

10140	28/02/2019	18/04/2019	34	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Waiting Times, A&E Departments	Personal Information redacted by the USI			Emergency Department DHH
10140	28/02/2019	18/04/2019	34	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Discharge/Transfer Arrangements				Emergency Department DHH

10147	01/03/2019	18/04/2019	33	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care	Personal Information redacted by the USI			Learning has been disseminated to all staff involved.	2 East Midwifery Led Unit
10105	21/02/2019	18/04/2019	39	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need					Emergency Department DHH
10211	22/03/2019	19/04/2019	20	General Surgery	Daisy Hill Hospital	General Surgery	Policy/Commercial Decisions				No further action.	Male Surgical/HDU

10101	12/03/2019	19/04/2019	27	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care	Personal Information redacted by the USI		Delivery Suite, CAH
10171	08/03/2019	19/04/2019	29	General Surgery	Craigavon Area Hospital	General Surgery	Waiting Times, Outpatient Departments		No further action.	General Surgery Clinic
10222	26/03/2019	19/04/2019	18	Community Nursing CYP Service	Community	CCN Team - C/A/D	Communication/Information		Requirement for dedicated 1:1 to be explained during competency based training with services providing care for children requiring 1:1 supervision.	Russel Drive, Lurgan
10196	25/03/2019	24/04/2019	20	Support and Recovery Services	Daisy Hill Hospital	Psychiatry of Old Age	Confidentiality			Mental Health Department
10196	25/03/2019	24/04/2019	20	Support and Recovery Services	Daisy Hill Hospital	Psychiatry of Old Age	Communication/Information			Mental health Dept. DHH

10104	20/03/2019	25/04/2019	24	Intermediate Care Services	Community	ICSSC C&B	Policy/Commercial Decisions	Personal Information redacted by the USI		No lessons learned	Home of client
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10104	20/03/2019	25/04/2019	24	Intermediate Care Services	Community	ICSSC C&B	Professional Assessment of Need	Personal Information redacted by the USI	No lessons learned	Home of client
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10104	20/03/2019	25/04/2019	24	Intermediate Care Services	Community	ICSSC C&B	Quality of Treatment & Care	Personal Information redacted by the USI		No lessons learned	Home of client
10227	22/03/2019	26/04/2019	23	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital			No further action.	Orthopaedic Clinic

10165	20/03/2019	26/04/2019	25	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI	Staff advised of the correct process regarding blood results.	Antenatal Clinic
10009	25/01/2019	26/04/2019	62	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Waiting List, Delay/Cancellation Outpatient Appointments			Orthopaedic Clinic
10103	01/04/2019	26/04/2019	17	Acute Paediatric Services	South Tyrone Hospital	Paediatrics	Clinical Diagnosis		Ensure that Trust practice is in line with regional guidance.	E Floor

ID	First received	Closed	Response time	Service Area	Site	Speciality	Subjects (Subjects)	Personal Information redacted by the USI		Action taken (Investigation)	Lessons learned	Loc (Exact)
10217	19/03/2019	10/05/2019	35	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI				Maternity Ward
10217	19/03/2019	10/05/2019	35	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Quality of Treatment & Care					Maternity Ward
10326	24/04/2019	21/05/2019	18	General Surgery	Craigavon Area Hospital	Urology Surgery	Waiting Times, Outpatient Departments	Complainant unhappy with the length of time he has to wait for a vasectomy.	Advised Urology outpatient waiting times are currently 168 weeks, patient has been waiting 60 weeks for an appointment. Also to help with this long wait the urology department refer all patients for vasectomies to general surgeon and advised complainant has an outpatients appointment on 23 May 2019.			Urology Clinic
9862	12/12/2018	22/05/2019	108	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Staff Attitude/Behaviour	Personal Information redacted by the USI				1 East Maternity/ Gynae

9862	12/12/2018	22/05/2019	108	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Quality of Treatment & Care	Personal Information redacted by the USI			1 East Maternity/ Gynae
10167	26/03/2019	07/05/2019	27	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care				Emergency Department CAH
10167	26/03/2019	07/05/2019	27	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments				Emergency Department CAH

10002	24/01/2019	14/05/2019	74	General Medicine	Craigavon Area Hospital	General Medicine	Records/Record Keeping	Personal Information redacted by the USI			New process has been put in place whereby all results will be actioned by the Dr's in amore timely manner irrespective of the initial clinic letter not being completed.	Lung Clinic, Mandeville Unit
10164	29/03/2019	07/05/2019	24	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments				No further action.	Emergency Department CAH
10260	04/04/2019	14/05/2019	25	Acute Directorate AHP's	Lurgan Hospital	Orthoptics	Staff Attitude/Behaviour				Reviewing how information is being shared with parents when the guidelines are not in keeping with parental concerns as standard responses can appear unsatisfactory.	Gneral outpatient s
10298	26/04/2019	28/05/2019	20	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Records/Record Keeping					Booking Centre

10252	03/04/2019	14/05/2019	26	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Chronic Pain Management	Waiting Times, Outpatient Departments	Personal Information redacted by the USI			No further action.	Pain Management Clinic
10252	03/04/2019	14/05/2019	26	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Chronic Pain Management	Waiting Times, Outpatient Departments				No further action.	Orthopaedic Clinic
9909	04/01/2019	14/05/2019	88	General Medicine	Craigavon Area Hospital	General Medicine	Discharge/Transfer Arrangements					3 South

9909	04/01/2019	14/05/2019	88	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI					3 South
10080	25/02/2019	28/05/2019	61	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care						Discharge Lounge
10080	25/02/2019	28/05/2019	61	General Medicine	Craigavon Area Hospital	General Medicine	Policy/Commercial Decisions						Discharge Lounge
10359	02/05/2019	23/05/2019	14	Locality Support Services (C&B)	Craigavon Area Hospital	Support Services	Access to Premises					No further action	Car Park/Groups

10359	02/05/2019	23/05/2019	14	Locality Support Services (C&B)	Craigavon Area Hospital	Support Services	Other Contracted Services	Personal Information redacted by the USI				No further action	Car Park/Grounds
10099	20/02/2019	10/05/2019	53	General Surgery	Daisy Hill Hospital	General Surgery	Staff Attitude/Behaviour					No further action.	Oral Surgery Clinic
10115	21/02/2019	03/05/2019	48	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need						Emergency Department CAH

10115	21/02/2019	03/05/2019	48	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Delay/Cancellation for Inpatients	Personal Information redacted by the USI					ICU, CAH
10267	05/04/2019	14/05/2019	24	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI				No further action.	Emergency Department CAH
10312	16/04/2019	21/05/2019	22	General Surgery	Craigavon Area Hospital	Urology Surgery	Waiting Times, Outpatient Departments	Complainant is desperate to have procedure carried out. She has urological problems and her quality of life is non-existent due to this. She is exasperated about the length of the waiting lists to have a procedure carried out as she cannot go out in public due to the effect her problem has. She wears a catheter or self catheterises but has had numerous leaks with is embarrassing and affecting her mental health.	Advised Consultant Urologist and Clinical Nurse Specialist are both working to identify what the best course of treatment is for complainants condition. Assured they will try all options available with major surgery being the final option if no other treatments work. Advised Sister had planned to contact complainant in few weeks time to see if current treatment plan is working.			Urology Clinic	

10248	29/03/2019	09/05/2019	26	UROLOG	Craigavon Area Hospital	Urology and ENT	Waiting List, Delay/Cancellation Outpatient Appointments	Patient unhappy with the length of time he has to wait for a Urology appointment.	Patient was advised they were added to the routine new outpatient waiting list from the date of referral which was May 2016. Current waiting time is 169 weeks, patient been waiting 154 weeks therefore advised they still have another 15 weeks to wait. Apologies given for the very long wait and to contact GP who may provide updated information to the consultant.		No further action.	Urology Clinic
10158	01/03/2019	10/05/2019	46	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care	Personal Information redacted by the USI			No further action	Female Medical
10158	01/03/2019	10/05/2019	46	General Medicine	Daisy Hill Hospital	General Medicine	Quantity of Treatment & Care				No further action	Dermatology

10158	01/03/2019	10/05/2019	46	General Medicine	Daisy Hill Hospital	General Medicine	Privacy/Dignity	Personal Information redacted by the USI				No further action	Female Medical
10221	21/03/2019	28/05/2019	44	General Medicine	Daisy Hill Hospital	General Medicine	Communication/Information						General Male Medical,
10320	18/04/2019	21/05/2019	20	Locality Support Services (C&B)	Craigavon Area Hospital	Domestic Services	Environmental						Car Park/Grounds
10168	07/03/2019	30/05/2019	55	Midwifery and Gynaecology	Community	Obstetrics	Quality of Treatment & Care						Home of client

10325	24/04/2019	28/05/2019		22	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI			Antenatal Clinic
10339	26/04/2019	21/05/2019		16	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Staff Attitude/Behaviour				Gynae Clinic
10339	26/04/2019	21/05/2019		16	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Communication/Information				Gynae Clinic
9682	30/10/2018	21/05/2019		138	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need				Emergency Department DHH

9682	30/10/2018	21/05/2019	138	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI			Gynae Clinic
9682	30/10/2018	21/05/2019	138	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need				Emergency Department CAH
10092	13/02/2019	14/05/2019	60	General Surgery	Daisy Hill Hospital	General Surgery	Communication/Information			No further action.	Colposcopy Clinic

10346	01/05/2019	21/05/2019	13	Locality Support Services (C&B)	Craigavon Area Hospital	Switchboard (C/B)	Staff Attitude/Behaviour	Personal Information redacted by the USI			Switchboard
10251	01/04/2019	14/05/2019	28	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour			No further action.	Emergency Department CAH
10037	12/02/2019	28/05/2019	70	General Medicine	Daisy Hill Hospital	General Medicine	Professional Assessment of Need				General Medicine Clinic

10038	28/02/2019	07/05/2019	44	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI		No further action.	Emergency Department DHH
10038	28/02/2019	07/05/2019	44	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Communication/Information			No further action.	Emergency Department DHH
10098	14/02/2019	13/05/2019	58	General Surgery	Craigavon Area Hospital	Oral Surgery	Waiting List, Delay/Cancellation Outpatient Appointments				Oral Surgery Clinic
10314	18/04/2019	21/05/2019	20	Locality Support Services (A&D)	Armagh Community Hospital	Domestic Services (A&D)	Environmental				Physiotherapy Outpatients Department

10269	08/04/2019	21/05/2019	28	General Medicine	Craigavon Area Hospital	General Medicine	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI				Gastroenterology Clinic
10280	10/04/2019	21/05/2019	26	Early Years and Parenting	Craigavon Area Hospital	FIT Craigavon	Communication/Information			NA	NA	Brownlow HSSC, Legahorry Centre
10347	01/05/2019	20/05/2019	12	Early Years and Parenting	Craigavon Area Hospital	FIT Craigavon	Staff Attitude/Behaviour			Na	None	Brownlow HSSC, Legahorry Centre
10352	02/05/2019	29/05/2019	17	CWD Services	Community	Short Term Residential Homes	Waiting Times, Community Services			N/A	None	Oaklands Residential Home, Armagh

10225	27/03/2019	07/05/2019	26	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Professional Assessment of Need	Personal Information redacted by the USI		None	NA	Paediatric Ward
10230	28/03/2019	17/05/2019	33	Family Intervention Service	South Tyrone Hospital	FIT Dungannon	Communication/Information			n/a	None	E Floor
10294	15/04/2019	14/05/2019	18	CWD Services	Community	Short Term Residential Homes	Waiting Times, Community Services			NA	NA	Personal Information redacted by

10296	15/04/2019	20/05/2019	22	CWD Services	Community	Short Term Residential Homes	Waiting Times, Community Services	Personal Information redacted by the USI		N/A	None	Personal Information redacted by the USI
10340	08/05/2019	14/05/2019	4	Acute Paediatric Services	Craigavon Area Hospital	Neonatal/SCBU	Communication/Information			N/A	None	Neonatal Unit/SCBU
10291	15/04/2019	01/05/2019	10	Community Paediatric Service	Lurgan Hospital	Community Paediatrics C&B	Professional Assessment of Need			N/A	None	Russel Drive, Lurgan

10273	05/04/2019	08/05/2019	20	Early Years and Parenting	South Tyrone Hospital	Court Childrens Service	Communication/Information	Personal Information redacted by the USI	N/A	None	E Floor
10232	29/03/2019	30/05/2019	40	Looked After Children Services	Community	Looked After Childrens Team C/B	Communication/Information		n/a	None	Brownlow HSSC, Legahorry Centre
10031	30/01/2019	07/05/2019	65	Medical	Craigavon Area Hospital	Medical	Property/Expenses /Finances			Staff reminded the need to confirm that follow -up appointments are chargeable in such cases.	Emergency Department CAH

10259	05/04/2019	10/05/2019	22	Estate Operational Services (C&B)	Craigavon Area Hospital	Estate Operational Services (C&B)	Other	Personal Information redacted by the USI				Oncology Clinic, Mandeville Unit
10281	11/04/2019	14/05/2019	20	LD Supported Living Services and Trust LD Residential Homes	Community	Residential Homes (LD)	Transport, Late or Non-arrival/Journey Time					Personal Information redacted by the USI
10383	14/05/2019	30/05/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - CLOUGHMORE	Quality of Treatment & Care					Coughmore Ward

10383	14/05/2019	30/05/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - CLOUGHMORE	Staff Attitude/Behaviour	Personal Information redacted by the USI		Cloughmore Ward
10234	01/04/2019	02/05/2019	21	Community Memory Services	Community	Memory Service N&M Locality	Aids/Adaptions/Appliances			Home of client
10278	10/04/2019	02/05/2019	14	Domicillary Care	Community	Domicillary Care A/D	Quantity of Treatment & Care		No lessons learned	Home of client

10278	10/04/2019	02/05/2019	14	Domicillary Care	Community	Domicillary Care A/D	Quality of Treatment & Care	Personal Information redacted by the USI	No lessons learned	Home of client
10278	10/04/2019	02/05/2019	14	Domicillary Care	Community	Domicillary Care A/D	Communication/Information		No lessons learned	Home of client
10278	10/04/2019	02/05/2019	14	Domicillary Care	Community	Domicillary Care A/D	Staff Attitude/Behaviour		No lessons learned	Home of client

10285	26/04/2019	14/05/2019	11	GP OOH/MIU	Community	GP Out of Hours	Professional Assessment of Need	Personal Information redacted by the USI	No lessons learned.	SAUCS (GPOOH) Craigavon
10285	26/04/2019	14/05/2019	11	GP OOH/MIU	Community	GP Out of Hours	Waiting Times, Community Services		No lessons learned.	SAUCS (GPOOH) Craigavon
10249	02/04/2019	02/05/2019	20	GP Practices	Community	Bannview Medical Practice	Policy/Commercial Decisions		No lessons learned	Personal Information redacted by the USI

10249	02/04/2019	02/05/2019	20	GP Practices	Community	Bannview Medical Practice	Communication/Information	Personal Information redacted by the USI		No lessons learned	Personal Information redacted by the USI
10304	29/04/2019	21/05/2019	15	GP OOH/MIU	Community	GP Out of Hours	Quality of Treatment & Care			No lessons learned.	SAUCS (GPOOH) Craigavon
10304	29/04/2019	21/05/2019	15	GP OOH/MIU	Community	GP Out of Hours	Waiting Times, Community Services			No lessons learned.	SAUCS (GPOOH) Craigavon

10194	04/04/2019	13/05/2019	24	Integrated Care Team	Community	Dungannon	Privacy/Dignity	Personal Information redacted by the USI		Actions have been taken to ensure that sits were to be long term fixed days and that sits could not be arranged at short notice is made clear to carers in the future.	Home of client
10194	04/04/2019	13/05/2019	24	Integrated Care Team	Community	Dungannon	Communication/Information			Actions have been taken to ensure that sits were to be long term fixed days and that sits could not be arranged at short notice is made clear to carers in the future.	Home of client
10194	04/04/2019	13/05/2019	24	Integrated Care Team	Community	Dungannon	Quality of Treatment & Care			Actions have been taken to ensure that sits were to be long term fixed days and that sits could not be arranged at short notice is made clear to carers in the future.	Home of client

10354	03/05/2019	09/05/2019		3 User Involvement and Community Development	Community	Promoting Well Being Teams	Staff Attitude/Behaviour	Personal Information redacted by the USI	No lessons learned.	Home of client
10286	03/05/2019	09/05/2019		3 Integrated Care Team	Community	Armagh	Professional Assessment of Need		No lessons learned	Home of client
10286	03/05/2019	09/05/2019		3 Integrated Care Team	Community	Armagh	Quality of Treatment & Care		No lessons learned	Home of client

10209	21/03/2019	10/05/2019	33	Specialist Primary Care Services Nursing	Community	ICATS	Professional Assessment of Need	Personal Information redacted by the USI	No lessons learned	ICATS Orthopaedic Clinic
10209	21/03/2019	10/05/2019	33	Specialist Primary Care Services Nursing	Community	ICATS	Staff Attitude/Behaviour		No lessons learned	ICATS Orthopaedic Clinic
10209	21/03/2019	10/05/2019	33	Specialist Primary Care Services Nursing	Community	ICATS	Quality of Treatment & Care		No lessons learned	ICATS Orthopaedic Clinic

10303	18/04/2019	14/05/2019	15	Care Home Support Team	Independent/Voluntary Sector Locations	NM - Care Home Support Team	Staff Attitude/Behaviour	Personal Information redacted by the USI		No lessons learned	Personal Information redacted by the USI
10193	29/03/2019	01/05/2019	21	Integrated Care Team	Independent/Voluntary Sector Locations	Lurgan	Quality of Treatment & Care			Care home manager has advised that as a result of this complaint a 'protocol for catheter care' and more specific care and hygiene plans have been developed and implemented within the care home.	Personal Information redacted by

ID	First received	Closed	Response time	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)
10261	04/04/2019	01/07/2019	58	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI			Doctors involved with complaint have been asked to reflect on the complaint and patients injury. Teaching will also be undertaken to highlight uncommon causes such as the patients.	Emergency Department DHH
10261	04/04/2019	01/07/2019	58	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Waiting Times, A&E Departments				Doctors involved with complaint have been asked to reflect on the complaint and patients injury. Teaching will also be undertaken to highlight uncommon causes such as the patients.	Emergency Department DHH
10446	29/05/2019	01/07/2019	23	General Surgery	Daisy Hill Hospital	General Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital				No action plan	Gynae Clinic
10540	20/06/2019	01/07/2019	7	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Communication/Information				No action plan	Gynae Clinic

10540	20/06/2019	01/07/2019	7	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI			No action plan	Gynae Clinic
10540	20/06/2019	01/07/2019	7	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Quality of Treatment & Care				No action plan	Female Medical
10212	02/04/2019	01/07/2019	60	General Surgery	Craigavon Area Hospital	Urology Surgery	Quality of Treatment & Care			<p>Patient who was pregnant became very unwell while waiting for a urology procedure. Baby born by caesarean section one month early as a result.</p> <p>Explanation given of care provided. Advises complainant that this case highlights issues with communication within the hospital and the urology team in particular plans and management for the stent. Doctor advises that a stent can be left in for up to 6 months and in the patients case it was only 11 weeks. Doctor also apologies for the impression given to patient that a procedure would take place within 2 weeks to remove the stent as this is not a realistic expectation that the Doctor would ever give to his patients.</p>	<p>Regarding the issues with communication within the hospital and urology team, in particular plans for management and responsibility for management of stent. This was due to absence of electronic discharge notes and other formal discharge notes. Doctor will arrange a review of this case through the trusts Governance procedures with a view to agreeing processes which prevent this happening in the future.</p>	Urology Clinic

10212	02/04/2019	01/07/2019	60	General Surgery	Craigavon Area Hospital	Urology Surgery	Delay/Cancellation for Inpatients	Patient who was pregnant became very unwell while waiting for a urology procedure. Baby born by caesarean section one month early as a result.	Explanation given of care provided. Advises complainant that this case highlights issues with communication within the hospital and the urology team in particular plans and management for the stent. Doctor advises that a stent can be left in for up to 6 months and in the patients case it was only 11 weeks. Doctor also apologises for the impression given to patient that a procedure would take place within 2 weeks to remove the stent as this is not a realistic expectation that the Doctor would ever give to his patients.		Regarding the issues with communication within the hospital and urology team, in particular plans for management and responsibility for management of stent. This was due to absence of electronic discharge notes and other formal discharge notes. Doctor will arrange a review of this case through the trusts Governance procedures with a view to agreeing processes which prevent this happening in the future.	Urology Clinic
10502	06/06/2019	01/07/2019	17	AHP's CYP Services	Community	Occupational Therapy CYP	Professional Assessment of Need	Personal Information redacted by the USI		NA	None	Personal Information redacted by the USI
10477	05/06/2019	01/07/2019	18	Community Services for Adults with Physical Disability	Community	Physical Disability Team C&B	Communication /Information			None	The importance of clear communication and clarification of timescales with clients when equipment / adaptations have been requested. The provision of staff contact details to clients, providing updates to clients and timely allocation of cases when a staff member goes on leave .	Home of client
10477	05/06/2019	01/07/2019	18	Community Services for Adults with Physical Disability	Community	Physical Disability Team C&B	Waiting Times, Community Services			None	The importance of clear communication and clarification of timescales with clients when equipment / adaptations have been requested. The provision of staff contact details to clients, providing updates to clients and timely allocation of cases when a staff member goes on leave .	Home of client
10477	05/06/2019	01/07/2019	18	Community Services for Adults with Physical Disability	Community	Physical Disability Team C&B	Aids/Adaptions/ Appliances			None	The importance of clear communication and clarification of timescales with clients when equipment / adaptations have been requested. The provision of staff contact details to clients, providing updates to clients and timely allocation of cases when a staff member goes on leave .	Home of client

10499	07/06/2019	02/07/2019	17	CAMHS	St Lukes Hospital	Autism Diagnostic Team	Waiting List, Delay/Cancellation Community Based Appointments	Personal Information redacted by the USI			None	The Oaks
10536	19/06/2019	02/07/2019	9	Financial Services	Daisy Hill Hospital	Financial Services	Property/Expenses/Finances					Finance Dept
10526	18/06/2019	03/07/2019	11	Integrated Care Team	Community	Dungannon	Staff Attitude and Behaviour				The team will be reminded to keep noise to a minimum when colleagues are making or receiving telephone calls.	Home of client

10526	18/06/2019	03/07/2019	11	Integrated Care Team	Community	Dungannon	Communication /Information	Personal Information redacted by the USI			The team will be reminded to keep noise to a minimum when colleagues are making or receiving telephone calls.	Home of client
10526	18/06/2019	03/07/2019	11	Integrated Care Team	Community	Dungannon	Staff Attitude/Behaviour				The team will be reminded to keep noise to a minimum when colleagues are making or receiving telephone calls.	Home of client

10562	24/06/2019	03/07/2019	7	Locality Support Services (C&B)	Craigavon Area Hospital	Domestic Services (C/B)	Environmental	Personal Information redacted by the USI		Brushing up of area has now been added to Domestic Services cleaning schedule for ENT and will also be included in environmental cleaning audits in the future. No smoking signs will also be placed in area and area will be monitored for smoking.	ENT Clinic
10444	28/05/2019	03/07/2019	26	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment & Care			Issue regarding being ignored by nurses when visibly upset will be raised with all nursing staff at next patient safety meeting.	Emergency Department DHH
10444	28/05/2019	03/07/2019	26	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour			Issue regarding being ignored by nurses when visibly upset will be raised with all nursing staff at next patient safety meeting.	Emergency Department DHH
10596	02/07/2019	03/07/2019	1	Residential Care	Community	Short Term Residential Homes	Other		N/A	None	Carrickore, Newry

10417	20/05/2019	04/07/2019	32	General Medicine	Craigavon Area Hospital	General Medicine	Professional Assessment of Need	Personal Information redacted by the USI		No action plan	Emergency Department CAH
10539	20/06/2019	05/07/2019	11	Care Home Support Team	Independent/V oluntary Sector Locations	Admin CHST	Communication /Information			No lessons learned.	Personal Information PNH

10539	20/06/2019	05/07/2019	11	Care Home Support Team	Independent/Voluntary Sector Locations	Admin CHST	Property/Expenses/Finances	Personal Information redacted by the USI	No lessons learned.	Haematology Clinic
10577	27/06/2019	05/07/2019	6	Early Years and Parenting	Craigavon Area Hospital	FIT Craigavon	Communication/Information		None	Brownlow HSSC, Legahorry Centre
10505	08/06/2019	07/07/2019	20	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Waiting Times, Outpatient Departments			Orthopaedic Clinic
10594	03/06/2019	08/07/2019	25	Early Years and Parenting	Community	FIT Banbridge	Staff Attitude/Behaviour		None	Banbridge HSSC

10375	10/05/2019	09/07/2019	41	General Surgery	Craigavon Area Hospital	General Surgery	Communication/Information	Personal Information redacted by the USI			General Surgery Clinic
10368	17/06/2019	09/07/2019	16	Family Placement Services	South Tyrone Hospital	Family Placement Team C/B	Confidentiality		n/a	None	Personal Information redacted by the USI
10551	19/06/2019	09/07/2019	14	Early Years and Parenting	Community	FIT Craigavon	Communication/Information		NA	None	Brownlow HSSC, Legahorry Centre
10452	19/06/2019	09/07/2019	14	Early Years and Parenting	Lurgan Hospital	Early Years Newry & Craigavon	Staff Attitude/Behaviour		n/a	None	Lurgan HSSC

10362	20/05/2019	10/07/2019	36	General Medicine	Craigavon Area Hospital	General Medicine	Other	Personal Information redacted by the USI			AMU
10362	20/05/2019	10/07/2019	36	General Medicine	Craigavon Area Hospital	General Medicine	Communication /Information				AMU
10362	20/05/2019	10/07/2019	36	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, Community Services				AMU
10450	30/05/2019	10/07/2019	29	Family Interventio n Service	Craigavon Area Hospital	Gateway Team C&B	Communication /Information		N/A	None	Brownlow HSSC, Legahorry Centre

10389	17/05/2019	10/07/2019	37	AHP's CYP Services	Community	Occupational Therapy CYP	Other	Personal Information redacted by the USI		na	none	Personal Information redacted by the USI
10624	09/07/2019	11/07/2019	2	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information					Antenatal Clinic
10244	28/03/2019	11/07/2019	71	Pharmacy	Craigavon Area Hospital	Pharmacy Dispensary	Discharge/Transfer Arrangements				<p>A reminder will be given to trust teams that the prescriptions of those patients who require blister packs must be written and sent to Pharmacy Monday to Friday, when the full pharmacy team is present to dispense them safely.</p> <p>Another reminder will also be given with regards to the hospital pharmacists that if this situation were to arise again they should ascertain clearly if the patient is still to be discharged and offer to contact the patient's Community Pharmacist to check if they would alter the blister pack they have already dispensed for the patient.</p>	Pharmacy Dispensary
10437	28/05/2019	11/07/2019	32	Family Intervention Service	St Lukes Hospital	FIT Armagh Rural	Staff Attitude/Behaviour			N/A	None	Lisanally House, Armagh
10555	25/06/2019	11/07/2019	12	AHP's CYP Services	Daisy Hill Hospital	Occupational Therapy CYP	Professional Assessment of Need			N/A	None	Oakdale House, Newry

10238	17/04/2019	11/07/2019	57	Support and Recovery Services	Community	Autistic SD Services (Adult)	Clinical Diagnosis	Personal Information redacted by the USI	N/A	None	Home of client
10238	17/04/2019	11/07/2019	57	Support and Recovery Services	Community	Autistic SD Services (Adult)	Staff Attitude/Behaviour		N/A	None	Home of client
10324	03/05/2019	15/07/2019	48	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care			Head of service has asked issues raised in letter are shared with all staff to ensure that similar incident does not occur and that staff are advised that this type of behaviour will not be accepted on the ward.	Haematology
10324	03/05/2019	15/07/2019	48	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour			Head of service has asked issues raised in letter are shared with all staff to ensure that similar incident does not occur and that staff are advised that this type of behaviour will not be accepted on the ward.	Haematology

10246	29/03/2019	15/07/2019	71	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI		All physiotherapy staff working in this setting have been reminded that when working to an agreed protocol, it is important to take other factors into account to inform their clinical judgment alongside the protocol.	Emergency Department CAH
10246	29/03/2019	15/07/2019	71	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care			All physiotherapy staff working in this setting have been reminded that when working to an agreed protocol, it is important to take other factors into account to inform their clinical judgment alongside the protocol.	Physiotherapy Inpatient

10263	24/04/2019	16/07/2019	56	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI		will be presenting this case at the M&M meeting to disseminate learning with regard to the duty of care and attitude that should be afforded to our service users.	Emergency Department CAH
10315	17/04/2019	16/07/2019	59	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments			Lead nurse has discussed issue with not offering something to eat and reminded them of the importance of blood glucose levels on diabetic patients and to ensure they offer them something to eat if they are waiting a long time.	Emergency Department CAH
10315	17/04/2019	16/07/2019	59	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour			Lead nurse has discussed issue with not offering something to eat and reminded them of the importance of blood glucose levels on diabetic patients and to ensure they offer them something to eat if they are waiting a long time.	Emergency Department CAH
10315	17/04/2019	16/07/2019	59	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care			Lead nurse has discussed issue with not offering something to eat and reminded them of the importance of blood glucose levels on diabetic patients and to ensure they offer them something to eat if they are waiting a long time.	Emergency Department CAH

10463	31/05/2019	16/07/2019	31	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care	Personal Information redacted by the USI		Ward staff should of allowed more privacy to patient while they were at the end of life. They realise this and are aware they should of been more sensitive to the situation.	General Male Medical,
10468	25/06/2019	16/07/2019	14	General Medicine	Craigavon Area Hospital	General Medicine	Communication /Information			Discharge Lounge and measures have been put in place to prevent a reoccurrence of this happening again.	2 North Respiratory

10468	25/06/2019	16/07/2019	14	General Medicine	Craigavon Area Hospital	General Medicine	Discharge/Transfer Arrangements	Personal Information redacted by the USI		Discharge Lounge and measures have been put in place to prevent a reoccurrence of this happening again.	2 North Respiratory
10468	25/06/2019	16/07/2019	14	General Medicine	Craigavon Area Hospital	General Medicine	Quantity of Treatment & Care			Discharge Lounge and measures have been put in place to prevent a reoccurrence of this happening again.	2 North Respiratory
10451	30/05/2019	16/07/2019	32	Family Intervention Service	South Tyrone Hospital	FIT Armagh Urban	Staff Attitude/Behaviour		n/a	None	E Floor
10569	26/06/2019	16/07/2019	13	CAMHS	Community	Autism Diagnostic Team	Communication/Information		N/A	None	The Oaks
9779	26/11/2018	17/07/2019	158	General Surgery	Daisy Hill Hospital	Orthopaedic Surgery	Communication/Information			No action plan	Fracture Clinic

9779	26/11/2018	17/07/2019	158	General Surgery	Daisy Hill Hospital	Orthopaedic Surgery	Quality of Treatment & Care	Personal Information redacted by the USI		No action plan	Fracture Clinic
10518	17/06/2019	17/07/2019	21	Learning Disability Community Services	Independent/Voluntary Sector Locations	Learning Disability Team Craigavon and Banbridge	Policy/Commercial Decisions		None	Importance of having policies / procedures in place and ensuring infection control measures are in place.	Personal Information redacted by the USI
10374	09/05/2019	18/07/2019	48	General Surgery	Craigavon Area Hospital	General Surgery	Discharge/Transfer Arrangements				4 South
10374	09/05/2019	18/07/2019	48	General Surgery	Craigavon Area Hospital	General Surgery	Communication /Information				4 South

10374	09/05/2019	18/07/2019	48	General Surgery	Craigavon Area Hospital	General Surgery	Quality of Treatment & Care	Personal Information redacted by the USI		
10543	20/06/2019	18/07/2019	19	General Surgery	Daisy Hill Hospital	Oral Surgery	Staff Attitude/Behaviour			
10532	14/06/2019	18/07/2019	23	Estate Operational Services (A&D)	South Tyrone Hospital	Estate Operational Services (A&D)	Other Contracted Services			
10517	13/06/2019	18/07/2019	24	Primary Mental Health Care Services	Community	Psychiatric Outpatient Clinic	Records/Record Keeping			
10517	13/06/2019	18/07/2019	24	Primary Mental Health Care Services	Community	Psychiatric Outpatient Clinic	Staff Attitude/Behaviour			

