CAH - Theatres 5 - 8	9	23	32	72%
	CAH - Theatres 5 - 8 Deputy 1	1		1	0%
	CAH - Theatres 5 - 8 Deputy 2	1		1	0%
	CAH - Theatres 5 - 8 Deputy 3	2		2	0%
	CAH - Theatres 5 - 8 Deputy 4	1		1	0%
	CAH - Thorndale Unit		10	10	100%
	CAH - Thorndale Unit Dep Mgr		1	1	100%
	CAH - Trauma & Orthopaedics Medical	3	12	15	80%
	CAH - Trauma Ward	4	32	36	89%
	CAH - Trauma Ward Deputy Manager		1	1	100%
	CAH - X-Ray - Nursing	2	2	4	50%
	CAH 1 West - Elective Admission Ward	5	9	14	64%
	CAH 3 South - Short Stay Surgical Ward	16	32	48	67%
	CAH 4 North - Emerg Surg Adm/Urology	4	40	44	91%
	CAH 4 South - Progressive Care Ward	1		1	0%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 2		1	1	100%
	CAH I.C.U Deputy 3	1		1	0%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	3	11	14	79%
	CAH Urology Medical	2	4	6	67%
	CAH-Trauma Ward Deputy Manager 2		2	2	100%
	Clinical Director General Surgery		2	2	100%
	DHH - Anaesthetics	5	9	14	64%
	DHH - Endoscopy	2	13	15	87%
DHH - Female Surgical Winter Pressure	1	4	5	80%	
DHH - Female Surgical/Gynae Deputy	1	2	3	67%	
DHH - Female Surgical/Gynae Ward	19	16	35	46%	
DHH - General Surgery Medical	2	7	9	78%	
DHH - High Dependency Unit	2	21	23	91%	
DHH - Male Surgical Deputy		2	2	100%	
DHH - Male Surgical Ward	4	27	31	87%	
DHH - Pain Clinic	1		1	0%	

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Theatres	11	40	51	78%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		1	1	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area		1	1	100%
	Endoscopy Pain & Day Units		1	1	100%
	General Surgery/Orthodontics	1		1	0%
	Operational Support Admin	1	1	2	50%
	PCL ENT/Urology/Outpatients	1		1	0%
	Pre OP Assessment Admin	2	4	6	67%
	Pre OP Assessment Team	4	9	13	69%
	Scheduling Team		7	7	100%
	Specialist Endoscopy	1	5	6	83%
	STH - General Surgery Medical	1		1	0%
	STH - Outpatients	1	11	12	92%
	STH - Theatres	11	24	35	69%
	STH - Theatres Deputy 1	1		1	0%
	STH - Theatres Deputy 2		1	1	100%
	Surgery & Elective Division Admin		2	2	100%
	Trauma & Orthopaedics	1	2	3	67%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>248</b>	<b>703</b>	<b>951</b>	<b>74%</b>
Director's Office	Acute Services		2	2	100%
	Strategy Reform & Service Improvement		1	1	100%
<b>Director's Office Total</b>			<b>3</b>	<b>3</b>	<b>100%</b>
Functional Support Services Division	A&D Locality Health Records 1		2	2	100%
	A&D Locality Health Records 2		5	5	100%
	A&D Support Services Dep Mgr 1	1		1	0%
	Area Board Support Services	3	1	4	25%
	Armagh & Dungannon Support Services	1		1	0%
	Armagh Community Hospital Health Records		2	2	100%
	Armagh Community Support Services	10	2	12	17%
	Armagh Support Services	13	2	15	13%
	Banbridge H&CC Support Services	3	3	6	50%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution		3	3	100%
	Bluestone Support Services	4		4	0%
	Bluestone Support Services 1	9	2	11	18%
	Bluestone Support Services 2	8	2	10	20%
	Bluestone Support Services 3	6	2	8	25%
	C&B Community Support Services	1		1	0%
	C&B Community Units	2	3	5	60%
	C&B Functional Support Switchboard		15	15	100%
	C&B Health Records Team	1	36	37	97%
	C&B Locality Health Records		2	2	100%
	C&B Locality Health Records Supervisor 2		1	1	100%
	C&B Locality Health Records Supervisor 3		1	1	100%
	CAH - Dermatology Admin	1	2	3	67%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service		38	38	100%
	CAH - Med Rec ENT (Surg)	2	5	7	71%
	CAH - Med Rec Maternity	2	4	6	67%
	CAH - Med Records Obs/Gynae	4	9	13	69%
	CAH - Sterile Services Department		27	27	100%
	CAH Support Services	2	2	4	50%
	CAH Surgery Admin IS	1	2	3	67%
	CAH/ACH/STH - General Medicine Admin	20	37	57	65%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2	1		1	0%
	CAH/STH - Emergency Admin Supervisor 3	1		1	0%
	CAH/STH - Emergency Admin Team	11	12	23	52%
	CAH-Ward Clerks	4	19	23	83%
	Community Domestic Services	6		6	0%
	Craigavon Catering 1	9		9	0%
	Craigavon Catering 2	5	1	6	17%
	Craigavon Catering 3	15		15	0%
	Craigavon Catering 4	15	2	17	12%
	Craigavon Catering Service	1	1	2	50%
	Craigavon Domestic Services		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	1	7	8	88%
	Craigavon Domestic Services Team 1	3	23	26	88%
	Craigavon Domestic Services Team 2	18	16	34	47%
	Craigavon Domestic Services Team 3	10	70	80	88%
	Craigavon Domestic Services Team 4	1	4	5	80%
	Craigavon Portering 1	6		6	0%
	Craigavon Portering 2	7		7	0%
	Craigavon Portering 3	8	1	9	11%
	Craigavon Portering 4	7		7	0%
	Craigavon Portering Service	1		1	0%
	Decontamination Services		1	1	100%
	Dermatology Admin	2		2	0%
	DHH - Emergency Admin Team	2	6	8	75%
	DHH - ENT Admin	1	1	2	50%
	DHH - General Medicine Admin	6	2	8	25%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service		1	1	100%
	DHH - Obs & Gynae Admin	7	2	9	22%
	DHH - Obs&Gynae O/P Admin		1	1	100%
	DHH - Sterile Services Department		6	6	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH & Community Domestic Services	2		2	0%
	DHH Emergency & Renal Admin		1	1	100%
	DHH Emergency & Renal Admin Deputy		1	1	100%
	DHH-Ward Clerks	3	4	7	57%
	Domestic Services Manager	1		1	0%
	Domestic Services Team	50	2	52	4%
	Dungannon Catering	5		5	0%
	Functional Support Services Division	1	2	3	67%
	General & Oral Surgery Admin	6	23	29	79%
	Health Records	1		1	0%
	Linen & Laundry Services	1		1	0%
	Lurgan Catering Services	6	1	7	14%
	Lurgan Domestic Services	19	4	23	17%
	Lurgan Linen Dispatch		1	1	100%
	Lurgan Support Services	2	1	3	33%
	Midwifery/Gynae Service Admin	2	1	3	33%
	Minor Injuries Admin STH	1	2	3	67%
	N&M A&D C&B Support Services	2	1	3	33%
	N&M Catering Services	19		19	0%
	N&M Functional Support Switchboard		6	6	100%
	N&M General & Oral Sugery Admin		8	8	100%
	N&M Health Records Team	8	4	12	33%
	N&M Locality Health Records		2	2	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	15		15	0%
	N&M Renal Admin Team	2	2	4	50%
	N&M Support Services Manager	1		1	0%
	Portadown Support Services	10		10	0%
	Porters	3		3	0%
	Referral & Booking Centre		38	38	100%
	Referral & Booking Centre Dep Mgr		1	1	100%
	Referral & Booking Centre Manager		1	1	100%
	Southern Trust Support Services	1		1	0%
	St Lukes Hospital Villa 3 Health Records	1		1	0%
	Sterile Services Department		1	1	100%
	STH Day Support Services	11	3	14	21%
	STH Evening Support Services	11	1	12	8%
	Switchboard & Residential Accommodation	1	1	2	50%
	Trustwide Support Services Admin		2	2	100%
<b>Functional Support Services Division Total</b>		<b>427</b>	<b>507</b>	<b>934</b>	<b>54%</b>
IM&WH and Cancer & Clinical Services Division	A&D Comm Midwifery Nsg-Armagh	1	21	22	95%
	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute		1	1	100%
	Breast Care	2	1	3	33%
	Breast Feeding Support		3	3	100%
	Breast Screening Admin	1	5	6	83%
	C&B Community Midwives	4	17	21	81%
	C&CS Service Improve		1	1	100%
	CAH - Acute OT Admin		2	2	100%
	CAH - Acute OT Inpatient	2	8	10	80%
	CAH - Acute OT MAU & ED & GLT		4	4	100%
	CAH - Acute OT Outpatient	1	4	5	80%
	CAH - Acute Physiotherapy	6	22	28	79%
	CAH - Acute Speech & Language Therapy	1	4	5	80%
	CAH - Adm & Asses Unit O&G		6	6	100%
	CAH - Audiology	3	7	10	70%
	CAH - Biochemistry		38	38	100%
	CAH - Cancer Unit	11	18	29	62%
	CAH - Cellular Pathology		24	24	100%
	CAH - Delivery Suite		8	8	100%
	CAH - Delivery Suite 1		10	10	100%
	CAH - Delivery Suite 2		9	9	100%
	CAH - Delivery Suite 3		10	10	100%
	CAH - Delivery Suite 4		4	4	100%
	CAH - Delivery Suite 5		9	9	100%
	CAH - Delivery Suite 6		10	10	100%
	CAH - DOU Maternity		3	3	100%
	CAH - General Laboratories		4	4	100%
	CAH - Haematology		22	22	100%
	CAH - Haemovigilance		1	1	100%
	CAH - Hearing Therapy	1		1	0%
	CAH - Maternity O/P	3	22	25	88%
	CAH - Microbiology		22	22	100%
	CAH - Mortuary		2	2	100%
	CAH - Obstetrics/Gynae	3	10	13	77%
	CAH - Orthoptics SHSCT	2	2	4	50%
	CAH - Palliative Care	2	1	3	33%
	CAH - Pathology		1	1	100%
	CAH - Pathology Team 1		1	1	100%
	CAH - Pathology Team 2		3	3	100%
	CAH - Pathology Team 3		8	8	100%
	CAH - Pathology Team 5		2	2	100%
	CAH - Radiology	1	14	15	93%
	CAH - Student Midwives	1	3	4	75%
	CAH - T&O Physiotherapy	2	10	12	83%
	CAH 1 East - Gynae Ward	3	17	20	85%
	CAH 2 East - Midwifery Led Unit	2	20	22	91%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH 2 West - Maternity Ward	4	48	52	92%
	CAH- Audiology Deputy Manager		1	1	100%
	CAH/DHH - Acute Dietetics		7	7	100%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer & Clinical Services Admin		2	2	100%
	Cancer Services	2		2	0%
	Cancer Services Admin	6	17	23	74%
	Cancer Services Haematology	1	1	2	50%
	Colorectal	1	3	4	75%
	DHH - Acute Occupational Therapy	2	8	10	80%
	DHH - Acute OT Admin		1	1	100%
	DHH - Acute Physiotherapy	2	7	9	78%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH - Admission & Assessment Unit		5	5	100%
	DHH - Ante/Post Natal	4	28	32	88%
	DHH - Audiology	1	3	4	75%
	DHH - Delivery Suite 1	2	8	10	80%
	DHH - Delivery Suite 2	1	3	4	75%
	DHH - Delivery Suite 3		6	6	100%
	DHH - Delivery Suite 4		5	5	100%
	DHH - Delivery Suite 5	1	3	4	75%
	DHH - Delivery Suite 6	1	7	8	88%
	DHH - Delivery Suite 7		4	4	100%
	DHH - Dietetics Renal Unit		2	2	100%
	DHH - Mortuary		1	1	100%
	DHH - Obs & Gynae	5	8	13	62%
	DHH - Outpatients-Mat/Gynae	7	8	15	53%
	DHH - Radiology	1		1	0%
	DHH Cancer & Clinical Admin		6	6	100%
	Diagnostics	1		1	0%
	Diagnostics Admin	7	21	28	75%
	Early Intervention Transform Programme	2	7	9	78%
	IM&WH & Cancer & Clinical Division		2	2	100%
	IM&WH Community Admin		1	1	100%
	Laboratory Services	1	1	2	50%
	Laboratory Services Admin	6	18	24	75%
	Midwifery/Gynae Service	3	4	7	57%
	N&M Community Midwives		13	13	100%
	N&M Gen Med Pract - Gum Clinic	3		3	0%
	N&M Sexual Health Clinic		2	2	100%
	NICRN Cancer Research Nurse		1	1	100%
	NMT Sexual Health Clinic Nurses	1	2	3	67%
	Oncology	1	1	2	50%
	P.C.L Maternity DHH		1	1	100%
	P.C.L Mgs Community		1	1	100%
	P.C.L Mgs Delivery/MLU/Admis	1		1	0%
	PACS Team	3		3	0%
	Paediatric Audiology	5	1	6	17%
	Palliative Nursing	1	5	6	83%
	Radiography Support	8	4	12	33%
	SHSCT Orthoptics Team		1	1	100%
	STH - Audiology	1	1	2	50%
	STH - Radiology Admin		2	2	100%
	X-Ray - ACH		5	5	100%
	X-Ray - Banbridge Hospital		1	1	100%
	X-Ray - CAH Breast Screening	1		1	0%
	X-Ray - CAH C.T.	6	7	13	54%
	X-Ray - CAH Cath Lab	2		2	0%
	X-Ray - CAH E.E.G.	1	2	3	67%
	X-Ray - CAH Fluoroscopy	1	1	2	50%
	X-Ray - CAH General	5	10	15	67%
	X-Ray - CAH MRI Unit	4	15	19	79%
	X-Ray - CAH Nuclear Medicine	3	4	7	57%
	X-Ray - CAH Trauma & Orthopaedics	1	6	7	86%
	X-Ray - CAH Ultra Sound	4	10	14	71%
	X-Ray - DHH	23	11	34	32%
	X-Ray - DHH Deputy 1	1		1	0%
	X-Ray - DHH Deputy 2	1		1	0%
	X-Ray - General Deputy		1	1	100%
	X-Ray - Practice Educator		1	1	100%
	X-Ray - STH	5	8	13	62%
	X-Ray - STH-ACH-CAH	1		1	0%
	X-Ray CAH Breast Team	10	3	13	23%
	X-Ray CAH E.E.G. Deputy		1	1	100%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>207</b>	<b>784</b>	<b>991</b>	<b>79%</b>
Medicine & Unscheduled Care Division	Acute Geriatric & Stroke	1	2	3	67%
	Acute Health Roster Team	1	1	2	50%
	Acute Hospital Social Work Department	1		1	0%
	AM & Unscheduled Care Nurse Manager		1	1	100%
	CAH - 1 South Medical Ward Deputy 1	1		1	0%
	CAH - 1 South Medical Ward Deputy 2	1		1	0%
	CAH - 1 South Medical Ward Deputy 3	1		1	0%
	CAH - 1 South Medical Ward Deputy 4	1		1	0%
	CAH - 2 North Medicine	6	17	23	74%
	CAH - 2 North Respiratory Ward Deputy 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 2		1	1	100%
	CAH - 2 South Stroke Ward Deputy 1	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - 2 South Stroke Ward Deputy 2	1		1	0%
	CAH - Acute Med Admission Unit	8	48	56	86%
	CAH - Acute Med Admission Unit Deputy 1	1		1	0%
	CAH - Cardiac Rehabilitation		2	2	100%
	CAH - Cardiology Medical	4	7	11	64%
	CAH - Cardiovascular Research	3	2	5	40%
	CAH - Catheterisation Laboratory	1	17	18	94%
	CAH - Day Clinical Care	6	8	14	57%
	CAH - Dermatology - Medical	4	4	8	50%
	CAH - Dermatology - Nursing	3	12	15	80%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Dermatology - Nursing Dep Mgr 2		1	1	100%
	CAH - Diabetes Endocrine - Medical	1	2	3	67%
	CAH - Diabetic Nurse Specialist	1	1	2	50%
	CAH - E.C.G.	8	8	16	50%
	CAH - Emerg-Acute Elderly-Gen Medicine	1	1	2	50%
	CAH - Emergency Dental	1		1	0%
	CAH - Emergency Medical	3	11	14	79%
	CAH - Emergency Nurse Practitioners	2	4	6	67%
	CAH - Emergency Nursing	54	47	101	47%
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Gastroenterology - Medical		4	4	100%
	CAH - Medical	1	8	9	89%
	CAH - Neurology - Medical	2	1	3	33%
	CAH - Neurology Nursing		2	2	100%
	CAH - Pulmonary Function Lab	5	3	8	38%
	CAH - Rapid Acc Chest Pain Clinic		3	3	100%
	CAH - Respiratory - Medical		4	4	100%
	CAH - Respiratory Nrs Specialst	1	2	3	67%
	CAH - Resuscitation		2	2	100%
	CAH - Rheumatology - Medical	1	4	5	80%
	CAH - Rheumatology Nurse Specialist	1	3	4	75%
	CAH - Stroke Geriatric - Medical		2	2	100%
	CAH - Ward 1 Medical Ramone		1	1	100%
	CAH - Winter Ward Deputy 1		1	1	100%
	CAH - Winter Ward Deputy 2		1	1	100%
	CAH 1 North - Cardiology Ward	27	23	50	46%
	CAH 1 NORTH - Cardiology Ward Dep Mgr		1	1	100%
	CAH 1 South - Medical Ward	13	39	52	75%
	CAH 2 North - Haematology Ward	8	12	20	60%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	7	21	28	75%
	CAH 2 South - Acute Elderly Ward	2	23	25	92%
	CAH 2 South - Stroke Ward	9	18	27	67%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	CAH-E.C.G Deputy Manager		1	1	100%
	Cardiology Neurology & Dermatology	4	4	8	50%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	4	3	7	43%
	Chaplains - Daisy Hill Hospital	2	2	4	50%
	Chaplains - Lurgan Hospital	1	1	2	50%
	Chaplains - South Tyrone Hospital	2		2	0%
	DHH - Day Clinical Centre		5	5	100%
	DHH - Diabetes Endocrine - Medical		2	2	100%
	DHH - Diabetic Nurse Specialist		1	1	100%
	DHH - E.C.G.	3	1	4	25%
	DHH - E.C.G. Deputy Manager		1	1	100%
	DHH - Emergency Medical	2	4	6	67%
	DHH - Emergency Nursing	9	44	53	83%
	DHH - Emergency Nursing Deputy 1		1	1	100%
	DHH - Female Medical Ward	22	18	40	45%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Gastroenterology - Medical	1	2	3	67%
	DHH - General Medical	1	1	2	50%
	DHH - Geriatric Medical	1	1	2	50%
	DHH - Geriatrics - Medical		1	1	100%
	DHH - Male Medical Ward	11	33	44	75%
	DHH - Nursing	1	1	2	50%
	DHH - Renal Dialysis Nurse Spec	2		2	0%
	DHH - Renal Nursing		1	1	100%
	DHH - Renal Nursing Dep	17	23	40	58%
	DHH - Renal Unit - Medical	2	3	5	60%
	DHH - Respiratory - Medical	1	3	4	75%
	DHH - Respiratory Nurse Spec		1	1	100%
	DHH - Stroke & Rehab Level 6	8	28	36	78%
	DHH - Stroke & Rehab Level 6 Dep 1		2	2	100%
	DHH-Male Medical Dep		1	1	100%
	Gastro Rheum & Diabetes	2		2	0%
	Gastroenterology Nurse Specialist		1	1	100%
	Hospital Social Work Team - CAH	4	9	13	69%
	Hospital Social Work Team - DHH		8	8	100%
	Hospital Social Work Team CAH-Sen Pract	1		1	0%
	Medicine & Unscheduled Care Division		2	2	100%
	Operational Supp Lead Gen&Spec Medicine		2	2	100%
	Patient Flow - CAH	9	24	33	73%
	Patient Flow - DHH		7	7	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Quality/Patient Support	1		1	0%
	Quality/Patient Support Admin		1	1	100%
	Senior Nurse Governance EM	1	2	3	
	STH - Emergency Minor Injuries Unit	1	8	9	89%
	STH - Emergency Minor Injuries Unit Dep1	1		1	0%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>311</b>	<b>635</b>	<b>946</b>	<b>67%</b>
Pharmacy Division	Acute Governance		3	3	100%
	Anticoagulation Team		3	3	100%
	Antimicrobial Pharmacist		1	1	100%
	Aseptic Services		4	4	100%
	CAH - Band 4 Technicians		2	2	100%
	CAH - Clinical Pharmacy Team		5	5	100%
	CAH - Dispensary Team		4	4	100%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team		10	10	100%
	CAH - Distribution Technician Team		4	4	100%
	CAH - IMM Technician Services		15	15	100%
	CAH - Medicines Information Team 1		2	2	100%
	CAH - Medicines Information Team 2		2	2	100%
	CAH - Pharmacy Ward Services		8	8	100%
	CAH - Procurement Technician Team		10	10	100%
	Chemotherapy Pharmacy Services		4	4	100%
	Cytotoxic Services		7	7	100%
	DHH - Band 4 Technicians		5	5	100%
	DHH - Clinical Pharmacy Team		5	5	100%
	DHH - Dispens & Distrib Technician Team		8	8	100%
	DHH - Dispensary Team		6	6	100%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		1	1	100%
	Medicine Clinical Pharmacy		6	6	100%
	MH Clinical Pharmacy		1	1	100%
	Nursing Home Pharmacist		1	1	100%
	OPPC Clinical Pharmacy		2	2	100%
	Pharmacy - Lurgan Hospital		1	1	100%
	Pharmacy Admin		3	3	100%
	Pharmacy Chief Technicians		3	3	100%
	Pharmacy Clinical Services		1	1	100%
	Pharmacy Finance Team		2	2	100%
	Pharmacy Medicines Governance		1	1	100%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%
	Pharmacy Procurement		1	1	100%
	Pharmacy Production Team		4	4	100%
	Pharmacy QA/Aseptic Services		1	1	100%
	Pharmacy Specialist Medicines		1	1	100%
	STH/SLH Clinical Pharmacy Team		1	1	100%
	Surgery Clinical Pharmacy		6	6	100%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services		2	2	100%
<b>Pharmacy Division Total</b>			<b>154</b>	<b>154</b>	<b>100%</b>
<b>Acute Services Total</b>		<b>1193</b>	<b>2786</b>	<b>3979</b>	