10517	13/06/2019	18/07/2019	24	Primary Mental Health Care Services	Community	Psychiatric Outpatient Clinic	Staff Attitude/Behaviour	Personal Information redacted by the USI	N/A	None	Home of client
10440	24/05/2019	19/07/2019	38	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care			Sister has emphasised to all members of nursing team the importance of the standards of ensuring agency staff are aware of the standards of care that are expected within the ward and that care must be provided as indicated at the patient handover and also documented in the care plan. She also reminded the trust staff in the ward.	2 North Medical
10559	25/06/2019	19/07/2019	17	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, A&E Departments			No action plan	Emergency Department CAH

10623	08/07/2019	19/07/2019	8	Community Dental Services	Armagh Community Hospital	Dental Services Armagh and Dungannon	Staff Attitude/Behaviour	Personal Information redacted by the USI	/A	<p>There is learning for the Community Dental Service, and it is important that the steps that have been taken are explained to you:</p> <p>The dental staff directly involved in dealing with your family have been spoken to by their line manager and they now understand that their handling of the situation fell short of what is required by them as part of the Community Dental Service.</p> <p>The Senior Team will ensure that the issue of how all dental staff address patients and their families/carers is discussed at local staff meetings reiterating the importance of being open and honest and treating all with respect at all times.</p> <p>The issue of what constitutes an urgent referral will be discussed at the next Dentists' Peer Review Meeting, so that there is clarity for all Dentists on when it is appropriate to refer urgently</p>	Victoria House, Towerhill Site
10580	28/06/2019	19/07/2019	14	CWD Services	Community	Residential - Short Breaks	Waiting Times, Community Services	Personal Information redacted by the USI	/A	None	<div>Personal Information redacted by the USI</div>

10516	11/07/2019	19/07/2019		5	Community Services for Adults with Physical Disability	Community	Physical Disability Team N&M	Other	Personal Information redacted by the USI		N/A	None	Home of client
10503	18/06/2019	22/07/2019		23	General Medicine	Craigavon Area Hospital	General Medicine	Communication /Information				If the patient was to ever require further hospitalisation in the future with similar illness, the appropriateness for cardiorespiratory resuscitation may arise for discussion.	Emergency Department CAH
10441	28/05/2019	22/07/2019		38	General Surgery	Daisy Hill Hospital	General Surgery	Quality of Treatment & Care					Male Surgical
10441	28/05/2019	22/07/2019		38	General Surgery	Daisy Hill Hospital	General Surgery	Quality of Treatment & Care					3 South

10441	28/05/2019	22/07/2019	38	General Surgery	Daisy Hill Hospital	General Surgery	Staff Attitude/Behaviour	Personal Information redacted by the USI				Emergency Department CAH
10441	28/05/2019	22/07/2019	38	General Surgery	Daisy Hill Hospital	General Surgery	Communication/Information					3 South
10461	31/05/2019	22/07/2019	35	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Privacy/Dignity					Gynae Clinic
10461	31/05/2019	22/07/2019	35	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Staff Attitude/Behaviour					Gynae Clinic

10631	09/07/2019	22/07/2019	8	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Chronic Pain Management	Staff Attitude/Behaviour	Personal Information redacted by the USI		No action plan	Pain Management Clinic
10552	09/07/2019	23/07/2019	9	Dietetics, Diabetes and HEF	Community	Nutrition and Dietetics N&M	Staff Attitude/Behaviour			No lessons learned.	John Mitchel Place, HSSC
10552	09/07/2019	23/07/2019	9	Dietetics, Diabetes and HEF	Community	Nutrition and Dietetics N&M	Quality of Treatment & Care			No lessons learned.	John Mitchel Place, HSSC
10471	04/06/2019	23/07/2019	34	Midwifery and Gynaecology	South Tyrone Hospital	Obstetrics	Staff Attitude/Behaviour				Antenatal Clinic

10471	04/06/2019	23/07/2019	34	Midwifery and Gynaecology	South Tyrone Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI			Antenatal Clinic
10568	25/06/2019	23/07/2019	19	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need			No action plan	Emergency Department CAH
10568	25/06/2019	23/07/2019	19	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Discharge/Transfer Arrangements			No action plan	Emergency Department CAH
10454	29/05/2019	23/07/2019	38	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Radiology - Nursing	Staff Attitude/Behaviour			Staff to be retrained on attitude and appropriate professional behaviour when dealing with patients	X-ray Dept (Radiology)

10454	29/05/2019	23/07/2019	38	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Radiology - Nursing	Confidentiality	Personal Information redacted by the USI		Staff to be retrained on attitude and appropriate professional behaviour when dealing with patients	X-ray Dept (Radiology)
10567	24/06/2019	23/07/2019	20	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication /Information			Comments made by complainant such as moving DOU room and ensuring that services are offered to patients going through the same situation have been shared with staff in the ward to ensure that they learn from this complaint and that no other service user feels the same way.	1 East Maternity/Gynae
10567	24/06/2019	23/07/2019	20	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Environmental			Comments made by complainant such as moving DOU room and ensuring that services are offered to patients going through the same situation have been shared with staff in the ward to ensure that they learn from this complaint and that no other service user feels the same way.	1 East Maternity/Gynae
10321	18/04/2019	23/07/2019	63	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments			No action plan	Emergency Department CAH
10321	18/04/2019	23/07/2019	63	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need			No action plan	Emergency Department CAH

10489	07/06/2019	23/07/2019	31	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI		Incident report completed to highlight miscommunication. Plan has been put in place that patient care should be handed over from midwife to midwife on arrival to the ward and that a handover sheet must be signed by both members of staff at this time to ensure appropriate handover of patient care and sharing of information.	2 West Maternity Post Natal
10556	25/06/2019	23/07/2019	19	Estate Operational Services (A&D)	South Tyrone Hospital	Estate Operational Services (A&D)	Environmental				Car Park
10574	27/06/2019	23/07/2019	17	Learning Disability Community Services	Community	Learning Disability Team Armagh & Dungannon	Staff Attitude/Behaviour		N/A	None	Home of client

10574	27/06/2019	23/07/2019	17	Learning Disability Community Services	Community	Learning Disability Team Armagh & Dungannon	Communication/Information	Personal Information redacted by the USI	N/A	None	Home of client
10392	14/05/2019	24/07/2019	49	General Medicine	Craigavon Area Hospital	General Medicine	Professional Assessment of Need			Case was presented at monthly emergency department patient safety meeting which is attended by a large number of junior doctors and senior medical staff as well as nursing department. This was done in order to raise awareness of the diagnosis amongst all staff and the importance of careful examination and documentation in relation to this important diagnosis.	Emergency Department CAH

10392	14/05/2019	24/07/2019	49	General Medicine	Craigavon Area Hospital	General Medicine	Clinical Diagnosis	Personal Information redacted by the USI		Case was presented at monthly emergency department patient safety meeting which is attended by a large number of junior doctors and senior medical staff as well as nursing department. This was done in order to raise awareness of the diagnosis amongst all staff and the importance of careful examination and documentation in relation to this important diagnosis.	Emergency Department CAH
10392	14/05/2019	24/07/2019	49	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care			Case was presented at monthly emergency department patient safety meeting which is attended by a large number of junior doctors and senior medical staff as well as nursing department. This was done in order to raise awareness of the diagnosis amongst all staff and the importance of careful examination and documentation in relation to this important diagnosis.	Emergency Department CAH
10369	07/05/2019	24/07/2019	54	Cardiac Services	Craigavon Area Hospital	Neurology	Clinical Diagnosis			No action plan	Neurology Clinic
10430	23/05/2019	24/07/2019	42	General Medicine	Craigavon Area Hospital	General Medicine	Professional Assessment of Need			This case and the injury pattern will be used as part of learning to highlight the difference in management and advice prescribed.	Emergency Department CAH

10430	23/05/2019	24/07/2019	42	General Medicine	Craigavon Area Hospital	General Medicine	Clinical Diagnosis	Personal Information redacted by the USI	his case and the injury pattern will be used as part of learning to highlight the difference in management and advice rescribed.	Emergency Department DHH
10430	23/05/2019	24/07/2019	42	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care		his case and the injury pattern will be used as part of learning to highlight the difference in management and advice rescribed.	Emergency Department CAH
10472	03/06/2019	24/07/2019	36	Early Years and Parenting	Community	FIT Banbridge	Staff Attitude/Behaviour		one	Banbridge HSSC
10525	17/06/2019	24/07/2019	26	Support and Recovery Services	Community	Contracted Out Services	Staff Attitude/Behaviour		rust staff and staff contracted by the Trust are to be made aware of rust Social Media Policy	Non Trust premises

8931	20/06/2019	24/07/2019	23	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - CLOUGHMORE	Aids/Adaptions/ Appliances	Personal Information redacted by the USI	/a	n/a	Personal Information redacted by the USI
8931	20/06/2019	24/07/2019	23	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - CLOUGHMORE	Communication /Information	Personal Information redacted by the USI	/a	n/a	Personal Information redacted by the USI

8931	20/06/2019	24/07/2019	23	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - CLOUGHMORE	Quality of Treatment & Care	Personal Information redacted by the USI	n/a	n/a	Personal Information redacted by the USI
10651	15/07/2019	25/07/2019	8	Cancer Services	Craigavon Area Hospital	Breast Care Nursing	Staff Attitude/Behaviour				Breast Screening Unit
10619	09/07/2019	25/07/2019	11	Locality Support Services (A&D)	South Tyrone Hospital	Reception (A&D)	Staff Attitude/Behaviour			Support service manager spoke to staff member who presented unacceptable attitude.	Reception/Waiting Area
10557	24/06/2019	25/07/2019	22	General Surgery	Craigavon Area Hospital	ENT Surety	Waiting Times, Outpatient Departments			No action plan	ENT Clinic
10544	02/07/2019	25/07/2019	16	Cardiac Services	Craigavon Area Hospital	Neurology	Professional Assessment of Need				Neurology Clinic
10667	23/07/2019	25/07/2019	2	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - BRONTE	Consent to Treatment/Care		withdrawn	withdrawn	Personal Information redacted by the USI

10667	23/07/2019	25/07/2019	2	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - BRONTE	Property/Expenses/Finances	Personal Information redacted by the USI	withdrawn	withdrawn	Personal Information
10667	23/07/2019	25/07/2019	2	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - BRONTE	Quality of Treatment & Care		withdrawn	withdrawn	Personal Information
10442	28/05/2019	26/07/2019	42	General Surgery	Craigavon Area Hospital	ENT Surgery	Property/Expenses/Finances				ENT Clinic
10614	05/07/2019	26/07/2019	14	AHP's CYP Services	Daisy Hill Hospital	Speech and Language CYP	Professional Assessment of Need		N/A	None	John Mitchel Place, HSSC
10613	05/07/2019	26/07/2019	14	AHP's CYP Services	Daisy Hill Hospital	Occupational Therapy CYP	Professional Assessment of Need		NA	None	Oakdale House, Newry

10462	31/05/2019	29/07/2019	40	General Surgery	Craigavon Area Hospital	Urology Surgery	Communication /Information	Was kept on hold for 23 minutes when he got through to the ward in 3 South. He had to hang up as he would then have been late for visiting.	Apology offered for distress caused and advised that calls are welcome to the ward at any time. Assured that nursing staff will contact the family when discharge is being arranged.		Nursing team to learn from this and to ensure callers are not left waiting for long periods of time.	3 South
10515	14/06/2019	30/07/2019	31	Estate Operational Services (A&D)	South Tyrone Hospital	Estate Operational Services (A&D)	Other Contracted Services	Personal Information redacted by the USI				Car Park
10620	09/07/2019	31/07/2019	15	Domicillary Care	Community	Domicillary Care C/B	Staff Attitude/Behaviour				No lessons learned.	Home of client

10620	09/07/2019	31/07/2019	15	Domiciliary Care	Community	Domiciliary Care C/B	Quality of Treatment & Care	Personal Information redacted by the USI	No lessons learned.	Home of client
10630	09/07/2019	31/07/2019	15	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Property/Expenses/Finances			Emergency Department DHH
10422	21/05/2019	31/07/2019	49	Diagnostic Services	Craigavon Area Hospital	Imaging - All other	Professional Assessment of Need		Ensure to explain procedure for communicating requests for copies of scans.	MRI Unit
10422	21/05/2019	31/07/2019	49	Diagnostic Services	Craigavon Area Hospital	Imaging - All other	Staff Attitude/Behaviour		Ensure to explain procedure for communicating requests for copies of scans.	MRI Unit

10560	25/06/2019	31/07/2019	25	General Surgery	Craigavon Area Hospital	Urology Surgery	Waiting Times, Outpatient Departments	Awaiting TURP and has been on the waiting list since 2015. He was told waiting list time was 192 weeks he has been waiting 2014 weeks wants an explanation.	Advised complainant has been waiting 226 weeks on 245 week waiting list and apology for the long wait. Advised urology are concentrating on increase in cancer patients and therefore not getting to operate on many routine cases which is why waiting time is increased.		No action plan	Urology Clinic
10714	11/07/2019	31/07/2019	13	Estate Operational Services (C&B)	Craigavon Area Hospital	Estate Operational Services (C&B)	Communication /Information	Personal Information redacted by the USI				
10486	07/06/2019	31/07/2019	37	Primary Mental Health Care Services	Community	Primary Mental Health Care Team N&M Locality	Staff Attitude/Behaviour			/a	n/a	Home of client

10486	07/06/2019	31/07/2019	37	Primary Mental Health Care Services	Community	Primary Mental Health Care Team N&M Locality	Communication/Information	Personal Information redacted by the USI	n/a	n/a	Home of client
10486	07/06/2019	31/07/2019	37	Primary Mental Health Care Services	Community	Primary Mental Health Care Team N&M Locality	Waiting List, Delay/Cancellation Community Based Appointments		n/a	n/a	Home of client

ID	First received	Closed	Response time	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)
10717	30/07/2019	20/08/2019	15	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Professional Assessment of Need	Personal Information redacted by the USI			No action plan	2 West Maternity Post Natal	2 West Maternity Post Natal
10717	30/07/2019	20/08/2019	15	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quantity of Treatment & Care				No action plan	2 West Maternity Post Natal	2 West Maternity Post Natal
10669	18/07/2019	05/08/2019	12	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Professional Assessment of Need				No action plan	Orthopaedic Clinic	Orthopaedic Clinic
10669	18/07/2019	05/08/2019	12	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Clinical Diagnosis				No action plan	Orthopaedic Clinic	Orthopaedic Clinic
10443	28/05/2019	13/08/2019	54	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation Outpatient Appointments				No action plan	Orthodontic Clinic	Orthodontic Clinic
10564	24/06/2019	05/08/2019	29	Genito-Urinary Medicine (GUM)	Craigavon Area Hospital	Sexual Health	Communication/Information				No action plan	GUM Clinic	GUM Clinic
10713	30/07/2019	12/08/2019	9	Midwifery and Gynaecology	Banbridge Polyclinic	Obstetrics	Professional Assessment of Need				No action plan	Antenatal Clinic	Antenatal Clinic
10713	30/07/2019	12/08/2019	9	Midwifery and Gynaecology	Banbridge Polyclinic	Obstetrics	Clinical Diagnosis				No action plan	Maternity Ward	Maternity Ward
10661	18/07/2019	13/08/2019	18	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Waiting Times, Outpatient Departments				No action plan	Fertility Clinic	Fertility Clinic
10681	25/07/2019	22/08/2019	20	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, A&E Departments				No action plan	Emergency Department CAH	Emergency Department CAH
10753	05/08/2019	27/08/2019	15	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Communication/Information				No action plan	Switchboard	Switchboard
10323	19/04/2019	09/08/2019	75	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need				no action plan	Emergency Department CAH	Emergency Department CAH

10716	31/07/2019	12/08/2019	8	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care
10716	31/07/2019	12/08/2019	8	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information
10427	22/05/2019	15/08/2019	59	General Surgery	Craigavon Area Hospital	ENT Surgery	Quality of Treatment & Care
10685	25/07/2019	15/08/2019	15	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care
10685	25/07/2019	15/08/2019	15	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information
10593	01/07/2019	09/08/2019	28	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Environmental
10485	07/06/2019	12/08/2019	45	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Professional Assessment of Need
10485	07/06/2019	12/08/2019	45	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Quality of Treatment & Care
10678	23/07/2019	15/08/2019	17	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Communication/Information
10522	17/06/2019	23/08/2019	48	General Medicine	South Tyrone Hospital	General Medicine	Professional Assessment of Need

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	No action plan	2 West Maternity Post Natal	2 West Maternity Post Natal
	No action plan	2 West Maternity Post Natal	2 West Maternity Post Natal
	No Action Plan	ENT Clinic	ENT Clinic
	No action plan	Emergency Department CAH	Emergency Department CAH
	No action plan	Emergency Department CAH	Emergency Department CAH
	Complaint withdrawn	Gynae Clinic	Gynae Clinic
	Complainants experience reflected by team to see if there can be lessons learnt.	Home of client	Home of client
	Complainants experience reflected by team to see if there can be lessons learnt.	2 West Maternity Post Natal	2 West Maternity Post Natal
	Administrative issue addressed with team.	Orthopaedic Clinic	Orthopaedic Clinic
	No action plan	Minor Injuries Unit	Minor Injuries Unit

10394	14/05/2019	09/08/2019	61	General Surgery	Craigavon Area Hospital	Urology Surgery	Staff Attitude/Behaviour	Complainant admitted to hospital 2 South initially on the 17.04.2017 under the care of general medicine for pressure sore and delirium. Pressure sore became extremely bad and the subsequent need to have catheter in-situ. Gentleman kept complaining regarding his catheter and felt it was moving inside. Kept removing it himself as he was suffering greatly. Gent had multiple admissions to hospital with infection and delirium in relation to his catheter but was dismissed/neglected by doctor when he said it was moving. Eventually after the 3rd admission a scan was done and it was discovered there was a part of the catheter pushed up into the bladder. Gent passed 2 days after discharge and family feel it was due to neglect of their father/husbands care and all the infections that could have been avoided that contributed to his death.	Details of care provided given. Patient had long term urethral catheter since may 2017 and had failed two supervised trials of voiding whilst in hospital. Ultrasound examination of urinary tract in may 2018 was satisfactory. Patient expressed the view he didn't want to have any procedures. Doctor disagrees he blamed patient for pulling out his catheter, he appreciated patient was in pain and on several occasions it had to be replaced by medical team, Jan 2019 CT scan done and identified piece of retained catheter and was removed.		No action plan	Urology Clinic	Urology Clinic
10394	14/05/2019	09/08/2019	61	General Surgery	Craigavon Area Hospital	Urology Surgery	Quality of Treatment & Care	Complainant admitted to hospital 2 South initially on the 17.04.2017 under the care of general medicine for pressure sore and delirium. Pressure sore became extremely bad and the subsequent need to have catheter in-situ. Gentleman kept complaining regarding his catheter and felt it was moving inside. Kept removing it himself as he was suffering greatly. Gent had multiple admissions to hospital with infection and delirium in relation to his catheter but was dismissed/neglected by doctor when he said it was moving. Eventually after the 3rd admission a scan was done and it was discovered there was a part of the catheter pushed up into the bladder. Gent passed 2 days after discharge and family feel it was due to neglect of their father/husbands care and all the infections that could have been avoided that contributed to his death.	Details of care provided given. Patient had long term urethral catheter since may 2017 and had failed two supervised trials of voiding whilst in hospital. Ultrasound examination of urinary tract in may 2018 was satisfactory. Patient expressed the view he didn't want to have any procedures. Doctor disagrees he blamed patient for pulling out his catheter, he appreciated patient was in pain and on several occasions it had to be replaced by medical team, Jan 2019 CT scan done and identified piece of retained catheter and was removed.		No action plan	Urology Clinic	Urology Clinic
10673	23/07/2019	15/08/2019	17	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Communication/Information	Personal Information redacted by the USI			No action plan	Colposcopy Clinic	Colposcopy Clinic
10091	29/05/2019	09/08/2019	51	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour				Nurse attitude will be monitored.	Emergency Department DHH	Emergency Department DHH
10421	21/05/2019	06/08/2019	53	Diagnostic Services	Daisy Hill Hospital	Imaging - CT	Delay/Cancellation for Inpatients				Appointment staff have been reminded of the importance of checking examinations requested before booking.	X-ray Dept (Radiology)	CT Scanner
10425	22/05/2019	06/08/2019	52	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Radiology - Nursing	Staff Attitude/Behaviour				Staff have been interviewed and advised on the importance of communicating and listening to their patients, as well as being spoken to regarding their conduct and not providing acceptable working practice.	X-ray Dept (Radiology)	X-ray Dept (Radiology)

10637	10/07/2019	08/08/2019	20	Booking / Admin	Craigavon Area Hospital	Secretarial	Communication/Information	Personal Information redacted by the USI		No action plan	ENT Clinic	ENT Clinic
10644	26/07/2019	15/08/2019	14	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour			No action plan	Emergency Department CAH	Emergency Department CAH
10644	26/07/2019	15/08/2019	14	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Privacy/Dignity			No action plan	Emergency Department CAH	Emergency Department CAH
10665	22/07/2019	23/08/2019	24	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care			No action plan	1 North Cardiology	1 North Cardiology
10665	22/07/2019	23/08/2019	24	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information			No action plan	1 North Cardiology	1 North Cardiology
10305	15/04/2019	09/08/2019	79	General Medicine	Craigavon Area Hospital	General Medicine	Professional Assessment of Need			Nursing staff spoke to regarding how comments made. Raised issue regarding the importance of documentation as staff learning reminded of importance of communication.	1 South Medical	1 South Medical
10305	15/04/2019	09/08/2019	79	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care			Nursing staff spoke to regarding how comments made. Raised issue regarding the importance of documentation as staff learning reminded of importance of communication.	1 South Medical	1 South Medical
10453	10/06/2019	09/08/2019	43	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care			Lead nurse highlighted to all ward staff the importance of ensuring patients are reviewed by the medical team in a timely manner.	Female Surgical/Gynae	Female Surgical/Gynae
10453	10/06/2019	09/08/2019	43	General Medicine	Daisy Hill Hospital	General Medicine	Communication/Information			Lead nurse highlighted to all ward staff the importance of ensuring patients are reviewed by the medical team in a timely manner.	Emergency Department DHH	Emergency Department DHH
10715	30/07/2019	22/08/2019	17	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Communication/Information			Staff member has been spoken to, Administrator for division reiterated to all staff the importance of following protocols and new process has been implemented to ensure there is reliable failsafe mechanism to prevent this from happening to another person.	Early Pregnancy Problem Clinic	Early Pregnancy Problem Clinic

10586	15/07/2019	05/08/2019	15	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Professional Assessment of Need	Personal Information redacted by the USI		Doctor has advised medical staff that they must take more time when scanning before giving a final diagnosis to any patient. Also has reminded doctors of the importance of improving their documentation skills.	Gynae Clinic	Gynae Clinic
10586	15/07/2019	05/08/2019	15	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Communication/Information			Doctor has advised medical staff that they must take more time when scanning before giving a final diagnosis to any patient. Also has reminded doctors of the importance of improving their documentation skills.	Gynae Clinic	Gynae Clinic
10586	15/07/2019	05/08/2019	15	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Clinical Diagnosis			Doctor has advised medical staff that they must take more time when scanning before giving a final diagnosis to any patient. Also has reminded doctors of the importance of improving their documentation skills.	Gynae Clinic	Gynae Clinic
10591	28/06/2019	15/08/2019	33	General Medicine	South Tyrone Hospital	General Medicine	Staff Attitude/Behaviour			No action plan	Minor Injuries Unit	Minor Injuries Unit

10393	14/05/2019	05/08/2019	57	General Surgery	Craigavon Area Hospital	ENT Surgery	Quality of Treatment & Care
10393	14/05/2019	05/08/2019	57	General Surgery	Craigavon Area Hospital	ENT Surgery	Communication/Information
10585	28/06/2019	07/08/2019	27	General Surgery	Craigavon Area Hospital	General Surgery	Quality of Treatment and Care
10659	18/07/2019	13/08/2019	18	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour
10659	18/07/2019	13/08/2019	18	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information
10659	18/07/2019	13/08/2019	18	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information
10682	25/07/2019	15/08/2019	15	General Medicine	Craigavon Area Hospital	General Medicine	Property/Expenses/Finances
10616	08/07/2019	15/08/2019	27	Cardiac Services	Craigavon Area Hospital	Cardiology	Staff Attitude/Behaviour
10690	26/07/2019	23/08/2019	20	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour
10643	11/07/2019	05/08/2019	16	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Waiting List, Delay/Cancellation Outpatient Appointments
10404	20/05/2019	14/08/2019	60	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation Outpatient Appointments

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No action plan

ENT Clinic

ENT Clinic

No action plan

ENT Clinic

ENT Clinic

General Surgery Clinic

General Surgery Clinic

No action plan.

Delivery Suite, CAH

Delivery Suite, CAH

No action plan.

Delivery Suite, CAH

Delivery Suite, CAH

No action plan.

Gynae Clinic

Gynae Clinic

No action plan.

1 South Medical

1 South Medical

Dr will reflect on this consultation

Cardiology Clinic

Cardiology Clinic

No action plan

Emergency Department CAH

Emergency Department CAH

No action plan

Gynae Clinic

Gynae Clinic

No action plan

General Surgery Clinic

General Surgery Clinic

10404	20/05/2019	14/08/2019	60	General Surgery	Craigavon Area Hospital	General Surgery	Communication/Information
10646	02/08/2019	14/08/2019	8	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour
10537	19/06/2019	13/08/2019	38	General Surgery	Craigavon Area Hospital	Urology Surgery	Staff Attitude/Behaviour
10497	18/06/2019	13/08/2019	39	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Staff Attitude/Behaviour
10497	18/06/2019	13/08/2019	39	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Communication/Information
10258	01/04/2019	09/08/2019	89	General Medicine	Daisy Hill Hospital	General Medicine	Professional Assessment of Need
10258	01/04/2019	09/08/2019	89	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care
10258	01/04/2019	09/08/2019	89	General Medicine	Daisy Hill Hospital	General Medicine	Waiting Times, A&E Departments
10756	05/08/2019	14/08/2019	7	Locality Support Services (C&B)	Craigavon Area Hospital	Contact and Family Support Team C&B	Environmental
10566	24/06/2019	13/08/2019	35	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Environmental
10725	01/08/2019	02/08/2019	1	Early Years and Parenting	Community	FIT Portadown	Other
10709	30/07/2019	15/08/2019	12	Family Intervention Service	Daisy Hill Hospital	South Down FIT only	Other

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Complainant feels his referral has not been accepted due to staff member putting in a complaint about him being abusive. Wants to know if his referrals are being disregarded due to this.

being issued a letter to explain we are not taking forward his complaint as he has no referral and falls under the Western Trust remit

10742	05/08/2019	21/08/2019	12	Family Placement Services	Community	Family Placement Team A/D	Communication/Information	Personal Information redacted by the USI	None	Lisanally House, Armagh	Lisanally House, Armagh
10504	07/06/2019	07/08/2019	42	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Communication/Information		None	Paediatric Ward	Paediatric Ward
10720	01/08/2019	08/08/2019	5	Family Placement Services	St Lukes Hospital	Family Placement Team A/D	Communication/Information		None	Lisanally House, Armagh	Lisanally House, Armagh
10534	17/06/2019	07/08/2019	36	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Staff Attitude/Behaviour		Whilst the discharge prescription was written by a Junior Doctor it was observed on review of the patient notes that the discharge plan was incomplete and did not indicate that Pers was to continue on Nutramigen for 2 weeks given that he had responded well to his trial in the ward. This lack of information coupled with the fact that the discharge summary was not reviewed by a Senior Doctor led to this feed being omitted from the prescription. I apologise that this was the case and that it made the process difficult for you after discharge. I wish to reassure you that clinical decisions with regards to treatment are made to achieve the best possible outcome for children and that financial implications are not the primary concern.	Paediatric Ward	Paediatric Ward
10334	21/05/2019	01/08/2019	50	Family Intervention Service	Daisy Hill Hospital	Gateway Team N&M	Staff Attitude/Behaviour		NA	Dromalane House, Newry	Dromalane Mill, Newry
10355	03/05/2019	14/08/2019	70	Family Intervention Service	Community	Gateway Team A&D	Communication/Information		None	Lisanally House, Armagh	Lisanally House, Armagh
10328	14/05/2019	05/08/2019	57	Family Intervention Service	Banbridge Polyclinic	FIT Banbridge	Communication/Information		NA	Banbridge HSSC	Banbridge HSSC

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10606	04/07/2019	08/08/2019	24	Residential Care	St Lukes Hospital	Short Term Residential Homes	Waiting Times, Community Services
10642	15/07/2019	14/08/2019	22	Financial Services	Daisy Hill Hospital	Financial Services	Property/Expenses/Finances
10576	26/06/2019	13/08/2019	33	Financial Services	Craigavon Area Hospital	Financial Services	Property/Expenses/Finances
10772	13/08/2019	20/08/2019	5	Acute Mental Health Services	Daisy Hill Hospital	Psychiatric Liaison	Quality of Treatment & Care
10719	30/07/2019	28/08/2019	20	Acute Mental Health Services	Craigavon Area Hospital	Resource Centres	Environmental
10706	05/08/2019	22/08/2019	13	Support and Recovery Services	Community	Support and Recovery Team C&B Locality	Waiting Times, Outpatient Departments
10804	20/08/2019	22/08/2019	2	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Confidentiality
10653	19/07/2019	14/08/2019	18	Learning Disability Daycare Services	Community	Day Centres	Quantity of Treatment & Care
10653	19/07/2019	14/08/2019	18	Learning Disability Daycare Services	Community	Day Centres	Staff Attitude/Behaviour
10653	19/07/2019	14/08/2019	18	Learning Disability Daycare Services	Community	Day Centres	Communication/Information

N/A	None	Oaklands Residential Home, Armagh	Oaklands Residential Home, Armagh
		Finance Dept	Finance Dept
Cash office staff advised that claims for reimbursement that are personally claimed should be paid in cash when possible	Cash office staff advised that claims for reimbursement that are personally claimed should be paid in cash when possible	Finance Dept	Finance Dept
		FMW	FMW
N/A	None	Ferns Resource Centre	Ferns Resource Centre
		Trasna House, Lurgan	Trasna House, Lurgan
		Willows Ward	Willows Ward
None	None	Personal Information	Personal Information
None	None	Personal Information	Personal Information
None	None	Personal Information	Personal Information

10692	29/07/2019	12/08/2019	10	Dietetics, Diabetes and HEF	Community	Diabetes Specialist Dietetics	Staff Attitude/Behaviour	Personal Information redacted by the USI	No lessons learned	Home of client	Home of client
10692	29/07/2019	12/08/2019	10	Dietetics, Diabetes and HEF	Community	Diabetes Specialist Dietetics	Communication/Information		No lessons learned	Home of client	Home of client
10692	29/07/2019	12/08/2019	10	Dietetics, Diabetes and HEF	Community	Diabetes Specialist Dietetics	Quality of Treatment & Care		No lessons learned	Home of client	Home of client
10760	08/08/2019	12/08/2019	2	Health Improvement	Craigavon Area Hospital	Health Promotion	Policy/Commercial Decisions		No lessons learned	Car Park/Grounds	Car Park

10723	01/08/2019	29/08/2019	19	Domiciliary Care	Community	Domiciliary Care OOH C/B	Staff Attitude/Behaviour	Personal Information redacted by the USI			No lessons learned.	Home of client	Home of client
10723	01/08/2019	29/08/2019	19	Domiciliary Care	Community	Domiciliary Care OOH C/B	Quality of Treatment & Care				No lessons learned.	Home of client	Home of client

10723	01/08/2019	29/08/2019	19	Domiciliary Care	Community	Domiciliary Care OOH C/B	Communication/Information	Personal Information redacted by the USI	No lessons learned.	Home of client	Home of client
10622	08/07/2019	08/08/2019	22	GP OOH/MIU	Community	GP Out of Hours	Quality of Treatment & Care		Staff involved have reflected on their communications and have earned from them.	SAUCS (GPOOH) Armagh	SAUCS (GPOOH) Craigavon

10622	08/07/2019	08/08/2019	22	GP OOH/MIU	Community	GP Out of Hours	Waiting Times, Community Services	Personal Information redacted by the USI			Staff involved have reflected on their communications and have earned from them.	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon
10622	08/07/2019	08/08/2019	22	GP OOH/MIU	Community	GP Out of Hours	Professional Assessment of Need				Staff involved have reflected on their communications and have earned from them.	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon