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Southern Health & Social Care Trust

Summary of Staff in Acute Directorate with MAPA CH3, Level 3 & 4 Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: Personal information redacted by the USI

Date: 10/07/2017

Key: % Trained	
0% - 59%	
60% - 79%	
80% - 100%	

		MAPA CH3, Level 3 & 4				
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained	
ATICS & Surgery & Elective Division	Anaesthetics/Theatres/ICU 2	1		1	0%	
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%	
	CAH - Emerg Surg Adm/Urology Ward Deputy	1		1	0%	
	CAH - I.C.U.	55		55	0%	
	CAH - I.C.U. Deputy	1		1	0%	
	CAH - Lead Nurses SEC	2		2	0%	
	CAH - Orthodontics Dental	3		3	0%	
	CAH - Orthodontics Medical	1		1	0%	
	CAH - Orthopaedic Ward	29	2	31	6%	
	CAH - Orthopaedic Ward Deputy	1		1	0%	
	CAH - Progressive Care Ward Deputy	50		50	0%	
	CAH - Progressive Care Ward Deputy 1	1		1	0%	
	CAH - Progressive Care Ward Deputy 2	1		1	0%	
	CAH - Recovery Areas	31		31	0%	
	CAH - Recovery Areas Deputy 1	1		1	0%	
	CAH - Recovery Areas Deputy 2	1		1	0%	
	CAH - T&O - Fracture Clinic	12		12	0%	
	CAH - Theatres 1 - 4	58		58	0%	
	CAH - Theatres 1 - 4 Deputy 1	1		1	0%	
	CAH - Theatres 1 - 4 Deputy 3	1		1	0%	
	CAH - Theatres 1 - 4 Deputy 4	1		1	0%	
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%	
	CAH - Theatres 5 - 8	30	1	31	3%	
	CAH - Theatres 5 - 8 Deputy 1	1		1	0%	
	CAH - Theatres 5 - 8 Deputy 2	1		1	0%	
	CAH - Theatres 5 - 8 Deputy 3	2		2	0%	
	CAH - Theatres 5 - 8 Deputy 4	1		1	0%	
	CAH - Thorndale Unit	10		10	0%	
	CAH - Thorndale Unit Dep Mgr	1		1	0%	
	CAH - Trauma Ward	33	3	36	8%	
	CAH - Trauma Ward Deputy Manager		1	1	100%	
	CAH - X-Ray - Nursing	4		4	0%	
	CAH 3 South - Short Stay Surgical Ward	1		1	0%	
	CAH 4 North - Emerg Surg Adm/Urology	38	6	44	14%	
	CAH 4 South - Progressive Care Ward	1		1	0%	
	CAH I.C.U Deputy 1	1		1	0%	
	CAH I.C.U Deputy 2	1		1	0%	
	CAH I.C.U Deputy 3	1		1	0%	
	CAH I.C.U Deputy 5	1		1	0%	
	CAH-Trauma Ward Deputy Manager 2	2		2	0%	
	DHH - Female Surgical Winter Pressure	5		5	0%	
	DHH - Female Surgical/Gynae Deputy	3		3	0%	
	DHH - Female Surgical/Gynae Ward	35		35	0%	
	DHH - High Dependency Unit	23		23	0%	
	DHH - Male Surgical Deputy	2		2	0%	
	DHH - Male Surgical Ward	31		31	0%	
	DHH - Theatres	50	1	51	2%	
	DHH - Theatres Deputy 1	1		1	0%	
	DHH - Theatres Deputy 2	1		1	0%	
	DHH - Theatres Deputy 3	1		1	0%	
	STH - Theatres	33	1	34	3%	
	STH - Theatres Deputy 1	1		1	0%	
	STH - Theatres Deputy 2	1		1	0%	
	<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>570</b>	<b>15</b>	<b>585</b>	<b>3%</b>
	Functional Support Services Division	CAH Support Services		1	1	100%
Craigavon Portering 1			4	4	100%	
Craigavon Portering 2			1	1	100%	
Craigavon Portering 4			4	4	100%	
DHH & Community Domestic Services			1	1	100%	
N&M Portering & Security Services 1		3	12	15	80%	
<b>Functional Support Services Division Total</b>		<b>3</b>	<b>23</b>	<b>26</b>	<b>88%</b>	
IM&WH and Cancer & Clinical Services Division	Cancer Services Haematology	2		2	0%	
	Colorectal	4		4	0%	
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>6</b>		<b>6</b>	<b>0%</b>	
Medicine & Unscheduled Care Division	AM & Unscheduled Care Nurse Manager	1		1	0%	
	CAH - 1 South Medical Ward Deputy 1		1	1	100%	
	CAH - 1 South Medical Ward Deputy 2	1		1	0%	
	CAH - 1 South Medical Ward Deputy 3	1		1	0%	
	CAH - 1 South Medical Ward Deputy 4	1		1	0%	
	CAH - 2 North Medicine	22	1	23	4%	
	CAH - 2 North Respiratory Ward Deputy 1	1		1	0%	
	CAH - 2 South Acute Elderly Ward Dep 1	1		1	0%	
	CAH - 2 South Acute Elderly Ward Dep 2	1		1	0%	
	CAH - 2 South Stroke Ward Deputy 1	1		1	0%	
	CAH - 2 South Stroke Ward Deputy 2	1		1	0%	

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Acute Med Admission Unit	39	17	56	30%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Emerg-Acute Elderly-Gen Medicine	1	1	2	50%
	CAH - Emergency Dental	1		1	0%
	CAH - Emergency Medical	11	2	13	15%
	CAH - Emergency Nurse Practitioners	5	1	6	17%
	CAH - Emergency Nursing	81	20	101	20%
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Rapid Acc Chest Pain Clinic	1		1	0%
	CAH - Ward 1 Medical Ramone	1		1	0%
	CAH - Winter Ward Deputy 1	1		1	0%
	CAH - Winter Ward Deputy 2	1		1	0%
	CAH 1 North - Cardiology Ward	49	1	50	2%
	CAH 1 NORTH - Cardiology Ward Dep Mgr	1		1	0%
	CAH 1 South - Medical Ward	52		52	0%
	CAH 2 North - Haematology Ward	19	1	20	5%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	28		28	0%
	CAH 2 South - Acute Elderly Ward	18	7	25	28%
	CAH 2 South - Stroke Ward	26	1	27	4%
	Cardiology Neurology & Dermatology	2		2	0%
	DHH - Emergency Medical	6		6	0%
	DHH - Emergency Nursing	47	6	53	11%
	DHH - Emergency Nursing Deputy 1	1		1	0%
	DHH - Female Medical Ward	39	1	40	3%
	DHH - Female Medical Ward Deputy 1	1		1	0%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Male Medical Ward	44		44	0%
	DHH - Stroke & Rehab Level 6	36		36	0%
	DHH - Stroke & Rehab Level 6 Dep 1	2		2	0%
	DHH-Male Medical Dep	1		1	0%
	Patient Flow - CAH	18	3	21	14%
	Patient Flow - DHH	7		7	0%
	Senior Nurse Governance EM	2		2	0%
	STH - Emergency Minor Injuries Unit	9		9	0%
	STH - Emergency Minor Injuries Unit Dep1	1		1	0%
	STH - Emergency Minor Injuries Unit Dep2	1		1	0%
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>586</b>	<b>64</b>	<b>650</b>	<b>10%</b>
<b>Acute Services Total</b>		<b>1165</b>	<b>102</b>	<b>1267</b>	<b>8%</b>

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## Southern Health &amp; Social Care Trust

## Summary of Staff in Acute Directorate with Food Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact:

Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained

0% - 59%

60% - 79%

80% - 100%

		Food Safety				
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained	
ATICS & Surgery & Elective Division	CAH - Day Surgery Unit	5	26	31	84%	
	CAH - Day Surgery Unit Deputy		1	1	100%	
	CAH - Day Surgical Ward Deputy	1		1	0%	
	CAH - Emerg Surg Ad/Urology Ward Deputy1		1	1	100%	
	CAH - Emerg Surg Adm/Urology Ward Deputy	1		1	0%	
	CAH - I.C.U.	2	53	55	96%	
	CAH - I.C.U. Deputy		1	1	100%	
	CAH - Orthopaedic Ward	11	20	31	65%	
	CAH - Orthopaedic Ward Deputy		1	1	100%	
	CAH - Progressive Care Ward Deputy	42	8	50	16%	
	CAH - Progressive Care Ward Deputy 1	1		1	0%	
	CAH - Progressive Care Ward Deputy 2	1		1	0%	
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%	
	CAH - Short Stay Surgical Ward Deputy 2	1		1	0%	
	CAH - Thorndale Unit	2	7	9	78%	
	CAH - Trauma Ward	14	22	36	61%	
	CAH - Trauma Ward Deputy Manager	1		1	0%	
	CAH 1 West - Elective Admission Ward	14		14	0%	
	CAH 3 South - Short Stay Surgical Ward	32	16	48	33%	
	CAH 4 North - Emerg Surg Adm/Urology	31	13	44	30%	
	CAH 4 South - Progressive Care Ward	1		1	0%	
	CAH I.C.U Deputy 1		1	1	100%	
	CAH I.C.U Deputy 2		1	1	100%	
	CAH I.C.U Deputy 3		1	1	100%	
	CAH I.C.U Deputy 5		1	1	100%	
	CAH-Trauma Ward Deputy Manager 2	1	1	2	50%	
	DHH - Endoscopy		15	15	100%	
	DHH - Female Surgical Winter Pressure	3	2	5	40%	
	DHH - Female Surgical/Gynae Deputy	2	1	3	33%	
	DHH - Female Surgical/Gynae Ward	19	16	35	46%	
	DHH - High Dependency Unit	9	14	23	61%	
	DHH - Male Surgical Deputy	2		2	0%	
	DHH - Male Surgical Ward	18	13	31	42%	
	DHH Observation Area	1		1	0%	
	<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>215</b>	<b>236</b>	<b>451</b>	<b>52%</b>
	Functional Support Services Division	A&D Support Services Dep Mgr 1		1	1	100%
		Area Board Support Services	2	2	4	50%
		Armagh & Dungannon Support Services		1	1	100%
		Armagh Community Support Services	5	1	6	17%
		Armagh Support Services	3	3	6	50%
		Banbridge H&CC Support Services	1	1	2	50%
		Bluestone Support Services	3	1	4	25%
		Bluestone Support Services 1	8	3	11	27%
Bluestone Support Services 2		7	3	10	30%	
Bluestone Support Services 3		5	3	8	38%	
C&B Community Support Services			1	1	100%	
C&B Community Units			1	1	100%	
CAH Support Services			1	1	100%	
Community Domestic Services		6		6	0%	
Craigavon Catering 1		1	8	9	89%	
Craigavon Catering 2			6	6	100%	
Craigavon Catering 3		1	14	15	93%	
Craigavon Catering 4			17	17	100%	
Craigavon Catering Service			1	1	100%	
Craigavon Domestic Services Dep Tm Mgr		7	1	8	13%	
Craigavon Domestic Services Team 1		14	12	26	46%	
Craigavon Domestic Services Team 2		7	27	34	79%	
Craigavon Domestic Services Team 3		28	52	80	65%	
Craigavon Domestic Services Team 4			5	5	100%	
DHH & Community Domestic Services		1		1	0%	
Domestic Services Manager		1		1	0%	
Domestic Services Team		19	26	45	58%	
Dungannon Catering		1	4	5	80%	
Lurgan Catering Services			7	7	100%	
Lurgan Domestic Services		4	18	22	82%	
Lurgan Support Services		1	1	2	50%	
N&M A&D C&B Support Services			2	2	100%	
N&M Catering Services		10	9	19	47%	
N&M Support Services Manager			1	1	100%	
Portadown Support Services		2	1	3	33%	
Southern Trust Support Services			1	1	100%	
STH Day Support Services		5	7	12	58%	
<b>Functional Support Services Division Total</b>			<b>142</b>	<b>242</b>	<b>384</b>	<b>63%</b>
IM&WH and Cancer & Clinical Services Division		Breast Care	2	1	3	33%
		Breast Feeding Support	2	1	3	33%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Acute OT Inpatient	4		4	0%
	CAH - Acute OT MAU & ED & GLT	1	2	3	67%
	CAH - Acute Speech & Language Therapy	3	2	5	40%
	CAH - Adm & Asses Unit O&G	4	2	6	33%
	CAH - Cancer Unit	20	8	28	29%
	CAH - Delivery Suite	2	5	7	71%
	CAH - Delivery Suite 1	3	7	10	70%
	CAH - Delivery Suite 2	3	6	9	67%
	CAH - Delivery Suite 3	6	4	10	40%
	CAH - Delivery Suite 4	1	3	4	75%
	CAH - Delivery Suite 5	3	6	9	67%
	CAH - Delivery Suite 6	1	9	10	90%
	CAH - DOU Maternity		3	3	100%
	CAH - Maternity O/P		1	1	100%
	CAH - Student Midwives	1	3	4	75%
	CAH 1 East - Gynae Ward	1	19	20	95%
	CAH 2 East - Midwifery Led Unit	8	14	22	64%
	CAH 2 West - Maternity Ward	23	28	51	55%
	DHH - Acute Occupational Therapy	4	1	5	20%
	DHH - Ante/Post Natal	11	21	32	66%
	DHH - Delivery Suite 1	4	6	10	60%
	DHH - Delivery Suite 2	1	3	4	75%
	DHH - Delivery Suite 3	1	5	6	83%
	DHH - Delivery Suite 4		5	5	100%
	DHH - Delivery Suite 5	2	2	4	50%
	DHH - Delivery Suite 6	3	5	8	63%
	DHH - Delivery Suite 7		4	4	100%
	Early Intervention Transform Programme	5	2	7	29%
	Midwifery/Gynae Service	4	1	5	20%
	N&M Community Midwives	11	1	12	8%
	Oncology	2		2	0%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>136</b>	<b>180</b>	<b>316</b>	<b>57%</b>
Medicine & Unscheduled Care Division	Acute Geriatric & Stroke	1		1	0%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3		1	1	100%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 North Medicine	12	11	23	48%
	CAH - 2 North Respiratory Ward Deputy 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 2		1	1	100%
	CAH - 2 South Stroke Ward Deputy 1	1		1	0%
	CAH - 2 South Stroke Ward Deputy 2	1		1	0%
	CAH - Acute Med Admission Unit	6	50	56	89%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Cardiac Rehabilitation	2		2	0%
	CAH - Catheterisation Laboratory	4	14	18	78%
	CAH - Day Clinical Care	6	8	14	57%
	CAH - Dermatology - Nursing	9	6	15	40%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Dermatology - Nursing Dep Mgr 2	1		1	0%
	CAH - Diabetic Nurse Specialist	2		2	0%
	CAH - Emerg-Acute Elderly-Gen Medicine	1		1	0%
	CAH - Emergency Nurse Practitioners	1	5	6	83%
	CAH - Emergency Nursing	49	52	101	51%
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Neurology Nursing	2		2	0%
	CAH - Rapid Acc Chest Pain Clinic	3		3	0%
	CAH - Respiratory Nrs Specialist	2	1	3	33%
	CAH - Ward 1 Medical Ramone		1	1	100%
	CAH - Winter Ward Deputy 1		1	1	100%
	CAH - Winter Ward Deputy 2		1	1	100%
	CAH 1 North - Cardiology Ward	35	15	50	30%
	CAH 1 NORTH - Cardiology Ward Dep Mgr	1		1	0%
	CAH 1 South - Medical Ward	19	33	52	63%
	CAH 2 North - Haematology Ward	6	14	20	70%
	CAH 2 North - Haematology Ward Dep Mgr		1	1	100%
	CAH 2 North - Respiratory Ward	10	18	28	64%
	CAH 2 South - Acute Elderly Ward	14	11	25	44%
	CAH 2 South - Stroke Ward	12	15	27	56%
	CAH Catheterisation Laboratory Dep Mgr 1	1		1	0%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	DHH - Day Clinical Centre	1	4	5	80%
	DHH - Diabetic Nurse Specialist	1		1	0%
	DHH - Emergency Nursing	21	32	53	60%
	DHH - Emergency Nursing Deputy 1	1		1	0%
	DHH - Female Medical Ward	29	11	40	28%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Male Medical Ward	37	7	44	16%
	DHH - Renal Dialysis Nurse Spec	2		2	0%
	DHH - Renal Nursing	1		1	0%
	DHH - Renal Nursing Dep	17	22	39	56%
	DHH - Respiratory Nurse Spec	1		1	0%
	DHH - Stroke & Rehab Level 6	28	8	36	22%
	DHH - Stroke & Rehab Level 6 Dep 1	2		2	0%
	DHH-Male Medical Dep		1	1	100%
	Senior Nurse Governance EM	1	1	2	50%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>345</b>	<b>354</b>	<b>699</b>	<b>51%</b>
<b>Acute Services Total</b>		<b>838</b>	<b>1012</b>	<b>1850</b>	<b>55%</b>

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## Southern Health &amp; Social Care Trust

## Summary of Staff in Acute Directorate with Infection Prevention &amp; Control Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

Division	Organisational Unit	Infection Prevention & Control			
		Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ACH - Outpatients	1	3	4	75%
	Acute Governance		2	2	100%
	Acute Governance Team 1	1	1	2	50%
	Acute Governance Team 2		6	6	100%
	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2		1	1	100%
	Anaesthetics/Theatres/ICU Medical		1	1	100%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division		2	2	100%
	ATICS Admin	9	15	24	63%
	Banbridge and N&M - Outpatients	8	15	23	65%
	CAH - Acute Pain Clinic	2		2	0%
	CAH - Anaesthetics	7	19	26	73%
	CAH - Day Surgery Unit	6	25	31	81%
	CAH - Day Surgery Unit Deputy	1		1	0%
	CAH - Day Surgical Ward Deputy	1		1	0%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - Emerg Surg Adm/Urology Ward Deputy		1	1	100%
	CAH - ENT Medical	7	3	10	30%
	CAH - I.C.U.	13	42	55	76%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Lead Nurses SEC	2	1	3	33%
	CAH - Orthodontics Dental	1	2	3	67%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	10	21	31	68%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	9	19	28	68%
	CAH - Pain Clinic	1	1	2	50%
	CAH - Progressive Care Ward Deputy	28	22	50	44%
	CAH - Progressive Care Ward Deputy 1	1		1	0%
	CAH - Progressive Care Ward Deputy 2		1	1	100%
	CAH - Recovery Areas	10	21	31	68%
	CAH - Recovery Areas Deputy 1		1	1	100%
	CAH - Recovery Areas Deputy 2		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 2	1		1	0%
	CAH - T&O - Fracture Clinic	5	7	12	58%
	CAH - Theatres 1 - 4	21	38	59	64%
	CAH - Theatres 1 - 4 Deputy 1		1	1	100%
	CAH - Theatres 1 - 4 Deputy 3	1		1	0%
	CAH - Theatres 1 - 4 Deputy 4	1		1	0%
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%
	CAH - Theatres 5 - 8	21	11	32	34%
	CAH - Theatres 5 - 8 Deputy 1		1	1	100%
	CAH - Theatres 5 - 8 Deputy 2	1		1	0%
	CAH - Theatres 5 - 8 Deputy 3	2		2	0%
	CAH - Theatres 5 - 8 Deputy 4	1		1	0%
	CAH - Thorndale Unit	3	7	10	70%
	CAH - Thorndale Unit Dep Mgr		1	1	100%
	CAH - Trauma & Orthopaedics Medical	4	11	15	73%
	CAH - Trauma Ward	7	29	36	81%
	CAH - Trauma Ward Deputy Manager		1	1	100%
	CAH - X-Ray - Nursing	3	1	4	25%
	CAH 1 West - Elective Admission Ward	6	8	14	57%
	CAH 3 South - Short Stay Surgical Ward	20	28	48	58%
	CAH 4 North - Emerg Surg Adm/Urology	10	34	44	77%
	CAH 4 South - Progressive Care Ward	1		1	0%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 2	1		1	0%
	CAH I.C.U Deputy 3		1	1	100%
CAH I.C.U Deputy 5	1		1	0%	
CAH Surgery Medical	6	8	14	57%	
CAH Urology Medical		6	6	100%	
CAH-Trauma Ward Deputy Manager 2	2		2	0%	
Clinical Director General Surgery		2	2	100%	
DHH - Anaesthetics	3	11	14	79%	
DHH - Endoscopy	2	13	15	87%	
DHH - Female Surgical Winter Pressure	2	3	5	60%	
DHH - Female Surgical/Gynae Deputy	2	1	3	33%	
DHH - Female Surgical/Gynae Ward	10	25	35	71%	
DHH - General Surgery Medical	2	7	9	78%	
DHH - High Dependency Unit	7	16	23	70%	
DHH - Male Surgical Deputy		2	2	100%	
DHH - Male Surgical Ward	16	15	31	48%	
DHH - Pain Clinic	1		1	0%	

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Theatres	14	37	51	73%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		1	1	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	1		1	0%
	Endoscopy Pain & Day Units		1	1	100%
	General Surgery/Orthodontics	1		1	0%
	Operational Support Admin	1	1	2	50%
	PCL ENT/Urology/Outpatients		1	1	100%
	Pre OP Assessment Admin	1	5	6	83%
	Pre OP Assessment Team	8	5	13	38%
	Scheduling Team	4	3	7	43%
	Specialist Endoscopy	1	5	6	83%
	STH - General Surgery Medical	1		1	0%
	STH - Outpatients	9	3	12	25%
	STH - Theatres	13	22	35	63%
	STH - Theatres Deputy 1	1		1	0%
	STH - Theatres Deputy 2		1	1	100%
	Surgery & Elective Division Admin	1	1	2	50%
	Trauma & Orthopaedics	2	1	3	33%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>343</b>	<b>608</b>	<b>951</b>	<b>64%</b>
Director's Office	Acute Services	2		2	0%
	Strategy Reform & Service Improvement	1		1	0%
<b>Director's Office Total</b>		<b>3</b>		<b>3</b>	<b>0%</b>
Functional Support Services Division	A&D Locality Health Records 1	1	1	2	50%
	A&D Locality Health Records 2		5	5	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Armagh & Dungannon Support Services		1	1	100%
	Armagh Community Hospital Health Records	1	1	2	50%
	Armagh Community Support Services	2	10	12	83%
	Armagh Support Services	1	14	15	93%
	Banbridge H&CC Support Services	4	2	6	33%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	2	1	3	33%
	Bluestone Support Services	2	1	3	33%
	Bluestone Support Services 1	5	5	10	50%
	Bluestone Support Services 2	4	6	10	60%
	Bluestone Support Services 3	3	4	7	57%
	C&B Community Support Services	1		1	0%
	C&B Community Units	3	2	5	40%
	C&B Functional Support Switchboard	4	11	15	73%
	C&B Health Records Team	10	27	37	73%
	C&B Locality Health Records		2	2	100%
	C&B Locality Health Records Supervisor 2		1	1	100%
	C&B Locality Health Records Supervisor 3		1	1	100%
	CAH - Dermatology Admin	1	2	3	67%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	10	28	38	74%
	CAH - Med Rec ENT (Surg)	4	3	7	43%
	CAH - Med Rec Maternity	1	5	6	83%
	CAH - Med Records Obs/Gynae	2	11	13	85%
	CAH - Sterile Services Department	23	4	27	15%
	CAH Support Services	3	1	4	25%
	CAH Surgery Admin IS	2	1	3	33%
	CAH/ACH/STH - General Medicine Admin	24	33	57	58%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2		1	1	100%
	CAH/STH - Emergency Admin Supervisor 3		1	1	100%
	CAH/STH - Emergency Admin Team	3	20	23	87%
	CAH-Ward Clerks	4	19	23	83%
	Community Domestic Services	5	1	6	17%
	Craigavon Catering 4	1		1	0%
	Craigavon Catering Service	1	1	2	50%
	Craigavon Domestic Services		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	5	3	8	38%
	Craigavon Domestic Services Team 1	7	19	26	73%
	Craigavon Domestic Services Team 2	26	8	34	24%
	Craigavon Domestic Services Team 3	16	64	80	80%
	Craigavon Domestic Services Team 4	2	3	5	60%
	Craigavon Portering 1	1	5	6	83%
	Craigavon Portering 2	2	5	7	71%
	Craigavon Portering 3	6	3	9	33%
	Craigavon Portering 4	1	6	7	86%
	Craigavon Portering Service		1	1	100%
	Decontamination Services	1		1	0%
	Dermatology Admin	2		2	0%
	DHH - Emergency Admin Team	2	6	8	75%
	DHH - ENT Admin		2	2	100%
	DHH - General Medicine Admin	5	3	8	38%
	DHH - Geriatrics Admin	1		1	0%
	DHH - Laundry Service	1		1	0%
	DHH - Obs & Gynae Admin	5	4	9	44%
	DHH - Obs&Gynae O/P Admin		1	1	100%
	DHH - Sterile Services Department	6		6	0%
	DHH & Community Domestic Services	2		2	0%
	DHH Emergency & Renal Admin		1	1	100%
	DHH Emergency & Renal Admin Deputy		1	1	100%
	DHH-Ward Clerks	3	4	7	57%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Domestic Services Manager	1		1	0%
	Domestic Services Team	25	27	52	52%
	Functional Support Services Division	1	2	3	67%
	General & Oral Surgery Admin	10	19	29	66%
	Health Records		1	1	100%
	Linen & Laundry Services		1	1	100%
	Lurgan Domestic Services	21	2	23	9%
	Lurgan Linen Dispatch	1		1	0%
	Lurgan Support Services	3		3	0%
	Midwifery/Gynae Service Admin		3	3	100%
	Minor Injuries Admin STH		3	3	100%
	N&M A&D C&B Support Services	2	1	3	33%
	N&M Catering Services	1		1	0%
	N&M Functional Support Switchboard	2	4	6	67%
	N&M General & Oral Sugery Admin	2	6	8	75%
	N&M Health Records Team	4	8	12	67%
	N&M Locality Health Records		2	2	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	9	6	15	40%
	N&M Renal Admin Team	2	2	4	50%
	N&M Support Services Manager		1	1	100%
	Portadown Support Services	6	2	8	25%
	Porters		3	3	100%
	Referral & Booking Centre	8	30	38	79%
	Referral & Booking Centre Dep Mgr	1		1	0%
	Referral & Booking Centre Manager	1		1	0%
	Southern Trust Support Services	1		1	0%
	St Lukes Hospital Villa 3 Health Records		1	1	100%
	Sterile Services Department	1		1	0%
	STH Day Support Services	2	12	14	86%
	STH Evening Support Services		12	12	100%
	Switchboard & Residential Accommodation	1	1	2	50%
	Trustwide Support Services Admin		2	2	100%
<b>Functional Support Services Division Total</b>		<b>326</b>	<b>523</b>	<b>849</b>	<b>62%</b>
IM&WH and Cancer & Clinical Services Division	A&D Comm Midwifery Nsg-Armagh	2	20	22	91%
	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Breast Care		3	3	100%
	Breast Feeding Support	1	2	3	67%
	Breast Screening Admin	1	5	6	83%
	C&B Community Midwives	3	18	21	86%
	C&CS Service Improve		1	1	100%
	CAH - Acute OT Admin		2	2	100%
	CAH - Acute OT Inpatient	2	8	10	80%
	CAH - Acute OT MAU & ED & GLT	1	3	4	75%
	CAH - Acute OT Outpatient	1	4	5	80%
	CAH - Acute Physiotherapy	14	14	28	50%
	CAH - Acute Speech & Language Therapy		5	5	100%
	CAH - Adm & Asses Unit O&G	2	4	6	67%
	CAH - Audiology	6	4	10	40%
	CAH - Biochemistry	2	36	38	95%
	CAH - Cancer Unit	8	21	29	72%
	CAH - Cellular Pathology	2	22	24	92%
	CAH - Delivery Suite	2	6	8	75%
	CAH - Delivery Suite 1	3	7	10	70%
	CAH - Delivery Suite 2	4	5	9	56%
	CAH - Delivery Suite 3	3	7	10	70%
	CAH - Delivery Suite 4	1	3	4	75%
	CAH - Delivery Suite 5	4	5	9	56%
	CAH - Delivery Suite 6	6	4	10	40%
	CAH - DOU Maternity	1	2	3	67%
	CAH - General Laboratories		4	4	100%
	CAH - Haematology		22	22	100%
	CAH - Haemovigilence	1		1	0%
	CAH - Hearing Therapy	1		1	0%
	CAH - Maternity O/P	11	14	25	56%
	CAH - Microbiology	1	21	22	95%
	CAH - Mortuary	2		2	0%
	CAH - Obstetrics/Gynae	3	10	13	77%
	CAH - Orthoptics SHSCT		4	4	100%
	CAH - Palliative Care	2	1	3	33%
	CAH - Pathology		1	1	100%
	CAH - Pathology Team 1	1		1	0%
	CAH - Pathology Team 2	2	1	3	33%
	CAH - Pathology Team 3	4	4	8	50%
	CAH - Pathology Team 5		2	2	100%
	CAH - Radiology	7	8	15	53%
	CAH - Student Midwives	2	2	4	50%
	CAH - T&O Physiotherapy	5	7	12	58%
	CAH 1 East - Gynae Ward	8	12	20	60%
	CAH 2 East - Midwifery Led Unit	6	16	22	73%
	CAH 2 West - Maternity Ward	21	31	52	60%
	CAH- Audiology Deputy Manager		1	1	100%
	CAH/DHH - Acute Dietetics	4	3	7	43%
	CAH/DHH - Acute Podiatry	1		1	0%
	Cancer & Clinical Services Admin	1	1	2	50%
	Cancer Services	1	1	2	50%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Cancer Services Admin	2	21	23	91%
	Cancer Services Haematology	1	1	2	50%
	Colorectal	2	2	4	50%
	DHH - Acute Occupational Therapy	3	7	10	70%
	DHH - Acute OT Admin		1	1	100%
	DHH - Acute Physiotherapy	4	5	9	56%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH - Admission & Assessment Unit	4	1	5	20%
	DHH - Ante/Post Natal	17	15	32	47%
	DHH - Audiology	4		4	0%
	DHH - Delivery Suite 1	4	6	10	60%
	DHH - Delivery Suite 2	2	2	4	50%
	DHH - Delivery Suite 3		6	6	100%
	DHH - Delivery Suite 4	1	4	5	80%
	DHH - Delivery Suite 5	2	2	4	50%
	DHH - Delivery Suite 6	6	2	8	25%
	DHH - Delivery Suite 7	1	3	4	75%
	DHH - Dietetics Renal Unit		2	2	100%
	DHH - Mortuary	1		1	0%
	DHH - Obs & Gynae	7	6	13	46%
	DHH - Outpatients-Mat/Gynae	11	4	15	27%
	DHH - Radiology	1		1	0%
	DHH Cancer & Clinical Admin	2	4	6	67%
	Diagnostics	1		1	0%
	Diagnostics Admin	9	19	28	68%
	Early Intervention Transform Programme	5	4	9	44%
	IM&WH & Cancer & Clinical Division		2	2	100%
	IM&WH Community Admin		1	1	100%
	Laboratory Services		2	2	100%
	Laboratory Services Admin	2	22	24	92%
	Midwifery/Gynae Service	5	2	7	29%
	N&M Community Midwives		13	13	100%
	N&M Gen Med Pract - Gum Clinic	2	1	3	33%
	N&M Sexual Health Clinic		2	2	100%
	NICRN Cancer Research Nurse		1	1	100%
	NMT Sexual Health Clinic Nurses	1	2	3	67%
	Oncology	2		2	0%
	P.C.L Maternity DHH		1	1	100%
	P.C.L Mgs Community		1	1	100%
	P.C.L Mgs Delivery/MLU/Admis	1		1	0%
	PACS Team	3		3	0%
	Paediatric Audiology	4	2	6	33%
	Palliative Nursing	2	4	6	67%
	Radiography Support	5	7	12	58%
	SHSCT Orthoptics Team		1	1	100%
	STH - Audiology	1	1	2	50%
	STH - Radiology Admin		2	2	100%
	X-Ray - ACH		5	5	100%
	X-Ray - Banbridge Hospital		1	1	100%
	X-Ray - CAH Breast Screening	1		1	0%
	X-Ray - CAH C.T.	11	2	13	15%
	X-Ray - CAH Cath Lab	2		2	0%
	X-Ray - CAH E.E.G.	1	2	3	67%
	X-Ray - CAH Fluoroscopy		2	2	100%
	X-Ray - CAH General	6	9	15	60%
	X-Ray - CAH MRI Unit	10	9	19	47%
	X-Ray - CAH Nuclear Medicine	3	4	7	57%
	X-Ray - CAH Trauma & Orthopaedics	4	3	7	43%
	X-Ray - CAH Ultra Sound	9	5	14	36%
	X-Ray - DHH	32	2	34	6%
	X-Ray - DHH Deputy 1	1		1	0%
	X-Ray - DHH Deputy 2	1		1	0%
	X-Ray - General Deputy		1	1	100%
	X-Ray - Practice Educator		1	1	100%
	X-Ray - STH	6	7	13	54%
	X-Ray - STH-ACH-CAH	1		1	0%
	X-Ray CAH Breast Team	8	5	13	38%
	X-Ray CAH E.E.G. Deputy		1	1	100%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>369</b>	<b>622</b>	<b>991</b>	<b>63%</b>
Medicine & Unscheduled Care Division	Acute Geriatric & Stroke	1	2	3	67%
	Acute Health Roster Team		2	2	100%
	Acute Hospital Social Work Department		1	1	100%
	AM & Unscheduled Care Nurse Manager	1		1	0%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3	1		1	0%
	CAH - 1 South Medical Ward Deputy 4	1		1	0%
	CAH - 2 North Medicine	11	12	23	52%
	CAH - 2 North Respiratory Ward Deputy 1	1		1	0%
	CAH - 2 South Acute Elderly Ward Dep 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 2		1	1	100%
	CAH - 2 South Stroke Ward Deputy 1	1		1	0%
	CAH - 2 South Stroke Ward Deputy 2		1	1	100%
	CAH - Acute Med Admission Unit	10	46	56	82%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Cardiac Rehabilitation	2		2	0%
	CAH - Cardiology Medical	6	5	11	45%
	CAH - Cardiovascular Research	5		5	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - Catheterisation Laboratory	9	9	18	50%
	CAH - Day Clinical Care	5	9	14	64%
	CAH - Dermatology - Medical	4	4	8	50%
	CAH - Dermatology - Nursing	5	10	15	67%
	CAH - Dermatology - Nursing Dep Mgr	1		1	0%
	CAH - Dermatology - Nursing Dep Mgr 2		1	1	100%
	CAH - Diabetes Endocrine - Medical		3	3	100%
	CAH - Diabetic Nurse Specialist	2		2	0%
	CAH - E.C.G.	8	8	16	50%
	CAH - Emerg-Acute Elderly-Gen Medicine	1	1	2	50%
	CAH - Emergency Dental	1		1	0%
	CAH - Emergency Medical	4	10	14	71%
	CAH - Emergency Nurse Practitioners	3	3	6	50%
	CAH - Emergency Nursing	40	61	101	60%
	CAH - Emergency Nursing Deputy 1	1		1	0%
	CAH - Gastroenterology - Medical		4	4	100%
	CAH - Medical	2	7	9	78%
	CAH - Neurology - Medical	3		3	0%
	CAH - Neurology Nursing	1	1	2	50%
	CAH - Pulmonary Function Lab	6	2	8	25%
	CAH - Rapid Acc Chest Pain Clinic		3	3	100%
	CAH - Respiratory - Medical	2	2	4	50%
	CAH - Respiratory Nrs Specialist	1	2	3	67%
	CAH - Resuscitation		2	2	100%
	CAH - Rheumatology - Medical	2	3	5	60%
	CAH - Rheumatology Nurse Specialist	1	3	4	75%
	CAH - Stroke Geriatric - Medical		2	2	100%
	CAH - Ward 1 Medical Ramone	1		1	0%
	CAH - Winter Ward Deputy 1	1		1	0%
	CAH - Winter Ward Deputy 2		1	1	100%
	CAH 1 North - Cardiology Ward	18	32	50	64%
	CAH 1 NORTH - Cardiology Ward Dep Mgr		1	1	100%
	CAH 1 South - Medical Ward	23	29	52	56%
	CAH 2 North - Haematology Ward	11	9	20	45%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	10	18	28	64%
	CAH 2 South - Acute Elderly Ward	7	18	25	72%
	CAH 2 South - Stroke Ward	10	17	27	63%
	CAH Catheterisation Laboratory Dep Mgr 1	1		1	0%
	CAH Catheterisation Laboratory Dep Mgr 2		1	1	100%
	CAH-E.C.G Deputy Manager	1		1	0%
	Cardiology Neurology & Dermatology	5	3	8	38%
	Chaplains - CAH Bluestone		1	1	100%
	Chaplains - Craigavon Area Hospital	3	4	7	57%
	Chaplains - Daisy Hill Hospital		4	4	100%
	Chaplains - Lurgan Hospital		2	2	100%
	Chaplains - South Tyrone Hospital		2	2	100%
	DHH - Day Clinical Centre	1	4	5	80%
	DHH - Diabetes Endocrine - Medical	2		2	0%
	DHH - Diabetic Nurse Specialist		1	1	100%
	DHH - E.C.G.	4		4	0%
	DHH - E.C.G. Deputy Manager	1		1	0%
	DHH - Emergency Medical	3	3	6	50%
	DHH - Emergency Nursing	14	39	53	74%
	DHH - Emergency Nursing Deputy 1		1	1	100%
	DHH - Female Medical Ward	21	19	40	48%
	DHH - Female Medical Ward Deputy 1		1	1	100%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Gastroenterology - Medical	1	2	3	67%
	DHH - General Medical	2		2	0%
	DHH - Geriatric Medical	1	1	2	50%
	DHH - Geriatrics - Medical	1		1	0%
	DHH - Male Medical Ward	14	30	44	68%
	DHH - Nursing	2		2	0%
	DHH - Renal Dialysis Nurse Spec	2		2	0%
	DHH - Renal Nursing	1		1	0%
	DHH - Renal Nursing Dep	8	32	40	80%
	DHH - Renal Unit - Medical	1	4	5	80%
	DHH - Respiratory - Medical	1	3	4	75%
	DHH - Respiratory Nurse Spec		1	1	100%
	DHH - Stroke & Rehab Level 6	9	27	36	75%
	DHH - Stroke & Rehab Level 6 Dep 1		2	2	100%
	DHH-Male Medical Dep		1	1	100%
	Gastro Rheum & Diabetes	1	1	2	50%
	Gastroenterology Nurse Specialist	1		1	0%
	Hospital Social Work Team - CAH	9	4	13	31%
	Hospital Social Work Team - DHH	5	3	8	38%
	Hospital Social Work Team CAH-Sen Pract	1		1	0%
	Medicine & Unscheduled Care Division	1	1	2	50%
	Operational Supp Lead Gen&Spec Medicine	2		2	0%
	Patient Flow - CAH	13	20	33	61%
	Patient Flow - DHH	1	6	7	86%
	Quality/Patient Support		1	1	100%
	Quality/Patient Support Admin		1	1	100%
	Senior Nurse Governance EM	1	2	3	67%
	STH - Emergency Minor Injuries Unit	2	7	9	78%
	STH - Emergency Minor Injuries Unit Dep1	1		1	0%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>362</b>	<b>584</b>	<b>946</b>	<b>62%</b>
Pharmacy Division	Acute Governance	1	2	3	67%
	Anticoagulation Team		3	3	100%
	Antimicrobial Pharmacist		1	1	100%
	Aseptic Services	4		4	0%
	CAH - Band 4 Technicians	2		2	0%
	CAH - Clinical Pharmacy Team	2	3	5	60%
	CAH - Dispensary Team		4	4	100%
	CAH - Dispensary Team 2		2	2	100%
	CAH - Dispensary Technician Team	7	3	10	30%
	CAH - Distribution Technician Team	3	1	4	25%
	CAH - IMM Technician Services	4	11	15	73%
	CAH - Medicines Information Team 1		2	2	100%
	CAH - Medicines Information Team 2		2	2	100%
	CAH - Pharmacy Ward Services	7	1	8	13%
	CAH - Procurement Technician Team	10		10	0%
	Chemotherapy Pharmacy Services	1	3	4	75%
	Cytotoxic Services	7		7	0%
	DHH - Band 4 Technicians	5		5	0%
	DHH - Clinical Pharmacy Team		5	5	100%
	DHH - Dispens & Distrib Technician Team	7	1	8	13%
	DHH - Dispensary Team	4	2	6	33%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy		1	1	100%
	Medicine Clinical Pharmacy		6	6	100%
	MH Clinical Pharmacy		1	1	100%
	Nursing Home Pharmacist		1	1	100%
	OPPC Clinical Pharmacy		2	2	100%
	Pharmacy - Lurgan Hospital	1		1	0%
	Pharmacy Admin	1	2	3	67%
	Pharmacy Chief Technicians	2	1	3	33%
	Pharmacy Clinical Services	1		1	0%
	Pharmacy Finance Team		2	2	100%
	Pharmacy Medicines Governance	1		1	0%
	Pharmacy Medicines Management	1		1	0%
	Pharmacy Patient Services	1		1	0%
	Pharmacy Procurement	1		1	0%
	Pharmacy Production Team	4		4	0%
	Pharmacy QA/Aseptic Services	1		1	0%
	Pharmacy Specialist Medicines	1		1	0%
	STH/SLH Clinical Pharmacy Team	1		1	0%
	Surgery Clinical Pharmacy	3	3	6	50%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services	1	1	2	50%
<b>Pharmacy Division Total</b>		<b>84</b>	<b>70</b>	<b>154</b>	<b>45%</b>
<b>Acute Services Total</b>		<b>1487</b>	<b>2407</b>	<b>3894</b>	<b>62%</b>

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

Due to the delay in receipt of, and occasional delays in processing and verification of, some New Start, Transfer/Amendment and Termination forms, the information contained in this report may not be completely up-to-date. In order to minimise this it is essential that New Start, Amendment/Transfer and Termination forms are completed and forwarded to the relevant department in a timely manner.

For staff on pay protection, the grade and pay scale information indicates the band that the person is currently protected on, not the actual post they are working in.