10622	08/07/2019	08/08/2019	22	GP OOH/MIU	Community	GP Out of Hours	Staff Attitude/Behaviour	Personal Information redacted by the USI	Staff involved have reflected on their communications and have earned from them.	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon
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ID	First received	Closed	Response time	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)
10549	21/06/2019	02/09/2019	49	Locality Support Services (C&B)	Craigavon Area Hospital	Security (C/B)	Staff Attitude/Behaviour	Personal Information redacted by the USI			N/A	Emergency Department CAH	Emergency Department CAH
10360	21/05/2019	04/09/2019	73	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care				No action plan	Stroke / Rehab	Stroke / Rehab
10360	21/05/2019	04/09/2019	73	General Medicine	Daisy Hill Hospital	General Medicine	Clinical Diagnosis				No action plan	Stroke / Rehab	Stroke / Rehab
10360	21/05/2019	04/09/2019	73	General Medicine	Daisy Hill Hospital	General Medicine	Professional Assessment of Need				No action plan	Stroke / Rehab	Stroke / Rehab
10360	21/05/2019	04/09/2019	73	General Medicine	Daisy Hill Hospital	General Medicine	Discharge/Transfer Arrangements				No action plan	Stroke / Rehab	Stroke / Rehab

10797	16/08/2019	04/09/2019	12	Support and Recovery Services	Community	Support and Recovery Team C&B Locality	Aids/Adaptions/Appliances	Personal Information redacted by the USI			Home of client	Home of client
10845	02/09/2019	05/09/2019	3	Locality Support Services (C&B)	Craigavon Area Hospital	Support Services General Office (C/B)	Environmental			No action plan	Car Park/Grounds	Car Park/Grounds
10839	30/08/2019	05/09/2019	4	Diagnostic Services	Daisy Hill Hospital	Mammography	Waiting List, Delay/Cancellation Outpatient Appointments		Staff training to ensure this type of incident does not re-occur	Robust procedure established to communicate cancelled clinics to patients.	Breast Clinic	Breast Screening Unit
10819	22/08/2019	05/09/2019	9	Support and Recovery Services	Craigavon Area Hospital	Psychiatric Outpatient Clinic	Staff Attitude/Behaviour				Bluestone Day Hospital	Bluestone Day Hospital
10641	30/07/2019	06/09/2019	27	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care			No Action Plan	3 North Winter Ward	3 North Winter Ward
10641	30/07/2019	06/09/2019	27	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information			No Action Plan	3 North Winter Ward	3 North Winter Ward
10641	30/07/2019	06/09/2019	27	General Medicine	Craigavon Area Hospital	General Medicine	Discharge/Transfer Arrangements			No Action Plan	3 North Winter Ward	3 North Winter Ward
10647	03/07/2019	06/09/2019	45	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information			No action plan	Emergency Department CAH	Emergency Department CAH
10647	03/07/2019	06/09/2019	45	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Clinical Diagnosis			No action plan	Emergency Department CAH	Emergency Department DHH

10649	25/07/2019	06/09/2019		30	General Surgery	Craigavon Area Hospital	Urology Surgery	Communication/Information	Feels that service received was unacceptable. Has been left to organise services for her husband. Feels no one will take responsibility for this care.	Process for trial removal of catheter was explained as rationale for district nurse not proceeding with this removal due to patient's other medical conditions. Apology for breakdown in communication between district and hospital.	Additional information added to referrals for catheter removal asking the district nursing team when unable to facilitate this request to advise the urology team.	Robust information between and district and acute hospital	Urology Clinic	Urology Clinic
10649	25/07/2019	06/09/2019		30	General Surgery	Craigavon Area Hospital	Urology Surgery	Professional Assessment of Need	Feels that service received was unacceptable. Has been left to organise services for her husband. Feels no one will take responsibility for this care.	Process for trial removal of catheter was explained as rationale for district nurse not proceeding with this removal due to patient's other medical conditions. Apology for breakdown in communication between district and hospital.	Additional information added to referrals for catheter removal asking the district nursing team when unable to facilitate this request to advise the urology team.	Robust information between and district and acute hospital	Urology Clinic	Urology Clinic
10750	05/08/2019	06/09/2019		23	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI			No action plan	Emergency Department DHH	Emergency Department DHH
10648	02/08/2019	06/09/2019		24	General Medicine	Craigavon Area Hospital	General Medicine	Professional Assessment of Need				no action plan	Emergency Department CAH	Emergency Department CAH
10777	16/08/2019	06/09/2019		14	Estate Operational Services (C&B)	Craigavon Area Hospital	Estate Operational Services (C&B)	Other				no action plan	Renal Clinic	
10798	19/08/2019	06/09/2019		13	Outpatients	Craigavon Area Hospital	ENT Surgery	Communication/Information				no action plan	ENT Clinic	ENT Clinic
10798	19/08/2019	06/09/2019		13	Outpatients	Craigavon Area Hospital	ENT Surgery	Quality of Treatment & Care				no action plan	ENT Clinic	ENT Clinic
10798	19/08/2019	06/09/2019		13	Outpatients	Craigavon Area Hospital	ENT Surgery	Communication/Information				no action plan	Booking Centre	Booking Centre

10793	15/08/2019	06/09/2019	15	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI		no action plan	Emergency Department CAH	Emergency Department CAH
10793	15/08/2019	06/09/2019	15	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments			no action plan	Emergency Department CAH	Emergency Department CAH
10793	15/08/2019	06/09/2019	15	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Clinical Diagnosis			no action plan	Emergency Department CAH	Emergency Department CAH
10730	02/08/2019	06/09/2019	24	Primary Mental Health Care Services	Daisy Hill Hospital	Primary Mental Health Care Team N&M Locality	Staff Attitude/Behaviour				Mental Health Department	Mental Health Department
10789	04/09/2019	09/09/2019	3	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour			no action plan	Air (Respiratory) Lab	
10783	14/08/2019	09/09/2019	17	Family Intervention Service	South Tyrone Hospital	Gateway Team A&D	Communication/Information		N/A	None	E Floor	E Floor
10859	19/08/2019	09/09/2019	14	Learning Disability Community Services	Community	Learning Disability Team Craigavon and Banbridge	Professional Assessment of Need		n/a	n/a	Home of client	

10773	13/08/2019	09/09/2019	18	Support and Recovery Services	Community	Support and Recovery Team A&D Locality	Communication/Information	Personal Information redacted by the USI	None	Home of client	Home of client
10773	13/08/2019	09/09/2019	18	Support and Recovery Services	Community	Support and Recovery Team A&D Locality	Staff Attitude/Behaviour		None	Home of client	Home of client
10791	16/08/2019	09/09/2019	15	COMMEM	St Lukes Hospital	Dementia Assessment Unit	Quality of Treatment & Care			Gillis Memory Centre	Gillis Memory Centre
10841	02/09/2019	09/09/2019	5	GP OOH/MIU	Community	GP Out of Hours	Quality of Treatment & Care		No lessons learned	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon

10841	02/09/2019	09/09/2019	5	GP OOH/MIU	Community	GP Out of Hours	Waiting Times, Community Services	Personal Information redacted by the USI			o lessons learned	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon
10841	02/09/2019	09/09/2019	5	GP OOH/MIU	Community	GP Out of Hours	Professional Assessment of Need				o lessons learned	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon

10782	14/08/2019	10/09/2019	18	General Surgery	South Tyrone Hospital	Orthopaedic Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital	Personal Information redacted by the USI		no action plan	Day Hospital	Orthopaedic Clinic
10666	24/07/2019	10/09/2019	33	Family Intervention Service	South Tyrone Hospital	FIT Dungannon	Communication/Information		N/A	None	E Floor	E Floor
10766	12/08/2019	11/09/2019	21	Rheumatology Clinic	Craigavon Area Hospital	Rheumatology	Quality of Treatment & Care			no action plan	Rheumatology Clinic	Rheumatology Clinic
10521	17/06/2019	13/09/2019	62	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, Outpatient Departments			no action plan	Emergency Department CAH	Emergency Department CAH
10521	17/06/2019	13/09/2019	62	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour			no action plan	Emergency Department CAH	Emergency Department CAH
10873	05/09/2019	13/09/2019	6	Midwifery and Gynaecology	Daisy Hill Hospital	Medical Secs/Ward Clerks - IMWH	Communication/Information			no action plan	Antenatal Clinic	Antenatal Clinic
10816	22/08/2019	13/09/2019	15	General Surgery	Daisy Hill Hospital	General Surgery	Records/Record Keeping			no action plan	Female Surgical/Gynae	Female Surgical/Gynae
10445	29/05/2019	13/09/2019	75	Cardiac Services	Craigavon Area Hospital	Dermatology	Staff Attitude/Behaviour			no action plan	Dermatology Clinic	Dermatology Clinic
10445	29/05/2019	13/09/2019	75	Cardiac Services	Craigavon Area Hospital	Dermatology	Communication/Information			no action plan	Dermatology Clinic	Dermatology Clinic

10445	29/05/2019	13/09/2019	75	Cardiac Services	Craigavon Area Hospital	Dermatology	Quality of Treatment & Care	Personal Information redacted by the USI					no action plan	Dermatology Clinic	Dermatology Clinic
10662	07/08/2019	13/09/2019	26	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care						no action plan	Emergency Department CAH	Emergency Department CAH
10662	07/08/2019	13/09/2019	26	General Medicine	Craigavon Area Hospital	General Medicine	Clinical Diagnosis						no action plan	Emergency Department CAH	Emergency Department CAH
10832	22/08/2019	13/09/2019	15	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Quality of Treatment & Care					N/A	None	CYP A&E	CYP A&E
10814	21/08/2019	13/09/2019	16	Estate Operational Services (C&B)	Community	Estate Operational Services (C&B)	Other							Public place	Banbridge HSSC
10767	12/08/2019	16/09/2019	24	Family Intervention Service	Community	South Armagh FIT only	Communication/Information					N/A	None	Lisanally House, Armagh	Lisanally House, Armagh

10799	19/08/2019	17/09/2019	20	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI			
10799	19/08/2019	17/09/2019	20	General Medicine	Craigavon Area Hospital	General Medicine	Discharge/Transfer Arrangements	Personal Information redacted by the USI			
10917	16/09/2019	17/09/2019	1	General Surgery	Banbridge Polyclinic	Ophthalmology	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI			

10824	23/08/2019	17/09/2019	16	CWD Services	Community	Children With Disability Team A&D	Professional Assessment of Need	Personal Information redacted by the USI				N/A	None	Lisanally House, Armagh	Hill Building
10786	15/08/2019	17/09/2019	22	Community Paediatric Service	Daisy Hill Hospital	Community Paediatrics N&M	Waiting Times, Community Services					N/A	None	Dromalane House, Newry	Dromalane House, Newry
10880	09/09/2019	17/09/2019	6	Employee Relations and Engagement	St Lukes Hospital	Employee Relations and Engagement	Staff Attitude/Behaviour							Other	Other
10761	09/08/2019	17/09/2019	26	Learning Disability Community Services	Community	Learning Disability Team Newry and Mourne	Communication/Information							Home of client	Home of client
10761	09/08/2019	17/09/2019	26	Learning Disability Community Services	Community	Learning Disability Team Newry and Mourne	Environmental							Home of client	Home of client
10761	09/08/2019	17/09/2019	26	Learning Disability Community Services	Community	Learning Disability Team Newry and Mourne	Quality of Treatment & Care							Home of client	Home of client
10810	21/08/2019	17/09/2019	18	Support and Recovery Services	South Tyrone Hospital	Support and Recovery Team A&D Locality	Staff Attitude/Behaviour							Psychiatry Clinic	
10802	19/08/2019	17/09/2019	20	Support and Recovery Services	Community	Mental Health Supported Living	Discharge/Transfer Arrangements					N/a	None	Personal Information	

10675	25/07/2019	18/09/2019	38	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Waiting Times, A&E Departments	Personal Information redacted by the USI		no action plan	Orthopaedic Clinic	Orthopaedic Clinic
10811	20/08/2019	18/09/2019	20	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care			No action plan	2 West Maternity Post Natal	2 West Maternity Post Natal
10300	16/04/2019	18/09/2019	105	Financial Services	Daisy Hill Hospital	Financial Services	Property/Expenses/Finances				Finance Dept	Emergency Department DHH
10854	03/09/2019	19/09/2019	12	General Surgery	Daisy Hill Hospital	Orthopaedic Surgery	Communication/Information			no action plan	Fracture Clinic	Fracture Clinic
10686	24/07/2019	19/09/2019	40	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care			No action plan	General Outpatients Reception/Waiting Area	General Outpatients Reception/Waiting Area
10724	30/07/2019	19/09/2019	36	Outpatients	Craigavon Area Hospital	Outpatients	Clinical Diagnosis				Fracture Clinic	Fracture Clinic
10830	29/08/2019	19/09/2019	15	Community Dental Services	Daisy Hill Hospital	Dental Services C&B	Communication/Information		N/A	None	Dental Clinic	Dental Clinic

10833	29/08/2019	19/09/2019	15	Family Intervention Service	Community	FIT Armagh Rural	Communication/Information	Personal Information redacted by the USI	None	Lisanally House, Armagh	Lisanally House, Armagh
10813	21/08/2019	19/09/2019	20	Integrated Care Team	Independent/Voluntary Sector Locations	South Down	Quantity of Treatment & Care		No lessons learned	Personal Information redacted by the USI	Personal Information redacted by the USI

10813	21/08/2019	19/09/2019	20	Integrated Care Team	Independent/Voluntary Sector Locations	South Down	COMM	Personal Information redacted by the USI	o lessons learned	Personal Information redacted by the USI	Personal Information redacted by the USI
10813	21/08/2019	19/09/2019	20	Integrated Care Team	Independent/Voluntary Sector Locations	South Down	Quality of Treatment & Care	Personal Information redacted by the USI	o lessons learned	Personal Information redacted by the USI	Personal Information redacted by the USI

10820	23/08/2019	20/09/2019	19	Integrated Care Team	Community	Portadown	Property/Expenses/Fin nces	Personal Information redacted by the USI	No lessons learned.	Home of client	Home of client
10820	23/08/2019	20/09/2019	19	Integrated Care Team	Community	Portadown	Policy/Commercial Decisions		No lessons learned.	Home of client	Home of client

10689	07/08/2019	23/09/2019	32	General Surgery	Daisy Hill Hospital	General Surgery	Discharge/Transfer Arrangements	Personal Information redacted by the USI					Ward staff to complete Discharge Checklist for prescriptions sent to pharmacy.	DEAW	DEAW
10689	07/08/2019	23/09/2019	32	General Surgery	Daisy Hill Hospital	General Surgery	Records/Record Keeping						Ward staff to complete Discharge Checklist for prescriptions sent to pharmacy.	DEAW	DEAW
10658	16/07/2019	23/09/2019	48	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour						no action plan	Delivery Suite, CAH	Delivery Suite, CAH
10541	27/06/2019	23/09/2019	60	Anaesthetics, Theatres and IC Services	South Tyrone Hospital	Pre-Operative Assessment	Communication/Information						no action plan	Pre-operative Assessment Clinic	
10887	09/09/2019	23/09/2019	10	Functional Support Services	Craigavon Area Hospital	Domestic Services C/B	Hotel/Support/Security Services (Excludes Contracted Services)						no action plan	Entrance/Exit	Entrance/Exit
10654	26/07/2019	23/09/2019	40	CAMHS	St Lukes Hospital	Autism Diagnostic Team	Communication/Information					N/A	None	Personal Information	Personal Information

10829	28/08/2019	23/09/2019	18	Public Health Nursing Service	Daisy Hill Hospital	Health Visiting Team Newry 1	Quality of Treatment & Care	Personal Information redacted by the USI	importance of ensuring that referrals are processed in a timely manner to ensure that service users receive appropriate treatment.	Bessbrook Clinic	Bessbrook Clinic
10933	17/09/2019	23/09/2019	4	Financial Services	Craigavon Area Hospital	Financial Services	Property/Expenses/Finances			Reception/Waiting Area	
10932	16/09/2019	24/09/2019	6	AHP's CYP Services	Community	Occupational Therapy CYP	Communication/Information		Relevant staff have been reminded that in terms of learning the importance of partnership with parents, openness and transparency in the context of best practice and corporate objectives, and whilst the Trust need to be mindful of resource in terms of staff time taken to write reports not directly related to the child's care, it is reasonable to share available reports with parents routinely.	Rathore Special School	Rathore Special School
10612	05/07/2019	24/09/2019	55	COMMEM	Independent/Voluntary Sector Locations	Memory Service N&M Locality	Quantity of Treatment & Care			Personal Information redacted by the USI	Personal Information redacted by the USI

10612	05/07/2019	24/09/2019	55	COMMEM	Independent/Voluntary Sector Locations	Memory Service N&M Locality	Quality of Treatment & Care	Personal Information redacted by the USI			
								Meeting being arranged with Senior Staff		Personal Information redacted by the USI	Personal Information redacted by the USI
10523	17/06/2019	25/09/2019	70	Cardiac Services	Craigavon Area Hospital	Cardiology	Staff Attitude/Behaviour				
									No action plan	Cardiology Clinic	1 North Cardiology
10523	17/06/2019	25/09/2019	70	Cardiac Services	Craigavon Area Hospital	Cardiology	Professional Assessment of Need				
									No action plan	1 North Cardiology	1 North Cardiology
10712	07/08/2019	25/09/2019	34	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour				
									No action plan	Diabetology Clinic	Diabetology Clinic

10627	22/07/2019	25/09/2019	46	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI		no action plan	Emergency Department CAH	Emergency Department CAH
10627	22/07/2019	25/09/2019	46	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need			no action plan	Emergency Department CAH	Emergency Department CAH
10627	22/07/2019	25/09/2019	46	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Records/Record Keeping			no action plan	4 North	4 North
10857	16/09/2019	25/09/2019	7	Early Years and Parenting	Community	FIT Craigavon	Communication/Information		N/A	None	Brownlow HSSC, Legahorry Centre	Brownlow HSSC, Legahorry Centre
10848	02/09/2019	25/09/2019	17	Family Intervention Service	Daisy Hill Hospital	FIT Newry	Staff Attitude/Behaviour		N/A	None	Dromalane House, Newry	Dromalane House, Newry

10674	23/07/2019	26/09/2019	46	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI		no action plan	Emergency Department CAH	Emergency Department CAH
10674	23/07/2019	26/09/2019	46	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need			no action plan	Emergency Department CAH	Emergency Department CAH
10888	20/09/2019	26/09/2019	4	Family Intervention Service	Community	FIT Craigavon	Communication/Information		N/A	None	Brownlow HSSC, Legahorry Centre	Brownlow HSSC, Legahorry Centre
10807	19/08/2019	26/09/2019	27	CAMHS	St Lukes Hospital	Autism Diagnostic Team	Professional Assessment of Need		N/A	None	The Oaks	Cedarwood

10727	30/08/2019	27/09/2019	20	Domicillary Care	Community	Domicillary Care N/M	Quantity of Treatment & Care	Personal Information redacted by the USI			No lessons learned.	Home of client	Home of client
10727	30/08/2019	27/09/2019	20	Domicillary Care	Community	Domicillary Care N/M	Quality of Treatment & Care				No lessons learned.		Home of client

10915	12/09/2019	30/09/2019	12	General Medicine	Craigavon Area Hospital	General Medicine	Confidentiality	Personal Information redacted by the USI	Review of reception area currently under way	no action plan	Emergency Department CAH	Emergency Department CAH
10748	05/08/2019	30/09/2019	39	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Clinical Diagnosis			no action plan	Emergency Department CAH	Emergency Department CAH
10748	05/08/2019	30/09/2019	39	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care			no action plan	Emergency Department CAH	
10883	13/09/2019	30/09/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - SILVERWOOD	Quantity of Treatment Care		N/A	None	Silverwood Ward	Home of client
10883	13/09/2019	30/09/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - SILVERWOOD	Quality of Treatment & Care		N/A	None	Silverwood Ward	Silverwood Ward
10883	13/09/2019	30/09/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - SILVERWOOD	Staff Attitude/Behaviour		N/A	None	Silverwood Ward	Silverwood Ward
10883	13/09/2019	30/09/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - SILVERWOOD	Policy/Commercial Decisions		N/A	None	Silverwood Ward	Silverwood Ward
10883	13/09/2019	30/09/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - SILVERWOOD	Clinical Diagnosis		N/A	None	Silverwood Ward	Silverwood Ward
10883	13/09/2019	30/09/2019	11	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - SILVERWOOD	Communication/Information		N/A	None	Silverwood Ward	Silverwood Ward

ID	First received	Closed	Response time	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)
10398	16/05/2019	01/10/2019	95	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI			No Action Required	Maternity Ward
10398	16/05/2019	01/10/2019	95	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Quality of Treatment & Care				No Action Required	Maternity Ward
10862	03/09/2019	01/10/2019	20	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Privacy/Dignity				<p>Actions identified at meeting:</p> <p>Everyone in the team know the details of the family</p> <p>"Identify staff who should and should not be involved with the family</p> <p>"Bathing your son, this decision was yours not the decision of the midwife</p> <p>"Personal should have been allowed out of bed when she felt fit enough to do so to go and see her son.</p> <p>"Keepsakes should have been kept for the parents</p>	Delivery Suite, DHH
10862	03/09/2019	01/10/2019	20	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Communication Information				<p>Actions identified at meeting:</p> <p>Everyone in the team know the details of the family</p> <p>"Identify staff who should and should not be involved with the family</p> <p>"Bathing your son, this decision was yours not the decision of the midwife</p> <p>"Personal should have been allowed out of bed when she felt fit enough to do so to go and see her son.</p> <p>"Keepsakes should have been kept for the parents</p>	Delivery Suite, DHH

10862	03/09/2019	01/10/2019	20	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	Actions identified at meeting: Everyone in the team know the details of the family "Identify staff who should and should not be involved with the family "Bathing your son, this decision was yours not the decision of the midwife "Personal should have been allowed out of bed when she felt fit enough to do so to go and see her son. "Keepsakes should have been kept for the parents	Delivery Suite, DHH
10863	05/09/2019	01/10/2019	18	Support and Recovery Services	Community	Psychiatric Outpatient Clinic	Professional Assessment of Need		None	Home of client
10863	05/09/2019	01/10/2019	18	Support and Recovery Services	Community	Psychiatric Outpatient Clinic	Staff Attitude/Behaviour		None	Home of client
10657	04/09/2019	01/10/2019	19	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - BRONTE	Delay/Cancellation for Inpatients		Trust noted time delay patient waited in acute ED for mh assessment and provided rational for the same; capacity within the HPCR Team and split site working.	Emergency Department CAH
10904	09/09/2019	03/10/2019	18	General Medicine	Daisy Hill Hospital	Stroke	Quality of Treatment & Care		Extension of service being provided	Emergency Department DHH
10930	16/09/2019	03/10/2019	13	Cardiac Services	Craigavon Area Hospital	Dermatology	Waiting List, Delay/Cancellation Planned Admission to Hospital		No Action Required	Dermatology Clinic
10817	05/09/2019	03/10/2019	20	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care		No Action Required	Emergency Department CAH
10894	11/09/2019	03/10/2019	16	Residential Care	Community	Short Term Residential Homes	Professional Assessment of Need		None	Cedar Grove Residential Home, Newry
10899	09/09/2019	03/10/2019	18	Adult Safeguarding	Community	Adult Safeguarding Team	Communication/Information		Learning was identified with respect to staff communicating with patients	Home of client
10818	29/08/2019	04/10/2019	26	Family Intervention Service	South Tyrone Hospital	Gateway Team A&D	Communication/Information		None	E Floor

10890	10/09/2019	04/10/2019	18	Reablement Team	Community	Reablement Team	Quality of Treatment & Care	Personal Information redacted by the USI		Communication with clients will be discussed with the Reablement Service staff.	Home of client
10890	10/09/2019	04/10/2019	18	Reablement Team	Community	Reablement Team	Professional Assessment of Need			Communication with clients will be discussed with the Reablement Service staff.	Home of client

10890	10/09/2019	04/10/2019	18	Reablement Team	Community	Reablement Team	Communication/Information	Personal Information redacted by the USI	Communication with clients will be discussed with the Reablement Service staff.	Home of client
10955	23/09/2019	07/10/2019	10	Looked After Children Services	Community	Looked After Childrens Team C/B	Communication/Information	Personal Information redacted by the USI	None	Brownlow HSSC, Legahorry Centre
10886	10/09/2019	07/10/2019	19	Acute Mental Health Services	Independent/Voluntary Sector Locations	Psychiatric Inpatient Services - WILLOWS	Discharge/Transfer Arrangements	Personal Information redacted by the USI	None	Ardmaine Nursing Home
10886	10/09/2019	07/10/2019	19	Acute Mental Health Services	Independent/Voluntary Sector Locations	Contracted Out Services	Discharge/Transfer Arrangements	Personal Information redacted by the USI	None	Ardmaine Nursing Home
10954	04/10/2019	08/10/2019	2	AHP's CYP Services	Lurgan Hospital	Speech and Language CYP	Professional Assessment of Need	Personal Information redacted by the USI	None	Lurgan HSSC
10987	27/09/2019	08/10/2019	7	Early Years and Parenting	South Tyrone Hospital	Court Childrens Service	Communication/Information	Personal Information redacted by the USI	None	Social Work Study Centre
10776	12/08/2019	09/10/2019	41	Acute Directorate AHP's	Craigavon Area Hospital	Podiatry	Quality of Treatment & Care	Personal Information redacted by the USI	During times of annual leave it is expected that urgent queries / cases are flagged up to senior staff. Staff reminded of this.	2 North Medical

10923	16/09/2019	09/10/2019	17	CAMHS	St Lukes Hospital	Autism Diagnostic Team	Confidentiality	Personal Information redacted by the USI	N/A	None	The Oaks
11032	04/10/2019	10/10/2019	4	Locality Support Services (C&B)	Craigavon Area Hospital	Security (C/B)	Access to Premises			No Action Required	Car Park/Grounds
10884	09/09/2019	10/10/2019	23	UROLOG	Craigavon Area Hospital	Urology and ENT	Quality of Treatment & Care			No action plan	3 South
10884	09/09/2019	10/10/2019	23	UROLOG	Craigavon Area Hospital	Urology and ENT	Discharge/Transfer Arrangements			No action plan	3 South
10481	04/06/2019	10/10/2019	90	Acute Paediatric Services	Daisy Hill Hospital	Neonatal/SCBU	Quality of Treatment & Care		The service will develop and implement use of conversion charts in all drug preparation rooms to prevent this type of error from reoccurring.	The Trust has identified learning in relation to the incident involving this client. Despite the process of two nurses checking drug calculations, a medication error still occurred due to human error. Drug calculations for this group can be complicated due to the small dose and variability of calculations.	Neonatal Unit/SCBU
11019	08/10/2019	11/10/2019	3	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Communication/Information			No Action Required	Booking Centre
10948	17/09/2019	11/10/2019	18	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Property/Expenses/Finances		n/a	n/a	Willows Ward

10944	18/09/2019	14/10/2019	18	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI			No Action required	Emergency Department DHH
10944	18/09/2019	14/10/2019	18	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need				No Action required	Emergency Department DHH
10778	13/08/2019	14/10/2019	43	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Radiology - Nursing	Staff Attitude/Behaviour				No Action Required	X-ray Dept (Radiology)
10778	13/08/2019	14/10/2019	43	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Radiology - Nursing	Communication/Information				No Action Required	X-ray Dept (Radiology)
10680	23/07/2019	14/10/2019	58	General Surgery	Craigavon Area Hospital	General Surgery	Professional Assessment of Need				no Action Required	General Surgery Clinic
10680	23/07/2019	14/10/2019	58	General Surgery	Craigavon Area Hospital	General Surgery	Quality of Treatment & Care				no Action Required	General Surgery Clinic
10680	23/07/2019	14/10/2019	58	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital				no Action Required	General Surgery Clinic
10680	23/07/2019	14/10/2019	58	General Surgery	Craigavon Area Hospital	General Surgery	Clinical Diagnosis				no Action Required	General Surgery Clinic

10903	26/09/2019	14/10/2019	12	Community Services for Adults with Physical Disability	Community	Physical Disability Team C&B	Aids/Adaptions/ Appliances	Personal Information redacted by the USI					Home of client
10885	10/09/2019	14/10/2019	24	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Communication/ Information						Willows Ward
10885	10/09/2019	14/10/2019	24	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Quality of Treatment & Care						Willows Ward
10976	26/09/2019	15/10/2019	13	General Surgery	Daisy Hill Hospital	General Surgery	Waiting List, Delay/Cancellation on Planned Admission to Hospital					no action plan	Female Surgical/Gynae
10866	05/09/2019	15/10/2019	28	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care					No Action required	Emergency Department CAH
10866	05/09/2019	15/10/2019	28	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Clinical Diagnosis					No Action required	Emergency Department CAH
10858	03/09/2019	15/10/2019	30	General Surgery	Craigavon Area Hospital	Urology Surgery	Waiting List, Delay/Cancellation on Planned Admission to Hospital					No Action Required	Urology Clinic
10823	23/08/2019	15/10/2019	36	General Surgery	Craigavon Area Hospital	General Surgery	Staff Attitude/Behaviour					Agency to address incident with Agency Nurse and Trust will not accept this nurse for future shifts.	3 South
10823	23/08/2019	15/10/2019	36	General Surgery	Craigavon Area Hospital	General Surgery	Privacy/Dignity					Agency to address incident with Agency Nurse and Trust will not accept this nurse for future shifts.	3 South

10426	12/06/2019	15/10/2019	87	Acute Paediatric Services	Daisy Hill Hospital	Paediatrics	Communication/Information	Personal Information redacted by the USI	N/A	None	Paediatric Ward
10958	25/09/2019	15/10/2019	14	AHP's CYP Services	Lurgan Hospital	Occupational Therapy CYP	Aids/Adaptions/Appliances		N/A	None	Lurgan HSSC
11027	09/10/2019	15/10/2019	4	Primary Mental Health Care Services	Community	Primary Mental Health Care Team A&D Locality	Communication/Information		N/A	None	Home of client
11027	09/10/2019	15/10/2019	4	Primary Mental Health Care Services	Community	Primary Mental Health Care Team A&D Locality	Staff Attitude/Behaviour		N/A	None	Home of client
10860	03/09/2019	16/10/2019	31	General Medicine	Craigavon Area Hospital	General Medicine	Discharge/Transfer Arrangements			No Action required	2 North Medical
10957	20/09/2019	16/10/2019	18	Support and Recovery Services	Community	Support and Recovery Team C&B Locality	Staff Attitude/Behaviour		N/A	None	Home of client
10934	18/09/2019	16/10/2019	20	Memory Services	St Lukes Hospital	Dementia Assessment Unit	Quality of Treatment & Care				Gillis Memory Centre
10934	18/09/2019	16/10/2019	20	Memory Services	St Lukes Hospital	Dementia Assessment Unit	Staff Attitude/Behaviour				Gillis Memory Centre
10847	19/09/2019	16/10/2019	19	Support and Recovery Services	Community	Support and Recovery Team A&D Locality	Professional Assessment of Need		N/A	n/a	Home of client
10951	23/09/2019	18/10/2019	19	Looked After Children Services	Community	Looked After Childrens Team C/B	Communication/Information		N/A	None	Brownlow HSSC, Legahorry Centre
10997	01/10/2019	21/10/2019	14	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour		Staff member has been required to attend update training on the "Working Well Together and Communicating Effectively" policy. Staff member will also undergo monitoring for a period of time.	Good communication is essential	Maternity Ward
10983	23/09/2019	21/10/2019	20	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need			No Action Required	Emergency Department DHH

10983	23/09/2019	21/10/2019	20	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI		No Action Required	Emergency Department DHH
10981	26/09/2019	21/10/2019	17	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	General Medicine	Professional Assessment of Need			No Action Plan required	Pain Management Clinic
10749	21/08/2019	21/10/2019	42	Family Intervention Service	St Lukes Hospital	FIT Armagh Rural	Communication/Information		N/A	None	Lisanally House, Armagh
10941	18/09/2019	21/10/2019	23	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Waiting Times, A&E Departments		N/A	None	CYP A&E
11016	08/10/2019	21/10/2019	9	CWD Services	Craigavon Area Hospital	Children With Disability Team C&B	Other		N/A	None	Moylinn House, Craigavon
11054	15/10/2019	21/10/2019	4	Family Intervention Service	Community	FIT Armagh Urban	Communication/Information				Lisanally House, Armagh
10912	13/09/2019	23/10/2019	28	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care			No action plan	Emergency Department CAH
10826	27/08/2019	23/10/2019	41	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour			Consultant to reflect on what could have been done differently and will discuss with department.	Emergency Department DHH
10826	27/08/2019	23/10/2019	41	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour			Consultant to reflect on what could have been done differently and will discuss with department.	Emergency Department DHH
10868	05/09/2019	23/10/2019	34	UROLOG	Craigavon Area Hospital	Urology and ENT	Confidentiality			System updated and discharge letters are no longer printed.	3 South