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

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

Southern Health & Social Care Trust

Summary of Staff in Acute Directorate with Manual Handling Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained	
0% - 59%	
60% - 79%	
80% - 100%	

		Manual Handling			
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
ATICS & Surgery & Elective Division	ACH - Outpatients	1	3	4	75%
	Acute Governance	1	1	2	50%
	Acute Governance Team 1	1	1	2	50%
	Acute Governance Team 2		6	6	100%
	Anaesthetics/Theatres/ICU	1		1	0%
	Anaesthetics/Theatres/ICU 2	1		1	0%
	Anaesthetics/Theatres/ICU Medical		1	1	100%
	Assistant Medical Director	1		1	0%
	ATICS & Surgery & Elective Division	1	1	2	50%
	ATICS Admin	4	20	24	83%
	Banbridge and N&M - Outpatients	15	8	23	35%
	CAH - Acute Pain Clinic	2		2	0%
	CAH - Anaesthetics	6	20	26	77%
	CAH - Day Surgery Unit	11	20	31	65%
	CAH - Day Surgery Unit Deputy		1	1	100%
	CAH - Day Surgical Ward Deputy		1	1	100%
	CAH - Emerg Surg Ad/Urology Ward Deputy1	1		1	0%
	CAH - Emerg Surg Adm/Urology Ward Deputy	1		1	0%
	CAH - ENT Medical	8	2	10	20%
	CAH - I.C.U.	9	46	55	84%
	CAH - I.C.U. Deputy		1	1	100%
	CAH - Lead Nurses SEC	1	2	3	67%
	CAH - Orthodontics Dental	3		3	0%
	CAH - Orthodontics Medical		1	1	100%
	CAH - Orthopaedic Ward	6	25	31	81%
	CAH - Orthopaedic Ward Deputy		1	1	100%
	CAH - Outpatients	11	17	28	61%
	CAH - Pain Clinic	2		2	0%
	CAH - Progressive Care Ward Deputy	19	31	50	62%
	CAH - Progressive Care Ward Deputy 1	1		1	0%
	CAH - Progressive Care Ward Deputy 2		1	1	100%
	CAH - Recovery Areas	12	19	31	61%
	CAH - Recovery Areas Deputy 1	1		1	0%
	CAH - Recovery Areas Deputy 2	1		1	0%
	CAH - Short Stay Surgical Ward Deputy 1		1	1	100%
	CAH - Short Stay Surgical Ward Deputy 2	1		1	0%
	CAH - T&O - Fracture Clinic	2	10	12	83%
	CAH - Theatres 1 - 4	33	26	59	44%
	CAH - Theatres 1 - 4 Deputy 1	1		1	0%
	CAH - Theatres 1 - 4 Deputy 3		1	1	100%
	CAH - Theatres 1 - 4 Deputy 4		1	1	100%
	CAH - Theatres 1 - 4 Deputy 5	1		1	0%
	CAH - Theatres 5 - 8	13	19	32	59%
	CAH - Theatres 5 - 8 Deputy 1		1	1	100%
	CAH - Theatres 5 - 8 Deputy 2		1	1	100%
	CAH - Theatres 5 - 8 Deputy 3	1	1	2	50%
	CAH - Theatres 5 - 8 Deputy 4	1		1	0%
	CAH - Thorndale Unit	3	7	10	70%
	CAH - Thorndale Unit Dep Mgr		1	1	100%
	CAH - Trauma & Orthopaedics Medical	5	10	15	67%
	CAH - Trauma Ward	11	25	36	69%
	CAH - Trauma Ward Deputy Manager		1	1	100%
	CAH - X-Ray - Nursing	3	1	4	25%
	CAH 1 West - Elective Admission Ward	4	10	14	71%
	CAH 3 South - Short Stay Surgical Ward	32	16	48	33%
	CAH 4 North - Emerg Surg Adm/Urology	21	23	44	52%
	CAH 4 South - Progressive Care Ward		1	1	100%
	CAH I.C.U Deputy 1		1	1	100%
	CAH I.C.U Deputy 2		1	1	100%
	CAH I.C.U Deputy 3		1	1	100%
	CAH I.C.U Deputy 5		1	1	100%
	CAH Surgery Medical	4	10	14	71%
	CAH Urology Medical	2	4	6	67%
	CAH-Trauma Ward Deputy Manager 2		2	2	100%
	Clinical Director General Surgery		2	2	100%
	DHH - Anaesthetics	2	12	14	86%
	DHH - Endoscopy	3	12	15	80%
	DHH - Female Surgical Winter Pressure	4	1	5	20%
	DHH - Female Surgical/Gynae Deputy	2	1	3	33%
	DHH - Female Surgical/Gynae Ward	21	14	35	40%
	DHH - General Surgery Medical	2	7	9	78%
	DHH - High Dependency Unit	11	12	23	52%
	DHH - Male Surgical Deputy	1	1	2	50%
	DHH - Male Surgical Ward	13	18	31	58%
	DHH - Pain Clinic	1		1	0%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH - Theatres	12	39	51	76%
	DHH - Theatres Deputy 1		1	1	100%
	DHH - Theatres Deputy 2		1	1	100%
	DHH - Theatres Deputy 3		1	1	100%
	DHH Observation Area	1		1	0%
	Endoscopy Pain & Day Units		1	1	100%
	General Surgery/Orthodontics	1		1	0%
	Operational Support Admin	1	1	2	50%
	PCL ENT/Urology/Outpatients		1	1	100%
	Pre OP Assessment Admin	1	5	6	83%
	Pre OP Assessment Team	2	11	13	85%
	Scheduling Team		7	7	100%
	Specialist Endoscopy	5	1	6	17%
	STH - General Surgery Medical	1		1	0%
	STH - Outpatients	8	4	12	33%
	STH - Theatres	12	23	35	66%
	STH - Theatres Deputy 1		1	1	100%
	STH - Theatres Deputy 2	1		1	0%
	Surgery & Elective Division Admin		2	2	100%
	Trauma & Orthopaedics	1	2	3	67%
<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>365</b>	<b>586</b>	<b>951</b>	<b>62%</b>
Director's Office	Acute Services	2		2	0%
	Strategy Reform & Service Improvement		1	1	100%
<b>Director's Office Total</b>		<b>2</b>	<b>1</b>	<b>3</b>	<b>33%</b>
Functional Support Services Division	A&D Locality Health Records 1	1	1	2	50%
	A&D Locality Health Records 2		5	5	100%
	A&D Support Services Dep Mgr 1		1	1	100%
	Area Board Support Services		4	4	100%
	Armagh & Dungannon Support Services	1		1	0%
	Armagh Community Hospital Health Records		2	2	100%
	Armagh Community Support Services	1	11	12	92%
	Armagh Support Services	4	11	15	73%
	Banbridge H&CC Support Services	3	3	6	50%
	Banbridge Locality Health Records		2	2	100%
	BCH Linen Distribution	1	2	3	67%
	Bluestone Support Services	2	2	4	50%
	Bluestone Support Services 1	4	7	11	64%
	Bluestone Support Services 2	3	7	10	70%
	Bluestone Support Services 3	2	6	8	75%
	C&B Community Support Services	1		1	0%
	C&B Community Units	1	4	5	80%
	C&B Functional Support Switchboard	4	11	15	73%
	C&B Health Records Team	6	31	37	84%
	C&B Locality Health Records		2	2	100%
	C&B Locality Health Records Supervisor 2		1	1	100%
	C&B Locality Health Records Supervisor 3		1	1	100%
	CAH - Dermatology Admin		3	3	100%
	CAH - Health Rec Admissions		1	1	100%
	CAH - Laundry Service	5	33	38	87%
	CAH - Med Rec ENT (Surg)	1	6	7	86%
	CAH - Med Rec Maternity	1	5	6	83%
	CAH - Med Records Obs/Gynae	2	11	13	85%
	CAH - Sterile Services Department	11	16	27	59%
	CAH Support Services	4		4	0%
	CAH Surgery Admin IS	1	2	3	67%
	CAH/ACH/STH - General Medicine Admin	10	47	57	82%
	CAH/STH - Emergency Admin Supervisor 1		1	1	100%
	CAH/STH - Emergency Admin Supervisor 2		1	1	100%
	CAH/STH - Emergency Admin Supervisor 3		1	1	100%
	CAH/STH - Emergency Admin Team	4	19	23	83%
	CAH-Ward Clerks	4	19	23	83%
	Community Domestic Services	2	4	6	67%
	Craigavon Catering 1	6	3	9	33%
	Craigavon Catering 2	2	4	6	67%
	Craigavon Catering 3	3	12	15	80%
	Craigavon Catering 4	8	9	17	53%
	Craigavon Catering Service	2		2	0%
	Craigavon Domestic Services		1	1	100%
	Craigavon Domestic Services Dep Tm Mgr	2	6	8	75%
	Craigavon Domestic Services Team 1	6	20	26	77%
	Craigavon Domestic Services Team 2	7	27	34	79%
	Craigavon Domestic Services Team 3	18	62	80	78%
	Craigavon Domestic Services Team 4		5	5	100%
	Craigavon Portering 1	5	1	6	17%
	Craigavon Portering 2	5	2	7	29%
	Craigavon Portering 3	6	3	9	33%
	Craigavon Portering 4	6	1	7	14%
	Craigavon Portering Service	1		1	0%
	Decontamination Services		1	1	100%
	Dermatology Admin	2		2	0%
	DHH - Emergency Admin Team	3	5	8	63%
	DHH - ENT Admin		2	2	100%
	DHH - General Medicine Admin	3	5	8	63%
	DHH - Geriatrics Admin		1	1	100%
	DHH - Laundry Service		1	1	100%
	DHH - Obs & Gynae Admin	1	8	9	89%
	DHH - Obs&Gynae O/P Admin		1	1	100%
	DHH - Sterile Services Department	2	4	6	67%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	DHH & Community Domestic Services	2		2	0%
	DHH Emergency & Renal Admin		1	1	100%
	DHH Emergency & Renal Admin Deputy		1	1	100%
	DHH-Ward Clerks	3	4	7	57%
	Domestic Services Manager		1	1	100%
	Domestic Services Team	17	35	52	67%
	Dungannon Catering	1	4	5	80%
	Functional Support Services Division	1	2	3	67%
	General & Oral Surgery Admin	4	25	29	86%
	Health Records		1	1	100%
	Linen & Laundry Services		1	1	100%
	Lurgan Catering Services		7	7	100%
	Lurgan Domestic Services	5	18	23	78%
	Lurgan Linen Dispatch		1	1	100%
	Lurgan Support Services	1	2	3	67%
	Midwifery/Gynae Service Admin	1	2	3	67%
	Minor Injuries Admin STH		3	3	100%
	N&M A&D C&B Support Services	1	2	3	67%
	N&M Catering Services	6	13	19	68%
	N&M Functional Support Switchboard	5	1	6	17%
	N&M General & Oral Sugery Admin	1	7	8	88%
	N&M Health Records Team	2	10	12	83%
	N&M Locality Health Records		2	2	100%
	N&M Locality Health Records Supervisor 2		1	1	100%
	N&M Portering & Security Services 1	11	4	15	27%
	N&M Renal Admin Team	1	3	4	75%
	N&M Support Services Manager	1		1	0%
	Portadown Support Services	8	2	10	20%
	Porters	2	1	3	33%
	Referral & Booking Centre	7	31	38	82%
	Referral & Booking Centre Dep Mgr		1	1	100%
	Referral & Booking Centre Manager	1		1	0%
	Southern Trust Support Services	1		1	0%
	St Lukes Hospital Villa 3 Health Records		1	1	100%
	Sterile Services Department		1	1	100%
	STH Day Support Services	1	13	14	93%
	STH Evening Support Services	2	10	12	83%
	Switchboard & Residential Accommodation		2	2	100%
	Trustwide Support Services Admin		2	2	100%
	<b>Functional Support Services Division Total</b>	<b>252</b>	<b>682</b>	<b>934</b>	<b>73%</b>
IM&WH and Cancer & Clinical Services Division	A&D Comm Midwifery Nsg-Armagh	2	20	22	91%
	ACH - Radiology Admin		1	1	100%
	Acute Occupational Therapy	1		1	0%
	AHPs - Acute	1		1	0%
	Breast Care	3		3	0%
	Breast Feeding Support	1	2	3	67%
	Breast Screening Admin	2	4	6	67%
	C&B Community Midwives	8	13	21	62%
	C&CS Service Improve		1	1	100%
	CAH - Acute OT Admin	2		2	0%
	CAH - Acute OT Inpatient	2	8	10	80%
	CAH - Acute OT MAU & ED & GLT		4	4	100%
	CAH - Acute OT Outpatient	2	3	5	60%
	CAH - Acute Physiotherapy	7	21	28	75%
	CAH - Acute Speech & Language Therapy	2	3	5	60%
	CAH - Adm & Asses Unit O&G	3	3	6	50%
	CAH - Audiology	9	1	10	10%
	CAH - Biochemistry	3	35	38	92%
	CAH - Cancer Unit	15	14	29	48%
	CAH - Cellular Pathology	3	21	24	88%
	CAH - Delivery Suite	4	4	8	50%
	CAH - Delivery Suite 1	4	6	10	60%
	CAH - Delivery Suite 2	5	4	9	44%
	CAH - Delivery Suite 3	5	5	10	50%
	CAH - Delivery Suite 4	1	3	4	75%
	CAH - Delivery Suite 5	6	3	9	33%
	CAH - Delivery Suite 6	6	4	10	40%
	CAH - DOU Maternity	2	1	3	33%
	CAH - General Laboratories		4	4	100%
	CAH - Haematology		22	22	100%
	CAH - Haemovigilance		1	1	100%
	CAH - Hearing Therapy	1		1	0%
	CAH - Maternity O/P	11	14	25	56%
	CAH - Microbiology		22	22	100%
	CAH - Mortuary	2		2	0%
	CAH - Obstetrics/Gynae	2	11	13	85%
	CAH - Orthoptics SHSCT	1	3	4	75%
	CAH - Palliative Care		3	3	100%
	CAH - Pathology		1	1	100%
	CAH - Pathology Team 1		1	1	100%
	CAH - Pathology Team 2	1	2	3	67%
	CAH - Pathology Team 3	3	5	8	63%
	CAH - Pathology Team 5		2	2	100%
	CAH - Radiology	6	9	15	60%
	CAH - Student Midwives		4	4	100%
	CAH - T&O Physiotherapy	5	7	12	58%
	CAH 1 East - Gynae Ward	9	11	20	55%
	CAH 2 East - Midwifery Led Unit	12	10	22	45%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH 2 West - Maternity Ward	16	36	52	69%
	CAH- Audiology Deputy Manager	1		1	0%
	CAH/DHH - Acute Dietetics	2	5	7	71%
	CAH/DHH - Acute Podiatry		1	1	100%
	Cancer & Clinical Services Admin	1	1	2	50%
	Cancer Services		2	2	100%
	Cancer Services Admin	3	20	23	87%
	Cancer Services Haematology	1	1	2	50%
	Colorectal	1	3	4	75%
	DHH - Acute Occupational Therapy		10	10	100%
	DHH - Acute OT Admin		1	1	100%
	DHH - Acute Physiotherapy		9	9	100%
	DHH - Acute Spch & Lang Therapy		1	1	100%
	DHH - Admission & Assessment Unit	2	3	5	60%
	DHH - Ante/Post Natal	22	10	32	31%
	DHH - Audiology		4	4	100%
	DHH - Delivery Suite 1	7	3	10	30%
	DHH - Delivery Suite 2	3	1	4	25%
	DHH - Delivery Suite 3	2	4	6	67%
	DHH - Delivery Suite 4	2	3	5	60%
	DHH - Delivery Suite 5	3	1	4	25%
	DHH - Delivery Suite 6	7	1	8	13%
	DHH - Delivery Suite 7	4		4	0%
	DHH - Dietetics Renal Unit		2	2	100%
	DHH - Mortuary	1		1	0%
	DHH - Obs & Gynae	4	9	13	69%
	DHH - Outpatients-Mat/Gynae	7	8	15	53%
	DHH - Radiology	1		1	0%
	DHH Cancer & Clinical Admin	1	5	6	83%
	Diagnostics	1		1	0%
	Diagnostics Admin	7	21	28	75%
	Early Intervention Transform Programme	5	4	9	44%
	IM&WH & Cancer & Clinical Division	1	1	2	50%
	IM&WH Community Admin		1	1	100%
	Laboratory Services	2		2	0%
	Laboratory Services Admin	3	21	24	88%
	Midwifery/Gynae Service	6	1	7	14%
	N&M Community Midwives	3	10	13	77%
	N&M Gen Med Pract - Gum Clinic	2	1	3	33%
	N&M Sexual Health Clinic	2		2	0%
	NICRN Cancer Research Nurse		1	1	100%
	NMT Sexual Health Clinic Nurses	2	1	3	33%
	Oncology	2		2	0%
	P.C.L Maternity DHH		1	1	100%
	P.C.L Mgs Community		1	1	100%
	P.C.L Mgs Delivery/MLU/Admis		1	1	100%
	PACS Team	2	1	3	33%
	Paediatric Audiology	2	4	6	67%
	Palliative Nursing		6	6	100%
	Radiography Support	6	6	12	50%
	SHSCT Orthoptics Team		1	1	100%
	STH - Audiology	2		2	0%
	STH - Radiology Admin		2	2	100%
	X-Ray - ACH		5	5	100%
	X-Ray - Banbridge Hospital	1		1	0%
	X-Ray - CAH Breast Screening		1	1	100%
	X-Ray - CAH C.T.	8	5	13	38%
	X-Ray - CAH Cath Lab	2		2	0%
	X-Ray - CAH E.E.G.	2	1	3	33%
	X-Ray - CAH Fluoroscopy	1	1	2	50%
	X-Ray - CAH General	8	7	15	47%
	X-Ray - CAH MRI Unit	12	7	19	37%
	X-Ray - CAH Nuclear Medicine	1	6	7	86%
	X-Ray - CAH Trauma & Orthopaedics	6	1	7	14%
	X-Ray - CAH Ultra Sound	8	6	14	43%
	X-Ray - DHH	8	26	34	76%
	X-Ray - DHH Deputy 1	1		1	0%
	X-Ray - DHH Deputy 2	1		1	0%
	X-Ray - General Deputy		1	1	100%
	X-Ray - Practice Educator	1		1	0%
	X-Ray - STH	9	4	13	31%
	X-Ray - STH-ACH-CAH	1		1	0%
	X-Ray CAH Breast Team	3	10	13	77%
	X-Ray CAH E.E.G. Deputy	1		1	0%
<b>IM&amp;WH and Cancer &amp; Clinical Services Division Total</b>		<b>365</b>	<b>626</b>	<b>991</b>	<b>63%</b>
Medicine & Unscheduled Care Division	Acute Geriatric & Stroke	1	2	3	67%
	Acute Health Roster Team		2	2	100%
	Acute Hospital Social Work Department		1	1	100%
	AM & Unscheduled Care Nurse Manager		1	1	100%
	CAH - 1 South Medical Ward Deputy 1		1	1	100%
	CAH - 1 South Medical Ward Deputy 2		1	1	100%
	CAH - 1 South Medical Ward Deputy 3	1		1	0%
	CAH - 1 South Medical Ward Deputy 4		1	1	100%
	CAH - 2 North Medicine	5	18	23	78%
	CAH - 2 North Respiratory Ward Deputy 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 1		1	1	100%
	CAH - 2 South Acute Elderly Ward Dep 2		1	1	100%
	CAH - 2 South Stroke Ward Deputy 1		1	1	100%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH - 2 South Stroke Ward Deputy 2		1	1	100%
	CAH - Acute Med Admission Unit	12	44	56	79%
	CAH - Acute Med Admission Unit Deputy 1		1	1	100%
	CAH - Cardiac Rehabilitation	2	2	2	0%
	CAH - Cardiology Medical	5	6	11	55%
	CAH - Cardiovascular Research		5	5	100%
	CAH - Catheterisation Laboratory	3	15	18	83%
	CAH - Day Clinical Care	3	11	14	79%
	CAH - Dermatology - Medical	3	5	8	63%
	CAH - Dermatology - Nursing	10	5	15	33%
	CAH - Dermatology - Nursing Dep Mgr		1	1	100%
	CAH - Dermatology - Nursing Dep Mgr 2		1	1	100%
	CAH - Diabetes Endocrine - Medical	1	2	3	67%
	CAH - Diabetic Nurse Specialist	1	1	2	50%
	CAH - E.C.G.	10	6	16	38%
	CAH - Emerg-Acute Elderly-Gen Medicine	2		2	0%
	CAH - Emergency Dental	1		1	0%
	CAH - Emergency Medical	6	8	14	57%
	CAH - Emergency Nurse Practitioners	4	2	6	33%
	CAH - Emergency Nursing	55	46	101	46%
	CAH - Emergency Nursing Deputy 1		1	1	100%
	CAH - Gastroenterology - Medical	1	3	4	75%
	CAH - Medical	4	5	9	56%
	CAH - Neurology - Medical	1	2	3	67%
	CAH - Neurology Nursing	1	1	2	50%
	CAH - Pulmonary Function Lab	8		8	0%
	CAH - Rapid Acc Chest Pain Clinic	1	2	3	67%
	CAH - Respiratory - Medical		4	4	100%
	CAH - Respiratory Nrs Specialist	2	1	3	33%
	CAH - Resuscitation		2	2	100%
	CAH - Rheumatology - Medical		5	5	100%
	CAH - Rheumatology Nurse Specialist	2	2	4	50%
	CAH - Stroke Geriatric - Medical	1	1	2	50%
	CAH - Ward 1 Medical Ramone		1	1	100%
	CAH - Winter Ward Deputy 1		1	1	100%
	CAH - Winter Ward Deputy 2		1	1	100%
	CAH 1 North - Cardiology Ward	18	32	50	64%
	CAH 1 NORTH - Cardiology Ward Dep Mgr		1	1	100%
	CAH 1 South - Medical Ward	15	37	52	71%
	CAH 2 North - Haematology Ward	12	8	20	40%
	CAH 2 North - Haematology Ward Dep Mgr	1		1	0%
	CAH 2 North - Respiratory Ward	10	18	28	64%
	CAH 2 South - Acute Elderly Ward	6	19	25	76%
	CAH 2 South - Stroke Ward	2	25	27	93%
	CAH Catheterisation Laboratory Dep Mgr 1		1	1	100%
	CAH Catheterisation Laboratory Dep Mgr 2	1		1	0%
	CAH-E.C.G Deputy Manager	1		1	0%
	Cardiology Neurology & Dermatology	4	4	8	50%
	Chaplains - CAH Bluestone	1		1	0%
	Chaplains - Craigavon Area Hospital	6	1	7	14%
	Chaplains - Daisy Hill Hospital	3	1	4	25%
	Chaplains - Lurgan Hospital	1	1	2	50%
	Chaplains - South Tyrone Hospital	1	1	2	50%
	DHH - Day Clinical Centre	1	4	5	80%
	DHH - Diabetes Endocrine - Medical	2		2	0%
	DHH - Diabetic Nurse Specialist		1	1	100%
	DHH - E.C.G.	4		4	0%
	DHH - E.C.G. Deputy Manager	1		1	0%
	DHH - Emergency Medical	2	4	6	67%
	DHH - Emergency Nursing	20	33	53	62%
	DHH - Emergency Nursing Deputy 1	1		1	0%
	DHH - Female Medical Ward	28	12	40	30%
	DHH - Female Medical Ward Deputy 1	1		1	0%
	DHH - Female Medical Ward Deputy 2	1		1	0%
	DHH - Gastroenterology - Medical	2	1	3	33%
	DHH - General Medical	1	1	2	50%
	DHH - Geriatric Medical		2	2	100%
	DHH - Geriatrics - Medical		1	1	100%
	DHH - Male Medical Ward	32	12	44	27%
	DHH - Nursing		2	2	100%
	DHH - Renal Dialysis Nurse Spec		2	2	100%
	DHH - Renal Nursing	1		1	0%
	DHH - Renal Nursing Dep	21	19	40	48%
	DHH - Renal Unit - Medical	2	3	5	60%
	DHH - Respiratory - Medical		4	4	100%
	DHH - Respiratory Nurse Spec	1		1	0%
	DHH - Stroke & Rehab Level 6	25	11	36	31%
	DHH - Stroke & Rehab Level 6 Dep 1	1	1	2	50%
	DHH-Male Medical Dep	1		1	0%
	Gastro Rheum & Diabetes	1	1	2	50%
	Gastroenterology Nurse Specialist	1		1	0%
	Hospital Social Work Team - CAH		13	13	100%
	Hospital Social Work Team - DHH	1	7	8	88%
	Hospital Social Work Team CAH-Sen Pract		1	1	100%
	Medicine & Unscheduled Care Division		2	2	100%
	Operational Supp Lead Gen&Spec Medicine	1	1	2	50%
	Patient Flow - CAH	19	14	33	42%
	Patient Flow - DHH	2	5	7	71%