10993	30/09/2019	23/10/2019	17	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI		No Action required	Emergency Department DHH
10964	25/09/2019	23/10/2019	20	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care			No action plan	Emergency Department CAH
10964	25/09/2019	23/10/2019	20	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Records/Record Keeping			No action plan	Emergency Department CAH
10964	25/09/2019	23/10/2019	20	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, Outpatient Departments			No action plan	Emergency Department CAH
10908	12/09/2019	23/10/2019	29	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need			No action plan	Emergency Department DHH
10245	13/06/2019	23/10/2019	92	General Surgery	Daisy Hill Hospital	General Surgery	Professional Assessment of Need			Staff reminded of the importance of good communication with families / patients.	Female Surgical/Gynae
10245	13/06/2019	23/10/2019	92	General Surgery	Daisy Hill Hospital	General Surgery	Quality of Treatment & Care			Staff reminded of the importance of good communication with families / patients.	Female Surgical/Gynae
10245	13/06/2019	23/10/2019	92	General Surgery	Daisy Hill Hospital	General Surgery	Staff Attitude/Behaviour			Staff reminded of the importance of good communication with families / patients.	Female Surgical/Gynae
10914	12/09/2019	23/10/2019	29	General Medicine	Daisy Hill Hospital	General Medicine	Property/Expenses/Finances			No Action Required	General Male Medical,
10998	01/10/2019	23/10/2019	16	General Surgery	Craigavon Area Hospital	General Surgery	Communication/Information			No action plan	3 South

10994	30/09/2019	23/10/2019	17	General Medicine	Craigavon Area Hospital	General Medicine	Communication/ Information	Personal Information redacted by the USI	Staff educated on the new process of discharge letters. Electronically authorize letters which are sent to the GP. Copy of discharge letter to be provided to patient prior to discharge.	Staff required to be aware of the updated process	3 North Winter Ward
10994	30/09/2019	23/10/2019	17	General Medicine	Craigavon Area Hospital	General Medicine	Communication/ Information		Staff educated on the new process of discharge letters. Electronically authorize letters which are sent to the GP. Copy of discharge letter to be provided to patient prior to discharge.	Staff required to be aware of the updated process	1 South Medical
11001	03/10/2019	23/10/2019	14	Cardiac Services	Craigavon Area Hospital	Dermatology	Waiting List, Delay/Cancellation Outpatient Appointments			No Action Required	Dermatology Clinic
10999	01/10/2019	23/10/2019	16	Diagnostic Services	Daisy Hill Hospital	Imaging - CT	Communication/ Information		Staff awareness of good communication skills	Radiography staff reminded to be courteous towards patients	CT Scanner
11002	03/10/2019	23/10/2019	14	UROLOG	Craigavon Area Hospital	Urology and ENT	Waiting List, Delay/Cancellation Planned Admission to Hospital	Mother feels that her son is being unfairly treated due to his disability in respect of waiting times for procedure and is in extreme pain all the time.	Waiting time issues have been explained by the Consultant to the patient and family. Consultant is happy to meet to discuss the unacceptable waiting lists for Urologically surgery throughout Northern Ireland. MLA feels this complaint was not answered at all. Wants a proper response.	No Action Plan	Urology Clinic
11110	03/10/2019	24/10/2019	15	Early Years and Parenting	Craigavon Area Hospital	FIT Craigavon	Communication/ Information	Personal Information redacted by the USI	N/A	None	Brownlow HSSC, Legahorry Centre
10869	05/09/2019	28/10/2019	37	General Surgery	Craigavon Area Hospital	General Surgery	Waiting Times, Outpatient Departments			Senior Management is working with the Board to ensure paediatric patients are seen in a more timely manner.	General Surgery Clinic
10636	25/07/2019	28/10/2019	66	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need			No Action Required	Emergency Department DHH
10636	25/07/2019	28/10/2019	66	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need			No Action Required	X-ray Dept (Radiology)
10950	20/09/2019	28/10/2019	26	Family Intervention Service	South Tyrone Hospital	Gateway Team A&D	Communication/ Information		N/A	None	E Floor

10995	04/10/2019	28/10/2019	16	GP OOH/MIU	Community	GP Out of Hours	Quality of Treatment & Care	Personal Information redacted by the USI		No lessons learned.	SAUCS (GPOOH) Craigavon
10995	04/10/2019	28/10/2019	16	GP OOH/MIU	Community	GP Out of Hours	Professional Assessment of Need			No lessons learned.	SAUCS (GPOOH) Craigavon
10834	23/09/2019	29/10/2019	26	Diagnostic Services	Lurgan Hospital	Imaging - All other	Professional Assessment of Need			Incident reported to RQIA and a training programme put in place to prevent reoccurrence.	X-ray Dept (Radiology)
11028	09/10/2019	29/10/2019	14	Diagnostic Services	Craigavon Area Hospital	Audiology	Quality of Treatment & Care			No action plan	Audiology Clinic
11033	09/10/2019	29/10/2019	14	Diagnostic Services	Craigavon Area Hospital	Imaging - MRI	Waiting List, Delay/Cancellation Outpatient Appointments			No action plan	MRI Unit

10849	26/09/2019	29/10/2019	23	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Policy/Commercial Decisions	Personal Information redacted by the USI		<p>The Responsible Medical Officer acknowledged that a Doctor from the treating Medical Team should have endeavoured to call the complainant to discuss her concerns if the Responsible Medical Officer was attending ward rounds.</p> <p>Communication to be improved</p>	Willows Ward
10849	26/09/2019	29/10/2019	23	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Professional Assessment of Need			<p>The Responsible Medical Officer acknowledged that a Doctor from the treating Medical Team should have endeavoured to call the complainant to discuss her concerns if the Responsible Medical Officer was attending ward rounds.</p> <p>Communication to be improved</p>	Willows Ward

10849	26/09/2019	29/10/2019	23	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Communication Information	Personal Information redacted by the USI	1. The Responsible Medical Officer acknowledged that a Doctor from the Treating Medical Team should have endeavoured to call the complainant to discuss her concerns if the Responsible Medical Officer was attending ward rounds. 2. Communication to be improved	Willows Ward
10849	26/09/2019	29/10/2019	23	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - WILLOWS	Quality of Treatment & Care		1. The Responsible Medical Officer acknowledged that a Doctor from the Treating Medical Team should have endeavoured to call the complainant to discuss her concerns if the Responsible Medical Officer was attending ward rounds. 2. Communication to be improved	Willows Ward
10571	10/10/2019	29/10/2019	13	Support and Recovery Services	Community	Support and Recovery Team N&M Locality	Quality of Treatment & Care		n/a	Home of client
11053	16/10/2019	30/10/2019	10	Looked After Children Services	Community	Looked After Childrens Team A/D	Communication Information		None	Lisanally House, Armagh
10770	13/08/2019	30/10/2019	55	Family Intervention Service	Community	FIT Armagh Rural	Communication Information		None	Lisanally House, Armagh

ID	First received	Closed	Response time	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)
11077	17/10/2019	04/11/2019	12	Memory Services	St Lukes Hospital	Dementia Assessment Unit	Other	Personal Information redacted by the USI		N/A	None	Gillis Memory Centre
10476	16/10/2019	05/11/2019	14	Learning Disability Community Services	Community	Learning Disability Team Newry and Mourne	Professional Assessment of Need			n/a	n/a	Home of client
10476	16/10/2019	05/11/2019	14	Learning Disability Community Services	Community	Learning Disability Team Newry and Mourne	Policy/Commercial Decisions			n/a	n/a	Home of client
10962	07/10/2019	05/11/2019	21	General Medicine	Craigavon Area Hospital	General Medicine	Discharge/Transfer Arrangements			No action plan	No action plan	2 South Medical
10972	24/09/2019	06/11/2019	31	General Medicine	Daisy Hill Hospital	General Medicine	Professional Assessment of Need			No action plan	No action plan	Emergency Department DHH
10972	24/09/2019	06/11/2019	31	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care			No action plan	No action plan	Emergency Department DHH
10972	24/09/2019	06/11/2019	31	General Medicine	Daisy Hill Hospital	General Medicine	Staff Attitude/Behaviour			No action plan	No action plan	Emergency Department DHH
11060	17/10/2019	06/11/2019	14	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour			Staff reminded to treat all patients with respect.	Demonstrate respect towards all patients	Emergency Department CAH
10877	26/09/2019	07/11/2019	30	Learning Disability Community Services	Community	Learning Disability Team Newry and Mourne	Policy/Commercial Decisions			Trust Senior Management discussing regionally how direct payments can be used	Trust Senior Management discussing regionally how direct payments can be used	Home of client
10877	26/09/2019	07/11/2019	30	Learning Disability Community Services	Community	Learning Disability Team Newry and Mourne	Professional Assessment of Need			Trust Senior Management discussing regionally how direct payments can be used	Trust Senior Management discussing regionally how direct payments can be used	Home of client

11129	30/10/2019	07/11/2019	6	General Surgery	Craigavon Area Hospital	General Surgery	Staff Attitude/Behaviour	Personal Information redacted by the USI			General Surgery Clinic
11129	30/10/2019	07/11/2019	6	General Surgery	Craigavon Area Hospital	General Surgery	Professional Assessment of Need				General Surgery Clinic
11173	07/11/2019	07/11/2019	0	General Surgery	Craigavon Area Hospital	General Surgery	Quality of Treatment & Care				4 North
11102	28/10/2019	07/11/2019	8	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment & Care		No Action Plan	None	Emergency Department DHH
11124	30/10/2019	08/11/2019	7	Community Services for Adults with Physical Disability	Community	Physical Disability Team C&B	Discharge/Transfer Arrangements		n/a	n/a	Ward 2, Assessment and Rehabilitation
10755	06/08/2019	11/11/2019	68	General Surgery	Daisy Hill Hospital	General Surgery	Quality of Treatment & Care		No action plan	No action plan	Female Surgical/Gynaecology
10755	06/08/2019	11/11/2019	68	General Surgery	Daisy Hill Hospital	General Surgery	Clinical Diagnosis		No action plan	No action plan	Emergency Department DHH

Personal Information redacted by the USI

10755	06/08/2019	11/11/2019	68	General Surgery	Daisy Hill Hospital	General Surgery	Staff Attitude/Behaviour	Personal Information redacted by the USI			No action plan	Female Surgical/Gynaecology
11093	25/10/2019	11/11/2019	11	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour				None	Emergency Department CAH
11065	22/10/2019	12/11/2019	15	Residential Care	Lurgan Hospital	Short Term Residential Homes	Professional Assessment of Need				None	Personal Information redacted by the USI
10975	25/09/2019	12/11/2019	34	Pharmacy	Craigavon Area Hospital	Pharmacy Dispensary	Communication/Information				Pharmacy staff awareness regarding medication stocks in hospital.	Pharmacy Dispensary
11103	01/11/2019	12/11/2019	7	General Surgery	Craigavon Area Hospital	Urology Surgery	Environmental	less than 18 hours surgery wife was told she was moving wards. She was then left for over an hour on the corridor until the room she was moving to was ready. She also missed her breakfast due to the move as the domestic staff did not know where she had moved to as they had not been informed and so she had to make do with leftovers. Why was the swap of wards so necessary	Advised that unfortunately a night-time move can be necessary to ensure everyone is cared for in appropriate areas. Explained that patient was noted to be awake at 4am and was offered a cup of tea. Patient was happy with explanation of the need to be moved at time. Apology offered that patient did not receive her meal.	No Action Plan	None	3 South
10698	20/09/2019	12/11/2019	37	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care	Personal Information redacted by the USI			No action plan	1 South Medical
10913	13/09/2019	12/11/2019	42	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour				Signage requested to notify visitors of toilet facilities in the main hospital reception.	2 North Respiratory

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10982	27/09/2019	12/11/2019	32	Acute Directorate AHP's	Craigavon Area Hospital	Orthoptics	Waiting List, Delay/Cancellation Planned Admission to Hospital		No action plan	Orthoptic Clinic
11056	25/10/2019	13/11/2019	13	CAMHS	St Lukes Hospital	Autism Diagnostic Team	Professional Assessment of Need		None	Mullinure Hospital
11049	29/10/2019	13/11/2019	11	Family Intervention Service	Craigavon Area Hospital	FIT Armagh Urban	Communication/Information		None	Lisnally House, Armagh
11010	07/11/2019	13/11/2019	4	AHP's CYP Services	Lurgan Hospital	Occupational Therapy CYP	Professional Assessment of Need		None	Lurgan HSSC
10794	19/08/2019	13/11/2019	61	Acute Paediatric Services	Daisy Hill Hospital	Paediatrics	Staff Attitude/Behaviour		Trust to consider the size of a group of medical staff during ward rounds and consider smaller groups if that is the parents choice.	Paediatric Ward
10889	10/09/2019	13/11/2019	46	Family Intervention Service	Lurgan Hospital	FIT Craigavon	Communication/Information		None	Lurgan HSSC
11026	09/10/2019	14/11/2019	26	Integrated Care Team	Community	South Down	Quantity of Treatment & Care		No lessons learned.	Home of client

11026	09/10/2019	14/11/2019	26	Integrated Care Team	Community	South Down	Quality of Treatment & Care	Personal Information redacted by the USI		No lessons learned.	Home of client
11026	09/10/2019	14/11/2019	26	Integrated Care Team	Community	South Down	Professional Assessment of Need			No lessons learned.	Home of client

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11026	09/10/2019	14/11/2019	26	Integrated Care Team	Community	South Down	Privacy/Dignity	No lessons learned.	Home of client
10940	18/09/2019	14/11/2019	41	Support and Recovery Services	Community	Mental Health Supported Living	Quantity of Treatment & Care	None	Personal Inform
10940	18/09/2019	14/11/2019	41	Support and Recovery Services	Community	Mental Health Supported Living	Quality of Treatment & Care	None	Personal Inform
10940	18/09/2019	14/11/2019	41	Support and Recovery Services	Community	Mental Health Supported Living	Professional Assessment of Need	None	Personal Inform
10940	18/09/2019	14/11/2019	41	Support and Recovery Services	Community	Mental Health Supported Living	Policy/Commercial Decisions	None	Personal Inform
11008	07/10/2019	14/11/2019	28	Primary Mental Health Care Services	Community	Primary Mental Health Care Team C&B Locality	Quantity of Treatment & Care		Home of client
11055	15/10/2019	15/11/2019	23	Early Years and Parenting	Lurgan Hospital	FIT Lurgan	Staff Attitude/Behaviour	None	Lurgan HSSC
11037	11/10/2019	18/11/2019	26	Learning Disability Specialist Services	Community	LD - Adult Transition Team	Professional Assessment of Need		Home of client
11014	08/10/2019	18/11/2019	29	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Improved communication to antenatal patients and improve signage in the area	Antenatal Clinic
10855	04/11/2019	18/11/2019	10	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Communication/Information	Staff reminded to document all conversations with relatives.	Trauma Ward

10855	04/11/2019	18/11/2019	10	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Professional Assessment of Need	Personal Information redacted by the USI	Staff reminded to document all conversations with relatives.	Trauma Ward
10945	07/10/2019	18/11/2019	30	General Medicine	Craigavon Area Hospital	General Medicine	Privacy/Dignity		Nursing staff have been instructed to obtain a full handover to enable the ward to prepare appropriately. Training to be provided to all members of the multidisciplinary team, working alongside the Bereavement Co-ordinator. Overall learning from complaint has been shared at the Acute Sisters meeting	3 North Winter Ward
10945	07/10/2019	18/11/2019	30	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour		Nursing staff have been instructed to obtain a full handover to enable the ward to prepare appropriately. Training to be provided to all members of the multidisciplinary team, working alongside the Bereavement Co-ordinator. Overall learning from complaint has been shared at the Acute Sisters meeting	3 North Winter Ward
10846	02/09/2019	18/11/2019	55	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care		Better communication to patients	Maternity Admission s/Assessment Unit
10846	02/09/2019	18/11/2019	55	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour		Better communication to patients	Maternity Admission s/Assessment Unit
10846	02/09/2019	18/11/2019	55	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Records/Record Keeping		Better communication to patients	Maternity Admission s/Assessment Unit
10996	01/10/2019	18/11/2019	34	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information		Listen to labouring mother when she is experiencing continual labour pains and carry out VE on a more regular basis	Antenatal Clinic

10996	01/10/2019	18/11/2019	34	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	Listen to labouring mother when she is experiencing continual labour pains and carry out VE on a more regular basis	Antenatal Clinic
10996	01/10/2019	18/11/2019	34	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care		Listen to labouring mother when she is experiencing continual labour pains and carry out VE on a more regular basis	Antenatal Clinic
11082	24/10/2019	18/11/2019	17	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information		None	Emergency Department CAH
11082	24/10/2019	18/11/2019	17	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments		None	Emergency Department CAH
11141	05/11/2019	18/11/2019	9	General Medicine	Craigavon Area Hospital	MAU	Hotel/Support/Security Services (Excludes Contracted Services)		None	AMU
11045	14/10/2019	19/11/2019	26	Community Services for Adults with Physical Disability	Community	Physical Disability Team A&D	Records/Record Keeping			Home of client
10992	30/09/2019	20/11/2019	37	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital		Better communication required between Junior Doctors and Consultants and recording on Patient Administration System.	General Surgery Clinic
11088	28/10/2019	20/11/2019	17	General Surgery	Craigavon Area Hospital	General Surgery	Communication/Information		None	4 South

11048	14/10/2019	20/11/2019	27	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Quality of Treatment & Care	Personal Information redacted by the USI	Listen to labouring mother during her labour	Maternity Ward
11048	14/10/2019	20/11/2019	27	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Communication/Information		Listen to labouring mother during her labour	Maternity Ward
11193	15/11/2019	22/11/2019	5	Community Services for Adults with Physical Disability	Community	Physical Disability Team C&B	Discharge/Transfer Arrangements		n/a	Home of client
11193	15/11/2019	22/11/2019	5	Community Services for Adults with Physical Disability	Community	Physical Disability Team C&B	Quality of Treatment & Care		n/a	Home of client
11087	25/10/2019	22/11/2019	20	Support and Recovery Services	Community	Support and Recovery Team A&D Locality	Quality of Treatment & Care		n/a	Home of client
11118	28/10/2019	22/11/2019	19	Learning Disability Community Services	Community	Learning Disability Team Armagh & Dungannon	Communication/Information		Two subjects of complaints: learning identified re waiting times - Trust working to resolve this directly with Independent Service Provider communication - Trust staff to meet with Service User and complainant.	Home of client
11118	28/10/2019	22/11/2019	19	Learning Disability Community Services	Community	Learning Disability Team Armagh & Dungannon	Waiting Times, Community Services		Two subjects of complaints: learning identified re waiting times - Trust working to resolve this directly with Independent Service Provider communication - Trust staff to meet with Service User and complainant.	Home of client
10825	27/08/2019	25/11/2019	64	Estate Operational Services (A&D)	Community	Estate Operational Services (A&D)	Environmental			Car Park
11098	29/10/2019	25/11/2019	19	Estate Operational Services (C&B)	Craigavon Area Hospital	Estate Operational Services (C&B)	Environmental			Bronte Ward

11178	15/11/2019	25/11/2019	6	AHP's CYP Services	Lurgan Hospital	Occupational Therapy CYP	Professional Assessment of Need	Personal Information redacted by the USI	N/A	None	Lurgan HSSC
11047	14/10/2019	26/11/2019	31	General Medicine	Daisy Hill Hospital	Stroke	Professional Assessment of Need		No action Plan	None	Stroke / Rehab
10856	03/09/2019	26/11/2019	60	Cardiac Services	Craigavon Area Hospital	Cardiology	Staff Attitude/Behaviour		No Action plan	No action plan	Cardiology Clinic
10746	05/08/2019	26/11/2019	80	General Surgery	Craigavon Area Hospital	General Surgery	Discharge/Transfer Arrangements		No action plan	No Action Plan	4 South
10746	05/08/2019	26/11/2019	80	General Surgery	Craigavon Area Hospital	General Surgery	Quality of Treatment & Care		No action plan	No Action Plan	4 South

10746	05/08/2019	26/11/2019	80	General Surgery	Craigavon Area Hospital	General Surgery	Communication/Information	Personal Information redacted by the USI			No action plan	No Action Plan	Emergency Department CAH
11132	04/11/2019	26/11/2019	16	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments				No Action Plan	None	Emergency Department CAH
11154	08/11/2019	26/11/2019	12	Pharmacy	Craigavon Area Hospital	Pharmacy Dispensary	Waiting List, Delay/Cancellation Outpatient Appointments				No Action Plan	None	Pharmacy Dispensary
11050	16/10/2019	27/11/2019	30	AHP's CYP Services	Craigavon Area Hospital	Occupational Therapy CYP	Aids/Adaptions/Appiances				N/A	None	Portadown HSSC
10977	27/09/2019	28/11/2019	44	Family Intervention Service	Armagh Community Hospital	FIT Armagh Rural	Communication/Information				N/A	None	Lisnally House, Armagh
11147	06/11/2019	28/11/2019	16	TRAUMA	Craigavon Area Hospital	Trauma and Orthopaedics	Communication/Information				No Action Plan	None	Fracture Clinic
11147	06/11/2019	28/11/2019	16	TRAUMA	Craigavon Area Hospital	Trauma and Orthopaedics	Quality of Treatment & Care				No Action Plan	None	Fracture Clinic

11062	21/11/2019	29/11/2019	6	CAMHS	St Lukes Hospital	Autism Diagnostic Team	Professional Assessment of Need	Personal Information redacted by the USI		N/A	None	The Oaks
10985	27/09/2019	29/11/2019	45	General Surgery	Craigavon Area Hospital	Breast Surgery	Waiting List, Delay/Cancellation Outpatient Appointments			no action plan	no action plan	Breast Clinic
10985	27/09/2019	29/11/2019	45	General Surgery	Craigavon Area Hospital	Breast Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital			no action plan	no action plan	General Surgery Clinic
11161	08/11/2019	29/11/2019	15	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Clinical Diagnosis			No Action Plan	None	Emergency Department CAH

ID	First received	Closed	Response time	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)
11185	27/11/2019	02/12/2019	3	Locality Support Services (A&D)	South Tyrone Hospital	Domestic Services (A&D)	Environmental	Personal Information redacted by the USI		No Action Plan	N/A	Pre-operative Assessment Clinic
10965	26/09/2019	02/12/2019	47	General Medicine	Craigavon Area Hospital	General Medicine	Clinical Diagnosis				Staff reminded not to use inappropriate language on the wards.	Emergency Department CAH
10965	26/09/2019	02/12/2019	47	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care				Staff reminded not to use inappropriate language on the wards.	Trauma Ward
10965	26/09/2019	02/12/2019	47	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour				Staff reminded not to use inappropriate language on the wards.	Trauma Ward
11199	14/11/2019	02/12/2019	12	TRAUMA	Craigavon Area Hospital	Trauma and Orthopaedics	Professional Assessment of Need				No action plan	Orthopaedic Clinic
11175	12/11/2019	02/12/2019	14	Family Intervention Service	South Tyrone Hospital	Gateway Team A&D	Professional Assessment of Need	Personal Information redacted by the USI		N/A	None	E Floor
11058	19/11/2019	02/12/2019	9	Integrated Care Team	Craigavon Area Hospital	Portadown	Policy/Commercial Decisions			Personal Information redacted by the USI	No lessons learned.	Emergency Department CAH

11058	19/11/2019	02/12/2019	9	Integrated Care Team	Craigavon Area Hospital	Portadown	Staff Attitude/Behaviour	Personal Information redacted by the USI		No lessons learned.	Emergency Department CAH	
11058	19/11/2019	02/12/2019	9	Integrated Care Team	Craigavon Area Hospital	Portadown	Communication/Information			No lessons learned.	Emergency Department CAH	
11096	25/10/2019	03/12/2019	27	Diagnostic Services	Craigavon Area Hospital	Imaging - All other	Waiting List, Delay/Cancellation Outpatient Appointments			N/A	X-ray Dept (Radiology)	
10984	27/09/2019	03/12/2019	47	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Confidentiality			N/A	Emergency Department DHH	
11172	12/11/2019	03/12/2019	15	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Staff Attitude/Behaviour			N/A	Booking Centre	
11126	04/11/2019	03/12/2019	21	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour			Better communication	Emergency Department DHH	
11207	20/11/2019	03/12/2019	9	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Confidentiality			Privacy of patient	Home of Client	
11106	07/11/2019	03/12/2019	18	Diagnostic Services	South Tyrone Hospital	Imaging - All other	Policy/Commercial Decisions			N/A	Minor Injuries Unit	
11143	06/11/2019	03/12/2019	19	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care			1 Better communication required - listen to labouring mother. Staff to be mindful of appropriate communication to mum. 2 Communication to mother following shoulder dystocia and explanation to mum to ensure she knows why examinations on her baby are being carried out 3 Thorough checks of instruments to be carried out at all times.	Delivery Suite, CAH	

11143	06/11/2019	03/12/2019	19	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care	Personal Information redacted by the USI	1 Better communication required - listen to labouring mother. Staff to be mindful of appropriate communication to mum. 2 Communication to mother following shoulder dystocia and explanation to mum to ensure she knows why examinations on her baby are being carried out 3 Thorough checks of instruments to be carried out at all times.	Theatres 1-4 CAH	
11131	04/11/2019	03/12/2019	21	Diagnostic Services	Craigavon Area Hospital	Mammography	Communication/Information		no action plan	Breast Clinic	
11148	07/11/2019	03/12/2019	18	Specialist Teams	South Tyrone Hospital	Diabetes	Communication/Information		None	Dietetics Outpatients Department	
11204	19/11/2019	03/12/2019	10	Family Placement Services	Community	Adoption Services Team	Communication/Information		None	Bocombra Lodge	
11133	04/11/2019	03/12/2019	21	Support and Recovery Services	Community	Psychiatric Outpatient Clinic	Professional Assessment of Need		N/A	Home of client	
11192	18/11/2019	03/12/2019	11	Primary Mental Health Care Services	Daisy Hill Hospital	Primary Mental Health Care Team N&M Locality	Quality of Treatment & Care			Mental Health Department	
11209	20/11/2019	04/12/2019	10	Medicine and Unscheduled Care	Craigavon Area Hospital	General Medicine	Communication/Information		N/A	1 South Medical	
10902	11/09/2019	06/12/2019	62	Emergency Department Services	South Tyrone Hospital	Minor Injuries Unit	Clinical Diagnosis		No action plan	Minor Injuries Unit	
11198	08/11/2019	06/12/2019	20	General Surgery	Daisy Hill Hospital	ENT Surgery	Staff Attitude/Behaviour		No action plan	ENT Clinic	
11069	23/10/2019	06/12/2019	32	AHP's CYP Services	St Lukes Hospital	Occupational Therapy CYP	Communication/Information		importance of ensuring that advice is case specific and not generic in nature.	Lisanelly House, Armagh	

11274	28/11/2019	06/12/2019	6	Early Years and Parenting	Community	FIT Lurgan	Staff Attitude/Behaviour	Personal Information redacted by the USI		N/A	None	Lurgan HSSC	
11274	28/11/2019	06/12/2019	6	Early Years and Parenting	Community	FIT Lurgan	Communication/Information			N/A	None		
11243	27/11/2019	06/12/2019	7	Residential Care	Community	Long Term Residential Care	Staff Attitude/Behaviour			N/A	None	Personal Information	
11159	24/10/2019	06/12/2019	31	Learning Disability Daycare Services	Community	Day Centres	Quality of Treatment & Care					Personal	
11190	15/11/2019	06/12/2019	15	Learning Disability Acute Hospital Services	Craigavon Area Hospital	LD - Hospital Services	Quality of Treatment & Care					Dorsey Unit	
10420	20/05/2019	09/12/2019	142	General Surgery	Craigavon Area Hospital	Urology Surgery	Quality of Treatment & Care	Partner of patient who had surgery and and treatment for renal cell carcinoma in 2012 is concerned at the lack of follow-up care provided by the Trust.	Detailed explanation of care provided to patient since 1999 including surgery performed and follow up. Advised that there was no evidence of recurrence or progression of renal carcinoma 2012 and that in 2013 patient failed to attend 2 review appointments. Further review planned for 2014 and patient failed to attend on 2 occasions in 2015. No evidence of recurrence or progression of disease in 2016. Further x-rays of left knee planned for 2016 but patient did not attend. Patient then attended in June 2017 and was referred to Orthopaedic Services. Ongoing care, including palliative radiotherapy, provided to date. Consultant confirmed that no cancer was left behind in the kidney following surgery in 2012 and explained that there still has been no evidence of carcinoma present in the right kidney as recently as June 2019. Apology offered for lack of support / counselling services. Meeting offered for clarity.		no action plan	Urology Clinic	
10420	20/05/2019	09/12/2019	142	General Surgery	Craigavon Area Hospital	Urology Surgery	Waiting Times, Outpatient Departments	Partner of patient who had surgery and and treatment for renal cell carcinoma in 2012 is concerned at the lack of follow-up care provided by the Trust.	Detailed explanation of care provided to patient since 1999 including surgery performed and follow up. Advised that there was no evidence of recurrence or progression of renal carcinoma 2012 and that in 2013 patient failed to attend 2 review appointments. Further review planned for 2014 and patient failed to attend on 2 occasions in 2015. No evidence of recurrence or progression of disease in 2016. Further x-rays of left knee planned for 2016 but patient did not attend. Patient then attended in June 2017 and was referred to Orthopaedic Services. Ongoing care, including palliative radiotherapy, provided to date. Consultant confirmed that no cancer was left behind in the kidney following surgery in 2012 and explained that there still has been no evidence of carcinoma present in the right kidney as recently as June 2019. Apology offered for lack of support / counselling services. Meeting offered for clarity.		no action plan	Oncology Clinic, Mandeville Unit	

11176	12/11/2019	09/12/2019	19	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments	Personal Information redacted by the USI				Plans to refurbish the yellow area of the ED and ventilation in 3 North shower and toilet.	Upgrade required for yellow area of Emergency Department	Emergency Department CAH	
11176	12/11/2019	09/12/2019	19	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care					Plans to refurbish the yellow area of the ED and ventilation in 3 North shower and toilet.	Upgrade required for yellow area of Emergency Department	Emergency Department CAH	
11176	12/11/2019	09/12/2019	19	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care					Plans to refurbish the yellow area of the ED and ventilation in 3 North shower and toilet.	Upgrade required for yellow area of Emergency Department	3 North Winter Ward	
11176	12/11/2019	09/12/2019	19	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Hotel/Support/Security Services (Excludes Contracted Services)					Plans to refurbish the yellow area of the ED and ventilation in 3 North shower and toilet.	Upgrade required for yellow area of Emergency Department	Emergency Department CAH	
10924	03/10/2019	09/12/2019	47	Cardiac Services	Craigavon Area Hospital	Cardiology	Waiting Times, Outpatient Departments					No Action Plan	N/A	Cardiology Clinic	

11138	06/11/2019	09/12/2019	23	Diagnostic Services	Daisy Hill Hospital	Imaging - CT	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI			Staff have been informed to give a clearer explanation of what scan patients will be attending for so they are aware of the type. Patient has been reinstated on the waiting list.	Better communication to patients required	CT Scanner	
11031	09/10/2019	09/12/2019	43	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, Outpatient Departments				o Action Plan	N/A	Emergency Department CAH	
11031	09/10/2019	09/12/2019	43	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information				o Action Plan	N/A	Emergency Department CAH	
11095	25/10/2019	09/12/2019	31	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information				o Action Plan	N/A	Gastroenterology Clinic	
11095	25/10/2019	09/12/2019	31	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, Outpatient Departments				o Action Plan	N/A	Gastroenterology Clinic	
11095	25/10/2019	09/12/2019	31	General Medicine	Craigavon Area Hospital	General Medicine	Waiting List, Delay/Cancellation Planned Admission to Hospital				o Action Plan	N/A	General Surgery Clinic	
11059	04/11/2019	09/12/2019	25	TRAUMA	Craigavon Area Hospital	Trauma and Orthopaedics	Waiting List, Delay/Cancellation Outpatient Appointments				o Action Plan	N/A	Orthopaedic Clinic	