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	Quality/Patient Support		1	1	100%
	Quality/Patient Support Admin	1		1	0%
	Senior Nurse Governance EM	2	1	3	33%
	STH - Emergency Minor Injuries Unit	2	7	9	78%
	STH - Emergency Minor Injuries Unit Dep1		1	1	100%
	STH - Emergency Minor Injuries Unit Dep2		1	1	100%
<b>Medicine &amp; Unscheduled Care Division Total</b>		<b>406</b>	<b>540</b>	<b>946</b>	<b>57%</b>
Pharmacy Division	Acute Governance	1	2	3	67%
	Anticoagulation Team		3	3	100%
	Antimicrobial Pharmacist		1	1	100%
	Aseptic Services	2	2	4	50%
	CAH - Band 4 Technicians		2	2	100%
	CAH - Clinical Pharmacy Team		5	5	100%
	CAH - Dispensary Team	3	1	4	25%
	CAH - Dispensary Team 2	1	1	2	50%
	CAH - Dispensary Technician Team	2	8	10	80%
	CAH - Distribution Technician Team		4	4	100%
	CAH - IMM Technician Services	6	9	15	60%
	CAH - Medicines Information Team 1		2	2	100%
	CAH - Medicines Information Team 2		2	2	100%
	CAH - Pharmacy Ward Services	1	7	8	88%
	CAH - Procurement Technician Team	2	8	10	80%
	Chemotherapy Pharmacy Services	1	3	4	75%
	Cytotoxic Services	1	6	7	86%
	DHH - Band 4 Technicians		5	5	100%
	DHH - Clinical Pharmacy Team	1	4	5	80%
	DHH - Dispens & Distrib Technician Team	5	3	8	38%
	DHH - Dispensary Team	2	4	6	67%
	DHH Renal Pharmacy Team		2	2	100%
	Director of Pharmacy	1		1	0%
	Medicine Clinical Pharmacy	3	3	6	50%
	MH Clinical Pharmacy		1	1	100%
	Nursing Home Pharmacist		1	1	100%
	OPPC Clinical Pharmacy	2		2	0%
	Pharmacy - Lurgan Hospital	1		1	0%
	Pharmacy Admin		3	3	100%
	Pharmacy Chief Technicians	1	2	3	67%
	Pharmacy Clinical Services		1	1	100%
	Pharmacy Finance Team		2	2	100%
	Pharmacy Medicines Governance		1	1	100%
	Pharmacy Medicines Management		1	1	100%
	Pharmacy Patient Services		1	1	100%
	Pharmacy Procurement		1	1	100%
	Pharmacy Production Team		4	4	100%
	Pharmacy QA/Aseptic Services		1	1	100%
	Pharmacy Specialist Medicines	1		1	0%
	STH/SLH Clinical Pharmacy Team		1	1	100%
	Surgery Clinical Pharmacy	1	5	6	83%
	Teacher Practitioner Pharmacists		2	2	100%
	TPN Pharmacy Services	1	1	2	50%
<b>Pharmacy Division Total</b>		<b>39</b>	<b>115</b>	<b>154</b>	<b>75%</b>
<b>Acute Services Total</b>		<b>1429</b>	<b>2550</b>	<b>3979</b>	<b>64%</b>

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## Southern Health &amp; Social Care Trust

## Summary of Staff Commenced Employment in Acute Directorate from 1st December 2016 with Corporate Induction Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: [REDACTED]

Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

		Corporate Induction				
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained	
ATICS & Surgery & Elective Division	ATICS Admin	1		1	0%	
	CAH - Day Surgery Unit	1	1	2	50%	
	CAH - I.C.U.		1	1	100%	
	CAH - Orthopaedic Ward	5	2	7	29%	
	CAH - Outpatients	1		1	0%	
	CAH - Progressive Care Ward Deputy	6	2	8	25%	
	CAH - Recovery Areas	5	2	7	29%	
	CAH - T&O - Fracture Clinic	1		1	0%	
	CAH - Theatres 1 - 4	4		4	0%	
	CAH - Theatres 5 - 8	4	1	5	20%	
	CAH - Thorndale Unit	1	1	2	50%	
	CAH - Trauma & Orthopaedics Medical	1		1	0%	
	CAH - Trauma Ward	1		1	0%	
	CAH - X-Ray - Nursing	1		1	0%	
	CAH 3 South - Short Stay Surgical Ward	6	1	7	14%	
	CAH 4 North - Emerg Surg Adm/Urology	3	2	5	40%	
	CAH Surgery Medical	1		1	0%	
	CAH Urology Medical	1		1	0%	
	DHH - Anaesthetics		4	4	100%	
	DHH - Endoscopy	1		1	0%	
	DHH - Female Surgical Winter Pressure	1	1	2	50%	
	DHH - High Dependency Unit		2	2	100%	
	DHH - Male Surgical Ward	3	1	4	25%	
	DHH - Theatres	2		2	0%	
	DHH Observation Area		1	1	100%	
	STH - Outpatients		1	1	100%	
	STH - Theatres	2		2	0%	
	Trauma & Orthopaedics		1	1	100%	
	<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>52</b>	<b>24</b>	<b>76</b>	<b>32%</b>
	Functional Support Services Division	Banbridge H&CC Support Services	2		2	0%
		Bluestone Support Services 1	3		3	0%
		Bluestone Support Services 2	2		2	0%
Bluestone Support Services 3		1		1	0%	
C&B Community Units		2		2	0%	
C&B Functional Support Switchboard			4	4	100%	
C&B Health Records Team		3		3	0%	
CAH - Laundry Service		5		5	0%	
CAH - Med Records Obs/Gynae		1		1	0%	
CAH Support Services		1		1	0%	
CAH/ACH/STH - General Medicine Admin		1		1	0%	
CAH/STH - Emergency Admin Team		1		1	0%	
CAH-Ward Clerks		5	1	6	17%	
Craigavon Catering 4		2		2	0%	
Craigavon Domestic Services Team 1		2		2	0%	
DHH - Emergency Admin Team		1		1	0%	
DHH-Ward Clerks		1	1	2	50%	
Domestic Services Team		15		15	0%	
Lurgan Domestic Services		3		3	0%	
N&M General & Oral Sugery Admin			1	1	100%	
N&M Health Records Team		1		1	0%	
N&M Renal Admin Team		1		1	0%	
Portadown Support Services		6	1	7	14%	
Referral & Booking Centre		1		1	0%	
STH Day Support Services	1		1	0%		
<b>Functional Support Services Division Total</b>		<b>61</b>	<b>8</b>	<b>69</b>	<b>12%</b>	
IM&WH and Cancer & Clinical Services Division	CAH - Acute OT Inpatient	4	1	5	20%	
	CAH - Acute OT Outpatient	1		1	0%	
	CAH - Acute Physiotherapy	1	1	2	50%	
	CAH - Audiology	1		1	0%	
	CAH - Biochemistry	1	1	2	50%	
	CAH - Cancer Unit		3	3	100%	
	CAH - Cellular Pathology		2	2	100%	
	CAH - Delivery Suite 1		1	1	100%	
	CAH - Delivery Suite 2	1		1	0%	
	CAH - Delivery Suite 4		1	1	100%	
	CAH - Delivery Suite 5	1		1	0%	
	CAH - Delivery Suite 6	1	1	2	50%	
	CAH - General Laboratories		2	2	100%	
	CAH - Maternity O/P		1	1	100%	
	CAH - Obstetrics/Gynae	1		1	0%	
	CAH - Palliative Care	1		1	0%	
	CAH - Pathology Team 3		1	1	100%	
	CAH - Radiology		1	1	100%	
	CAH - T&O Physiotherapy	2		2	0%	

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH 2 East - Midwifery Led Unit		2	2	100%
	CAH 2 West - Maternity Ward		4	4	100%
	Cancer Services Admin		1	1	100%
	Cancer Services Haematology		1	1	100%
	DHH - Acute Occupational Therapy		1	1	100%
	DHH - Ante/Post Natal		1	1	100%
	DHH - Dietetics Renal Unit	1		1	0%
	DHH - Obs & Gynae	1		1	0%
	DHH - Outpatients-Mat/Gynae		1	1	100%
	Diagnostics Admin	4		4	0%
	Early Intervention Transform Programme		1	1	100%
	Laboratory Services Admin	2		2	0%
	Midwifery/Gynae Service	2		2	0%
	Radiography Support		2	2	100%
	X-Ray - CAH Ultra Sound		1	1	100%
	X-Ray - DHH		1	1	100%
	X-Ray - Practice Educator	1		1	0%
					55%
Medicine & Unscheduled Care Division	Acute Health Roster Team		1	1	100%
	CAH - 2 North Medicine	6	1	7	14%
	CAH - Acute Med Admission Unit	2	3	5	
	CAH - Day Clinical Care	3	2	5	40%
	CAH - E.C.G.	1		1	0%
	CAH - Emergency Medical	1		1	0%
	CAH - Emergency Nursing	7	3	10	30%
	CAH - Neurology - Medical	1		1	0%
	CAH 1 North - Cardiology Ward	5		5	0%
	CAH 1 South - Medical Ward	3	3	6	50%
	CAH 2 North - Haematology Ward	1	1	2	50%
	CAH 2 North - Respiratory Ward	3	1	4	25%
	CAH 2 South - Acute Elderly Ward		1	1	100%
	CAH 2 South - Stroke Ward	4	1	5	20%
	DHH - Emergency Nursing		2	2	100%
	DHH - Male Medical Ward	4	3	7	43%
	DHH - Stroke & Rehab Level 6	2	2	4	50%
	Hospital Social Work Team - CAH		1	1	100%
					37%
Pharmacy Division	CAH - Dispensary Team		1	1	100%
	CAH - Pharmacy Ward Services		1	1	100%
	CAH - Procurement Technician Team	1		1	0%
	DHH - Dispens & Distrib Technician Team		1	1	100%
	DHH - Dispensary Team		1	1	100%
					80%
<b>Acute Services Total</b>		<b>183</b>	<b>93</b>	<b>276</b>	<b>34%</b>

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## Southern Health &amp; Social Care Trust

## Summary of Staff Commenced Employment in Acute Directorate from 1st December 2016 with Departmental Induction

## Training by Division by Organisational Unit including % of Staff trained as at 30th June 2017

Prepared by/HR Contact: Personal Information redacted by the USI

Date: 10/07/2017

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

		<b>Departmental Induction</b>				
Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained	
ATICS & Surgery & Elective Division	ATICS Admin	1		1	0%	
	CAH - Day Surgery Unit	2		2	0%	
	CAH - I.C.U.	1		1	0%	
	CAH - Orthopaedic Ward	7		7	0%	
	CAH - Outpatients	1		1	0%	
	CAH - Progressive Care Ward Deputy	8		8	0%	
	CAH - Recovery Areas	7		7	0%	
	CAH - T&O - Fracture Clinic	1		1	0%	
	CAH - Theatres 1 - 4	4		4	0%	
	CAH - Theatres 5 - 8	5		5	0%	
	CAH - Thorndale Unit	2		2	0%	
	CAH - Trauma & Orthopaedics Medical	1		1	0%	
	CAH - Trauma Ward		1	1	100%	
	CAH - X-Ray - Nursing	1		1	0%	
	CAH 3 South - Short Stay Surgical Ward	7		7	0%	
	CAH 4 North - Emerg Surg Adm/Urology	5		5	0%	
	CAH Surgery Medical	1		1	0%	
	CAH Urology Medical	1		1	0%	
	DHH - Anaesthetics	4		4	0%	
	DHH - Endoscopy	1		1	0%	
	DHH - Female Surgical Winter Pressure	2		2	0%	
	DHH - High Dependency Unit	2		2	0%	
	DHH - Male Surgical Ward	4		4	0%	
	DHH - Theatres	2		2	0%	
	DHH Observation Area	1		1	0%	
	STH - Outpatients	1		1	0%	
	STH - Theatres	2		2	0%	
	Trauma & Orthopaedics			1	1	100%
	<b>ATICS &amp; Surgery &amp; Elective Division Total</b>		<b>74</b>	<b>2</b>	<b>76</b>	<b>3%</b>
	Functional Support Services Division	Banbridge H&CC Support Services	2		2	0%
Bluestone Support Services 1		3		3	0%	
Bluestone Support Services 2		2		2	0%	
Bluestone Support Services 3		1		1	0%	
C&B Community Units		2		2	0%	
C&B Functional Support Switchboard		4		4	0%	
C&B Health Records Team		3		3	0%	
CAH - Laundry Service		5		5	0%	
CAH - Med Records Obs/Gynae		1		1	0%	
CAH Support Services		1		1	0%	
CAH/ACH/STH - General Medicine Admin		1		1	0%	
CAH/STH - Emergency Admin Team		1		1	0%	
CAH-Ward Clerks		6		6	0%	
Craigavon Catering 4		2		2	0%	
Craigavon Domestic Services Team 1		2		2	0%	
DHH - Emergency Admin Team		1		1	0%	
DHH-Ward Clerks		2		2	0%	
Domestic Services Team		15		15	0%	
Lurgan Domestic Services		3		3	0%	
N&M General & Oral Sugery Admin		1		1	0%	
N&M Health Records Team		1		1	0%	
N&M Renal Admin Team		1		1	0%	
Portadown Support Services		7		7	0%	
Referral & Booking Centre		1		1	0%	
STH Day Support Services	1		1	0%		
<b>Functional Support Services Division Total</b>		<b>69</b>		<b>69</b>	<b>0%</b>	
IM&WH and Cancer & Clinical Services Division	CAH - Acute OT Inpatient	3	2	5	40%	
	CAH - Acute OT Outpatient		1	1	100%	
	CAH - Acute Physiotherapy	2		2	0%	
	CAH - Audiology	1		1	0%	
	CAH - Biochemistry	2		2	0%	
	CAH - Cancer Unit	3		3	0%	
	CAH - Cellular Pathology	2		2	0%	
	CAH - Delivery Suite 1		1	1	100%	
	CAH - Delivery Suite 2	1		1	0%	
	CAH - Delivery Suite 4	1		1	0%	
	CAH - Delivery Suite 5		1	1	100%	
	CAH - Delivery Suite 6	1	1	2	50%	
	CAH - General Laboratories	2		2	0%	
	CAH - Maternity O/P	1		1	0%	
	CAH - Obstetrics/Gynae	1		1	0%	
	CAH - Palliative Care	1		1	0%	
	CAH - Pathology Team 3	1		1	0%	
	CAH - Radiology	1		1	0%	
	CAH - T&O Physiotherapy	2		2	0%	

Division	Organisational Unit	Not Trained	Trained	Head Count	% Trained
	CAH 2 East - Midwifery Led Unit	2		2	0%
	CAH 2 West - Maternity Ward	2	2	4	50%
	Cancer Services Admin		1	1	100%
	Cancer Services Haematology	1		1	0%
	DHH - Acute Occupational Therapy	1		1	0%
	DHH - Ante/Post Natal	1		1	0%
	DHH - Dietetics Renal Unit	1		1	0%
	DHH - Obs & Gynae	1		1	0%
	DHH - Outpatients-Mat/Gynae	1		1	0%
	Diagnostics Admin	4		4	0%
	Early Intervention Transform Programme	1		1	0%
	Laboratory Services Admin	2		2	0%
	Midwifery/Gynae Service	2		2	0%
	Radiography Support	2		2	0%
	X-Ray - CAH Ultra Sound	1		1	0%
	X-Ray - DHH	1		1	0%
	X-Ray - Practice Educator	1		1	0%
					16%
Medicine & Unscheduled Care Division	Acute Health Roster Team	1		1	0%
	CAH - 2 North Medicine	7		7	0%
	CAH - Acute Med Admission Unit	5		5	0%
	CAH - Day Clinical Care	5		5	0%
	CAH - E.C.G.	1		1	0%
	CAH - Emergency Medical	1		1	0%
	CAH - Emergency Nursing	9	1	10	10%
	CAH - Neurology - Medical	1		1	0%
	CAH 1 North - Cardiology Ward	5		5	0%
	CAH 1 South - Medical Ward	6		6	0%
	CAH 2 North - Haematology Ward	2		2	0%
	CAH 2 North - Respiratory Ward	4		4	0%
	CAH 2 South - Acute Elderly Ward	1		1	0%
	CAH 2 South - Stroke Ward	5		5	0%
	DHH - Emergency Nursing	2		2	0%
	DHH - Male Medical Ward	7		7	0%
	DHH - Stroke & Rehab Level 6	4		4	0%
	Hospital Social Work Team - CAH	1		1	0%
					1%
Pharmacy Division	CAH - Dispensary Team	1		1	0%
	CAH - Pharmacy Ward Services	1		1	0%
	CAH - Procurement Technician Team	1		1	0%
	DHH - Dispens & Distrib Technician Team	1		1	0%
	DHH - Dispensary Team	1		1	0%
					0%
<b>Acute Services Total</b>		<b>264</b>	<b>12</b>	<b>276</b>	<b>4%</b>

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## Quality care – for you, with you

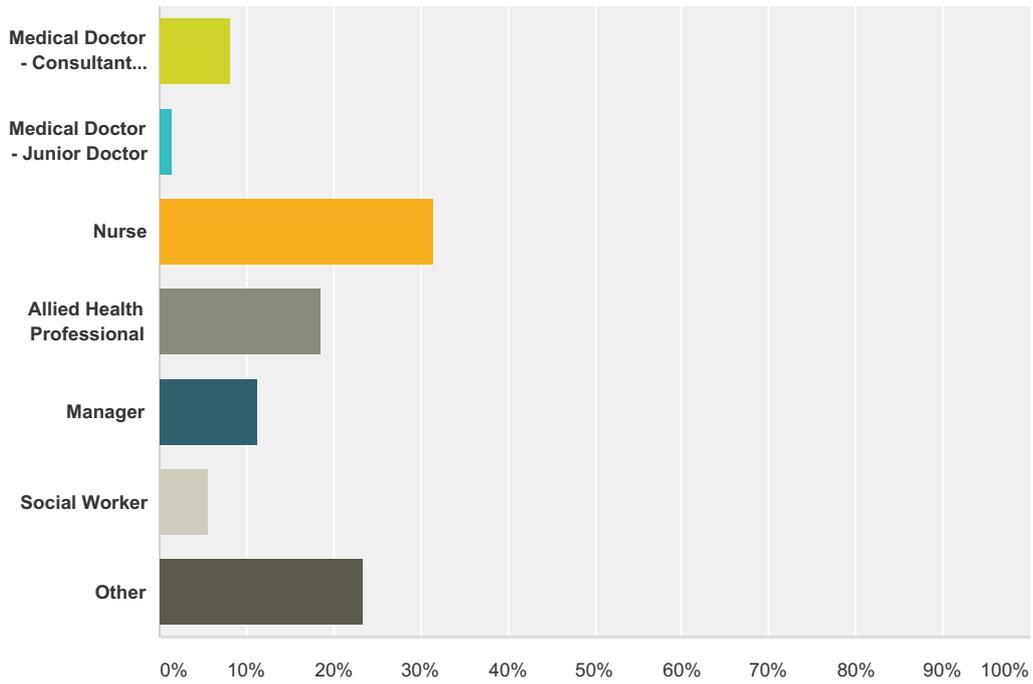
**REPORT SUMMARY SHEET**

Meeting:	SMT Governance
Date:	26 <sup>th</sup> October 2016
Title:	Adverse Incident Survey Summary Report
Lead Director:	Dr Richard Wright – Medical Director
Corporate Objective:	Safe, High Quality Care
Purpose:	The paper provides a summary overview of the Trustwide Adverse Incident Survey that took place August – September 2016 seeking staff views on Adverse Incident processes.
<b>Summary of Key Issues for Governance Committee</b>	
<p><u>High level context:</u></p> <p>Summary detail of Trust Adverse Incident Survey under the following themes:</p> <ul style="list-style-type: none"> <li>○ Identification and Response</li> <li>○ Reporting</li> <li>○ Investigation</li> <li>○ Corrective actions</li> <li>○ Learning</li> <li>○ Barriers to recording incidents</li> </ul>	
<p><u>Key issues/risks for discussion:</u></p> <ul style="list-style-type: none"> <li>● Information for SMT for review and discussion with operational teams</li> <li>● Findings incorporated into Trust Adverse Incident Project</li> </ul>	
<p><u>Internal/External Engagement:</u></p> <ul style="list-style-type: none"> <li>● All Trust staff</li> </ul>	