11206	20/11/2019	09/12/2019	13	General Medicine	Daisy Hill Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI	N/A	General Medicine Clinic	
10974	22/10/2019	09/12/2019	34	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Staff Attitude/Behaviour		N/A	GUM Clinic	
10974	22/10/2019	09/12/2019	34	Midwifery and Gynaecology	Daisy Hill Hospital	Gynaecology	Professional Assessment of Need		N/A	GUM Clinic	
11208	19/11/2019	09/12/2019	14	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour		Better communication to patient	Emergency Department DHH	
11208	19/11/2019	09/12/2019	14	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment & Care		Better communication to patient	Emergency Department DHH	
10991	30/09/2019	09/12/2019	50	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment & Care		Doctor apologised that manipulation of wrist did not happen at ED attendance therefore rendering too late for this to be done at the fracture clinic appointment 26 days later, leading to surgery being possibly needed.	Emergency Department DHH	
11236	25/11/2019	09/12/2019	10	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Staff Attitude/Behaviour		Better communication of staff member to patient.	Booking Centre	
11200	18/11/2019	09/12/2019	15	Cancer Services	Craigavon Area Hospital	Oncology	Other Contracted Services		N/A	Non Trust premises	

10986	27/09/2019	09/12/2019	51	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI	All staff to be aware of process in place for dealing with remains.	Early Pregnancy Problem Clinic	
10986	27/09/2019	09/12/2019	51	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Professional Assessment of Need		All staff to be aware of process in place for dealing with remains.	Early Pregnancy Problem Clinic	
11205	20/11/2019	09/12/2019	13	Family Placement Services	Banbridge Polyclinic	Family Placement Team C/B	Communication/Information		None	Banbridge HSSC	
11112	27/11/2019	09/12/2019	8	Early Years and Parenting	Community	FIT Lurgan	Professional Assessment of Need		None	Lurgan HSSC	Subject to SAI process SAI Ref :104162
11245	28/11/2019	09/12/2019	7	Residential Care	Community	Long Term Residential Care	Property/Expenses/Finances		None	Woodside Residential Home, Armagh	
11115	31/10/2019	09/12/2019	27	GP Practices	Community	Bannview Medical Practice	Quality of Treatment & Care		No lessons learned.	Bannview Medical Practice	
11115	31/10/2019	09/12/2019	27	GP Practices	Community	Bannview Medical Practice	Staff Attitude/Behaviour		No lessons learned.	Bannview Medical Practice	
11115	31/10/2019	09/12/2019	27	GP Practices	Community	Bannview Medical Practice	Professional Assessment of Need		No lessons learned.	Bannview Medical Practice	

11158	07/11/2019	10/12/2019	23	Physiotherapy	Community	Outpatients A&D	Staff Attitude/Behaviour	Personal Information redacted by the USI			No lessons learned.	Booking Centre	
11158	07/11/2019	10/12/2019	23	Physiotherapy	Community	Outpatients A&D	Waiting Times, Community Services				No lessons learned.	Booking Centre	
11158	07/11/2019	10/12/2019	23	Physiotherapy	Community	Outpatients A&D	Communication/Information				No lessons learned.	Armagh Community Clinic	

11158	07/11/2019	10/12/2019	23	Physiotherapy	Community	Outpatient A&D	Professional Assessment of Need	Personal Information redacted by the USI	No lessons learned.	Armagh Community Clinic	
11171	06/11/2019	11/12/2019	25	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment & Care		Consultant to remind all medical staff that children need to be reassessed in a timely fashion.	Emergency Department DHH	
11084	25/10/2019	11/12/2019	33	Family Intervention Service	Community	Central Duty Team	Communication/Information		Trust staff are to be reminded to ensure that case letters to families are not issued at weekends as this may be distressing for families as they will be unable to contact social work teams directly to discuss their concerns.	Lisanally House, Armagh	
11044	11/10/2019	17/12/2019	47	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation, Planned Admission to Hospital		No action plan	General Surgery Clinic	
11080	15/11/2019	18/12/2019	23	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Professional Assessment of Need		Staff to be reminded to attend to emergency post natal cases rather than refer patient to the hospital they delivered in.	Maternity Admissions/Assessment Unit	
11219	20/11/2019	18/12/2019	20	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour		No action plan	Emergency Department DHH	
11219	20/11/2019	18/12/2019	20	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment & Care		No action plan	Emergency Department DHH	

11104	06/11/2019	18/12/2019	30	Integrated Care Team	Independe nt/Voluntar y Sector Locations	Newry & South Armagh	Policy/Commercial Decisions	Personal Information redacted by the USI		No lessons learned.	Personal Information	
11104	06/11/2019	18/12/2019	30	Integrated Care Team	Independe nt/Voluntar y Sector Locations	Newry & South Armagh	Quality of Treatment & Care			No lessons learned.	Personal Information	
11273	06/12/2019	18/12/2019	8	Integrated Care Team	Communit y	Banbridge	Policy/Commercial Decisions			2 - (1) Social Worker to reflect on their communication and approach when chairing the Safeguarding follow-up meeting with the family member who was subject to allegations. (2) Nature of meeting being arranged to be disclosed to attendees in advance of the meeting.	Home of client	

11273	06/12/2019	18/12/2019	8	Integrated Care Team	Community	Banbridge	Staff Attitude/Behaviour	Personal Information redacted by the USI	2 - (1) Social Worker to reflect on their communication and approach when chairing the Safeguarding follow-up meeting with the family member who was subject to allegations. (2) Nature of meeting being arranged to be disclosed to attendees in advance of the meeting.	Home of client	
11089	25/10/2019	19/12/2019	39	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Communication/Information		No action plan	Fracture Clinic	
11089	25/10/2019	19/12/2019	39	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Waiting Times, Outpatient Departments		No action plan	Fracture Clinic	
11225	22/11/2019	19/12/2019	19	Early Years and Parenting	Banbridge Polyclinic	FIT Banbridge	Communication/Information		None	Banbridge HSSC	
11234	22/11/2019	20/12/2019	20	General Surgery	Craigavon Area Hospital	ENT Surgery	Waiting Times, Outpatient Departments		No action plan	ENT Clinic	
10938	24/09/2019	20/12/2019	63	General Surgery	Daisy Hill Hospital	General Surgery	Staff Attitude/Behaviour		No action plan	Female Surgical/Gynae	

10838	24/09/2019	20/12/2019	63	General Surgery	Daisy Hill Hospital	General Surgery	Quality of Treatment & Care	Personal Information redacted by the USI					No action plan	Female Surgical/Gynae	
11283	09/12/2019	23/12/2019	10	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Confidentiality						Guidelines of sending out letters reiterated to secretary.	Booking Centre	
11090	05/11/2019	23/12/2019	34	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Clinical Diagnosis						More checks to be carried out on PCA pumps.	Emergency Department CAH	
11253	02/12/2019	23/12/2019	15	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care					No Action Plan	N/A	Maternity Admissions/Assessment Unit	
11253	02/12/2019	23/12/2019	15	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Waiting Times, A&E Departments					No Action Plan	N/A	Emergency Department CAH	
11253	02/12/2019	23/12/2019	15	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care					No Action Plan	N/A	Maternity Admissions/Assessment Unit	
11253	02/12/2019	23/12/2019	15	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour					No Action Plan	N/A	Maternity Admissions/Assessment Unit	
11231	25/11/2019	23/12/2019	20	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour						No action plan	Antenatal Clinic	

11231	25/11/2019	23/12/2019	20	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI				No action plan	Antenatal Clinic	
10956	04/10/2019	23/12/2019	56	General Surgery	Craigavon Area Hospital	General Surgery	Quality of Treatment & Care					Staff reminded to not allow bedpans to accumulate.	4 North	
10956	04/10/2019	23/12/2019	56	General Surgery	Craigavon Area Hospital	General Surgery	Infection Control					Staff reminded to not allow bedpans to accumulate.	4 North	
11083	25/10/2019	24/12/2019	42	Early Years and Parenting	Community	FIT Lurgan	Communication/Information				N/A	None	Lurgan HSSC	
11269	04/12/2019	27/12/2019	15	General Surgery	Craigavon Area Hospital	General Surgery	Professional Assessment of Need					No action plan	ENT Clinic	
11114	07/11/2019	30/12/2019	35	AHP's CYP Services	Community	Occupational Therapy CYP	Waiting Times, Community Services				None	None	Lurgan HSSC	
11146	07/11/2019	30/12/2019	35	Family Intervention Service	Community	FIT Armagh Rural	Communication/Information				None	None	Lisanelly House, Armagh	
11229	22/11/2019	30/12/2019	24	Family Intervention Service	South Tyrone Hospital	FIT Dungannon	Communication/Information				None	None	E Floor	
11260	02/12/2019	30/12/2019	18	Community Services for Adults with Physical Disability	Independent/Voluntary Sector Locations	Physical Disability Team A&D	Staff Attitude/Behaviour						Enable Care	

11260	02/12/2019	30/12/2019	18	Community Services for Adults with Physical Disability	Independent/Voluntary Sector Locations	Physical Disability Team A&D	Quality of Treatment & Care	Personal Information redacted by the USI						Enable Care	
11109	30/10/2019	31/12/2019	42	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	Anaesthetics	Staff Attitude/Behaviour						No action plan	Theatres 1-4 CAH	
11303	13/12/2019	31/12/2019	10	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour						Ward Sister has fed back to staff to be mindful of women's individual needs.	2 West Maternity Post Natal	
11041	11/10/2019	31/12/2019	55	General Medicine	Daisy Hill Hospital	General Medicine	Communication/Information						Emergency Department nursing staff to be reminded to offer food to patients who have been waiting a long time.	Emergency Department DHH	
11041	11/10/2019	31/12/2019	55	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care						Emergency Department nursing staff to be reminded to offer food to patients who have been waiting a long time.	Emergency Department DHH	

ID	Type Of Complaint	First received	Closed	Reopened	Date Reopened Complaint Closed	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome code	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	SAI	Decided ? (Personal)	Use of Layers on Yes or No		
11456	Formal HSC Complaint	30/01/2020	01/04/2020			43	Mental Health and Disability	Primary Mental Health Care Services	Community	Primary Mental Health Care Team C&B Locality	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	n/a	Portadown HSC	Portadown HSC	Closed		0	N	N	
11552	Formal HSC Complaint	19/02/2020	01/04/2020			29	Mental Health and Disability	Primary Mental Health Care Services	Community	Primary Mental Health Care Team C&B Locality	Communication/Information	Personal Information redacted by the USI	Resolved			n/a	Trasna House, Lurgan	Trasna Centre, Lurgan	Closed		0	N	N	
11460	Formal HSC Complaint	31/01/2020	01/04/2020			42	Mental Health and Disability	Support and Recovery Services	Community	Autistic SD Services (Adult)	Waiting List, Delay/Cancellation Outpatient Appointment	Personal Information redacted by the USI	Resolved			n/a	Home of client	Home of client	Closed		0	N	N	
11574	Formal HSC Complaint	12/03/2020	01/04/2020			13	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI	Resolved			Complication will be highlighted at the monthly disciplinary meeting for ED staff.	Emergency Department DHH	Emergency Department DHH	Closed			N		N
11639	Formal HSC Complaint	09/03/2020	03/04/2020			18	Mental Health and Disability	Learning Disability Community Services	Community	Learning Disability Team Armagh & Dungannon	Communication/Information	Personal Information redacted by the USI	Resolved			n/a	Home of client	Home of client	Closed		0	N	N	
11159	Formal HSC Complaint	24/10/2019	03/04/2020			112	Mental Health and Disability	Learning Disability Daycare Services	Community	Day Centres	Quality of Treatment & Care	Personal Information redacted by the USI	Ombudsman			n/a	Personal Information redacted by the USI	Personal Information redacted by the USI	Ombudsman		0	N	N	
11401	Formal HSC Complaint	21/01/2020	06/04/2020	NA	NA	53	Older People and Primary Care	Occupational Therapy	Community	Community Equipment Stores	Professional Assessment of Need	Personal Information redacted by the USI	Resolved			No lessons learned.	Community Stores	Community Stores	Closed		0	N	No	
11441	Formal HSC Complaint	31/01/2020	06/04/2020	NA	NA	45	Older People and Primary Care	Integrated Care Team	Community	Armagh	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved			No lessons learned.	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed		0	Y	No	
11737	Formal HSC Complaint	06/04/2020	07/04/2020			1	Acute Services	Diagnostic Services	Craigavon Area Hospital	Mammography	Waiting List, Delay/Cancellation Outpatient Appointment	Personal Information redacted by the USI	Resolved					Breast Screening Unit	Breast Screening Unit	Local resolution			N	
11664	Formal HSC Complaint	06/04/2020	07/04/2020			1	Acute Services	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital	Personal Information redacted by the USI	Resolved					Orthopaedic Clinic	Orthopaedic Clinic	Closed	N		N	N
11632	Formal HSC Complaint	06/03/2020	07/04/2020			21	Children and Young Peoples Services	CAMHS	South Tyrone Hospital	CAMHS ASD Locality Team	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	None		E Floor	E Floor	Closed	N	0	N	N		
11654	Formal HSC Complaint	09/03/2020	07/04/2020	16/04/2020	23/04/2020	20	Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team C/B	Communication/Information	Personal Information redacted by the USI	Resolved	None		Bocombra Lodge	Bocombra Childrens Centre	Closed		0	N	N		

ID	Type Of Complaint	First received	Closed	Reopened	Date Reopened Complaint Closed	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome code	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	SAI	Decided 7 (Persons)	Use of Layers on Yes or No
11543	Formal HSC Complaint	17/02/2020	07/04/2020	NA	NA	35	Older People and Primary Care	Integrated Care Team	Community	South Down	Communication	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	No lessons learned.	Home of client	Home of client	Closed		0	Y	No
11769	Formal HSC Complaint	09/04/2020	10/04/2020			1	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour	Complaint withdrawn				Emergency Department CAH	Emergency Department CAH	Closed	N		N	
11763	Formal HSC Complaint	31/03/2020	15/04/2020			9	Children and Young Peoples Services	Residential Care	Community	Short Term Residential Homes	Staff Attitude/Behaviour	Resolved			None	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	N	0	N	N
11488	Formal HSC Complaint	07/02/2020	17/04/2020			47	Mental Health and Disability	Memory Services	Community	Memory Service CAB Locality	Professional Assessment of Need	Resolved			None	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed		0	N	N
11067	Formal HSC Complaint	21/10/2019	17/04/2020			123	Children and Young Peoples Services	Family Intervention Service	Craigavon Area Hospital	Gateway Team CAB	Communication/Information	Resolved				Brownlow HSC, Legahorry Centre	Brownlow HSC, Legahorry Centre	Closed		0	N	N
11521	Formal HSC Complaint	12/02/2020	20/04/2020			45	Mental Health and Disability	Community Services for Adults with Physical Disability	Independent/Voluntary Sector Locations	Physical Disability Team N&M	Quality of Treatment & Care	Closed - other reasons				Cornewood PNH	Cornewood PNH	Closed		0	N	N
11774	Formal HSC Complaint	17/04/2020	20/04/2020			1	Children and Young Peoples Services	Family Intervention Service	Community	FIT Armagh Urban	Staff Attitude/Behaviour	Resolved				Lisnally House, Armagh	Lisnally House, Armagh	Closed		0	N	N
11049	Formal HSC Complaint	10/03/2020	20/04/2020	NA	NA	26	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	Armagh	Waiting Times, Community Services	Resolved			No lessons learned.	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed		0	N	No
11719	Formal HSC Complaint	31/03/2020	20/04/2020	NA	NA	12	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	Armagh	Environmental	Resolved		No lessons learned.	Home of client	Home of client	Closed		0	N	No	
11670	Formal HSC Complaint	16/03/2020	22/04/2020			24	Children and Young Peoples Services	CAMHS	St Lukes Hospital	Autism Intervention Team	Waiting Times, Community Services	Resolved		None		The Oaks	The Oaks	Closed		0	N	N

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11535	Formal HSC Complaint	13/02/2020	27/04/2020			49	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI			Maternity Admissions Assessment Unit	Day Obstetric Unit	Closed		N					
11600	Formal HSC Complaint	18/03/2020	27/04/2020			26	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour		resolved				Emergency Department DHH	2 South Medical	Closed	N		N				
11793	Formal HSC Complaint	10/04/2020	27/04/2020			9	Children and Young Peoples Services	Residential Care	Community	Short Term Residential Homes	Staff Attitude/Behaviour		resolved				None		Cedar Grove Residential Home, Newry	Cedar Grove Residential Home, Newry	Closed	N	0	N	N	
11559	Formal HSC Complaint	17/02/2020	27/04/2020			47	Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Clinical Diagnosis		resolved				None			Paediatric Ward	Paediatric Ward	Closed	0	N	N	
11638	Formal HSC Complaint	09/03/2020	27/04/2020			32	Children and Young Peoples Services	AHPs CYP Services	Daisy Hill Hospital	Physio Team CYP	Communication/Information		resolved				None			John Mitchell Place, HSSC	John Mitchell Place, HSSC	Closed		0	N	N
11794	Formal HSC Complaint	17/04/2020	27/04/2020			6	Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team C&B	Communication/Information		resolved				None			Lisanelly House, Armagh	Lisanelly House, Armagh	Closed		0	N	N
11772	Formal HSC Complaint	09/04/2020	27/04/2020	NA	NA	10	Older People and Primary Care	GP OOH/MU	Community	GP Out of Hours	Staff Attitude/Behaviour		resolved				No lessons learned.			SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon	Closed		0	N	No
11135	Formal HSC Complaint	05/11/2019	28/04/2020			119	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour		resolved							2 West Maternity Post Natal	2 West Maternity Post Natal	Closed			N	
11164	Formal HSC Complaint	08/11/2019	29/04/2020			117	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour		resolved							Delivery Suite, CAH	Delivery Suite, CAH	Closed		N	N	
11340	Formal HSC Complaint	31/12/2019	04/05/2020			85	Children and Young Peoples Services	Acute Paediatric Services	Daisy Hill Hospital	Paediatrics	Communication/Information		resolved					The service has identified learning from this feedback which will be shared with all relevant staff in relation to how communication occurs in times of anxiety or stress. The service recognises the importance of effective communication with parents and will endeavour to ensure that communication is clear and specific at critical times, and at the same time respecting the concerns of parents.		Paediatric Ward	Paediatric Ward	Closed		0	N	N
11474	Formal HSC Complaint	04/02/2020	04/05/2020			61	Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Communication/Information		resolved				None			Paediatric Ward	Paediatric Ward	Closed		0	N	N
11494	Formal HSC Complaint	07/02/2020	04/05/2020			58	Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Quality of Treatment & Care		resolved				None			Paediatric Ward	Paediatric Ward	Closed		0	N	N
11696	Formal HSC Complaint	23/03/2020	06/05/2020			30	Mental Health and Disability	Memory Services	Community	Memory Service C&B Locality	Quality of Treatment & Care		resolved				None			Home of client	Home of client	Closed		0	N	N
11560	Formal HSC Complaint	27/02/2020	06/05/2020	16/06/2020	29/07/2020	46	Children and Young Peoples Services	Family Intervention Service	Community	Newry Gateway	Communication/Information		resolved				None			Dromalane House, Newry	Dromalane House, Newry	Closed		0	N	N
11590	Formal HSC Complaint	28/04/2020	12/05/2020	22/05/2020	10/06/2020	9	Children and Young Peoples Services	AHPs CYP Services	Craigavon Area Hospital	Occupational Therapy CYP	Aids/Adaptions/Appiances		resolved				None			Portadown HSSC	Portadown HSSC	Closed		0	N	N
11807	Formal HSC Complaint	12/05/2020	12/05/2020	18/05/2020	22/06/2020	0	Children and Young Peoples Services	Family Intervention Service	Community	Gateway Team C&B	Professional Assessment of Need		resolved				None			Brownlow HSSC, Legaghory Centre	Brownlow HSSC, Legaghory Centre	Closed		0	N	N
11630	Formal HSC Complaint	11/03/2020	12/05/2020			40	Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Waiting Times, Outpatient Departments		resolved				None			Paediatric Ward	Paediatric Ward	Closed		0	N	N

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11822	Formal HSC Complaint	27/04/2020	14/05/2020			12	Mental Health and Disability	Community Services for Adults with Physical Disability	Community	Physical Disability Team A&D	Staff Attitude/Behaviour	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI		None	Home of client	Home of client	Closed		0	N	N
11418	Formal HSC Complaint	06/02/2020	14/05/2020			66	Children and Young Peoples Services	Family Intervention Service	Community	FIT Banbridge	Staff Attitude/Behaviour		resolved		None	Banbridge HSSC	Banbridge HSSC	Closed		0	N	N	
11838	Formal HSC Complaint	08/04/2020	14/05/2020			23	Children and Young Peoples Services	Community Paediatric Service	Craigavon Area Hospital	Community Paediatrics C&B	Professional Assessment of Need		resolved		None	Portadown HSSC	Portadown HSSC	Closed		0	N	N	
11647	Formal HSC Complaint	09/03/2020	15/05/2020	NA	NA	45	Older People and Primary Care	Domiciliary Care	Community	Domiciliary Care C/B	Environmental		resolved		Learning brought to next team meeting for discussion around 'near miss' incidents.	Home of client	Home of client	Closed		0	N	No	
11443	Formal HSC Complaint	28/01/2020	18/05/2020			75	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care		resolved			General Male Medical,		Closed		Y		Y	
11650	Formal HSC Complaint	10/03/2020	18/05/2020			45	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care		resolved			Female Medical		Closed		N			
11341	Formal HSC Complaint	30/12/2019	19/05/2020	06/08/2020		96	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care		resolved			Female Medical	Female Medical	Closed		N		N	
11858	Formal HSC Complaint	13/05/2020	20/05/2020			5	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Environmental		resolved			Fracture Clinic	Fracture Clinic	Closed		N		N	
11601	Formal HSC Complaint	27/02/2020	20/05/2020	01/07/2020	09/07/2020	55	Children and Young Peoples Services	CAMHS	Community	CAMHS A&D Locality Team	Clinical Diagnosis		resolved		None	Russel Drive, Lurgan	Russel Drive, Lurgan	Closed		0	N	N	
11694	Formal HSC Complaint	23/03/2020	21/05/2020			40	Mental Health and Disability	Primary Mental Health Care Services	Community	Well Mind Hubs	Waiting List, Delay/Cancellation Community Based Appointments		resolved		None	Home of client	Home of client	Closed		0	N	N	
11481	Formal HSC Complaint	04/02/2020	22/05/2020			74	Children and Young Peoples Services	Family Intervention Service	Community	Newry Gateway	Communication/Information		resolved		Learning identified: 1. Social Work staff will be reminded of the importance of ensuring that records reflect the context of the risk identified. 2. The tools within the Signs of Safety model may not be effective for all children and their use should be considered on a case by case basis. Plan to raise via staff training. 3. Staff will be reminded in training about the importance of assessing where the service user is within the continuum of recovery to inform management.	Dromalane House, Newry	Dromalane House, Newry	Closed		0	N	N	
11877	Formal HSC Complaint	19/05/2020	22/05/2020			3	Children and Young Peoples Services	16+ Leaving and After Care Services	Community	16+ C/B	Communication/Information		resolved		None	Lisnally House, Armagh	Lisnally House, Armagh	Closed		0	N	N	
11891	Formal HSC Complaint	20/03/2020	26/05/2020			43	Mental Health and Disability	Acute Mental Health Services	Daisy Hill Hospital	Psychology Department	Confidentially		resolved		None	Emergency Department DHH	Emergency Department DHH	Closed		0	N	N	
11653	Formal HSC Complaint	10/03/2020	26/05/2020	29/06/2020		50	Acute Services	TRALUMA	Craigavon Area Hospital	Trauma and Orthopaedics	Records/Record Keeping		resolved			Orthopaedic Clinic	Orthopaedic Clinic	Closed		N			
11149	Formal HSC Complaint	15/11/2019	26/05/2020			129	Children and Young Peoples Services	Family Intervention Service	Craigavon Area Hospital	Gateway Team C&B	Communication/Information		resolved		None	Brownlow HSSC, Legahorry Centre	Brownlow HSSC, Legahorry Centre	Closed		0	N	N	
11852	Formal HSC Complaint	11/05/2020	27/05/2020	NA	NA	11	Older People and Primary Care	Integrated Care Team	Community	Armagh	Discharge/Transfer Arrangements	resolved	No lessons learned.	Home of client	Home of client	Closed		0	N	No			

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11855	Formal HSC Complaint	13/05/2020	27/05/2020	08/06/2020	26/06/2020		9	Older People and Primary Care	GP OOHMIU	Community	GP Out of Hours	Access to Premises	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI		0 lessons learned.	SAUCS (GP/CH) Kilkeel	SAUCS (GP/CH) Kilkeel	Closed		0	N	No
11489	Formal HSC Complaint	17/02/2020	28/05/2020	24/04/2020	28/05/2020		68	Mental Health and Disability	Acute Mental Health Services	Daisy Hill Hospital	Home Treatment / Crisis Response Team ASD	Quality of Treatment & Care	Resolved	a			Psychiatry Clinic	Psychiatry Clinic	Closed		0	N	N	
11702	Formal HSC Complaint	24/03/2020	29/05/2020				44	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Staff Attitude/Behaviour	Closed - other reasons				General Male Medical	General Male Medical	Closed		N		N	
11803	Formal HSC Complaint	22/04/2020	29/05/2020				25	Acute Services	Cardiac Services	Craigavon Area Hospital	Dermatology	Quality of Treatment & Care	Closed - other reasons				Dermatology Clinic	Dermatology Clinic	Closed				N	N
11585	Formal HSC Complaint	26/02/2020	01/06/2020				63	Acute Services	Anaesthetic s, Theatres and IC Services	Daisy Hill Hospital	Day Procedure/ Surgery	Quality of Treatment & Care	Closed - other reasons				Day Procedure Unit DHH	Day Procedure Unit DHH	Closed		N		N	N
11862	Formal HSC Complaint	13/05/2020	02/06/2020				13	Acute Services	Locality Support Services (C&B)	Craigavon Area Hospital	Switchboard (C/B)	Staff Attitude/Behaviour	Closed - other reasons				Switchboard	Switchboard	Closed		N		N	N
11484	Formal HSC Complaint	04/02/2020	02/06/2020				80	Acute Services	General Surgery	Craigavon Area Hospital	General Surgery	Staff Attitude/Behaviour	Closed - other reasons				Gastroenterology Clinic	Gastroenterology Clinic	Closed		N		N	N
11701	Formal HSC Complaint	24/03/2020	02/06/2020	NA	NA		46	Older People and Primary Care	Integrated Care Team	Community	Portadown	Staff Attitude/Behaviour	Resolved				0 lessons learned.	Portadown HSC	Portadown HSC	Closed		0	N	No
11777	Formal HSC Complaint	15/05/2020	02/06/2020	09/06/2020	29/06/2020		11	Older People and Primary Care	Domiciliary Care	Community	Domiciliary Care A/D	Quantity of Treatment & Care	Resolved				0 lessons learned.	Home of client	Home of client	Closed		0	N	No
11847	Formal HSC Complaint	11/05/2020	03/06/2020				16	Performance and Reform	Information Governance	Community	Information Governance	Records/Record Keeping	Resolved	a				Femdale	Femdale	Closed		0	N	N
11555	Formal HSC Complaint	17/02/2020	03/06/2020				72	Acute Services	Emergency Department Services	South Tyrone Hospital	Minor Injuries Unit	Clinical Diagnosis	Resolved			Minor Injuries Unit	X-ray Dept (Radiology)	Closed			N			
11903	Formal HSC Complaint	27/05/2020	03/06/2020				5	Children and Young Peoples Services	Early Years and Parenting	South Tyrone Hospital	Court Childrens Service	Quality of Treatment & Care	Complaint withdrawn	one		E Floor	E Floor	Closed		N	0	N	N	
11884	Formal HSC Complaint	20/05/2020	04/06/2020	08/06/2020	23/06/2020		10	Children and Young Peoples Services	Acute Paediatric Services	South Tyrone Hospital	Paediatrics	Communication/Information	Resolved	one		Paediatric Outpatient Clinic	Paediatric Outpatient Clinic	Closed		0	N	N		
11680	Formal HSC Complaint	18/03/2020	05/06/2020				53	Acute Services	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour	Closed - other reasons			Maternity Ward	Maternity Ward	Closed		N		N		
11624	Formal HSC Complaint	04/03/2020	05/06/2020				62	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Quality of Treatment & Care	Closed - other reasons			1 East MaternityGynaee	1 East MaternityGynaee	Closed		N		N		
11597	Formal HSC Complaint	26/02/2020	05/06/2020				67	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Records/Record Keeping	Closed - other reasons			Emergency Department CAH	Emergency Department CAH	Closed		N		N		

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11505	Formal HSC Complaint	06/02/2020	05/06/2020			81	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Discharge/Transfer Arrangements	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI			Discharge Lounge CAH	Discharge Lounge CAH	Closed	N	N	
11913	Formal HSC Complaint	27/04/2020	05/06/2020			27	Acute Services	Cardiac Services	Craigavon Area Hospital	Cardiology	Communication/Information		Closed - other reasons				1 North Cardiology	1 North Cardiology	Closed	N	Y	N
11732	Formal HSC Complaint	02/04/2020	08/06/2020			43	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour		Closed - other reasons				Delivery Suite, CAH	Delivery Suite, CAH	Closed	N	N	Y
10901	Formal HSC Complaint	13/01/2020	06/06/2020	19/02/2020		100	Acute Services	Diagnostic Services	Craigavon Area Hospital	Imaging - Ultrasound	Communication/Information		Closed - other reasons			None	X-ray Dept (Radiology)	X-ray Dept (Radiology)	Closed	N	N	
11791	Formal HSC Complaint	17/04/2020	08/06/2020	NA	NA	34	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	Armagh	Professional Assessment of Need		Resolved			No lessons learned.	Hockley Lodge and Mews Nursing Home	Hockley Lodge and Mews Nursing Home	Closed	N	0 N	No
11851	Formal HSC Complaint	11/05/2020	08/06/2020	NA	NA	19	Older People and Primary Care	Patient Services (non acute hospitals)	South Tyrone Hospital	Care of the Elderly Services - Stroke Rehabilitation	Property/Expenses/Finances		Resolved			No lessons learned.	Ward 1, Assessment & Rehabilitation	Ward 1, Assessment & Rehabilitation	Closed	0 N	N	No
11887	Formal HSC Complaint	20/05/2020	08/06/2020	NA	NA	12	Older People and Primary Care	Integrated Care Team	Community	Armagh	Quantity of Treatment & Care		Resolved			No lessons learned.	Home of client	Home of client	Closed	0 N	N	No
11892	Formal HSC Complaint	26/05/2020	08/06/2020	NA	NA	9	Older People and Primary Care	Integrated Care Team	Community	Armagh	Quality of Treatment & Care		Resolved			No lessons learned.	Home of client	Home of client	Closed	0 N	N	No
11900	Formal HSC Complaint	27/05/2020	08/06/2020	NA	NA	8	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	Armagh	Staff Attitude/Behaviour		Resolved			No lessons learned.	Per se	Per se	Closed	0 N	N	No
11688	Formal HSC Complaint	19/03/2020	09/06/2020	19/06/2020		54	Acute Services	Diagnostic Services	Craigavon Area Hospital	Imaging - All other	Communication/Information		Resolved				X-ray Dept (Radiology)	X-ray Dept (Radiology)	Further resolution (re-opened)	N	N	N

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11875	Formal HSC Complaint	18/05/2020	09/06/2020	NA	NA		15 Older People and Primary Care	GP OOHMIU	Daisy Hill Hospital	GP Out of Hours	Staff Attitude/Behaviour	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	No lessons learned.	SAUCS (GPOOH) Newry	SAUCS (GPOOH) Newry	Closed		0	N	No			
11925	Formal HSC Complaint	04/06/2020	09/06/2020	10/06/2020	26/06/2020		3 Older People and Primary Care	Integrated Care Team	Community	Portadown	Aids/Adaptions/Appiances	resolved	No lessons learned.			Home of client	Home of client	Local resolution		0	N	No				
11914	Formal HSC Complaint	01/06/2020	10/06/2020				7 Children and Young Peoples Services	Family Intervention Service	Craigavon Area Hospital	FIT Portadown	Communication/Information	Closed - their reasons	None			Portadown HSC	Portadown HSC	Closed		0	N	N				
11658	Formal HSC Complaint	23/03/2020	10/06/2020				53 Children and Young Peoples Services	Family Intervention Service	Community	South Armagh FIT only	Communication/Information	resolved	None			Lisanelly House, Armagh	Lisanelly House, Armagh	Closed		0	N	N				
11864	Formal HSC Complaint	12/05/2020	11/06/2020				21 Children and Young Peoples Services	Family Intervention Service	Lurgan Hospital	FIT Lurgan	Confidentially	resolved	None			Lurgan HSC	Lurgan HSC	Closed		0	N	N				
11863	Formal HSC Complaint	12/05/2020	11/06/2020				21 Children and Young Peoples Services	Family Intervention Service	Lurgan Hospital	FIT Lurgan	Communication/Information	resolved	None			Lurgan HSC	Lurgan HSC	Closed		0	N	N				
11832	Formal HSC Complaint	01/05/2020	15/06/2020				29 Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care	Closed - their reasons					3 North Medicine	3 North Medicine	Closed			N				
11920	Formal HSC Complaint	09/06/2020	15/06/2020				4 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Closed - their reasons					Early Pregnancy Problem Clinic	Early Pregnancy Problem Clinic	Closed			N		N		
11969	Formal HSC Complaint	15/06/2020	17/06/2020	17/07/2020	Ongoing investigation		2 Children and Young Peoples Services	Family Intervention Service	Community	FIT Armagh Urban	Communication/Information	resolved	None				Personal Information	Personal Information	Further resolution (re-opened)			N	0	N	N	
11880	Formal HSC Complaint	02/06/2020	22/06/2020				14 Acute Services	General Medicine	Daisy Hill Hospital	General Medicine		Closed - their reasons						Female Medical		Closed			N			
11530	Formal HSC Complaint	14/02/2020	22/06/2020				86 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour	resolved						2 West Maternity Post Natal	2 West Maternity Post Natal	Closed			N		N	
11860	Formal HSC Complaint	13/05/2020	22/06/2020	20/07/2020			27 Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Clinical Diagnosis							Emergency Department CAH	Emergency Department CAH	Further resolution (re-opened)			N			
11917	Formal HSC Complaint	29/05/2020	23/06/2020				17 Mental Health and Disability	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - BRONTE	Communication/Information	resolved					n/a	Bronte Ward	Bronte Ward	Closed			N	0	N	N
11663	Formal HSC Complaint	11/03/2020	23/06/2020				69 Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care								Emergency Department CAH	Emergency Department CAH	Closed			N		
11617	Formal HSC Complaint	03/03/2020	23/06/2020	14/07/2020			75 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Aids/Adaptions/Appiances								1 East Maternity/Gynaecology	1 East Maternity/Gynaecology	Investigation			N		N
11911	Formal HSC Complaint	29/05/2020	23/06/2020	09/07/2020	Ongoing investigation		17 Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Communication/Information	resolved			None		Paediatric Outpatient Clinic	Paediatric Outpatient Clinic	Further resolution (re-opened)			N	0	N	N	

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11830	Formal HSC Complaint	04/06/2020	23/06/2020	29/06/2020	31/07/2020	13	Children and Young Peoples Services	CAMHS	St Lukes Hospital	Autism Intervention Team	Communication/Information	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	A	None	The Oaks	The Oaks	Closed	0	N	N
11826	Formal HSC Complaint	05/03/2020	23/06/2020			73	Children and Young Peoples Services	Community Paediatric Service	Community	Community Paediatrics N&M	Communication/Information	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	A	None	John Mitchell Place, HSSC	John Mitchell Place, HSSC	Closed	0	N	N
11899	Formal HSC Complaint	27/05/2020	24/06/2020			20	Finance Procurement & Estates	Financial Services	Lurgan Hospital	Financial Services	Quality of Treatment & Care	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	a	n/a	Finance Dept	Finance Dept	Closed	0	N	N
11870	Formal HSC Complaint	16/06/2020	24/06/2020			6	Finance Procurement & Estates	Financial Services	Independent/Voluntary Sector Locations	Financial Services	Property/Empenses/Finances	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	a	n/a	Seapatrik Care Nursing Home	Seapatrik Care Nursing Home	Closed	0	N	N
11821	Formal HSC Complaint	02/06/2020	24/06/2020			16	Children and Young Peoples Services	AHPs CYP Services	Lurgan Hospital	Occupational Therapy CYP	Professional Assessment of Need	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	A	None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
11957	Formal HSC Complaint	11/06/2020	25/06/2020			10	Children and Young Peoples Services	CWD Services	Community	Children With Disability Team N&M	Professional Assessment of Need	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	A	None	Willow Grove - non trust	Willow Grove - non trust	Closed	0	N	N
11611	Formal HSC Complaint	03/03/2020	26/06/2020			78	Mental Health and Disability Support Services	Physical and Sensory Disability Support Services	Community	Day Care Community Access	Communication/Information	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	a	When email is used as a method communication ensure it is a generic email account in case staff go off unexpectedly.	Home of client	Home of client	Closed	0	N	N
11884	Formal HSC Complaint	19/06/2020	26/06/2020			5	Children and Young Peoples Services	CAMHS	Community	Autism Intervention Team	Professional Assessment of Need	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	A	None	Russel Drive, Lurgan	Russel Drive, Lurgan	Closed	0	N	N
11883	Formal HSC Complaint	20/05/2020	29/06/2020			27	Mental Health and Disability	Support and Recovery Services	Community	Support and Recovery Team C&B Locality	Communication/Information	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	a	n/a	Home of client	Home of client	Closed	0	N	N
11586	Formal HSC Complaint	26/02/2020	29/06/2020			83	Mental Health and Disability	Support and Recovery Services	St Lukes Hospital	Support and Recovery Team C&B Locality	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	a	n/a	Home of client	Home of client	Closed	0	N	N
11685	Formal HSC Complaint	19/03/2020	29/06/2020			68	Mental Health and Disability	Acute Mental Health Services	Community	Psychology Department	Environmental	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI	a	n/a	General Outpatients Treatment Room	General Outpatients Treatment Room	Closed	0	N	N
11885	Formal HSC Complaint	18/06/2020	29/06/2020			7	Acute Services	Cardiac Services	Craigavon Area Hospital	Cardiology	Quality of Treatment & Care	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI			1 North Cardiology	1 North Cardiology	Closed		N	N
												Personal Information redacted by the USI		Personal Information redacted by the USI					N		N	N

ID	Type Of Complaint	First received	Closed	Reopened	Date Reopened Complaint Closed	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome code	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	SAI	Decided ? (Personal)	Use of Laypers on Yes or No
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ID	Type Of Complaint	First received	Closed	Reopened	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Outcome code	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	SAI	Deceased? (Persons)	Layperson Yes or No
12043	Formal HSC Complaint	03/07/2020	22/07/2020			12 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care	Resolved			Maternity Admissions/Assessment Unit	Maternity Admissions/Assessment Unit	Closed	No SAI	No	No
12125	Formal HSC Complaint	18/07/2020	21/07/2020			3 Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Closed - other reasons			Emergency Department CAH	Emergency Department CAH	Closed	No SAI	No	No
12069	Formal HSC Complaint	07/07/2020	21/07/2020			9 Acute Services	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation, Outpatient Appointments	Resolved			General Surgery Clinic	General Surgery Clinic	Closed	No SAI	No	No
11602	Formal HSC Complaint	27/02/2020	01/07/2020			84 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Resolved			Delivery Suite, CAH	Delivery Suite, CAH	Closed	No SAI	No	No
12133	Formal HSC Complaint	22/07/2020	23/07/2020	30/07/2020		1 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care	Resolved			Delivery Suite, CAH	Delivery Suite, CAH	Further resolution (re-opened)	No SAI	No	No
12103	Formal HSC Complaint	03/07/2020	14/07/2020			6 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	other	Complaint withdrawn			1 East Maternity/Gynaecology	1 East Maternity/Gynaecology	Closed	No SAI	No	No
11971	Formal HSC Complaint	15/06/2020	02/07/2020	29/07/2020		13 Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need	Resolved			Emergency Department CAH	Emergency Department CAH	Closed	No SAI	No	No
11570	Formal HSC Complaint	20/02/2020	22/07/2020			103 Acute Services	General Surgery	Craigavon Area Hospital	Breast Surgery	Waiting List, Delay/Cancellation, Planned Admission to Hospital	Resolved			Breast Clinic	Breast Clinic	Closed	No SAI	No	No
11988	Formal HSC Complaint	19/06/2020	31/07/2020			29 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Staff Attitude/Behaviour	Resolved			Gynaecology Clinic	Gynaecology Clinic	Closed	No SAI	No	No
11636	Formal HSC Complaint	30/03/2020	27/07/2020			80 Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information	Resolved			1 South Medical	1 South Medical	Closed	No SAI	No	No
11779	Formal HSC Complaint	15/04/2020	22/07/2020			67 Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need	Resolved			Emergency Department CAH	Emergency Department CAH	Closed	No SAI	No	No
11692	Formal HSC Complaint	20/03/2020	16/07/2020			79 Acute Services	General Surgery	Craigavon Area Hospital	Urology	waiting list/delay/cancellation of outpatient appointments	Closed - other reasons	has had 2 appointments cancelled for urology and wants to know why as he is in pain	Patient advised all appointments were cancelled due to covid 19 and that consultants are now trying to facilitate the back log of patients, with only 2 clinics per week	UROLOGY	UROLOGY	Closed	No SAI	No	No
11645	Formal HSC Complaint	18/03/2020	29/07/2020			91 Acute Services	Anaesthetics, Theatres and IC Services	Craigavon Area Hospital	ICU	Quality of Treatment & Care	Resolved			ICU CAH	ICU CAH	Closed	No SAI	No	No
13080	Formal HSC Complaint	09/07/2020	21/07/2020			7 Acute Services	General Surgery	Craigavon Area Hospital	General Surgery	Waiting Times, Outpatient Department	Resolved			Gastroenterology Clinic	Gastroenterology Clinic	Closed	No SAI	No	No
11924	Formal HSC Complaint	19/06/2020	31/07/2020			26 Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Discharge/Transfer, Arrangements	Resolved			Emergency Department CAH	Emergency Department CAH	Closed	No SAI	No	No
11985	Formal HSC Complaint	18/06/2020	08/07/2020			14 Acute Services	Cardiac Services	Craigavon Area Hospital	Cardiology	Quality of Treatment & Care	Resolved			1 North Cardiology	1 North Cardiology	Closed	No SAI	No	No
11960	Formal HSC Complaint	10/06/2020	08/07/2020			20 Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care	Resolved			2 South Medical	2 South Medical	closed	No SAI	No	No
12039	Formal HSC Complaint	02/07/2020	07/07/2020			3 Acute Services	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Other	Resolved			Orthopaedic Ward	Orthopaedic Ward	Closed	No SAI	No	No
11854	Formal HSC Complaint	11/05/2020	17/07/2020			47 Acute Services	General Surgery	Craigavon Area Hospital	Urology	Clinical Diagnosis	Resolved	Mother concerned her son was not given the correct diagnoses when he attended ED at Craigavon Area Hospital leading him to suffer pain and surgery	Reply written by the inspecting doctor was issued explaining the protocol, and how guidelines needed to be followed due to covid-19	3 South	3 South	Closed	No SAI	No	No
11935	Formal HSC Complaint	29/05/2020	20/07/2020	25/08/2020		36 Children and Young Peoples Services	Family Intervention Service	Community	Gateway Team N&M	Staff Attitude/Behaviour	Resolved			NA	NA	Further resolution (re-opened)	No SAI	No	No
12007	Formal HSC Complaint	24/06/2020	15/07/2020			14 Children and Young Peoples Services	Acute Paediatric Services	Daisy Hill Hospital	Paediatrics	Professional Assessment of Need	Resolved			N/A	N/A	Closed	No SAI	No	No
12072	Formal HSC Complaint	08/07/2020	17/07/2020			6 Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Staff Attitude/Behaviour	Resolved			NA	NA	Closed	No SAI	No	No

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12116	Formal HSC Complaint	18/07/2020	29/07/2020			Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team C&B	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI		one	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	No SAI	No	No
12000	Formal HSC Complaint	01/07/2020	30/07/2020		20	Children and Young Peoples Services	CAMHS	St Lukes Hospital	Autism Intervention Team	Transport, Late or Non arrival/Journey Time		Resolved			one	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	No SAI	No	No
12064	Formal HSC Complaint	07/07/2020	29/07/2020		15	Children and Young Peoples Services	Residential Care	Community	Short Term Residential Homes	Quality of Treatment & Care		Resolved			one	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	No SAI	No	No
12092	Formal HSC Complaint	10/07/2020	29/07/2020		12	Children and Young Peoples Services	Family Intervention Service	Lurgan Hospital	FIT Lurgan	Communication/Information		Resolved			one	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	No SAI	No	No
12116	Formal HSC Complaint	20/07/2020	29/07/2020		7	Children and Young Peoples Services	Family Intervention Service	Lurgan Hospital	FIT Lurgan	Communication/Information		Resolved			one	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	No SAI	No	No
11876	Formal HSC Complaint	17/06/2020	08/07/2020		15	Children and Young Peoples Services	CWD Services	Lurgan Hospital	Children With Disability Team C&B	Communication/Information		Resolved			one	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	No SAI	No	No
11878	Formal HSC Complaint	19/05/2020	07/07/2020	05/08/2020	34	Children and Young Peoples Services	Family Intervention Service	Community	Gateway Team N&M	Communication/Information		Resolved			one	Personal Information redacted by the USI	Personal Information redacted by the USI	Further resolution (re-opened)	No SAI	No	No
12040	Formal HSC Complaint	08/07/2020	15/07/2020	05/08/2020	8	Children and Young Peoples Services	Family Intervention Service	Community	South Down FIT only	Communication/Information		Resolved			one	Dromalane Mill, Newry	Dromalane Mill, Newry	Further resolution (re-opened)	No SAI	No	No
11904	Formal HSC Complaint	01/07/2020	22/07/2020	27/07/2020	14	Children and Young Peoples Services	Family Intervention Service	South Tyrone Hospital	FIT Dungannon	Communication/Information		Resolved			one	E Floor	Lisanelly House, Armagh	Ombud	No SAI	No	No
11684	Formal HSC Complaint	19/03/2020	15/07/2020		75	Older People and Primary Care	Integrated Care Team	Community	Portladow	Quantity of Treatment & Care		Resolved			o lessons learned	Home of client	General Surgery Clinic	Closed	No SAI	Y	No
11864	Formal HSC Complaint	15/06/2020	15/07/2020	27/07/2020	21	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	Lurgan	Quantity of Treatment & Care		Resolved			The learning resulting from the investigation of your complaint has been shared with the care staff involved who are aware of the Trust standards of care required.	Leonard Cheshire Disability	Delivery Suite, CAH	Closed	No SAI	No	No

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11408	Formal HSC Complaint	07/02/2020	15/07/2020	24/07/2020	107	Older People and Primary Care	Domiciliary Care	Community	Domiciliary Care C/B	Quantity of Treatment Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI		There has been learning for the service in relation to how feedback is shared with family members.	Home of client	2 North Respiratory	Closed	No SAI	No	No
12018	Formal HSC Complaint	29/06/2020	07/07/2020		6	Older People and Primary Care	Integrated Care Team	Community	Armagh	Professionals Assessment of Need		Resolved			No lessons learned.	Home of client	Home of client	Local resolution	No SAI	No	No
11968	Formal HSC Complaint	15/06/2020	03/07/2020	09/07/2020	14	Older People and Primary Care	Independent Sector Care	Independent Sector Locations	Independent Sector Care	Quantity of Treatment Care		Ongoing			No lessons learned. 1	Personal Inform	Personal Inform	Further resolution (re-opened)	No SAI	Y	No
11633	Formal HSC Complaint	08/03/2020	15/07/2020		87	Mental Health and Disability	Learning Disability Community Services	Community	Learning Disability Team Craigavon and Banbridge	Communication/Information		Resolved		via	Home of client	2 North Respiratory	Closed	No SAI	No		
12016	Formal HSC Complaint	26/06/2020	02/07/2020		4	Mental Health and Disability	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - BRONITE	Quantity of Treatment Care		Resolved		via	Bronte Ward	Bronte Ward	Closed	No SAI	No	No	
11942	Formal HSC Complaint	08/06/2020	14/07/2020	05/08/2020	25	Mental Health and Disability	Memory Services	St Lukes Hospital	Dementia Assessment Unit	Discharge/transfer Arrangements		Ongoing		via	Gillis Memory Centre	Gillis Memory Centre	Further resolution (re-opened)	No SAI	No	No	
11487	Formal HSC Complaint	07/02/2020	28/07/2020	09/07/2020	116	Mental Health and Disability	Learning Disability Community Services	Community	Learning Disability Team Armagh & Dungannon	Quality of Treatment Care		Resolved		via	Home of client	Home of client	Closed	No SAI	No	No	
12057	Formal HSC Complaint	07/07/2020	21/07/2020		9	Mental Health and Disability	Learning Disability Community Services	Community	Learning Disability Team Armagh & Dungannon	Communication/Information		Resolved			Home of client	Home of client	Closed	No SAI	No	No	

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12181	Formal HSC Complaint	07/09/2020	29/09/2020	NA		16	Older People and Primary Care	Integrated Care Team	Community	Newry & South Armagh	Quantity of Treatment & Care	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Guidance is being reviewed and updated within the caseload management templates. Supervision and appraisal will be carried out and support provided to the DNS to allow time to reflect on how this can be avoided in the future to prevent any delays to treatment. Written process has been put in place to direct staff on receiving, accepting and allocating calls to ensure improved outcomes for our clients and families. This process has been shared with all managers within the service for implementation with all of our teams.	Home of client	Home of client	Closed		0	No	No
12100	Formal HSC Complaint	15/07/2020	01/09/2020	NA		33	Older People and Primary Care	Care Home Support Team	Independent/Voluntary Sector Locations	CB - Care Home Support Team	Policy/Commercial Decisions	Resolved			0 lessons learned.	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed		0	No	No
12220	Formal HSC Complaint	11/08/2020	30/09/2020	NA		35	Older People and Primary Care	GP Practices	Community	Bannview Medical Practice	Staff Attitude/Behaviour	Resolved			The practice manager is planning to carry out training with administrative staff to ensure that they correctly identify themselves on the telephone and try their utmost to help patients no matter what time they contact the practice. This could involve 'care navigation'. The practice is currently reviewing its systems and processes regarding appointments.	Bannview Medical Practice	Bannview Medical Practice	Closed		0	No	No
12329	Formal HSC Complaint	04/09/2020	30/09/2020	NA		18	Older People and Primary Care	Podiatry	Craigavon Area Hospital	Podiatry A/D	Professional Assessment of Need	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	0 lessons learned.	Booking Centre	Booking Centre	Closed		0	No	No
12075	Formal HSC Complaint	08/07/2020	04/09/2020	21/09/2020		40	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour				Emergency Department CAH	Emergency Department CAH	Closed		0			
12359	Formal HSC Complaint	11/09/2020	22/09/2020			7	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Confidentiality	Resolved			Non-Respiratory ED CAH	Non-Respiratory ED CAH	Closed		0		N	N
12163	Formal HSC Complaint	29/07/2020	22/09/2020	16/10/2020		38	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Clinical Diagnosis		Personal Information redacted by the USI	Personal Information redacted by the USI	ICU CAH	ICU CAH	Further resolution (re-opened)		0			
12281	Formal HSC Complaint	24/08/2020	22/09/2020	07/10/2020		20	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care				Importance of good attitude when dealing with patients	Non-Respiratory ED CAH	Non-Respiratory ED CAH	Further resolution (re-opened)		0		
12259	Formal HSC Complaint	19/08/2020	09/09/2020			14	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour	Resolved			Better communication to patient	Non-Respiratory ED CAH	Non-Respiratory ED CAH	Closed		0	N	N

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11866	Formal HSC Complaint	19/06/2020	21/09/2020		64	Acute Services	Emergency Department Services	Craigavon Area Hospital	non respiratory ED	Quality of Treatment & Care	Complainant alleges that Dr in ED who attempted to relocate his shoulder actually broke a bone in his shoulder.	Resolved	protocol explained			Non-Respiratory ED CAH	Non-Respiratory ED CAH	Closed		0	n	
12266	Formal HSC Complaint	20/08/2020	28/09/2020		26	Acute Services	General Surgery	Craigavon Area Hospital	Urology Surgery	Delay/Cancellation for Inpatients	member of trust staff awaiting bladder reconstruction surgery, postponed due to covid, is enquiring as to what progress has been made and if it would be better for her to be transferred to a Belfast consultant.	Resolved	this trust no longer provides the type of surgery this lady required and therefore a referral on her behalf has been made to the Belfast Trust			Outpatients	Urology Clinic	Closed		0	n	
12200	Formal HSC Complaint	07/08/2020	22/09/2020		31	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI	resolved	Personal Information redacted by the USI									
12276	Formal HSC Complaint	24/08/2020	03/09/2020		7	Acute Services	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Quality of Treatment & Care		lost - their reasons resolved										
12168	Formal HSC Complaint	06/08/2020	03/09/2020		19	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information												
12283	Formal HSC Complaint	25/08/2020	15/09/2020		14	Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Communication/Information		resolved	stool colour guide to be included in the new version of the parent held Child Health Record to assist future parents, improve awareness and the importance of detecting the absence of stool pigmentation.									
12332	Formal HSC Complaint	07/09/2020	28/09/2020		15	Children and Young Peoples Services	AHPs CYP Services	Banbridge Polyclinic	Speech and Language CYP	Communication/Information		resolved	one									
12268	Formal HSC Complaint	26/08/2020	23/09/2020		17	Children and Young Peoples Services	Public Health Nursing Service	Community	Health Visiting Team Newry 1	Staff Attitude/Behaviour		resolved	one									
12331	Formal HSC Complaint	04/09/2020	23/09/2020		13	Children and Young Peoples Services	Family Intervention Service	Community	Gateway Team N&M	Communication/Information		resolved	one									
12230	Formal HSC Complaint	13/08/2020	08/09/2020		17	Children and Young Peoples Services	AHPs CYP Services	Lurgan Hospital	Occupational Therapy CYP	Professional Assessment of Need		resolved	one									
12242	Formal HSC Complaint	14/08/2020	04/09/2020		14	Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team N&M	Communication/Information		resolved	one									
12286	Formal HSC Complaint	26/08/2020	04/09/2020		6	Children and Young Peoples Services	Community Nursing CYP Service	Lurgan Hospital	CCN Team C/A/D	Professional Assessment of Need		resolved	one									
12316	Formal HSC Complaint	01/09/2020	04/09/2020		3	Children and Young Peoples Services	Community Nursing CYP Service	Community	CCN Team C/A/D	Access to Premises		resolved	one									
11980	Formal HSC Complaint	16/06/2020	08/09/2020		56	Children and Young Peoples Services	Family Intervention Service	South Tyrone Hospital	FIT Dungannon	Communication/Information		resolved	one									
12369	Formal HSC Complaint	09/09/2020	11/09/2020		2	Children and Young Peoples Services	Acute Paediatric Services	Community	Paediatrics	Other		resolved	one									
12234	Formal HSC Complaint	13/08/2020	07/09/2020		16	Children and Young Peoples Services	Family Intervention Service	Community	FIT Newry	Staff Attitude/Behaviour		resolved	one									
12219	Formal HSC Complaint	11/08/2020	07/09/2020		18	Children and Young Peoples Services	Family Intervention Service	Craigavon Area Hospital	FIT Portadown	Communication/Information		resolved	one									
12289	Formal HSC Complaint	26/08/2020	17/09/2020		15	Mental Health and Disability	LD Supported Living Services and Trust LD Residential Homes	Community	Supported Living Facilities	Communication/Information		redirected	Personal Information redacted by the USI									
12378	Formal HSC Complaint	16/09/2020	19/09/2020		2	Mental Health and Disability	Acute Mental Health Services	Craigavon Area Hospital	Psychiatric Inpatient Services - CLOUGHMORE	Communication/Information		consent of resolved	Cloughmore Ward									
12218	Formal HSC Complaint	11/08/2020	04/09/2020	10/09/2020	17	Mental Health and Disability	Physical and Sensory Disability Support Services	Independent/Voluntary Sector Locations	Physical Disability Team N&M	Communication/Information		resolved	Care Home									
12170	Formal HSC Complaint	30/07/2020	03/09/2020		24	Mental Health and Disability	Acute Mental Health Services	Craigavon Area Hospital	Primary Mental Health Care Team C&B Locality	Communication/Information		lost - their reasons	Bluestone Day Hospital									

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12736	Formal HSC Complaint	25/11/2020	01/12/2020	no		4	Acute Services	General Surgery	Craigavon Area Hospital	Urology Surgery	Quality of Treatment & Care		Patient received surgery in 2009, she had a full hysterectomy after surgery developed a pain in side, GP prescribed pain killers, patient then diagnosed with MS she underwent a full MRI was advised she was being referred back to GP has she had a problem with her kidneys, seen a doctor who performed investigative surgery, he advised when hysterectomy was performed a stent should have been put in place but this did not happen this causes kidney to swell 4 times the size of a normal kidney, surgery performed in 2013 to remove kidney, because of patient's MS she is required to be on certain medication which she cannot take because she only has one kidney.	closed	OUT OF TIME. LETTER TO PATIENT.	no action	no lessons to be learned	Urology Clinic	Urology Clinic	Closed	0	n	n	
12614	Formal HSC Complaint	04/11/2020	02/12/2020	no		20	Acute Services	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital	Personal Information redacted by the USI	Personal Information redacted by the USI											
12723	Formal HSC Complaint	30/11/2020	02/12/2020	no		2	Acute Services	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Quality of Treatment & Care			none required	Orthopaedic Clinic	Orthopaedic Ward	Closed	0	n	n				
12716	Formal HSC Complaint	30/11/2020	03/12/2020	N/A		3	Older People and Primary Care	GP OOH/IMU	Community	GP Out of Hours	Quality of Treatment & Care	Complaint withdrawn		No lessons learned.	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon	Closed	0	N	n	N			
12716	Formal HSC Complaint	30/11/2020	03/12/2020	N/A		3	Older People and Primary Care	GP OOH/IMU	Community	GP Out of Hours	Communication/Information	Complaint withdrawn		No lessons learned.	SAUCS (GPOOH) Craigavon	SAUCS (GPOOH) Craigavon	Closed	0	N	n	N			
12625	Formal HSC Complaint	10/11/2020	04/12/2020	no		18	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Communication/Information	closed		the process of discharging patients needs to be looked at in relation to better communication between the ward and social work team to ensure all care agencies are informed of confirmed discharges.	General Male Medical,	General Male Medical,	Closed	0	n	n				

12625	Formal HSC Complaint	10/11/2020	04/12/2020	no	16	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Discharge/Transfer Arrangements	Personal Information redacted by the USI	closed	the process of discharging patients needs to be looked at in relation to better communication between the ward and social work team to ensure all care agencies are informed of confirmed discharges.	General Male Medical,	General Male Medical,	closed	0	n	n
12496	Formal HSC Complaint	22/10/2020	08/12/2020	no	33	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI	closed	Communication to the patient needed to be better in relation to treatment she was receiving. Staff attitude to be monitored in relation to bedside manner.	Non-Respiratory ED CAH	Non-Respiratory ED CAH	Closed	0	n	n
12496	Formal HSC Complaint	22/10/2020	08/12/2020	no	33	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI	closed	Communication to the patient needed to be better in relation to treatment she was receiving. Staff attitude to be monitored in relation to bedside manner.	Non-Respiratory ED CAH	Non-Respiratory ED CAH	closed	0	n	n
12571	Formal HSC Complaint	29/10/2020	08/12/2020	no	28	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI	closed	no learning	Emergency Department CAH	Emergency Department CAH	Closed	0	n	n
12669	Formal HSC Complaint	18/11/2020	08/12/2020	no	14	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment & Care	Personal Information redacted by the USI	closed	To be more empathetic when treating patients and be mindful of their needs and pain.	Emergency Department DHH	Emergency Department DHH	Closed	0	n	n
12669	Formal HSC Complaint	18/11/2020	08/12/2020	no	14	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Staff Attitude/Behaviour	Personal Information redacted by the USI	closed	To be more empathetic when treating patients and be mindful of their needs and pain.	Emergency Department DHH	Emergency Department DHH	closed	0	n	n
12669	Formal HSC Complaint	18/11/2020	08/12/2020	no	14	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Staff Attitude/Behaviour	Personal Information redacted by the USI	closed	To be more empathetic when treating patients and be mindful of their needs and pain.	Emergency Department DHH	Emergency Department DHH	closed	0	n	n

12525	Formal HSC Complaint	19/10/2020	10/12/2020	N/A	38 Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Paediatric Ward	Paediatric Ward	Closed	0	N	N
12525	Formal HSC Complaint	19/10/2020	10/12/2020	N/A	38 Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Confidentiality	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Paediatric Ward	Paediatric Ward	Closed	0	N	N
12650	Formal HSC Complaint	13/11/2020	10/12/2020	N/A	19 Children and Young Peoples Services	Looked After Children Services	Community	Central LAC Team	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Lisnally House, Armagh	Lisnally House, Armagh	Closed	0	N	N
12650	Formal HSC Complaint	13/11/2020	10/12/2020	N/A	19 Children and Young Peoples Services	Looked After Children Services	Community	Central LAC Team	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Lisnally House, Armagh	Lisnally House, Armagh	Closed	0	N	N
12619	Formal HSC Complaint	05/11/2020	10/12/2020	N/A	25 Children and Young Peoples Services	Community Paediatric Service	Daisy Hill Hospital	Admin and Clerical	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Paediatric Ward	Paediatric Ward	Closed	0	N	N
12619	Formal HSC Complaint	05/11/2020	10/12/2020	N/A	25 Children and Young Peoples Services	Community Paediatric Service	Daisy Hill Hospital	Admin and Clerical	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Paediatric Ward	Paediatric Ward	Closed	0	N	N
12772	Formal HSC Complaint	14/12/2020	14/12/2020	N/A	0 Older People and Primary Care	Day Care Services	Community	Day Care	Policy/Commercial Decisions	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	No lessons learned	Clogher Valley Health & Day Centre	Clogher Valley Health & Day Centre	Closed	0	N	N

12707	Formal HSC Complaint	26/11/2020	15/12/2020	N/A	13 Children and Young Peoples Services	CAMHS	Craigavon Area Hospital	CAMHS CAB Locality Team	Professional Assessment of Need	Personal Information redacted by the USI	Resolved	None	Bocombra Lodge	Bocombra Lodge	Closed	0	N	N
12707	Formal HSC Complaint	26/11/2020	15/12/2020	N/A	13 Children and Young Peoples Services	CAMHS	Craigavon Area Hospital	CAMHS CAB Locality Team	Communication/Information	Personal Information redacted by the USI	Resolved	None	Bocombra Lodge	Bocombra Lodge	Closed	0	N	N
12589	Formal HSC Complaint	03/11/2020	16/12/2020	N/A	31 Children and Young Peoples Services	Family Intervention Service	Community	Gateway Team N&M	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	None	Dromalane House, Newry	Dromalane House, Newry	Closed	0	N	N
12589	Formal HSC Complaint	03/11/2020	16/12/2020	N/A	31 Children and Young Peoples Services	Family Intervention Service	Community	Gateway Team N&M	Communication/Information	Personal Information redacted by the USI	Resolved	None	Dromalane House, Newry	Dromalane House, Newry	Closed	0	N	N
12598	Formal HSC Complaint	24/11/2020	16/12/2020	no	16 Acute Services	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI	Closed	no lessons to be learned	Maternity Ward	Maternity Ward	Closed	0	n	n
12705	Formal HSC Complaint	26/11/2020	16/12/2020	no	14 Acute Services	Diagnostic Services	Craigavon Area Hospital	Imaging - MRI	Quality of Treatment & Care	Personal Information redacted by the USI	Closed	Learning has been shared with all MRI radiographers and the policy has been reviewed and updated.	MRI Unit	MRI Unit	Closed	1	n	n
12356	Formal HSC Complaint	19/10/2020	16/12/2020	no	42 Acute Services	Diagnostic Services	Craigavon Area Hospital	Imaging - MRI	Property/Expenses/Finances	Personal Information redacted by the USI	Closed	no learning	MRI Unit	X-ray Dept (Radiology)	Closed	0	n	n

12677	Formal HSC Complaint	18/11/2020	17/12/2020	N/A	21 Children and Young Peoples Services	Family Intervention Service	Community	FIT Armagh Rural	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Allocated to a new Social Worker	None	Lisnally House, Armagh	Lisnally House, Armagh	Closed	0	N	N
12677	Formal HSC Complaint	18/11/2020	17/12/2020	N/A	21 Children and Young Peoples Services	Family Intervention Service	Community	FIT Armagh Rural	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Allocated to a new Social Worker	None	Lisnally House, Armagh	Lisnally House, Armagh	Closed	0	N	N
12542	Formal HSC Complaint	19/11/2020	17/12/2020	N/A	20 Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Paediatric Ward	Paediatric Ward	Closed	0	N	N
12542	Formal HSC Complaint	19/11/2020	17/12/2020	N/A	20 Children and Young Peoples Services	Acute Paediatric Services	Craigavon Area Hospital	Paediatrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Paediatric Ward	Paediatric Ward	Closed	0	N	N
12683	Formal HSC Complaint	02/12/2020	17/12/2020	N/A	11 Children and Young Peoples Services	Looked After Children Services	Barbridge Polyclinic	Looked After Childrens Team C/B	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Barbridge HSSC	Barbridge HSSC	Closed	0	N	N
12683	Formal HSC Complaint	02/12/2020	17/12/2020	N/A	11 Children and Young Peoples Services	Looked After Children Services	Barbridge Polyclinic	Looked After Childrens Team C/B	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Barbridge HSSC	Barbridge HSSC	Closed	0	N	N
12430	Formal HSC Complaint	29/09/2020	17/12/2020	no	57 Acute Services	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	Staff member to reflect on his attitude	Doctor has reflected on his attitude and also the importance of introducing himself at the start of the consultation.	Maternity Ward	Maternity Ward	Closed	0	n	n