**Q1 Which Staff Group do you belong to?**

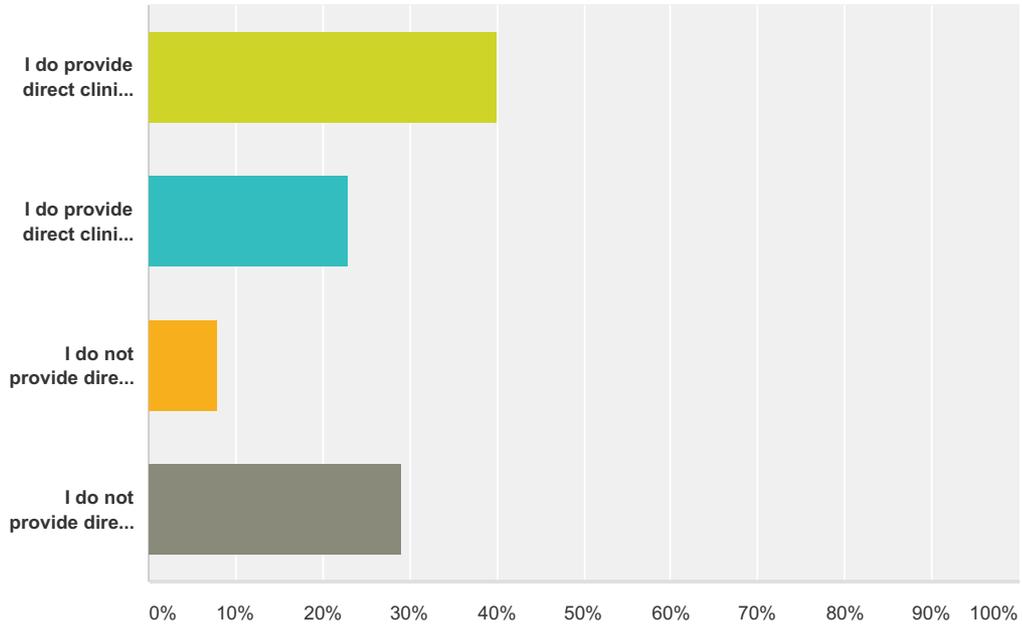
Answered: 820 Skipped: 0



Answer Choices	Responses
Medical Doctor - Consultant / SAS grade	8.17% 67
Medical Doctor - Junior Doctor	1.46% 12
Nurse	31.59% 259
Allied Health Professional	18.54% 152
Manager	11.22% 92
Social Worker	5.61% 46
Other	23.41% 192
<b>Total</b>	<b>820</b>

**Q2 Which of the following best describes your role?**

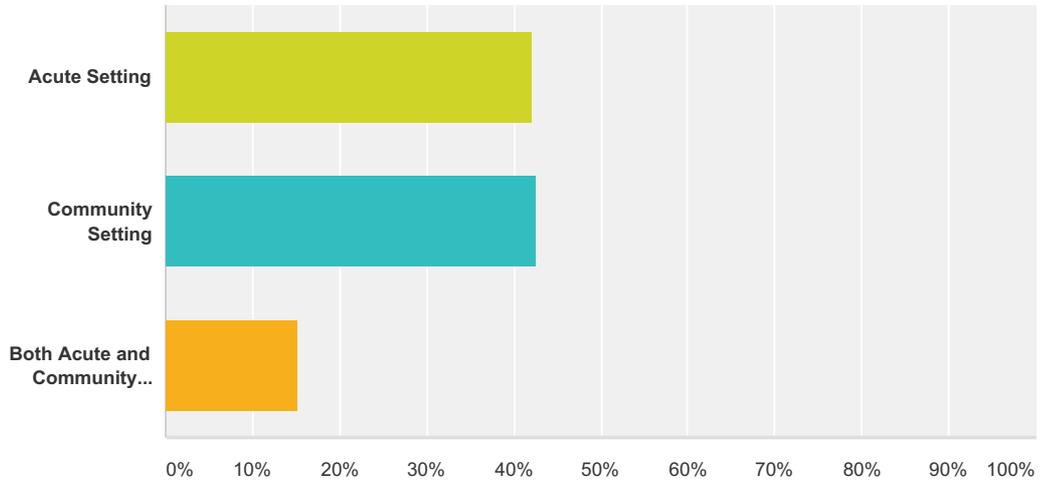
Answered: 820 Skipped: 0



Answer Choices	Responses
I do provide direct clinical care to patients however do not manage a clinical team	40.00% 328
I do provide direct clinical care to patients and do manage a clinical team	23.05% 189
I do not provide direct clinical care to patients however do manage a clinical team	7.93% 65
I do not provide direct clinical care to patients and do not manage a clinical team	29.02% 238
<b>Total</b>	<b>820</b>

**Q3 Which of the below best describes your area of work?**

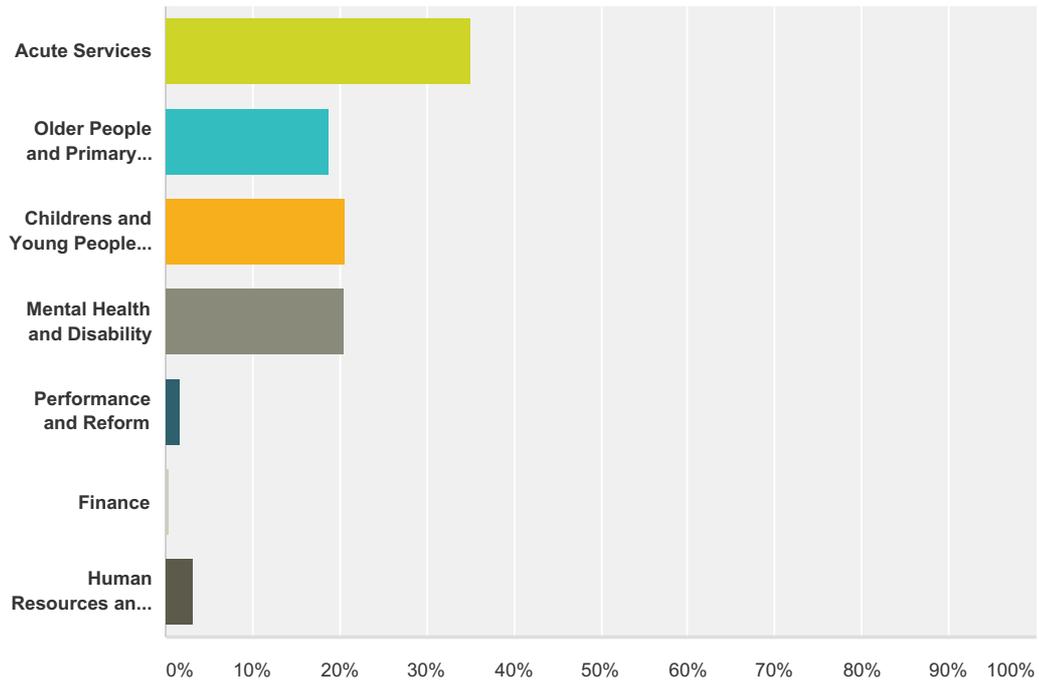
Answered: 820 Skipped: 0



Answer Choices	Responses
Acute Setting	42.20% 346
Community Setting	42.56% 349
Both Acute and Community Settings	15.24% 125
<b>Total</b>	<b>820</b>

**Q4 Within which directorate do you work?**

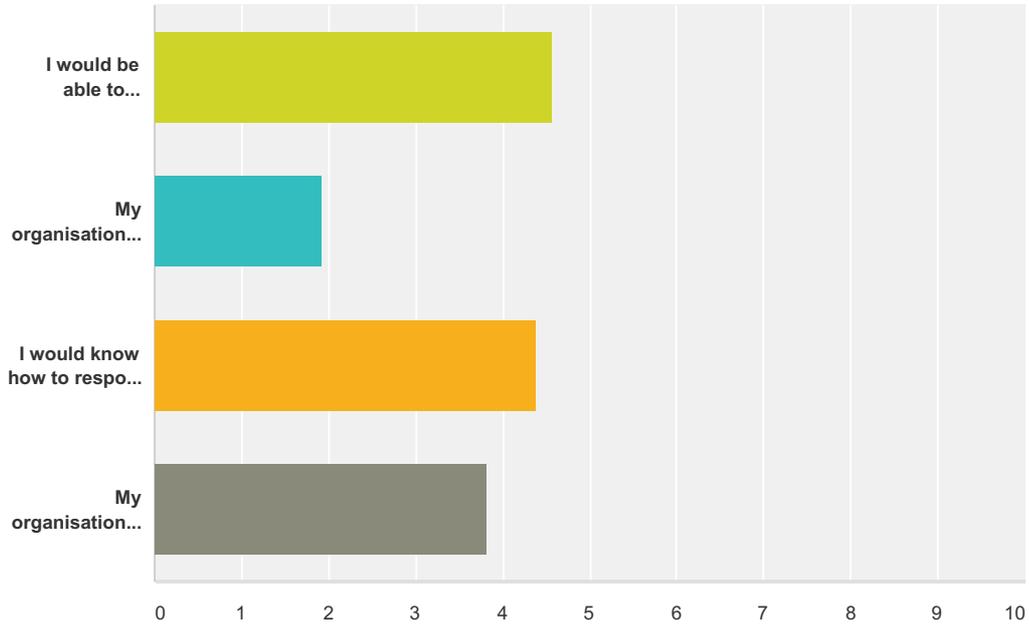
Answered: 820 Skipped: 0



Answer Choices	Responses
Acute Services	35.12% 288
Older People and Primary Care	18.78% 154
Childrens and Young Peoples Services	20.61% 169
Mental Health and Disability	20.37% 167
Performance and Reform	1.71% 14
Finance	0.37% 3
Human Resources and Organisational Development	3.05% 25
<b>Total</b>	<b>820</b>

### Q5 Identification and response to adverse incidents

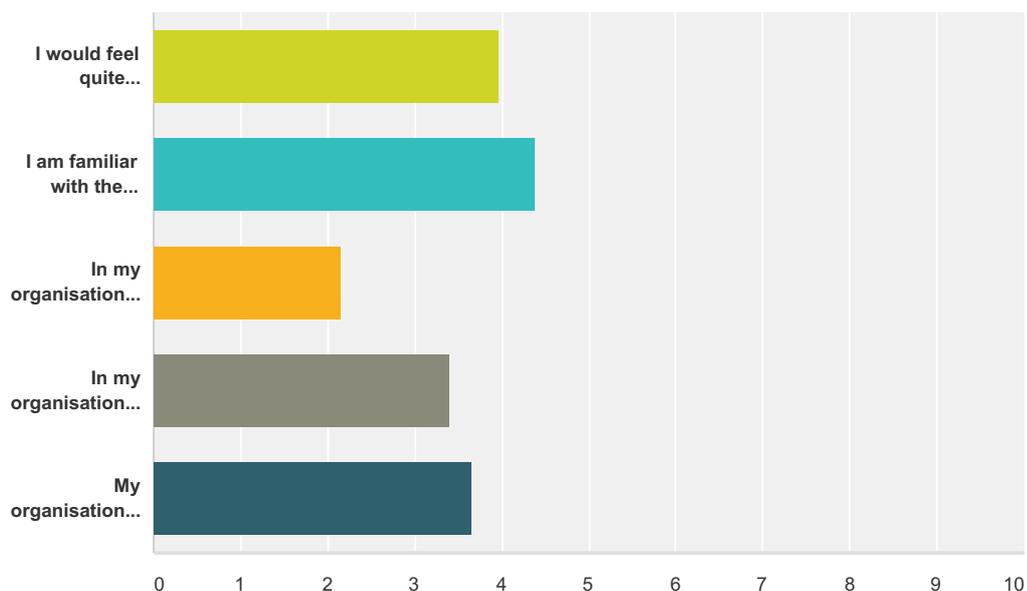
Answered: 583 Skipped: 237



	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Total	Weighted Average
I would be able to identify an incident if I saw one	60.55% 353	37.22% 217	2.06% 12	0.17% 1	0.00% 0	583	4.58
My organisation ignores incidents as long as no-one gets hurt	2.23% 13	6.17% 36	13.38% 78	39.11% 228	39.11% 228	583	1.93
I would know how to respond appropriately if I saw an incident occur	46.66% 272	45.80% 267	6.52% 38	0.86% 5	0.17% 1	583	4.38
My organisation treats incidents as learning opportunities	24.36% 142	47.86% 279	16.98% 99	7.55% 44	3.26% 19	583	3.83

## Q6 Reporting of adverse incidents

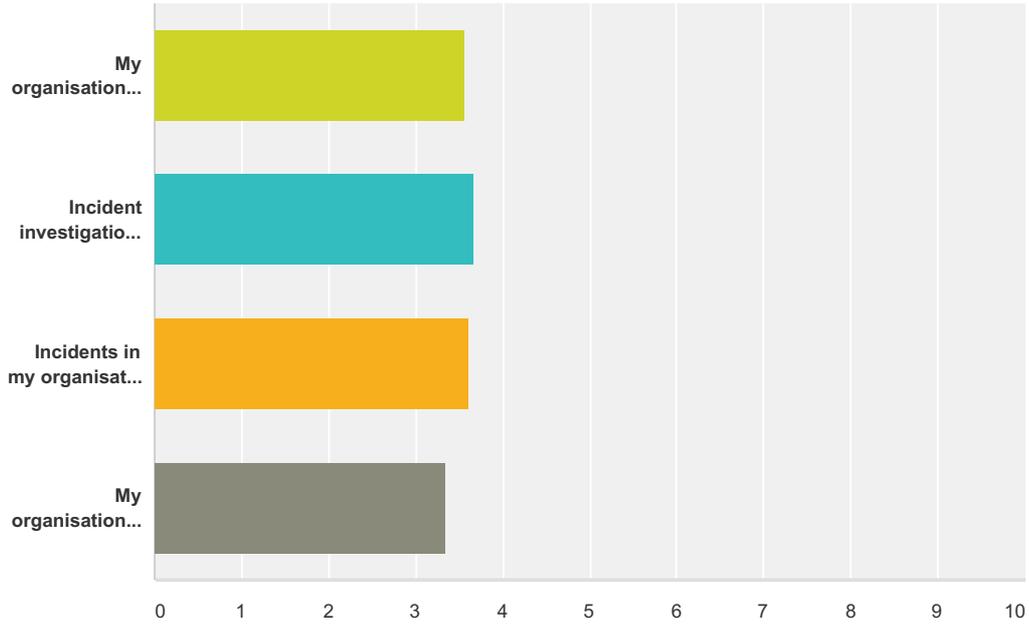
Answered: 583 Skipped: 237



	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Total	Weighted Average
I would feel quite comfortable reporting an incident in which I made an error or omission	28.82% 168	49.40% 288	12.69% 74	7.03% 41	2.06% 12	583	3.96
I am familiar with the procedures for reporting an incident	47.17% 275	46.31% 270	4.29% 25	2.06% 12	0.17% 1	583	4.38
In my organisation people tend to cover up mistakes	2.23% 13	7.72% 45	19.73% 115	44.25% 258	26.07% 152	583	2.16
In my organisation there is no blame or stigma attached to reporting an incident	14.58% 85	36.02% 210	29.16% 170	15.44% 90	4.80% 28	583	3.40
My organisation allocates sufficient priority to incident reporting	17.67% 103	46.14% 269	23.50% 137	9.09% 53	3.60% 21	583	3.65

**Q7 Investigation of adverse incidents**

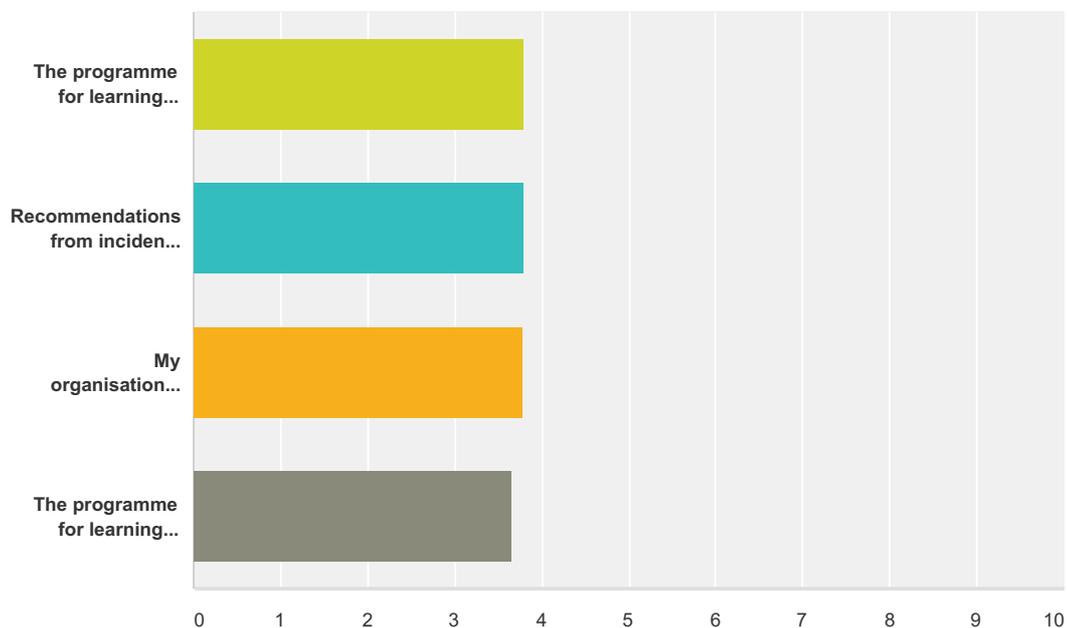
Answered: 583 Skipped: 237



	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Total	Weighted Average
My organisation accepts that people make mistakes and puts the focus of incident investigations on system improvement	13.38% 78	46.48% 271	26.24% 153	10.98% 64	2.92% 17	583	3.56
Incident investigations usually identify the causal factors that led to the incident	13.38% 78	50.60% 295	27.96% 163	6.52% 38	1.54% 9	583	3.68
Incidents in my organisation are investigated impartially and objectively	14.41% 84	47.00% 274	27.79% 162	7.72% 45	3.09% 18	583	3.62
My organisation allocates sufficient resources to incident investigations	9.09% 53	34.99% 204	40.14% 234	11.84% 69	3.95% 23	583	3.33

## Q8 Corrective actions arising from adverse incidents

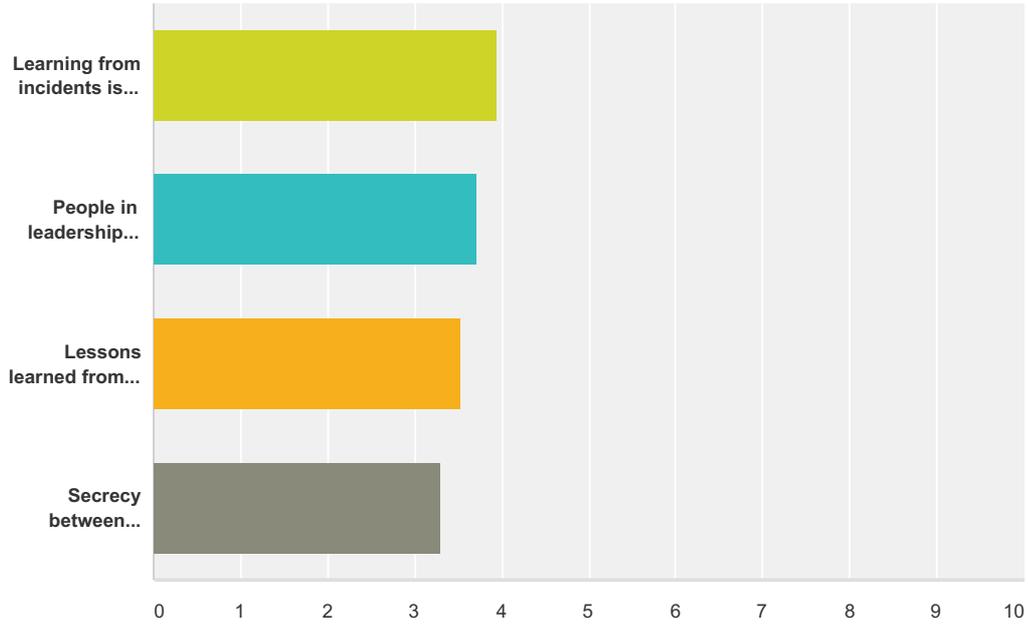
Answered: 583 Skipped: 237



	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Total	Weighted Average
The programme for learning from incidents in my organisation improves patient care	19.38% 113	49.40% 288	23.84% 139	5.83% 34	1.54% 9	583	3.79
Recommendations from incident investigations are acted upon	17.67% 103	52.66% 307	22.30% 130	5.49% 32	1.89% 11	583	3.79
My organisation turns lessons learned from incidents into actions that improve the patient care system	18.87% 110	49.91% 291	22.64% 132	6.86% 40	1.72% 10	583	3.77
The programme for learning from incidents in my organisation improves operational effectiveness	15.27% 89	46.48% 271	28.64% 167	7.55% 44	2.06% 12	583	3.65