12682	Formal HSC Complaint	18/11/2020	18/12/2020	N/A	22 Children and Young Peoples Services	Early Years and Parenting	Community	Court Childrens Service	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Brownlow HSCC, Legahorry Centre	Brownlow HSCC, Legahorry Centre	Closed	0	n	n
12682	Formal HSC Complaint	18/11/2020	18/12/2020	N/A	22 Children and Young Peoples Services	Early Years and Parenting	Community	Court Childrens Service	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Brownlow HSCC, Legahorry Centre	Brownlow HSCC, Legahorry Centre	Closed	0	n	n
12502	Formal HSC Complaint	12/10/2020	18/12/2020	no	49 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Professional Assessment of Need	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	Works have commenced on the mortuary building to make it more fitting as a place of rest.	A booklet to be implemented by Bereavement Midwives for bereaved parents to read advising of journey baby will take	Maternity Admissions/Assessment Unit	Maternity Admissions/Assessment Unit	Closed	0	y	n
12502	Formal HSC Complaint	12/10/2020	18/12/2020	no	49 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	Works have commenced on the mortuary building to make it more fitting as a place of rest.	A booklet to be implemented by Bereavement Midwives for bereaved parents to read advising of journey baby will take	Maternity Admissions/Assessment Unit	Maternity Admissions/Assessment Unit	Closed	0	y	n
12618	Formal HSC Complaint	09/11/2020	18/12/2020	no	29 Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Staff Attitude/Behaviour	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	none required	Nurse reflected on the way she spoke to patient and realised she needs to be more empathetic	Gynaec Clinic	Gynaec Clinic	Closed	0	n	n
12613	Formal HSC Complaint	17/11/2020	18/12/2020	no	23 Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	none	none as family are not allowed in due to covid restrictions however appreciates that giving distressing news to a patient without a family member present is not ideal but currently it is out of the Trust control.	3 North Medicine	3 North Medicine	Closed	0	n	n
12606	Formal HSC Complaint	06/11/2020	18/12/2020	no	30 Acute Services	Diagnostic Services	Craigavon Area Hospital	Imaging - MRI	Quality of Treatment & Care	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	none required	none required	Emergency Department DHH	Emergency Department DHH	Closed	0	n	n

12606	Formal HSC Complaint	06/11/2020	18/12/2020	no	30	Acute Services	Diagnostic Services	Craigavon Area Hospital	Imaging - MRI	Clinical Diagnosis	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	none required	none required	emergency department dth	emergency department dth	closed	0	n	n
12606	Formal HSC Complaint	06/11/2020	18/12/2020	no	30	Acute Services	Diagnostic Services	Craigavon Area Hospital	Imaging - MRI	Communication/Information	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	none required	none required	emergency department dth	emergency department dth	closed	0	n	n
12796	Formal HSC Complaint	18/12/2020	21/12/2020	N/A	1	Older People and Primary Care	Podiatry	Lurgan Hospital	Podiatry C/B	Policy/Commercial Decisions	Personal Information redacted by the USI	Complaint withdrawn	Personal Information redacted by the USI	Closed. Complaint withdrawn.	No lessons learned.	Podiatry Clinic	Podiatry Clinic	Closed	0	n	n
12796	Formal HSC Complaint	18/12/2020	21/12/2020	N/A	1	Older People and Primary Care	Podiatry	Lurgan Hospital	Podiatry C/B	Professional Assessment of Need	Personal Information redacted by the USI	Complaint withdrawn	Personal Information redacted by the USI	Closed. Complaint withdrawn.	No lessons learned.	Podiatry Clinic	Podiatry Clinic	Closed	0	n	n
12766	Formal HSC Complaint	11/12/2020	21/12/2020	no	6	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	none required	none required	maternity ward	Gynaec Clinic	closed	0	n	n
12709	Formal HSC Complaint	07/12/2020	21/12/2020	no	10	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Clinical Diagnosis	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	no actions	Doctor understands that his communication should have been clearer. Doctor also appreciates he should have asked for a chaperone in the room when taking history and will do this in future	Emergency Department DHH	Emergency Department DHH	Closed	0	n	n
12709	Formal HSC Complaint	07/12/2020	21/12/2020	no	10	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI	Closed	Personal Information redacted by the USI	no actions	Doctor understands that his communication should have been clearer. Doctor also appreciates he should have asked for a chaperone in the room when taking history and will do this in future	Emergency Department DHH	Emergency Department DHH	closed	0	n	n

12709	Formal HSC Complaint	07/12/2020	21/12/2020	no	10	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI	closed	Personal Information redacted by the USI	no actions	Doctor understands that his communication should have been clearer. Doctor also appreciates he should have asked for a chaperone in the room when taking history and will do this in future	Emergency Department DHH	Emergency Department DHH	closed	0		
12468	Formal HSC Complaint	06/10/2020	22/12/2020	N/A	55	Children and Young Peoples Services	Family Intervention Service	Community	FIT Barbridge	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Barbridge HSSC	Barbridge HSSC	Closed	0	N	N
12468	Formal HSC Complaint	06/10/2020	22/12/2020	N/A	55	Children and Young Peoples Services	Family Intervention Service	Community	FIT Barbridge	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Barbridge HSSC	Barbridge HSSC	Closed	0	N	N
12760	Formal HSC Complaint	08/12/2020	22/12/2020	N/A	10	Children and Young Peoples Services	Early Years and Parenting	Community	FIT Lurgan	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	N/A	None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
12760	Formal HSC Complaint	08/12/2020	22/12/2020	N/A	10	Children and Young Peoples Services	Early Years and Parenting	Community	FIT Lurgan	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
12989	Formal HSC Complaint	05/11/2020	22/12/2020	no	33	Acute Services	General Surgery	Craigavon Area Hospital	General Surgery	Waiting List, Delay/Cancellation Planned Admission to Hospital	Personal Information redacted by the USI	closed	Personal Information redacted by the USI	no actions required	no lessons to be learned	Urology Clinic	Urology Clinic	Closed	0		
12761	Formal HSC Complaint	10/12/2020	23/12/2020	N/A	9	Children and Young Peoples Services	Community Paediatric Service	Community	Community Paediatric C&B	Waiting List, Delay/Cancellation Community Based Appointments	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	NA	None	Lurgan HSSC	Pinewood Villas, Longstone Site	Closed	0	N	N

12346	Formal HSC Complaint	09/09/2020	23/12/2020	no	75	Acute Services	General Surgery	Craigavon Area Hospital	Urology Surgery	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI	closed	Personal Information redacted by the USI	States have undertaken work in the wards in question in relation to refurbishment	Urology Clinic	Urology Clinic	Closed	0	n	n
12346	Formal HSC Complaint	09/09/2020	23/12/2020	no	75	Acute Services	General Surgery	Craigavon Area Hospital	Urology Surgery	Hotel/Support/Security Services (Excludes Contracted Services)	Personal Information redacted by the USI	closed	Personal Information redacted by the USI	States have undertaken work in the wards in question in relation to refurbishment	Urology Clinic	Ramona Building	closed	0	n	n
12280	Formal HSC Complaint	24/09/2020	23/12/2020	no	86	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	closed	Personal Information redacted by the USI	Midwife reflected on her professionalism and will be more careful in future	Maternity Admissions/Assessment Unit	Maternity Admissions/Assessment Unit	Closed	0	n	n
12708	Formal HSC Complaint	26/11/2020	23/12/2020	N/A	19	Mental Health and Disability	Support and Recovery Services	Daisy Hill Hospital	Support and Recovery Team N&M Locality	Staff Attitude/Behaviour	Personal Information redacted by the USI	LR1011	Personal Information redacted by the USI	Further review of care	Mental Health Department	Mental Health Department	Local resolution	0	N/A	N/A
12708	Formal HSC Complaint	26/11/2020	23/12/2020	N/A	19	Mental Health and Disability	Support and Recovery Services	Daisy Hill Hospital	Support and Recovery Team N&M Locality	Staff Attitude/Behaviour	Personal Information redacted by the USI	LR1011	Personal Information redacted by the USI	Further review of care	Mental Health Department	Mental Health Department	Local resolution	0	N/A	N/A
12708	Formal HSC Complaint	26/11/2020	23/12/2020	N/A	19	Mental Health and Disability	Support and Recovery Services	Daisy Hill Hospital	Support and Recovery Team N&M Locality	Quality of Treatment & Care	Personal Information redacted by the USI	LR1011	Personal Information redacted by the USI	Further review of care	Mental Health Department	Mental Health Department	Local resolution	0	N/A	N/A
12708	Formal HSC Complaint	26/11/2020	23/12/2020	N/A	19	Mental Health and Disability	Support and Recovery Services	Daisy Hill Hospital	Support and Recovery Team N&M Locality	Communication/Information	Personal Information redacted by the USI	LR1011	Personal Information redacted by the USI	Further review of care	Mental Health Department	Mental Health Department	Local resolution	0	N/A	N/A

12708	Formal HSC Complaint	26/11/2020	23/12/2020	N/A	19 Mental Health and Disability	Support and Recovery Services	Daisy Hill Hospital	Support and Recovery Team N&M Locality	Quality of Treatment & Care	Personal Information redacted by the USI	UR1011	Personal Information redacted by the USI	Further review of care	Mental Health Department	Mental Health Department	Local resolution	0	N/A	N/A
12225	Formal HSC Complaint	13/11/2020	24/12/2020	N/A	29 Children and Young Peoples Services	Early Years and Parenting	Community	Court Childrens Service	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Dromalane Mill, Newry	Dromalane House, Newry	Closed	0	N	N
12225	Formal HSC Complaint	13/11/2020	24/12/2020	N/A	29 Children and Young Peoples Services	Early Years and Parenting	Community	Court Childrens Service	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Dromalane Mill, Newry	Dromalane House, Newry	Closed	0	N	N
12309	Formal HSC Complaint	02/09/2020	09/12/2020	#####	70 Finance Procurement & Estates	Financial Services	Craigavon Area Hospital	Financial Services	Property/Expenses/Finances	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	1 South Medical	1 South Medical	Closed	0	N	N

ID	Type Of Complaint	First received	Closed	Reopened	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome code	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	No. of Linked Incidents	Deceased Person	Layperson Y/N
12830	Formal HSC Complaint	29/12/2020	11/01/2021	n/a	8	Acute Services	General Medicine	South Tyrone Hospital	General Medicine	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI								
12830	Formal HSC Complaint	29/12/2020	11/01/2021	n/a	8	Acute Services	General Medicine	South Tyrone Hospital	General Medicine	Privacy/Dignity		Resolved		N/A	N/A	Urology Clinic	Urology Clinic	closed	0	n	n
12830	Formal HSC Complaint	29/12/2020	11/01/2021	n/a	8	Acute Services	General Medicine	South Tyrone Hospital	General Medicine	Quality of Treatment & Care		Resolved		N/A	N/A	Urology Clinic	Urology Clinic	closed	0	n	n







ID	Type Of Complaint	First received	Closed	Reopened	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome code	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	No. of Linked Incidents	Deceased Person	Lay Person V/N
12474	Formal HSC Complaint	12/10/2020	17/02/2021	n/a	89	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	one	pain medications to be offered when required.	Emergency Department CAH	Emergency Department CAH	Closed	0	n	y
12474	Formal HSC Complaint	12/10/2020	17/02/2021	n/a	89	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	one	pain medications to be offered when required.	Emergency Department CAH	Emergency Department CAH	Closed	0	n	y
12474	Formal HSC Complaint	12/10/2020	17/02/2021	n/a	89	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	one required	pain medications to be offered when required.	Emergency Department CAH	Emergency Department CAH	Closed	0	n	y
12474	Formal HSC Complaint	12/10/2020	17/02/2021	n/a	89	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	one required	pain medications to be offered when required.	1 South Medicine	1 south Medicine	Closed	0	n	y

12474	Formal HSC Complaint	12/10/2020	17/02/2021	n/a	89	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Delayed Admission from A&E	Personal Information redacted by the USI	Closed - other reasons	none required	pain medications to be offered when required.	1 South Medicine	1 South Medicine	closed	0			
12474	Formal HSC Complaint	12/10/2020	17/02/2021	n/a	89	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI	Closed - other reasons	none required	pain medications to be offered when required.	1 South Medicine	1 South Medicine	closed	0	n		y
12520	Formal HSC Complaint	20/01/2021	24/02/2021	n/a	29	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Waiting List Delay/Consultation Outpatient Appointments	Personal Information redacted by the USI	Closed - other reasons	none required	none required	Rheumatology Clinic	General Surgery Clinic	Closed	0	n		y
12568	Formal HSC Complaint	07/12/2020	16/02/2021	n/a	48	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI	Resolved	Process in place now to establish one nominated member of family to be the contact in relation to patient updates.	teaming has been highlighted in relation to communication and how to improve it	Female Medical	Female Medical	Closed	0	n	n	
12568	Formal HSC Complaint	07/12/2020	16/02/2021	n/a	48	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment/Care	Personal Information redacted by the USI	Resolved	Process in place now to establish one nominated member of family to be the contact in relation to patient updates.	teaming has been highlighted in relation to communication and how to improve it	Female Medical	Female Medical	closed	0	n	n	
12568	Formal HSC Complaint	07/12/2020	16/02/2021	n/a	48	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI	Resolved	Process in place now to establish one nominated member of family to be the contact in relation to patient updates.	teaming has been highlighted in relation to communication and how to improve it	General Surgery Clinic	General Male Medical,	closed	0	n	n	
12568	Formal HSC Complaint	07/12/2020	16/02/2021	n/a	48	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment/Care	Personal Information redacted by the USI	Resolved	Process in place now to establish one nominated member of family to be the contact in relation to patient updates.	teaming has been highlighted in relation to communication and how to improve it	General Surgery Clinic	General Male Medical,	closed	0	n	n	
12990	Formal HSC Complaint	02/02/2021	05/02/2021	N/A	9	Children and Young Peoples Services	Looked After Children Services	Community	Central LAC Team	Other	Personal Information redacted by the USI	Resolved	NA	None	Lisnally House, Armagh	Lisnally House, Armagh	Closed	0	n	n	
12881	Formal HSC Complaint	13/01/2021	03/02/2021	N/A	19	Children and Young Peoples Services	Residential Care	Lurgan Hospital	Short Term Residential Homes	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	NA	None	Cherrygrove Childrens Home, Lurgan Hosp Site	Cherrygrove Childrens Home, Lurgan Hosp Site	Closed	0	N	N	
12881	Formal HSC Complaint	13/01/2021	03/02/2021	N/A	19	Children and Young Peoples Services	Residential Care	Lurgan Hospital	Short Term Residential Homes	Communication/Information	Personal Information redacted by the USI	Resolved	NA	None	Cherrygrove Childrens Home, Lurgan Hosp Site	Cherrygrove Childrens Home, Lurgan Hosp Site	Closed	0	N	N	

12884	Formal HSC Complaint	18/01/2021	10/02/2021	N/A	10 Mental Health and Disability	Support and Recovery Services	Community	Support and Recovery Team C&B Locality	Staff Attitude/behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	N/A	Person	Person	Closed	0	N/A	N/A
12901	Formal HSC Complaint	19/01/2021	04/02/2021	NA	12 Older People and Primary Care	Care Home Support Team	Independent/Voluntary Sector Locations	CB - Care Home Support Team	Quantity of Treatment & Care	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	No lessons learned.	Person	Person	Closed	0	N	N
12901	Formal HSC Complaint	19/01/2021	04/02/2021	NA	12 Older People and Primary Care	Care Home Support Team	Independent/Voluntary Sector Locations	CB - Care Home Support Team	Quality of Treatment & Care	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	No lessons learned.	Person	Person	Closed	0	N	N
12878	Formal HSC Complaint	12/01/2021	10/02/2021	08/02/2021	21 Mental Health and Disability	Acute Mental Health Services	Craigavon Area Hospital	Psychiatry Department	Property/Experiences/Facilities	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	N/A	Person	Person	Closed	0	N/A	N/A
12914	Formal HSC Complaint	20/01/2021	11/02/2021	N/A	10 Mental Health and Disability	Support and Recovery Services	South Tyrone Hospital	Support and Recovery Team A&D Locality	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	N/A	Person	Person	Closed	0	N/A	N/A
12863	Formal HSC Complaint	18/11/2020	03/02/2021	n/a	54 Acute Services	General Surgery	Craigavon Area Hospital	General Surgery	Clinical Diagnosis	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	No lessons learned	Person	Person	Closed	0	N/A	N/A
12342	Formal HSC Complaint	21/01/2021	09/02/2021	n/a	13 Acute Services	Cardiac Services	Craigavon Area Hospital	Cardiology	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None required	Person	Person	Closed	0	n	n
12342	Formal HSC Complaint	21/01/2021	09/02/2021	n/a	13 Acute Services	Cardiac Services	Craigavon Area Hospital	Cardiology	Waiting List/Consultation/Planned Admissions to Hospital	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None required	Person	Person	Closed	0	n	n
12738	Formal HSC Complaint	07/12/2020	25/02/2021	n/a	55 Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/behaviour	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	None required	Person	Person	Closed	0	n	n
12450	Formal HSC Complaint	02/10/2020	17/02/2021	n/a	95 Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None required	Person	Person	Closed	0	n	n
12450	Formal HSC Complaint	02/10/2020	17/02/2021	n/a	95 Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quantity of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None required	Person	Person	Closed	0	n	n

12956	Formal HSC Complaint	28/01/2021	04/02/2021	n/a	5	Acute Services	General Surgery	Craigavon Area Hospital	Urology Surgery	Profession Anticipation of Need	Personal Information redacted by the USI	Closed - other reasons	none	none	General Surgery Clinic	General Surgery Clinic	Closed	0	n	n
12956	Formal HSC Complaint	28/01/2021	04/02/2021	n/a	5	Acute Services	General Surgery	Craigavon Area Hospital	Urology Surgery	Quality of Treatment Care	Personal Information redacted by the USI	Closed - other reasons	none	none	Urology Clinic	Urology Clinic	closed	0	n	n
12960	Formal HSC Complaint	27/10/2020	11/02/2021	n/a	74	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment Care	Personal Information redacted by the USI	Resolved	Current process in place regarding death certificates	staff reminded of timely manner in which to complete paper work for a death certificate to be processed.	2 South Medical	2 South Medical	closed	0	n	n
12960	Formal HSC Complaint	27/10/2020	11/02/2021	n/a	74	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment Care	Personal Information redacted by the USI	Resolved	Current process in place regarding death certificates	staff reminded of timely manner in which to complete paper work for a death certificate to be processed.	2 South Medical	2 South Medical	closed	0	n	y
12737	Formal HSC Complaint	07/12/2020	11/02/2021	n/a	45	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Property/Personal Possessions	Personal Information redacted by the USI	Resolved	none	none	Emergency Department DrH	Emergency Department CAH	Closed	0	n	y
12952	Formal HSC Complaint	27/01/2021	05/02/2021	n/a	7	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Clinical Diagnosis	Personal Information redacted by the USI	Resolved	none	none	Fracture Clinic	Fracture Clinic	Closed	0	n	n
12105	Formal HSC Complaint	10/07/2020	17/02/2021	n/a	153	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment Care	Personal Information redacted by the USI	Resolved	Every family are now given a list of direct numbers for the ward in order for ease of contact	staff reminded regarding compassion and empathy when dealing with patients family. AHP to improve communication with the nursing staff in relation to changes to patients needs.	Stroke / Rehab	stroke/rehab	Closed	0	n	n
12105	Formal HSC Complaint	10/07/2020	17/02/2021	n/a	153	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment Care	Personal Information redacted by the USI	Resolved	Every family are now given a list of direct numbers for the ward in order for ease of contact	staff reminded regarding compassion and empathy when dealing with patients family. AHP to improve communication with the nursing staff in relation to changes to patients needs.	2 South Medical	2 South Medical	closed	0	n	y
12105	Formal HSC Complaint	10/07/2020	17/02/2021	n/a	153	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment Care	Personal Information redacted by the USI	Resolved	Every family are now given a list of direct numbers for the ward in order for ease of contact	staff reminded regarding compassion and empathy when dealing with patients family. AHP to improve communication with the nursing staff in relation to changes to patients needs.	2 South Medical	2 South Medical	closed	0	n	y

12864	Formal HSC Complaint	09/01/2021	11/02/2021	N/A	26	Children and Young Peoples Services	AHPs CYP Services	Community	Occupational Therapy CYP	Professional Assessment of Need	resolved	Personal Information redacted by the USI	NA	None	Portadown HSSC	Portadown HSSC	Closed	0	N	
12864	Formal HSC Complaint	09/01/2021	11/02/2021	N/A	26	Children and Young Peoples Services	AHPs CYP Services	Community	Occupational Therapy CYP	Communication/Information	resolved	Personal Information redacted by the USI	NA	None	Portadown HSSC	Portadown HSSC	Closed	0	N	
12958	Formal HSC Complaint	29/01/2021	02/02/2021	NA	2	Older People and Primary Care	Specialist Primary Care Services	Community	MacMillan Nursing	Quality of Treatment Care	redirected	Personal Information redacted by the USI	Closed. Redirected to Acute.	No lessons learned.	Home of client	Home of client	Closed	0	N	N
12958	Formal HSC Complaint	29/01/2021	02/02/2021	NA	2	Older People and Primary Care	Specialist Primary Care Services	Community	MacMillan Nursing	Professional Assessment of Need	redirected	Personal Information redacted by the USI	Closed. Redirected to Acute.	No lessons learned.	Home of client	Home of client	Closed	0	N	N
12867	Formal HSC Complaint	18/11/2020	05/02/2021	N/A	58	Children and Young Peoples Services	Family Intervention Service	Lurgan Hospital	FT Lurgan	Communication	resolved	Personal Information redacted by the USI	NA	None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	
12867	Formal HSC Complaint	18/11/2020	05/02/2021	N/A	58	Children and Young Peoples Services	Family Intervention Service	Lurgan Hospital	FT Lurgan	Other	resolved	Personal Information redacted by the USI	NA	None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	
12847	Formal HSC Complaint	29/12/2020	08/02/2021	N/A	26	Children and Young Peoples Services	Family Intervention Service	South Tyrone Hospital	Gateway Team A&D	Communication/Information	resolved	Personal Information redacted by the USI	NA	None	E Floor	E Floor	Closed	0	N	N
12847	Formal HSC Complaint	29/12/2020	08/02/2021	N/A	26	Children and Young Peoples Services	Family Intervention Service	South Tyrone Hospital	Gateway Team A&D	Staff Absence/Relief	resolved	Personal Information redacted by the USI	NA	None	E Floor	E Floor	Closed	0	N	N
12821	Formal HSC Complaint	23/12/2020	26/02/2021	n/a	44	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Clinical Diagnostics	resolved	Personal Information redacted by the USI	Midwife has reflected on her practice. Learning has been shared in relation to policies and procedures in relation to urine output following catheter removal and better explanations given to patients	Midwife has reflected on her practice. Learning has been shared in relation to policies and procedures in relation to urine output following catheter removal and better explanations given to patients	2 West Maternity Post Natal	2 West Maternity Post Natal	Closed	0	n	n
12821	Formal HSC Complaint	23/12/2020	26/02/2021	n/a	44	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Waiting Times, Outpatients Departments	resolved	Personal Information redacted by the USI	Midwife has reflected on her practice. Learning has been shared in relation to policies and procedures in relation to urine output following catheter removal and better explanations given to patients	Midwife has reflected on her practice. Learning has been shared in relation to policies and procedures in relation to urine output following catheter removal and better explanations given to patients	2 West Maternity Post Natal	2 West Maternity Post Natal	closed	0	n	n
12821	Formal HSC Complaint	23/12/2020	26/02/2021	n/a	44	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Waiting Times, Outpatients Departments	resolved	Personal Information redacted by the USI	Midwife has reflected on her practice. Learning has been shared in relation to policies and procedures in relation to urine output following catheter removal and better explanations given to patients	Midwife has reflected on her practice. Learning has been shared in relation to policies and procedures in relation to urine output following catheter removal and better explanations given to patients	2 West Maternity Post Natal	2 West Maternity Post Natal	closed	0	n	n
12802	Formal HSC Complaint	18/12/2020	25/02/2021	n/a	48	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need	resolved	Personal Information redacted by the USI	Feedback given to all SW in relation to informing the family clearly regarding safeguarding referrals and the process	Social Workers to communicate better and be open and transparent in relation to safeguarding referrals and the process and reason with family members.	Emergency Department CAH	Emergency Department CAH	closed	0	n	n
12932	Formal HSC Complaint	22/01/2021	10/02/2021	n/a	13	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Communication/Information	resolved	Personal Information redacted by the USI	staff have been reminded of the need to contact patients back if they agree to do so.	staff have been reminded of the need to contact patients back if they agree to do so.	Gastroenterology Clinic	Gastroenterology Clinic	Closed	0	n	n

12659	Formal HSC Complaint	07/12/2020	10/02/2021	n/a		44	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required	none required	2 North Medical	2 North Medical	Closed		0		
12659	Formal HSC Complaint	07/12/2020	10/02/2021	n/a		44	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information		Resolved		none required	none required	2 North Medical	2 North Medical	closed		0	n	y
12659	Formal HSC Complaint	07/12/2020	10/02/2021	n/a		44	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Staff Attitude/Behaviour		Resolved		none required	none required	2 North Medical	2 North Medical	closed		0	n	y
12973	Formal HSC Complaint	03/02/2021	04/02/2021	NA		1	Older People and Primary Care	Care Home Support Team	Independent iVoluntary Sector Locations	CB - Care Home Support Team	Quantity of Treatment Care	Redirected	Redirected	Closed. Redirected to nursing home.	No lessons learned.			Closed		0	y	N	
12973	Formal HSC Complaint	03/02/2021	04/02/2021	NA		1	Older People and Primary Care	Care Home Support Team	Independent iVoluntary Sector Locations	CB - Care Home Support Team	Quality of Treatment Care	Redirected	Redirected	Closed. Redirected to nursing home.	No lessons learned.			Closed		0	y	N	
12973	Formal HSC Complaint	03/02/2021	04/02/2021	NA		1	Older People and Primary Care	Care Home Support Team	Independent iVoluntary Sector Locations	CB - Care Home Support Team	Property/Experiences/Facilities	Redirected	Redirected	Closed. Redirected to nursing home.	No lessons learned.			Closed		0	y	N	

12270	Formal HSC Complaint	09/09/2020	03/02/2021	NA	102	Older People and Primary Care	Patient Services (non acute hospitals)	South Tyrone Hospital	Care of the Elderly Services - Stroke Rehabilitation	Communication/Information	Resolved	Personal Information redacted by the USI	complainant observed that her father's drinks were placed out of reach and is has now been highlighted in staff handovers, staff meetings and is being monitored by the ward sister and clinical sisters.	Ward 1, Assessment & Rehabilitation	Ward 1, Assessment & Rehabilitation	Closed	0	Y	N
12933	Formal HSC Complaint	22/01/2021	16/02/2021	n/a	17	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Staff Attitude/Behaviour	Closed - other reasons	Personal Information redacted by the USI	one	1 East Maternity/Gynaecology	1 East Maternity/Gynaecology	Closed	0	n	n
12933	Formal HSC Complaint	22/01/2021	16/02/2021	n/a	17	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Gynaecology	Quality of Treatment/Care	Closed - other reasons	Personal Information redacted by the USI	one	1 East Maternity/Gynaecology	1 East Maternity/Gynaecology	closed	0	n	n
12506	Formal HSC Complaint	20/10/2020	25/02/2021	n/a	89	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment/Care	Resolved	Personal Information redacted by the USI	feedback given to staff in relation to documentation in nursing notes of all relevant sores and cuts.	AMU	AMU	Closed	0	n	n
12506	Formal HSC Complaint	20/10/2020	25/02/2021	n/a	89	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment/Care	Resolved	Personal Information redacted by the USI	feedback given to staff in relation to documentation in nursing notes of all relevant sores and cuts.	2 South Medical	2 South Medical	closed	0	n	n
12767	Formal HSC Complaint	11/12/2020	10/02/2021	n/a	40	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment/Care	resolved	Personal Information redacted by the USI	warning in relation to more provision for pillows. communication skills to be better and was discussed at safety brief. staff reminded to introduce themselves.	Emergency Department CAH	Emergency Department CAH	Closed	0	n	n
12767	Formal HSC Complaint	11/12/2020	10/02/2021	n/a	40	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Hotel/Support/Security Services (Excludes Contracted Services)	Resolved	Personal Information redacted by the USI	warning in relation to more provision for pillows. communication skills to be better and was discussed at safety brief. staff reminded to introduce themselves.	emergency Department CAH	Emergency Department CAH	Closed	0	n	n

12767	Formal HSC Complaint	11/12/2020	10/02/2021	n/a	40	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/behaviour	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Learning in relation to more provision for pillows, communication skills to be better and was discussed at safety brief. Staff reminded to introduce themselves.	Emergency Department CAH	Emergency Department CAH	Closed	0	n	n
12767	Formal HSC Complaint	11/12/2020	10/02/2021	n/a	40	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Learning in relation to more provision for pillows, communication skills to be better and was discussed at safety brief. Staff reminded to introduce themselves.	Emergency Department CAH	Emergency Department CAH	Closed	0	n	n
12918	Formal HSC Complaint	20/01/2021	05/02/2021	n/a	12	Acute Services	Scheduling Team	Craigavon Area Hospital	Outpatients	Waiting Times, Outpatient Departments	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Not required	Outpatients	Urology Clinic	Closed	0	n	n
12972	Formal HSC Complaint	02/02/2021	26/02/2021	n/a	18	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Case will be presented at the M&M meeting so senior staff can identify what happened	Emergency Department DHH	Emergency Department DHH	Closed	0	n	n
12972	Formal HSC Complaint	02/02/2021	26/02/2021	n/a	18	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment/Care	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Case will be presented at the M&M meeting so senior staff can identify what happened	Emergency Department DHH	Emergency Department DHH	Closed	0	n	n
12968	Formal HSC Complaint	01/02/2021	02/02/2021	n/a	1	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, Outpatient Departments	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Not required	Neurology Clinic	Neurology Clinic	Closed	0	n	n
12857	Formal HSC Complaint	05/01/2021	10/02/2021	N/A	26	Children and Young Peoples Services	A&P's CYP Services	Lurgan Hospital	Speech and Language CYP	Professional Assessment of Need	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Not required	Lurgan HSSC	Lurgan HSSC	Closed	0	n	n
12857	Formal HSC Complaint	05/01/2021	10/02/2021	N/A	26	Children and Young Peoples Services	A&P's CYP Services	Lurgan Hospital	Speech and Language CYP	Communication/Information	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Not required	Lurgan HSSC	Lurgan HSSC	Closed	0	n	n
12862	Formal HSC Complaint	01/02/2021	26/02/2021	n/a	19	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Property/Equipment/Issues	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Not required	Female Medical	Female Medical	Closed	0	n	n
12482	Formal HSC Complaint	07/10/2020	10/02/2021	n/a	87	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Staff Attitude/behaviour	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Staff have been feedback in relation to clearly outlining procedures and at they ental. Staff have been reminded to assure patients and alleviate concerns with pathy.	Gastroenterology Clinic	Gastroenterology Clinic	Closed	0	n	n
12482	Formal HSC Complaint	07/10/2020	10/02/2021	n/a	87	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Quality of Treatment/Care	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	Staff have been feedback in relation to clearly outlining procedures and at they ental. Staff have been reminded to assure patients and alleviate concerns with pathy.	Gastroenterology Clinic	Gastroenterology Clinic	Closed	0	n	n

ID	Type Of Complaint	First received	Closed	Reopened	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome code	Outcome	Action taken (Investiga	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	No. of Linked Incidents	layperson	Deceased
12803	Formal HSC Complaint	05/01/2021	20/05/2021	N/A	93	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI		That parents are to be briefed in relation to updates regarding follow up care and treatment of youth patients when they are not allowed to accompany them.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N

12877	Formal HSC Complaint	12/01/2021	20/05/2021	N/A		88	Acute Services	Outpatient s	Craigavon Area Hospital	Outpatient s	Professional Assessment of Need	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	none required	none required	Urology Clinic	Urology Clinic	Closed	0		
																				N	N	