**Q9 Learning from adverse incidents**

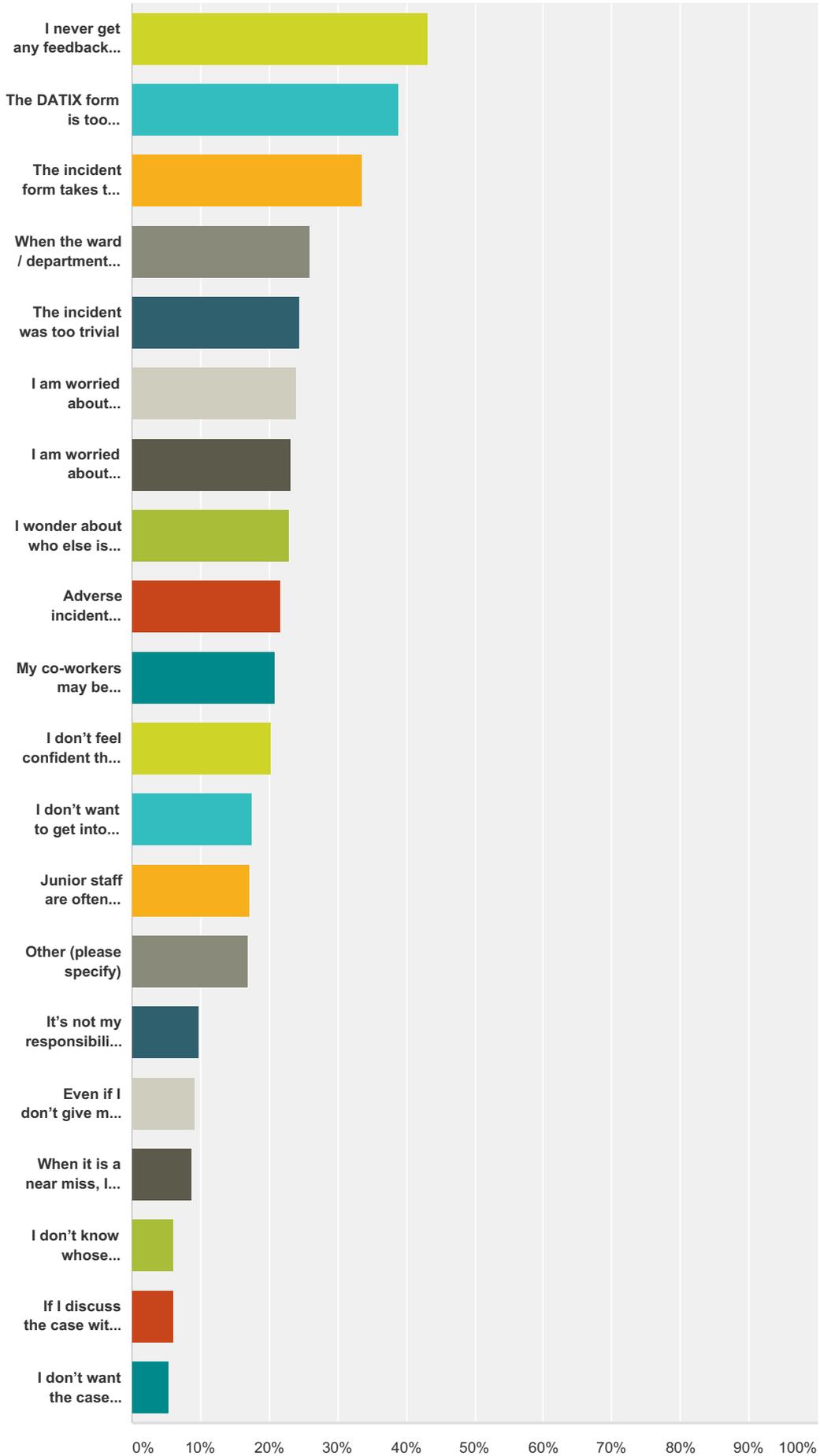
Answered: 583 Skipped: 237



	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Total	Weighted Average
Learning from incidents is an important policy objective of my organisation	24.01% 140	53.17% 310	16.81% 98	4.46% 26	1.54% 9	583	3.94
People in leadership positions are committed to learning from incidents	17.84% 104	49.57% 289	22.30% 130	7.20% 42	3.09% 18	583	3.72
Lessons learned from incident investigations are communicated to staff	16.81% 98	42.71% 249	21.78% 127	13.72% 80	4.97% 29	583	3.53
Secrecy between different departments, specialisations or functions makes it difficult to learn from incidents	12.01% 70	31.05% 181	34.13% 199	19.73% 115	3.09% 18	583	3.29

**Q10 Indicate which of the below you feel are barriers to recording incidents (tick all that apply)**

Answered: 511 Skipped: 309



Answer Choices	Responses
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I never get any feedback on what action is taken	43.25%	221
The DATIX form is too complicated and requires too much detail	38.75%	198
The incident form takes too long to fill out and I just don't have the time	33.66%	172
When the ward / department / team is busy I forget to make a report	25.83%	132
The incident was too trivial	24.46%	125
I am worried about litigation	24.07%	123
I am worried about disciplinary action	23.09%	118
I wonder about who else is privy to the information that I disclose	22.90%	117
Adverse incident reporting is unlikely to lead to system changes	21.72%	111
My co-workers may be unsupportive	20.94%	107
I don't feel confident the form is kept anonymous	20.16%	103
I don't want to get into trouble	17.61%	90
Junior staff are often blamed unfairly for adverse incidents	17.03%	87
Other (please specify)	16.83%	86
It's not my responsibility to report somebody else's mistakes	9.78%	50
Even if I don't give my details, I'm sure that they'll track me down	9.20%	47
When it is a near miss, I don't see any point in reporting it	8.81%	45
I don't know whose responsibility it is to make a report	6.07%	31
If I discuss the case with the person involved nothing else needs to be done	6.07%	31
I don't want the case discussed in meetings	5.48%	28
<b>Total Respondents: 511</b>		

#	Other (please specify)	Date
1	Management ignore staff concerns repeatedly, communication is non existent	10/5/2016 9:56 PM
2	Poor feedback. This definitely needs addressed. Sometimes not easy to obtain the right ward setting or location.	10/5/2016 12:16 AM
3	Have had incidents deleted as deemed 'dealt' with, but I disagree, the incident was deleted anyway.	10/4/2016 1:37 PM
4	Anyone who raises an issue is seen as a troublemaker or acting outside their pay band.	10/1/2016 1:52 PM
5	Staff on wards take it personally if something is reported.	9/26/2016 9:22 AM
6	Years of having my reports completely ignored, not even a receipt for completion, means I have no faith my employer takes any action on them.	9/7/2016 3:10 PM
7	This survey is quite difficult to complete as agree / disagree are not the right answers. I would have preferred to tick a sometimes / always /never type answer. The IR 1 form is repetitive and time consuming to fill in. Not all the info is relevant to the incident bu you have to fill in something in all the essential boxes before it will let you submit.	9/6/2016 11:06 AM
8	my line manager is intimidating, and is supportive to those he likes and very unsupportive to those he doesn't	9/5/2016 3:52 PM
9	There is much variation across the organization - ie some managers are better than others	9/5/2016 2:51 PM
10	I have never had to fill in a DATIX form and would like to have had training on it.	9/5/2016 12:01 PM
11	Knowing who is responsible for completing the IR1 confusing to staff some staff feel its the person affected that reports it and others think its Management i.e. their Manager or the Facility Manager etc. and as some staff fall within different directorates this leads to even further confusion in certain situations.	9/5/2016 9:51 AM
12	none of above	9/4/2016 10:04 AM
13	It is my opinion that in the case of an SAI senior management may initially close ranks and take whatever action deemed appropriate to save the public face and reputation of the Trust!	9/2/2016 11:47 PM

14	The whole DATIX form is not user friendly and very complicated and I have missed putting in vital information as there is no box to put in info. When my manager comes back to me for more information, the incident may have happened 9 months ago so I will not be able to recall info. Process needs to be quicker.	9/2/2016 3:52 PM
15	I feel staff are supported in relation to reporting an incident	9/2/2016 2:27 PM
16	All grades of staff need proper structured training in the completion of incident forms and safeguarding forms	9/2/2016 1:24 PM
17	The recurrent nature of specific incidents indicate that appropriate and effective corrective action has not been taken. Similar incidents which keep reoccurring should have their corrective actions analysed and followed up action taken to reduce similar incidents from reoccurring.	9/2/2016 12:08 PM
18	Staff are actively discouraged to report incidents	9/2/2016 10:26 AM
19	Within OPPC & Primary Care we receive updated Action Plans in response to individual Incidents and these are shared with all Staff at Team Meetings and signed off by all staff as read & understood and agree to adhere to Action Plan recommendations. However to date I have not received a final Report on individual Serious Adverse Incidents.	9/2/2016 10:06 AM
20	I feel that the DATIX IR1form is easy to us, but on my opinion some staff do not use the communication section to communicate changes on the IR2. If I ask a question regarding an incident the relevant manager often responds back to the email, not using the DATIX communication. Therefore, the audit trail of the investigation is lost. For both IR1and IR2- How do staff make an informed choice when risk grading? I realise that the opinion of individual staff may differ, but in the IR2 form how do staff grade the consequences of the incident ? no guidance is given. The section Lessons Learnt is often left blank- this should be completed, as if an incident occurs lessons must always be learnt to prevent reoccurrence Action plan section- again rarely completed and in my opinion should be, especially when the incident triggered an external report. I often have to ask staff to complete this and surely if an incident is reported externally, even if severity low- an action plan should be necessary?? Final point- when the initial report is made and an omission of certain teams made, often the inclusion of that team is made at a later date and an alert email is not sent to this team. Therefore, the incident may only be discovered when checking the full DATIX system, this is a risk and can prevent timely reporting eternally. Alert emails should be a matter of courtesy.	9/2/2016 9:30 AM
21	a lot of staff have complained about the form and the time it takes. This is compounded by limited and slow feedback. If the process could be quicker I think there will be more engagement form staff	9/2/2016 9:17 AM
22	for some incidents like medication errors the feedback should also be targeted to the concerned doctor too many times when we fill in IR1 form we don't get feedback of what action has been taken	9/2/2016 9:11 AM
23	There is all too often a focus on nursing staff and their mistakes. Medical errors are generally not reported eg prescription errors. Nurses are all too often scapegoated when there are problems.	9/1/2016 8:45 PM
24	The form doesn't ask for to much detail however it not always clear which category an incident is i.e. minor/major etc	8/31/2016 8:45 AM
25	.	8/29/2016 1:54 PM
26	It is frequently not clear what should be filled in. Some sections are compulsory to fill in when I do not have the information to complete them or it is inappropriate to the incident, so I have had to fill in incorrect details just in order to be able to submit the form. There is also a lot of repetition on it.	8/26/2016 3:20 PM
27	The above do not relate to me but could relate to another member of staff depending on their position and experience of involvement in adverse incidents. A learning, supportive and continuous improvement culture is key to effective adverse incident reporting and action planning to address the incident.	8/26/2016 12:03 PM
28	it is frustrating that if you are disturbed in the middle of filling out a form, the parts that you have already filled in can be deleted after time out on the screen and you have to start again	8/23/2016 4:06 PM
29	Datix is difficult to complete if you are not familiar with the system and if not completed correctly e.g. division not completed correctly then the wrong people get notified of the incident. Training should be provided and advertised to take the uncertainty/unknown out of Datix	8/22/2016 12:44 PM
30	We don't work in an open and honest environment - instead we are now embedded in silos with the completion of Datix perceived by front line staff as the name blame , finger pointing and negative	8/18/2016 11:57 AM
31	Adverse incidents seems to lead to a quick knee jerk reaction that doesn't take in the true time staff are limited to! Change for changes sake.. too much change without justification can cause more room for error...has this ever been considered? Who considers the pressure staff are under at busy times and given NO TIME to exhale! Is there someone somewhere doing time and motion who has never worked at floor level!	8/17/2016 7:06 PM
32	Sometimes reporting all incidents can unfairly highlight you as someone who has shortcomings when in fact, many of your colleagues experience the same incidents but merely do not report them. This can have ramifications when it comes to promotion opportunities.	8/17/2016 1:53 PM

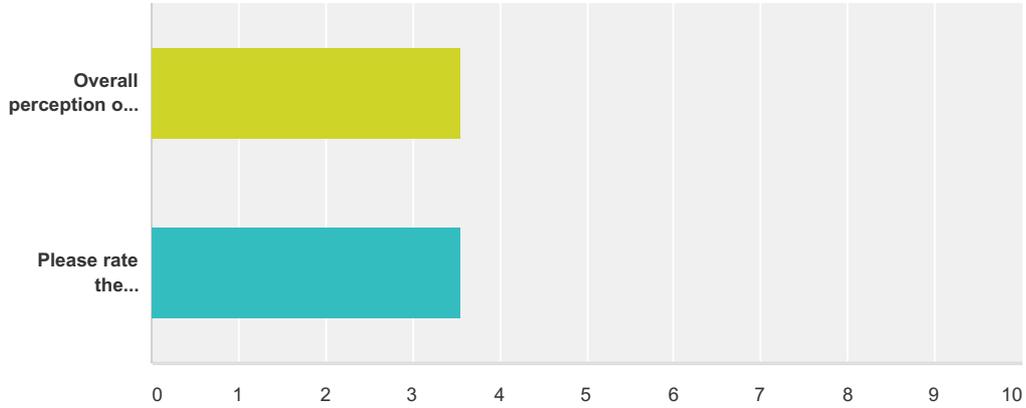
33	There is an unpleasant blame culture in my department where the senior managers look after their own and seemingly enjoy creating trouble for others. The personnel involved in assessing incidents are often relatively junior, inexperienced and subject to bias. The monthly patient safety meetings are unpleasant and confrontational and dominated by a few overpowering personalities. All too often this leads to serious issues being glossed-over while trivial issues 'drown out' key learning opportunities.	8/16/2016 7:06 PM
34	None apply. Happy to report incidents with the hope to learn from them and make a change to practice	8/16/2016 4:56 PM
35	double standards when Drs make a mistake versus nurse . I give feed back locally at team meetings but never get feed back on SAI even if involved in same.	8/16/2016 4:22 PM
36	Lack of feedback is a major concern	8/16/2016 3:37 PM
37	if an incident happens in the community setting and there were no witnesses, it can be difficult to get an accurate report. Private care providers are oftentimes the first to come across an incident (however trivial) in the community. This may not always be reported to the Trust so may not always be recorded by Datix.	8/16/2016 2:46 PM
38	The datix form is not user friendly and often does not have relevant drop down boxes for the incident. The datix system should interface with the FPN11 fire form to negate the need to fill out two forms following a fire incident. The datix system should also be interfaced with the NIAIC form.	8/16/2016 1:27 PM
39	The fully completed Datix never prints out, the drop boxes are not shown.	8/16/2016 12:36 PM
40	Some people under report and others over report as a knee jerk reaction. Would like to see a balance try to look gather information first before generating a DATIX most when looked at do not require SAI. It would be good to have 2 levels of reporting and feedback. Multiple similar small incidents need be put together across the directorates to identify system ris, system change with learning to be widely disseminated. could be included in a training module- 15 minutes updated each year. Recurring themes patient falls retained and newer incidents included.	8/16/2016 11:08 AM
41	When an incident occurs at ward level involving lab samples the lab never hears back about what has been done to prevent re-occurrence. Also often incident is classed as lab mistake when the error actually occurs on the ward eg mislabeling of samples, incorrect sample bottle used, bloods taken at incorrect time or inappropriate test requested etc.	8/16/2016 8:53 AM
42	DATIX is a clumsy, old fashioned, unwieldy programme and is a MAJOR obstacle to incident reports. It is time consuming and not fit for purpose in community settings.	8/16/2016 8:46 AM
43	The Datix Form needs to be improved and shortened to Repetitive.In Maternity we encourage incident Reporting.	8/16/2016 3:41 AM
44	Some staff see incident reporting as something negative rather than an opportunity to learn and improve the care we provide to patients. They bully others into not reporting incidents.	8/15/2016 4:18 PM
45	sometimes reporting of incidents can result in changes to policies and procedures that are difficult to implement and involve more administration tasks which is good procedure on paper but laborious for staff to work with	8/15/2016 1:06 PM
46	I believe there is a genuine willingness within the Trust to learn from incidents,however from my own experience of incident management I would say that the current adverse incident process is not effecting any real change/learning at grassroots/ front line level because I see the same incidents reoccurring time and time again. The current process seems to be disconnected with staff on the ground and therefore becomes perceived as a negative tool rather than a proactive tool to improve patient and staff safety. I would like to see greater in- depth investigation that is impartial.	8/15/2016 12:42 PM
47	No barrier(s) identified	8/15/2016 10:47 AM
48	The categories and sub categories within the datix system do not always reflect the incident and the option to add 'other' and free text would be helpful when completing investigations. Additional training on completion of Datix, all staff have access to the Datix Web Incident reporting but requesting face to face training	8/15/2016 9:58 AM
49	Some managers (not all) at times come across as unsupportive, rude and treat you like a trouble maker if you report an incident - they try and turn the blame round on the staff and are not always willing to listen to staff ideas/suggestions that would improve or reduce incidents/near misses.	8/15/2016 9:27 AM
50	the datix form is hard for less computer literate staff to gain access to or to know appropriately how to fill in. all staff should be trained in filling in datix and have access to filling this in themselves when an incident occurs as its time consuming for managers to fill this in all the time on behalf of staff for all incidents	8/15/2016 9:16 AM
51	In mental health the frequency of verbal aggression etc is almost daily therefore It is difficult to complete documentation on same and also then what learning outcome will be achieved	8/15/2016 8:08 AM
52	management want it to be kept quiet	8/15/2016 8:01 AM
53	Time is the main problem - in both reporting and learning When you as a norm are working short its hard to find time to report the incident properly let alone learn from it	8/15/2016 7:57 AM
54	I as a manager have not ticked any of these but if I was a frontline member of staff a number of them may be applicable, fear of what might happen to them, what others would think, litigation, lack of responsibility and experience of not receiving timely or any feedback .	8/14/2016 11:00 PM

55	Any datix I have previously completed I have never received any notification the datix has been received or any feedback.	8/14/2016 3:26 PM
56	When adverse incidents occur at busy times I believe adequate time should be allocated to incident reporting to ensure forms are completed as accurately as possible.	8/14/2016 12:55 PM
57	Dont always have access to a computer	8/14/2016 12:37 PM
58	there is repetition in some areas of the form eg area identification. this could be simplified. also while the process states annonymity this is not always the case	8/14/2016 3:59 AM
59	not enough feedback	8/13/2016 6:14 PM
60	Sometimes hard to differentiate between what may be an incident in a community setting as opposed to a hospital setting for eg a tenant in supported living may go away and not tell anyone that they have left or when they will be back as it is their choice to do so and this can cause concerns to staff and especially relatives	8/13/2016 1:05 AM
61	Victimisation and abuse from staff of all levels is given to those who report any incidents. Ask any pharmacist and they will have plenty of stories of how they have been persecuted by medical and nursing staff for reporting incidents. Verbally challenged in front of others, dirty looks and snide remarks from medical seniors etc. Fundamental denial of any 'wrong' being done by their staff is taken by some ward managers, even in cases where the incidents had nothing to do with their staff groups. Culture needs to change dramatically in this Trust. Also pharmacists being directed by their superiors to fill in 'at least 1 datix per day' is an unfair pressure to put on professionals who just want to get on with their clinical roles and maintain good working relationships with the MDT. Just another form for us to fill in to 'prove the need' for a pharmacists' job. On a separate point, often the outcome from some incidents do not fix what actually 'went wrong' eg separating beta-blockers on the dispensary shelves from all other meds due to possible selection errors... so its ok to risk mixing up the rest of the 'less harmful' medicines?! Again a major problem here is how the forms cannot be filled in in confidence - within minutes of sending a datix, someone is hunting you down to challenge you.	8/12/2016 8:39 PM
62	Not sure what needs reported o DATIX and if should be reporting errors outside ones own team but which impact adversely on patients	8/12/2016 3:43 PM
63	The investigation only seems to involve what happened in your area , no communication to any other department seems to be part of the process , even if that is where the issue originated. It seems to be a form filling exercise and is of no benefit in stopping the same thing happening again. Unless a patient has been injured.	8/12/2016 3:23 PM
64	I have been closely involved in the governance system in CYP and insufficient resources are allocated to enable effective learning from incidents. There is a high blame culture in CYP which significantly impacts on reporting of near misses, especially medication errors.	8/12/2016 2:57 PM
65	Adverse incidents mostly ignored unless the Trust will be sued!	8/12/2016 1:43 PM
66	Time out to record on DATIX in a busy clinical environment.	8/12/2016 1:30 PM
67	time out from othe duties and time away patient/client makes me feel stressed as I still have to return to my work load	8/12/2016 11:46 AM
68	The form is cumbersome and does not capture adequately clinical incidents, particularly in specialist areas where better national options are available but not locally supported.	8/12/2016 11:40 AM
69	I think we need to improve on the way action taken is fed back to staff	8/12/2016 11:28 AM
70	Essentially, as I've seen it happen, the response to incidents is generally lacking, and simply leads to increased paperwork instead of system changes that will actually prevent a repeat incident	8/12/2016 11:05 AM
71	As part of my work within the Trust I have had all of the above said to me as reasons for not carrying concerns forward	8/12/2016 10:17 AM
72	Personally, I have never faced any barriers to reporting an incident, when I have suspected that a patient/client may be facing abuse, or where a patient/client may be the abuser - I have been able to report my concerns. On one or two occasions my manager has had to screen out my concerns as not requiring action, however I have been supported and thanked for bringing my concerns to them. On other occasions my reports have been used to inform other staff (all confidential information was anonymised) to improve incident reporting.	8/12/2016 10:11 AM
73	Datix can be complicated to fill out. Especially knowing which directorate and area to report back to. It could be simplified. Also sometimes it is not easy to find a free computer to actually fill out the form - this means the whole process may take longer than it should.	8/12/2016 9:51 AM
74	Th datix form is designed o cover everything and as result when I complete a lot of the mandatory fields are not applicable and I am ticking boxes that I know are not really what I am trying to convey.	8/12/2016 9:49 AM
75	I don't think any of the above are barriers	8/12/2016 9:47 AM
76	I have never had ANY feedback on any IR1 forms I filled in	8/12/2016 9:46 AM
77	I always promote adverse incident reporting but there is still a culture of blame even when there is a valuable lesson learnt.	8/12/2016 9:43 AM

78	What constitutes an incident/adverse incident more clarification	8/12/2016 9:41 AM
79	Scapegoating, shooting the messenger	8/12/2016 9:28 AM
80	In my experience of working with staff most if not all of the above could be ticked	8/12/2016 9:25 AM
81	1. Recently there has been memos about involving/informing trainees about any incident they've been involved with. However when management haven't "shared the learning" from their SAI investigations with senior and permanent staff it's not possible. 2. The approach to dealing with incidents is to design another piece of paperwork which puts in place the "structure" to prevent the incident not necessarily preventing the incident happening (but that can leave a convenient front line fall guy)but is often immensely time consuming and disengages the staff who are actually in the position to reduce the incident from recurring. Anybody ever thought of asking a front line staff member "this has happened - what simple modification of practice could prevent it recurring?"	8/12/2016 9:13 AM
82	There is a negative culture and poor guidance from HR	8/12/2016 8:58 AM
83	After an adverse incident a member of staff is usually emotionally and physically drained. The Datix reporting form is confusing and the incident often does not fit into any of the options given. Also when the manager checks the form, the process is complicated and confusing. I once spent ages not understanding why a form I was assessing, would not allow me to process it forward to my line manager. It kept asking me to "approve" something. I had "approved" an item. However the term was used on a separate page for a completely different situation. This wasn't evident or at least not clear. Perhaps if one regularly had to deal with Datix this would not be a problem. However, I have only dealt with approximately one a year so I forget how to use it in between. Each time I am sent a Datix - my heart sinks as I know I have a complicated frustrating learning curve in front of - and that's just in dealing with the form! - never mind the incident!	8/12/2016 8:12 AM
84	I feel that the learning from incidents or near misses are invaluable and should be encouraged but will only happen if staff anonymity is protected. I often feel that when the incident is serious that the mechanisms and recommendations do not always address causation and can be reactive putting more unrealistic expectations on staff and exist mainly to protect the Trust and its reputation as opposed to addressing a problem with systems and processes. Example: A SAI resulting from staff not being familiar with the required Policy and protocol to administer drugs safely. Outcome of SAI was to create another set of guidance It begs the question if staff don't have time to read policy/protocol will they read additional guidance? To me the answer would have been to look at how we could enable staff and provide assurances that only staff familiar with the appropriate guidance undertook the task/administration of drugs	8/11/2016 10:01 PM
85	A blame culture rather than a supportive culture is becoming more prevalent within the trust. Open discussion should be encouraged rather than anonymous reporting where possible. This helps encourage a more relevant learning experience.	8/11/2016 9:17 PM
86	Lots of incidents reported in the past in Datix with no follow up whatsoever and no change. I therefore don't report incidents much now. The incidents I report are highly relevant and detriment on patient care. A lot more needs to be done.	8/11/2016 8:59 PM

### Q11 Overall perception of Adverse Incident Processes

Answered: 583 Skipped: 237



	Very Satisfied	Satisfied	Unsure	Dissatisfied	Very dissatisfied	Total	Weighted Average
Overall perception of Adverse Incident Processes	8.92% 52	51.63% 301	27.96% 163	8.58% 50	2.92% 17	583	3.55
Please rate the organisation's overall ability to learn from incidents	9.78% 57	47.86% 279	32.59% 190	7.20% 42	2.57% 15	583	3.55

## Q12 Please enter any other comments you have regarding the Trust adverse incident management processes

Answered: 102 Skipped: 718

#	Responses	Date
1	Need feedback	10/5/2016 12:16 AM
2	i feel some incidents are dealt well with, but others are either brushed under the carpet or taken to extreme, there seems to be no consistency	10/4/2016 10:41 PM
3	As I am new to the Trust it is still very early days to make any judgements, observations or comments as yet	9/27/2016 12:48 PM
4	Abysmal	9/7/2016 3:10 PM
5	The reporting of incidents is futile if no action is taken to ensure no further reoccurrence. Staff at times use the system to highlight something they are unhappy about regarding their systems at work, these should be dealt with differently, i.e. staff meetings, staff grievance etc.	9/7/2016 2:28 PM
6	improved feedback especially on minor incidents	9/6/2016 4:03 PM
7	Staff are shouted at by management when IR1 forms are put in and told that we shouldn't be putting them in, to keep the incidents within the department. We were even provided with a different paper form that we should write in and give to xray management so as it would not go any higher	9/5/2016 8:24 PM
8	My Boss manipulates the process to his own advantage	9/5/2016 5:57 PM
9	Some are better at handling issues than others	9/5/2016 2:51 PM
10	Make DATIX more user friendly for clinics/ managers	9/5/2016 2:18 PM
11	form too detailed and no information given about outcome	9/5/2016 1:06 PM
12	Awaiting review of deaths/reports can mean these incidents sit on system a long time. It is often difficult to determine who takes responsibility to put final report /learning from SAIs SEAs onto Datix. I think this area should be made clearer	9/4/2016 10:04 AM
13	lessons learned and actions taken need to be communicated to staff at ward level in an open and transparent manner. this will reassure staff that reporting an incident leads to genuine improvement.	9/4/2016 3:26 AM
14	not user friendly	9/2/2016 3:52 PM
15	Examples of recurrent incidents which keep recurring are incomplete consent forms for products on conception, mislabelling of specimens and not using 'Products of Conception Transfer Sheets' for specimen tracking every time a POC is dispatched to the laboratory or mortuary.	9/2/2016 12:08 PM
16	I don't think the right people investigate incidents, if they are investigated at all	9/2/2016 10:26 AM
17	Trigger lists are very helpful. Has revolutionised the approach to incidents in Anaesthetics Dept. Highly recommend	9/2/2016 10:17 AM
18	There is a high-blame culture present in paediatrics which inhibits reporting. Investigations focus on individuals and prevents identification of system failures.	9/2/2016 10:12 AM
19	Refresher training for Managers responding to SAI investigations would be very welcomed	9/2/2016 10:06 AM
20	I am the patient safety and governance lead in our department and have allocated time to look into Datix, present incidents to staff with learning lessons and implement changes. Time allocated does not reflect time needed to effectively achieve those objectives. The more we encourage staff to report the more they will report and the more work it will produce!	9/2/2016 10:00 AM
21	Trust only starting to share learning from incidents and sometimes confined to specific teams.	9/2/2016 9:34 AM
22	Current approach can only result in an incident with serious consequences	9/2/2016 9:32 AM
23	While I feel that the system is good, improvements could be made.	9/2/2016 9:30 AM
24	datix system could be streamlined	9/2/2016 9:23 AM
25	As I have very recently started employment with the Trust it is too early to form an opinion regarding many of the questions.	9/2/2016 9:20 AM
26	overall we are doing very well in comparison to many trusts	9/2/2016 9:11 AM

27	I appreciate that a lot of weight and resources are put on incident reporting and "learning" now, however, I strongly feel that learning is either no action or a knee jerk fix of one specific problem - often a fix that adds paperwork or otherwise actually debilitates the system as a whole, probably not making it better for patients overall. We were coincidentally discussing this today - the suggestion by someone else was to have a very brief and basic "Quality report" for minor problems (e.g patient delays to theatre, missed medications/ equipment problems that affect care but are not dangerous) rather than always being labelled as an incident. Regarding the system as a whole, perhaps there should be a group performing an annual review of all reports, SAIs SEAs etc and with the power to make, or at least recommend, changes to the system as a whole	9/1/2016 9:42 PM
28	Time to report in timely manner and action in timely manner is challenging	9/1/2016 8:22 PM
29	None	9/1/2016 12:51 PM
30	I don't know enough about the process to speak / give a firm opinion about it having never been directly involved with it. My answers are based on what I have been told / my perception.	8/26/2016 3:03 PM
31	have not used the system recently and probably now improved but in the past felt feedback was lacking	8/26/2016 1:02 PM
32	Governance staff need to have capacity in their role to support operational staff.	8/26/2016 12:03 PM
33	huge variation within dept regarding the incident management process, staff fearful of reporting incident in some dept as they consider the incident will backfire on them and they will not be supported.	8/26/2016 10:43 AM
34	In paediatrics there is a high blame culture which has led to staff being disciplined and dismissed when something goes wrong. This affects the culture of incident and near miss reporting.	8/25/2016 9:00 AM
35	in the past my manager expected us to do the reporting for her as she doesn't work with the computer. If there were no staff on to fill out the forms on computer they weren't sent	8/23/2016 4:06 PM
36	IR1's and SAI's are occasionally used by in a negative fashion by medics to denigrate colleagues and further their own ambitions	8/23/2016 9:49 AM
37	Feedback on what changes/actions to be taken once an adverse incident is reported would be most beneficial. I have completed Datix previously but never told outcome of these at all.	8/22/2016 8:25 PM
38	Datix system is very user friendly	8/22/2016 11:19 AM
39	No communication/feedback after submission of form so the person completing the incident form is unaware if there has been any follow up, lessons learned or corrective action taken. For "I don't know" read "Neither agree or disagree"	8/20/2016 6:59 AM
40	often never receive any feedback	8/20/2016 4:32 AM
41	when learning is taken on board change can happen people are too busy to take time out to look back and review the learning.	8/19/2016 4:53 PM
42	The Datix form is good but certain sections of it can be complicated. Never any feedback on completed incidents. Uncertainty regarding where the form goes, who reads it, who deals with the incident and eventually the outcome.	8/19/2016 10:52 AM
43	there is still a blame culture around and staff are still made to feel responsible for a lot of mistakes which may or may not be caused by them	8/19/2016 3:46 AM
44	need more training on datix review	8/18/2016 7:19 PM
45	Datix is too complicated and takes too much time to fill in .	8/17/2016 3:01 PM
46	I fully support incident reporting but near misses are grossly underreported. Investigations regarding serious adverse incidents result in additional admin / procedures / protocols that may be shared with teams but they do not always benefit the patients but only add extra burden to staff who are already stretched to capacity	8/17/2016 12:56 PM
47	i sometimes think that people at higher management level are corrupt	8/17/2016 11:39 AM
48	All in all, there is a lot of work to be done	8/16/2016 7:06 PM
49	Overall I feel the incident reporting process is thorough (although the Datix form is unwieldy in my opinion - trying to work out which area the incident falls under in many of the drop-down lists is tricky). The anaesthetic department has a strong patient safety meeting monthly which is an ideal forum for discussion and dissemination of information. There are sometimes issues between specialties which provide a barrier to discussion and learning - sometimes leads to a failure to grasp the real issues in a case or incident.	8/16/2016 6:33 PM
50	I would seldom be in a position to report an adverse incident. have been involved in an investigation/review, good learning experience but not sure who was responsible to take forward actions	8/16/2016 4:03 PM
51	Datix form should be formulated that do not require clicking so many boxes to identify where you work. Lack of feedback and discussion.	8/16/2016 3:37 PM
52	Better communication re types of adverse incidents that are occurring and lessons learned from adverse incidents would be beneficial	8/16/2016 2:46 PM

## Adverse Incident Survey

**WIT-96610**

53	2 areas of concern M and M meetings need to have extra staff to provide cover for staff to attend. Learning points from other areas should be edited and shared.	8/16/2016 11:08 AM
54	Incident reporting is satisfactory once you get used to the procedure. Dissatisfied with the actions taken and outcomes. Trust seems to over-react to incidents and makes changes to entire systems and processes which do not benefit patient care. Tend to use a one system suits all approach which does not take into account variances in acute / non-acute / patient groups etc. Actions taken following incidents usually involve increased paperwork and written communication which further cuts down on patient treatment time. "If someone falls out of a tree we cut down all the trees" seems to be the response to incidents. Fear of litigation, report writing, recording, communication etc appears to have taken over from patient care. Risk assessment appears to be completed on what staff are afraid might happen rather than what actually happens.	8/16/2016 9:55 AM
55	lack of appropriateness of the DATIX programme	8/16/2016 8:46 AM
56	improve the form	8/16/2016 3:41 AM
57	I feel that some staff may feel anxious that they will not be supported if they report adverse incidents, I feel that staff may feel that it is the managers responsibility to address incidents, I feel that some staff have difficulty in identifying an incident correctly, they do report some events which do not represent an incident and I do think that we could be better at sharing the lessons in a manner in which staff take the time to reflect on the information shared (e.g team discussions)	8/15/2016 5:26 PM
58	A paper exercise	8/15/2016 4:15 PM
59	Incidents are reviewed in our department in an impartial manner	8/15/2016 3:03 PM
60	Takes too long to complete from start to end.	8/15/2016 11:33 AM
61	Always every time a datix is filled out there is always come back looking for more information even though we have filled all boxes. It should be a form with more tick boxes for easier filling out. It would appear that whatever information is given is never enough. This is very offputting when completing a datix when time has been allocated to completing a datix.	8/15/2016 10:53 AM
62	staff need more support and less of a feeling of blame	8/15/2016 10:02 AM
63	Invest in reporting system and ensure Champions are used to promote and education with regard to incidents.	8/15/2016 10:00 AM
64	need to widen the pool of staff available for investigating incidents.	8/15/2016 9:58 AM
65	Identified need for training for investigating incidents & available support and guidance	8/15/2016 9:58 AM
66	We need better staff engagement and more resources to implement change and give structured feedback	8/15/2016 9:35 AM
67	This survey is quite broad as it asks your view on the trust, can only really answer questions based on own area that you have experienced working in.	8/15/2016 9:27 AM
68	datix too complicated/time consuming - all staff need trained in the use of same not just management responsibility. thats why reports are so low as incidents or near misses are not being recorded	8/15/2016 9:16 AM
69	the time taken to review and close off incidents and share the learning.	8/14/2016 11:00 PM
70	Comments as above	8/14/2016 3:26 PM
71	Delayed discharged in critical care generate many forms - should we have a separate system for reporting such?	8/14/2016 12:55 PM
72	takes too long to complete	8/14/2016 7:02 AM
73	team leaders actions in terms of completing DATIX forms are onerous	8/13/2016 9:40 PM
74	some parts of datix form are difficult to fill in	8/13/2016 9:21 AM
75	I trust my comments will remain confidential and acted on accordingly	8/12/2016 8:39 PM
76	further support with reviewing trends etc is required additionally there needs to be a formal sharing of learning between directorates	8/12/2016 7:57 PM
77	Don't feel it is used enough as staff are afraid	8/12/2016 3:43 PM
78	The policies are good but the culture of safety and leadership within the organisation is poor.	8/12/2016 2:57 PM
79	coding is complex and does not always apply to a situation	8/12/2016 2:11 PM
80	it is another form that i would try to avoid completing as it is complicated and time consuming	8/12/2016 1:39 PM
81	Time out to support the lead investigator to write up investigation. Support to change practice. Support to audit and review if recommendations implemented	8/12/2016 1:30 PM
82	Although I do not attribute blame and use instances to improve service I know more junior team members are intimidated by DATIX form and do not always forward minor instances for entering	8/12/2016 1:18 PM
83	extremely poor communication and a round around within different departments, no-one willing to commit to decision making and taking control of issues	8/12/2016 12:39 PM

84	Need more feedback about the serious incident and what action was taken or learning points. More involvement of doctors apart from consultants would be good	8/12/2016 12:08 PM
85	lack of feedback after reporting incidents/near misses	8/12/2016 11:52 AM
86	more serious incidents should not be investigated by managers or staff in that dept	8/12/2016 11:50 AM
87	The investigation process needs to be professionalised ie there should be a cadre of trained investigators given adequate time to undertake the investigation and assist with learning and dissemination. The delay between investigation and reporting and feedback to families is abysmal. A trained team on rotation for cross-specialty investigations would improve the quality of the process. At present grossly insufficient staff time is allocated to these processes with the inevitable result that they are done as "extras".	8/12/2016 11:40 AM
88	learning from incidents is not shared widely enough across the organisation. staff on the ground are not been included when disseminating the findings in a way that is applicable to them.	8/12/2016 10:50 AM
89	The reason I have indicated unsure in question 11 is because while the ethos of the Trust is to be open and honest and to learn from incidents I am aware that at times there are people who do not wish any information whatsoever to be sent out. This is because of all the reasons mentioned in question 12. There can be barriers to information going up, down or sideways.	8/12/2016 10:17 AM
90	feedback and communication around processes is limited.	8/12/2016 10:15 AM
91	I believe there are genuine efforts pursued in managing what can be very complicated.	8/12/2016 9:47 AM
92	we need a corporate approach with Trust wide training, common templates and approaches to investigations, medical staff buyin and active involvement in the governance work. Some trust lower level management staff discourage IR1 completion.	8/12/2016 9:27 AM
93	Communication of the outcomes of adverse incidents, SAI and near misses needs reviewed to ensure it meets the needs of staff and the organisation. The approach taken or perceptions will have an impact on future reporting, learning and patient care	8/12/2016 9:25 AM
94	See answer to 10.	8/12/2016 9:13 AM
95	incident reporting system seems to be a black hole - I'm not sure I get any sense of feedback in relation to incidents	8/12/2016 9:12 AM
96	The culture at senior management level needs to change.	8/12/2016 8:58 AM
97	training in reporting was very poor and investigator training was non existant ie someone holding up a print out of a presentation to a large group in the board room in zest is not training. the system probably is good but when few managers know how to complete the investigation on the system it might as well not exist. this trust has many good systems but is not getting the benefit of them because of poor training.	8/12/2016 8:52 AM
98	The Datix form is too complicated to complete - particularly after experiencing an adverse incident.	8/12/2016 8:12 AM
99	Confusing at times a lot of detail required to complete all required sections	8/11/2016 10:01 PM
100	the Datix system needs to change - far too many people in the chain and too many boxes to fill in with nonsense instead of just writing a sentence or two to explain the incident and further investigation if incident requires it. We are just robots filling out forms it seems	8/11/2016 9:29 PM
101	process of signing off incident is complicated	8/11/2016 9:14 PM
102	asdfasdfsdfasdaaa	8/4/2016 11:50 AM

**From:** [Reid, Trudy](#)  
**Sent:** 10 October 2018 23:44  
**To:** [Khan, Ahmed](#); [Marshall, Margaret](#)  
**Cc:** [Boyce, Tracey](#); [Gishkori, Esther](#)  
**Subject:** Clinical and Social Care Governance Assurance Template  
**Attachments:** Clinical and Social Care Governance Assurance Template June 2018 (2).docx

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Dear Dr Khan and Margaret, please see a ached Clinical and Social Care Governance Assurance template, I had it in draft format, please accept my apology for my oversight in not forwarding you this response sooner.

Regards,

Trudy

**Clinical and Social Care Governance Assurance Template – June 2018**

*Please consider the following when populating the assurance template*

- Effectiveness and robustness of present arrangements
- Clarity of roles & responsibilities
- Assurance mechanisms – operational/ corporate
- Cognisance of external reviews

	<b>Strengths</b> •What advantages does your current directorate processes and systems possess? •Given your existing assurance structures what do feel you do well? •What resources can your directorate draw upon that could be replicated in other service areas?	<b>Weaknesses</b> •What could be improved Trustwide? •What have staff in your directorate identified as weaknesses with current arrangements? •Could any identified weaknesses be	<b>Opportunities</b> •What opportunities can you identify to strengthen current systems and processes?	<b>Threats</b> • What factors are barriers to improvements? •When future challenges do you foresee?
<b>SAI investigations</b>		Staff do not have sufficient training to make them confident with the SAI process- particularly for chairs of SAI panels  Difficult releasing staff to attend SAI meetings (particularly clinical teams).	Training could be provided at a number of levels on SIA process <ul style="list-style-type: none"> <li>• chair</li> <li>• panel member</li> <li>• Facilitator</li> <li>• general awareness</li> </ul> including patient/family engagement, report writing, human factors, RCA/systems analysis	Barriers include resource, including clinician time. Engagement from clinicians following Coroner’s inquest questioning of Chairs in relation to SAI

			<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>•What opportunities can you identify to strengthen current systems and processes?</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• What factors are barriers to improvements?</li> <li>•When future challenges do you foresee?</li> </ul>
		<p>There is a limited resource to facilitate SAI meetings Sourcing external chairs for SAIs is challenging and can significantly extend the duration of the SAI process</p>	<p>Allocated time to allow for the SAI process for clinicians, senior staff</p> <p>Resource to audit the implementation of recommendations</p>	
<p><b>Standard and Guideline Compliance</b></p>	<p>The Acute Directorate has robust processes in place in relation to S&amp;G, including SMT fortnightly meetings to review Resource folder with SOP etc developed. NICE scholarship allowed for engagement with staff to allow systems and processes to be developed to support change leads. Many proactive service improvement work streams improve patient outcomes and ensure effective use of resources.</p>	<p>The S&amp;G data base makes effective reporting difficult</p> <p>The number of guidelines and the level of detail required to provide an assurance to the Trust is very resource dependent, currently there are limited resources to progress this work.</p> <p>The lack of dedicated cross divisional meeting to discuss S&amp;G can lead at times to fragmentation (limited time available in Governance Coordinators meetings does not allow for robust discussion on S&amp;G)</p>	<p>A data base which is fit for purpose and can run detailed reports to support KPI's, HoS, Divisional and Directorate reports and other queries</p> <p>Additional resource to support the S&amp;G process to ensure cross Directorate work to ensure an integrated approach to the patient journey and service improvements.</p> <p>Resource to audit the implementation of recommendations</p>	<p>Difficult releasing staff to be change leads (particularly clinical teams). There is currently significant difficulty getting change leads for the S&amp;G below leading to significant risk- PHA letter Valproate HSC (SQSD) 19/17 - Resources to Support the Safety of Girls and Women Who Are Being Treated With Valproate. NICE TA 471 - Eluxadolone for treating irritable bowel syndrome with diarrhoea NICE TA 481 - Immunosuppressive therapy for kidney transplantation in adults</p>

			<b>Opportunities</b> •What opportunities can you identify to strengthen current systems and processes?	<b>Threats</b> • What factors are barriers to improvements? •When future challenges do you foresee?
	Base line assessments and benchmarking inform business cases	Difficult releasing staff to be change leads (particularly clinical teams).		
<b>Complaints Management</b>	Good team working between Acute complaints team and the operational/clinical teams	The volume and complexity of formal and informal complaints and MLA enquires poses a challenge for staff investigating and responding to same.  Number of reopened and ombudsmans complaints	Training on how to respond to complaints  Additional resource to assist clinical teams to investigate and respond to complaints in a comprehensive and timely manner  Resource to audit the implementation of recommendations	Capacity in operation and governance teams to ensure robust investigation in a timely manner to lead to robust action plans.
<b>Clinical Audit</b>	Examples of good audit practice including NCEPOD	Engagement with SMT and support from the Medical Director for audit work, to support e.g. Audit Conference which has recently not  Lack of administration support for all forms of audit	Clinical teams are still supportive of audit, with additional administrative resource  IT system to support audit	Capacity to support audit leads

Quality Care - for you, with you

	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>•What advantages does your current directorate processes and systems possess?</li> <li>•Given your existing assurance structures what do feel you do well?</li> <li>•What resources can your directorate draw upon that could be replicated in other service areas?</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>•What could be improved Trustwide?</li> <li>•What have staff in your directorate identified as weaknesses with current arrangements?</li> <li>•Could any identified weaknesses be</li> </ul>		<p><b>Threats</b></p>
		<p>Lack of resource to review and ensure recommendations are implemented</p> <p>Lack of IT system to record audits, outcomes, recommendations and progress against same- to be available to clinical and operation teams to ensure awareness of risk and actions required across the organisation.</p>	<p>SMT support of Clinical Audit</p>	