12995	Formal HSC Complaint	09/02/2021	11/05/2021	N/A	61	Acute Services	Midwifery and Gynaecology	Daisy Hill Hospital	Obstetrics	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none taken	Midwife has reflected on patients experience and has learned from it. She will endeavour to do better for her patients.	Maternity Ward	Delivery Suite, DHH	Closed	0	N	N
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13098	Formal HSC Complaint	05/03/2021	04/05/2021	N/A	38	Acute Services	General Medicine	Daisy Hill Hospital	General Medicine	Staff Attitude/B ehaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required	none required	Female Medical	Female Medical	Closed	0		
																				N	N

13102	Formal HSC Complaint	09/03/2021	13/05/2021	N/A	43	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	the importance of communicating with families as visiting is restricted and keeping them up to date.	3 North Medicine	3 North Medicine	Closed	0	N	N
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13235	Formal HSC Complaint	13/04/2021	18/05/2021	N/A		24 Children and Young Peoples Services	Family Interventio n Service	South Tyrone Hospital	FIT Dunganno n	Communi ation/Infor mation	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	N/A	None	E Floor	E Floor	Closed	0		
																			N		N

13251	Formal HSC Complaint	19/04/2021	18/05/2021	N/A	20	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Discharge Transfer Arrangem ents	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	The incident has also been recorded and investigate d via the Hospital Incident Reporting system. The Ward will implement the learning gained from your experien ce, to prevent any reoccurren ce. The issues you have raised have been shared to highlight	1 South Medical	1 South Medical	Closed	0	N	N
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13267	Formal HSC Complaint	20/04/2021	19/05/2021	N/A	20	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Delay/Cancellation for Inpatients	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	N/A	N/A	2 West Maternity Post Natal	2 West Maternity Post Natal	Closed	0	N	N
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13263	Formal HSC Complaint	20/04/2021	06/05/2021	N/A	11	Acute Services	Outpatient s	Craigavon Area Hospital	Outpatient s	Professional Assessme nt of Need	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required	none required	Orthopaed ic Clinic	Orthopaed ic Clinic	Closed	0		
																			N		N

13275	Formal HSC Complaint	22/04/2021	24/05/2021	N/A	21	Mental Health and Disability	Learning Disability Community Services	Community	Learning Disability Team Craigavon and Banbridge	Quantity of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	N/A	N/A	Home of client	Home of client	Closed	0		
																			N	N	
13310	Formal HSC Complaint	29/04/2021	24/05/2021	N/A	16	Children and Young Peoples Services	Community Dental Services	Community	Dental Services C&B	Waiting List, Delay/Cancellation Community Based Appointments		Resolved		N/A	None	Banbridge HSSC	Banbridge HSSC	Closed	0		
																			N	N	

ID	Type Of Complaint	First received	Closed	Reopened	Response time	Directorate	Service Area	Site	Speciality	Subjects (Subjects)	Description	Outcome code	Outcome	Action taken (Investigation)	Lessons learned	Loc (Exact)	Loc (Exact)	Current Stage	No. of Linked Incidents	LAYPERO SN	DECEASED
12826	Formal HSC Complaint	24/12/2020	14/07/2021	N/A	135	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Personal Information redacted by the USI	The process of highlighting x-ray which have been reported officially and show an abnormality is being reviewed and more	Emergency Department DHH	Emergency Department DHH	Closed	0	N	Y
12826	Formal HSC Complaint	24/12/2020	14/07/2021	N/A	135	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Clinical Diagnosis		Resolved			The process of highlighting x-ray which have been reported officially and show an abnormality is being reviewed and more specifically chest x-rays.	Emergency Department DHH	Emergency Department DHH	Closed	0	N	Y
12826	Formal HSC Complaint	24/12/2020	14/07/2021	N/A	135	Acute Services	Emergency Department Services	Daisy Hill Hospital	Accident and Emergency	Quality of Treatment Care		Resolved			The process of highlighting x-ray which have been reported officially and show an abnormality is being reviewed and more specifically chest x-rays. This review is	Emergency Department DHH	Emergency Department DHH	Closed	0	N	Y
12963	Formal HSC Complaint	01/03/2021	02/07/2021	N/A	84	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information		Resolved			Staff are taking increased training in skin care, pressure damage and assessment.	1 South Medical	1 South Medical	Closed	0	N	Y
12963	Formal HSC Complaint	01/03/2021	02/07/2021	N/A	84	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment Care		Resolved			Staff are taking increased training in skin care, pressure damage and assessment.	1 South Medical	1 South Medical	Closed	0	N	Y
12963	Formal HSC Complaint	01/03/2021	02/07/2021	N/A	84	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Communication/Information		Resolved			Staff are taking increased training in skin care, pressure damage and assessment.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	Y
13203	Formal HSC Complaint	07/04/2021	02/07/2021	08/07/2021	60	Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team C/B	Communication/Information		Resolved			None	Brownlow HSSC, Legahorry Centre	Brownlow HSSC, Legahorry Centre	Closed	0	N	N
13203	Formal HSC Complaint	07/04/2021	02/07/2021	08/07/2021	60	Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team C/B	Staff Attitude/Behaviour		Resolved			None	Brownlow HSSC, Legahorry Centre	Brownlow HSSC, Legahorry Centre	Closed	0	N	N
12963	Formal HSC Complaint	01/03/2021	02/07/2021	N/A	84	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Quality of Treatment Care		Resolved			Staff are taking increased training in skin care, pressure damage and assessment.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	Y
13303	Formal HSC Complaint	28/04/2021	23/07/2021	N/A	59	Mental Health and Disability	Governance	St Lukes Hospital	Governance	Communication/Information		Resolved			Importance of good records management.	Ashleigh House, Longstone Site	Ashleigh House, Longstone Site	Closed	0	N	N
13266	Formal HSC Complaint	08/03/2021	30/07/2021	N/A	98	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Resolved	Doctor has reflected and has taken learning regarding awaiting the anaesthetic to work before starting stitching.	Maternity Ward	Maternity Ward	Closed	0	N	N			

13266	Formal HSC Complaint	08/03/2021	30/07/2021	N/A	98	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Doctor has reflected and has taken learning regarding awaiting the anaesthetic to work before starting stitching.	Maternity Ward	Maternity Ward	Closed	0	N	N
13266	Formal HSC Complaint	08/03/2021	30/07/2021	N/A	98	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Doctor has reflected and has taken learning regarding awaiting the anaesthetic to work before starting stitching.	Maternity Ward	Maternity Ward	Closed	0	N	N
13240	Formal HSC Complaint	14/04/2021	22/07/2021	N/A	68	Acute Services	Booking / Admin	Craigavon Area Hospital	Acute Booking Centre	Communication/Information	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	Identified a training need in relation to the update of PAS on complex transfers from other hospitals	Switchboard	Switchboard	Closed	0	N	N
13533	Formal HSC Complaint	10/06/2021	05/07/2021	N/A	17	Children and Young Peoples Services	CAMHS	Lurgan Hospital	ID-CAMHS Team	Professional Assessment of Need	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
13533	Formal HSC Complaint	10/06/2021	05/07/2021	N/A	17	Children and Young Peoples Services	CAMHS	Lurgan Hospital	ID-CAMHS Team	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
13321	Formal HSC Complaint	15/04/2021	06/07/2021	N/A	56	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Clinical Diagnosis	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required	Dermatology Clinic	Dermatology Clinic	Closed	0	N	N
13321	Formal HSC Complaint	15/04/2021	06/07/2021	N/A	56	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Waiting Times, Outpatient Departments	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required	Dermatology Clinic	Dermatology Clinic	Closed	0	N	N
13348	Formal HSC Complaint	10/05/2021	14/07/2021	N/A	45	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Confidentiality	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required	AMU	3 North Medicine	Closed	0	N	Y
13348	Formal HSC Complaint	10/05/2021	14/07/2021	N/A	45	Acute Services	General Medicine	Craigavon Area Hospital	General Medicine	Confidentiality	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required	AMU	AMU	Closed	0	N	Y
13352	Formal HSC Complaint	10/05/2021	14/07/2021	N/A	45	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	Doctor has reflected and will endeavour to see children sooner with eye irritant problems	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13352	Formal HSC Complaint	10/05/2021	14/07/2021	N/A	45	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	Doctor has reflected and will endeavour to see children sooner with eye irritant problems	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13396	Formal HSC Complaint	17/05/2021	01/07/2021	N/A	32	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	Nursing staff have been spoken to by Lead Nurse regarding conduct and professionalism and courtesy when dealing with patients.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13205	Formal HSC Complaint	08/04/2021	09/07/2021	N/A	64	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	Armagh	Quantity of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	No lessons learned.	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	0	N	N
13205	Formal HSC Complaint	08/04/2021	09/07/2021	N/A	64	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	Armagh	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	No lessons learned.	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	0	N	N

13396	Formal HSC Complaint	17/05/2021	01/07/2021	N/A	32	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Nursing staff have been spoken to by Lead Nurse regarding conduct and professionalism and courtesy when dealing with patients.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13411	Formal HSC Complaint	21/05/2021	14/07/2021	N/A	36	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment Care		Closed - other reasons		none required	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13531	Formal HSC Complaint	14/06/2021	07/07/2021	N/A	17	Children and Young Peoples Services	AHP's CYP Services	Lurgan Hospital	Occupational Therapy CYP	Communication/Information		Resolved		None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
13531	Formal HSC Complaint	14/06/2021	07/07/2021	N/A	17	Children and Young Peoples Services	AHP's CYP Services	Lurgan Hospital	Occupational Therapy CYP	Professional Assessment of Need		Resolved		None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
13411	Formal HSC Complaint	21/05/2021	14/07/2021	N/A	36	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour		Resolved		none required	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13409	Formal HSC Complaint	15/06/2021	08/07/2021	N/A	17	Children and Young Peoples Services	AHP's CYP Services	Community	Occupational Therapy CYP	Waiting Times, Community Services		Resolved		None	John Mitchel Place, HSSC	John Mitchel Place, HSSC	Closed	0	N	N
13409	Formal HSC Complaint	15/06/2021	08/07/2021	N/A	17	Children and Young Peoples Services	AHP's CYP Services	Community	Occupational Therapy CYP	Professional Assessment of Need		Resolved		None	John Mitchel Place, HSSC	John Mitchel Place, HSSC	Closed	0	N	N
13560	Formal HSC Complaint	18/06/2021	07/07/2021	15/07/2021	13	Finance Procurement & Estates	Financial Services	Community	Financial Services	Property/Expenses/Finances		Resolved		N/A	Finance Dept	Finance Dept	Further resolution (re-opened)	0	N	N
13574	Formal HSC Complaint	22/06/2021	20/07/2021	N/A	19	Children and Young Peoples Services	AHP's CYP Services	Community	Occupational Therapy CYP	Professional Assessment of Need		Resolved		None	Portadown HSSC	Portadown HSSC	Closed	0	N	N
13412	Formal HSC Complaint	21/05/2021	29/07/2021	N/A	47	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Consent to Treatment/are		Resolved		none required	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13412	Formal HSC Complaint	21/05/2021	29/07/2021	N/A	47	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Policy/Commercial Decisions		Resolved		none required	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13311	Formal HSC Complaint	29/04/2021	09/07/2021	N/A	49	Mental Health and Disability	Community Services for Adults with Physical Disability	Community	Physical Disability Team A&D	Confidentiality		Resolved		Importance of staff adhering to General Data Protection Regulations	Home of client	Home of client	Closed	0	N	N
13448	Formal HSC Complaint	25/05/2021	14/07/2021	N/A	34	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments		Resolved		None	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13466	Formal HSC Complaint	27/05/2021	21/07/2021	N/A	37	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Quality of Treatment Care		Resolved		Doctor has reflected and will try to be clearer in his communication	ENT Clinic	ENT Clinic	Closed	0	N	N
13289	Formal HSC Complaint	27/04/2021	07/07/2021	N/A	49	Older People and Primary Care	Specialist Primary Care Services Nursing	Craigavon Area Hospital	Heart Failure	Quality of Treatment Care		Closed - other reasons		No lessons learned.	1 North Cardiology	1 North Cardiology	Closed	0	N	Y

13289	Formal HSC Complaint	27/04/2021	07/07/2021	N/A	49	Older People and Primary Care	Specialist Primary Care Services Nursing	Craigavon Area Hospital	Heart Failure	Professional Assessment of Need	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	No lessons learned.	1 North Cardiology	1 North Cardiology	Closed	0	N	Y
13574	Formal HSC Complaint	22/06/2021	20/07/2021	N/A	19	Children and Young Peoples Services	AHP's CYP Services	Community	Occupational Therapy CYP	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Portadown HSSC	Portadown HSSC	Closed	0	N	N
13466	Formal HSC Complaint	27/05/2021	21/07/2021	N/A	37	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Doctor has reflected and will try to be clearer in his communication	ENT Clinic	ENT Clinic	Closed	0	N	N
13466	Formal HSC Complaint	27/05/2021	21/07/2021	N/A	37	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Doctor has reflected and will try to be clearer in his communication	ENT Clinic	ENT Clinic	Closed	0	N	N
13555	Formal HSC Complaint	05/07/2021	26/07/2021	N/A	14	Older People and Primary Care	Integrated Care Team	Independent/Voluntary Sector Locations	South Down	Other	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	No lessons learned.	Personal Information redacted by the USI	Personal Information redacted by the USI	Closed	0	N	N
13482	Formal HSC Complaint	07/06/2021	01/07/2021	N/A	18	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	After communication should have been given after the poisons database had been checked and the product consumed was of high risk.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13519	Formal HSC Complaint	10/06/2021	30/07/2021	N/A	35	Acute Services	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Delay/Cancellation for Inpatients	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	One required	Orthopaedic Clinic	Orthopaedic Ward	Closed	0	N	N
13512	Formal HSC Complaint	11/06/2021	14/07/2021	N/A	22	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13512	Formal HSC Complaint	11/06/2021	14/07/2021	N/A	22	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13512	Formal HSC Complaint	11/06/2021	14/07/2021	N/A	22	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Hotel/Support/Security Services (Excludes Contracted Services)	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13512	Formal HSC Complaint	11/06/2021	14/07/2021	N/A	22	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13489	Formal HSC Complaint	14/06/2021	29/07/2021	N/A	32	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Nurse has reflected on her conduct and will attend communication skills training.	Emergency Department DHH	Emergency Department DHH	Closed	0	N	N
13489	Formal HSC Complaint	14/06/2021	29/07/2021	N/A	32	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	Nurse has reflected on her conduct and will attend communication skills training.	Emergency Department DHH	Emergency Department DHH	Closed	0	N	N

13521	Formal HSC Complaint	14/06/2021	21/07/2021	N/A	26	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required.	2 West Maternity Post Natal	2 West Maternity Post Natal	Closed	0	N	N
13521	Formal HSC Complaint	14/06/2021	21/07/2021	N/A	26	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required.	2 West Maternity Post Natal	2 West Maternity Post Natal	Closed	0	N	N
13507	Formal HSC Complaint	11/06/2021	23/07/2021	14/07/2021	29	Mental Health and Disability	Support and Recovery Services	Community	Support and Recovery Team N&M Locality	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Mourne Resource Centre	Home of client	Closed	0	N	N
13521	Formal HSC Complaint	14/06/2021	21/07/2021	N/A	26	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Professional Assessment of Need	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI		2 West Maternity Post Natal	2 West Maternity Post Natal	Closed	0	N	N
13522	Formal HSC Complaint	14/06/2021	02/07/2021	N/A	14	Acute Services	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	doctor has reflected on his behaviour and will endeavour to be mindful of his demeanour in future	Orthopaedic Clinic	Orthopaedic Clinic	Closed	0	N	N
13522	Formal HSC Complaint	14/06/2021	02/07/2021	N/A	14	Acute Services	General Surgery	Craigavon Area Hospital	Orthopaedic Surgery	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	doctor has reflected on his behaviour and will endeavour to be mindful of his demeanour in future	Orthopaedic Clinic	Orthopaedic Clinic	Closed	0	N	N
13545	Formal HSC Complaint	15/06/2021	14/07/2021	N/A	20	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Professional Assessment of Need	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	None	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13545	Formal HSC Complaint	15/06/2021	14/07/2021	N/A	20	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13562	Formal HSC Complaint	17/06/2021	21/07/2021	N/A	23	Acute Services	Cardiac Services	Craigavon Area Hospital	Cardiology	Quality of Treatment & Care	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required known complication of procedure.	1 North Cardiology	1 North Cardiology	Closed	0	N	N
13562	Formal HSC Complaint	17/06/2021	21/07/2021	N/A	23	Acute Services	Cardiac Services	Craigavon Area Hospital	Cardiology	Professional Assessment of Need	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	none required known complication of procedure.	1 North Cardiology	1 North Cardiology	Closed	0	N	N
13564	Formal HSC Complaint	16/06/2021	01/07/2021	N/A	11	Acute Services	Outpatients	Craigavon Area Hospital	Outpatients	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	none required	Urology Clinic	Urology Clinic	Closed	0	N	N
13611	Formal HSC Complaint	28/06/2021	27/07/2021	N/A	20	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Communication/Information	Personal Information redacted by the USI	Closed - other reasons	Personal Information redacted by the USI	Plans are being revised with Estates to revamp the infrastructure of ED. New seating is being sourced for ED currently.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
13410	Formal HSC Complaint	20/05/2021	23/07/2021	N/A	44	Mental Health and Disability	Support and Recovery Services	Daisy Hill Hospital	Support and Recovery Team N&M Locality	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Mental Health Department	Home of client	Closed	0	N	N
13515	Formal HSC Complaint	23/06/2021	07/07/2021	N/A	10	Children and Young Peoples Services	CWD Services	Community	Children With Disability Team N&M	Communication/Information	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	None	Carrikkore, Newry	Carrikkore, Newry	Closed	0	N	N

13515	Formal HSC Complaint	23/06/2021	07/07/2021	N/A	10	Children and Young Peoples Services	CWD Services	Community	Children With Disability Team N&M	Professional Assessment of Need
13704	Formal HSC Complaint	26/07/2021	27/07/2021	N/A	1	Older People and Primary Care	Patient Services (non acute hospitals)	Lurgan Hospital	Care of the Elderly Services - Stroke Rehabilitation	Waiting Times, Community Services
13611	Formal HSC Complaint	28/06/2021	27/07/2021	N/A	20	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Waiting Times, A&E Departments
13611	Formal HSC Complaint	28/06/2021	27/07/2021	N/A	20	Acute Services	Emergency Department Services	Craigavon Area Hospital	Accident and Emergency	Environmental
13600	Formal HSC Complaint	25/06/2021	15/07/2021	N/A	13	Children and Young Peoples Services	Community Paediatric Service	Lurgan Hospital	Community Paediatrics C&B	Professional Assessment of Need
13600	Formal HSC Complaint	25/06/2021	15/07/2021	N/A	13	Children and Young Peoples Services	Community Paediatric Service	Lurgan Hospital	Community Paediatrics C&B	Communication/Information
13704	Formal HSC Complaint	26/07/2021	27/07/2021	N/A	1	Older People and Primary Care	Patient Services (non acute hospitals)	Lurgan Hospital	Care of the Elderly Services - Stroke Rehabilitation	Professional Assessment of Need
13698	Formal HSC Complaint	20/07/2021	30/07/2021	N/A	8	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Policy/Commercial Decisions
13518	Formal HSC Complaint	30/06/2021	06/07/2021	N/A	4	Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team C/B	Communication/Information
13518	Formal HSC Complaint	30/06/2021	06/07/2021	N/A	4	Children and Young Peoples Services	Looked After Children Services	Community	Looked After Childrens Team C/B	Staff Attitude/Behaviour
13720	Formal HSC Complaint	25/07/2021	29/07/2021	N/A	4	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Policy/Commercial Decisions
13722	Formal HSC Complaint	27/07/2021	30/07/2021	N/A	3	Acute Services	Midwifery and Gynaecology	Craigavon Area Hospital	Obstetrics	Policy/Commercial Decisions
13445	Formal HSC Complaint	06/07/2021	13/07/2021	N/A	4	Children and Young Peoples Services	AHP's CYP Services	Lurgan Hospital	Occupational Therapy CYP	Professional Assessment of Need
13445	Formal HSC Complaint	06/07/2021	13/07/2021	N/A	4	Children and Young Peoples Services	AHP's CYP Services	Lurgan Hospital	Occupational Therapy CYP	Communication/Information
13696	Formal HSC Complaint	22/07/2021	28/07/2021	N/A	4	Children and Young Peoples Services	Family Intervention Service	Community	FIT Portadown	Communication/Information

Personal Information redacted by the USI

Resolved

Complaint withdrawn

Resolved

Resolved

Resolved

Resolved

Complaint withdrawn

Closed - other reasons

Resolved

Resolved

Closed - other reasons

Closed - other reasons

Resolved

Resolved

Resolved

Personal Information redacted by the USI

None	Carrickore, Newry	Carrickore, Newry	Closed	0	N	N
No lessons learned.	Ward 1, Assessment and Rehabilitation	Home of client	Closed	0	N	N
Plans are being revised with Estates to revamp the infrastructure of ED. New seating is being sourced for ED	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
Plans are being revised with Estates to revamp the infrastructure of ED.	Emergency Department CAH	Emergency Department CAH	Closed	0	N	N
None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
No lessons learned.	Ward 1, Assessment and Rehabilitation	Home of client	Closed	0	N	N
none required	Maternity Ward	Maternity Admissions/Assessment Unit	Closed	0	N	N
None	Brownlow HSSC, Legahorry Centre	Brownlow HSSC, Legahorry Centre	Closed	0	N	N
None	Brownlow HSSC, Legahorry Centre	Brownlow HSSC, Legahorry Centre	Closed	0	N	N
none required	Delivery Suite, CAH	Delivery Suite, CAH	Closed	0	N	N
none required	Delivery Suite, CAH	Delivery Suite, CAH	Closed	0	N	N
None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
None	Lurgan HSSC	Lurgan HSSC	Closed	0	N	N
None	Portadown HSSC	Portadown HSSC	Closed	0	N	N

13696	Formal HSC Complaint	22/07/2021	28/07/2021	N/A		4 Children and Young Peoples Services	Family Intervention Service	Community	FIT Portadown	Staff Attitude/Behaviour	Personal Information redacted by the USI	Resolved	Personal Information redacted by the USI	N/A	None	Portadown HSSC	Portadown HSSC	Closed		0		
																				N	N	

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

Attendees: Mrs Liz Fitzpatrick, Mr Michael Cruikshanks, Miss Claire Dougherty, Miss Frances Bradley, Mrs Michele Clawson, Mr Seamus McErlean, Ms Una McRory, Ms Corrina Grimes, Dr Paul Darragh, Rosie Byrne, Raymond Curran, Mrs Claire Logan

Apologies: Mrs Denise Boulter, Ms Margaret McMullan, Ms Michelle Laverty, Dr Richard Orr, Mr Gerry Cleary, Mrs Mary McElroy, Mr Richard Dixon.

Date 19 November 2014

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
		<u>Draft SMT paper</u> Richard Dixon noted a significant number of complaints in the Southern Trust regarding the non-acute programmes of care. A note has been included in the Draft SMT paper going to QSE advising that complaints staff raise this matter with the Trust.	Liz Fitzpatrick	24 June 2015
		Update 25 February 2015 Liz Fitzpatrick advised that she intends following this up with senior Trust complaints staff.	Liz Fitzpatrick	24 June 2015
		Update 29 April 2015 Liz Fitzpatrick advised that there are issues regarding coding in respect of SHSCT statistics; this issue continues to be followed up with the SHSCT.		
		Update 24 June 2015 Liz Fitzpatrick advised that the Deputy Complaints Manager will be attending the Regional Complaints Forum with Trusts to discuss a number of issues that had arisen concerning the Trust reports eg coding; level of information; timeliness of information and	Liz Fitzpatrick	Closed

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

		complaints being suspended as an SAI process in place. She advised that the Group would be updated once the meeting had taken place and that this action could be closed.		
		<p>Learning Event Liz Fitzpatrick advised that an annual learning event is being arranged and is likely to take place in June 2015. The event will focus on various aspects of communication. Further details will follow at future meetings.</p> <p>Update 29 April 2015 Liz Fitzpatrick advised that the Agenda for the Event is currently being drafted. A number of speakers have been identified and she is hopeful to secure service users to speak at the Event. She advised that she would feed back to the Group following the event.</p> <p>Update 24 June 2015 Liz Fitzpatrick advised that the learning event had been a successful. She advised that there will be a newspaper circulated to the Chief Executives, Medical Directors and the Director of Nursing outlining the key messages and outcomes. She concluded that she hoped that this will be available by August 2015. She advised that discussions were already underway for next years event and arrangements will be made to discuss the event with Disability and Older Persons Groups.</p>	<p>Liz Fitzpatrick</p> <p>Liz Fitzpatrick</p>	<p>24 June 2015</p> <p>26 August 2015</p>

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

Attendees: Mrs Liz Fitzpatrick, Mr Michael Cruikshanks, Miss Claire Dougherty, Miss Frances Bradley, Mrs Michele Clawson, Mr Seamus McErlean, Ms Una McRory, Dr Paul Darragh, Mr Richard Dixon, Grace O'Neill, Mrs Mary McElroy.

Apologies: Mrs Denise Boulter, Ms Corrina Grimes.

Date 25 February 2015

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
25 February 2015	1	<p>A&E Complaints Additional information required for the following complaints: Further information was received on the following complaints.</p> <p>SET – <small>Personal Information</small></p> <p>Update 24 June 2015 Frances Bradley advised that additional information had been shared with relevant Professionals who confirmed they had no concerns. She brought attention to complaint <small>Personal Information</small> where the Trust had advised it would not confirm involvement of the GMC in this case due to confidentiality issues. The Group discussed this and suggested that the Trust be informed that it is able to confirm whether or not the GMC is involved in a complaint</p>	<p>Frances Bradley</p> <p>Frances Bradley</p>	<p>24 June 2015</p> <p>26 August 2015</p>
25 February 2015	2	<p>Patient Experience Complaints Additional information required for the following complaints:</p> <p>SET – <small>Personal Information redacted by 1</small></p>	Frances Bradley	24 June 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

		Update 24 June 2015 Mary McElroy confirmed that she had no concerns having reviewed the additional information she had received.	Frances Bradley	Closed
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Attendees: Mrs Liz Fitzpatrick, Mr Michael Cruikshanks, Miss Claire Dougherty, Miss Frances Bradley, Mrs Michele Clawson, Ms Alice McKeown Mr Seamus McErlean, Ms Clare McGartland, Dr Paul Darragh, Grace O'Neill, Mrs Mary McElroy, Claire Logan, Gerry Cleary.

Apologies: Mrs Denise Boulter, Margaret McMullan, Ms Una McRory, Mr Richard Dixon.

Date: 29 April 2015

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
29 April 2015	8	<u>For Noting</u> <u>Thematic Review Pain & Nutrition</u> Mrs McElroy informed the Group that she had carried out a review of pain & nutrition in a hospital setting and had drafted a report. She confirmed that information from complaints and 10,000 voices had informed her report and referred to a six month period, January- June 2014. She briefly outlined the areas that had come out of the review such as inadequate pain relief and issues regarding nutrition such as temperature of food, and lack of food with Emergency Departments, catering for those suffering diabetes. She advised that the report had not yet been finalised and that she would circulate this to the Group for comment and		

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

		<p>that feedback would be appreciated. She commented that the information she reviewed from 10,000 voices included positive feedback which she hoped would provide a balanced view. She advised that this would be circulated prior to the next QSE meeting on Wednesday 6 May 2015.</p> <p>Discussions regarding a review of Pain & Nutrition within Primary Care took place and Mrs McElroy confirmed she will raise this issue at QSE and keep the Group informed.</p> <p>Update 28 May 2015 It was agreed at QSE that Primary Care information should also form part of the thematic review of pain and nutrition. Primary Care complaints information was forwarded to, Dr Heather Livingstone, nominated FPS adviser, for review. Dr Livingstone will liaise with Mrs McElroy in this regard. Mrs McElroy will update the Group at a future date.</p> <p>Update 24 June 2015 Mrs McElroy advised that Dr Livingstone had provided her with information concerning Primary Care which she intended incorporating into her Report. She advised the Report will be available for the next meeting.</p>	<p>Mary McElroy</p> <p>Mary McElroy</p>	<p>24 June 2015</p> <p>26 August 2015</p>
29 April 2015	9	<p><u>WHSCT Complaints - January 2015</u></p> <p><u>Patient Experience & A&E Complaints</u></p> <p>Liz Fitzpatrick outlined two complaints she</p>	Michele Clawson	29 April 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

		had highlighted with the WHSCT January report. One related to Patient Experience and the other to A&E. She had received Learning Templates from the Trust in relation to both complaints and agreed that these should be shared with Dr Darragh and Mrs McElroy and Michelle Lavery respectively in the first instance.		
29 April 2015	10	<p>Fractures It was noted that a number of missed fractures continue to be received within the NSHCT Complaints reports and in particular the timeliness of patients being reviewed. Grace O'Neill agreed to raise this issue with Unscheduled Care colleagues and feed back to the Group.</p> <p>Update 6 May 2015 Michelle Lavery requested a six month look back for missed fractures over all Trusts to identify any particular problem in the NHSC. This information was passed to Liz Fitzpatrick. This information has also been shared with Michelle Lavery.</p> <p>Update 24 June 2015 Grace O'Neill advised that they were currently looking at this information and will provide an update at the next meeting.</p>	Grace O'Neill	24 June 2015
			Grace O'Neill	26 August 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

Attendees: Mrs Liz Fitzpatrick, Miss Frances Bradley, Mrs Michele Clawson, Mr Seamus McErlean, Dr Paul Darragh, Claire Logan, Grace O'Neill, Mrs Mary McElroy, Mr Gerry Cleary, Mr Tom Coyle.

Apologies: Mrs M McMullan.

Date 24 June 2015

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
24 June 2015	1	<p>Maternity & Gynaecology Complaints</p> <p>WHSCT <small>Personal Info</small></p> <p>Liz Fitzpatrick advised that she had highlighted this complaint and shared it with Denise Boulter, Dr Darragh and Louise Herron. Dr Darragh advised that Denise Boulter would be better placed to comment but noted that she was on leave and suggested that it be forwarded to Fiona Kennedy and Jackie McCall for comment.</p> <p>Forward to Fiona Kennedy. Email sent 26 June 2015. Dr Kennedy advised that she was aware of this. An SEA report was awaited.</p> <p>Update 10 July 2015</p> <p>Dr Kennedy confirmed that Denise Boulter was the DRO in relation to this case. Denise Boulter commented that any learning would be addressed via the SAI process.</p>	Michele Clawson	26 August 2015
24 June 2015	2	Patient Experience Complaints	Michele Clawson	26 August 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

		<p>Mary McElroy has requested a copy of the letter of complaint and response to each of the complaints listed</p> <p>SHSCT SHSCT BHSCT BHSCT NHSCT NHSCT NHSCT NHSCT NHSCT</p> <p><small>Personal Information redacted by the USI</small></p> <p>*also requested by Corrina Grimes</p>		
24 June 2015	3	<p>Palliative Care Complaints</p> <p>Corrina Grimes has requested further information in relation to the following complaint</p> <p>NHSCT <small>Personal Info</small></p> <p>Update 28 July 2015 – information awaited - update sought from HSC Trust.</p>	Michele Clawson	26 August 2015
24 June 2015	4	<p>GP OOHs Complaints</p> <p>SHSCT</p> <p>Liz Fitzpatrick discussed the learning arising from a complaint in the SHSCT OOHs. The complainant raised concern that post operative patients should be re categorised when they are reporting pain. The Trust</p>	Tom Coyle	26 August 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

		<p>amended the guidance for patient management. The guidance now includes a section that raises a level of concern when a patient is post operation. In addition the advisory note at the beginning of the call handler booklet has been strengthened also. She asked if there was merit in this learning being shared across the board.</p> <p>Tom Coyle advised that he would bring this matter to the Regional Providers Governance Meeting to seek assurance that protocols are in place for post operative patients.</p> <p>WUC</p> <p>WGP57 <small>Personal Inform</small></p> <p>Tom Coyle to provide further feedback in relation to this complaint in respect of the Guidance issued to doctors regarding ECGs to be undertaken where patient gives a history of chest discomfort.</p>		
24 June 2015	5	<p>Social Care Complaints</p> <p>Seamus McErlean advised that the information provided to him will help in form a piece of work he is currently undertaking in respect of the Dementia Strategy. He will feed back to the Group once this is complete.</p>	Seamus McErlean	21 October 2015
24 June	6	<p>A&E Complaints</p> <p>SET <small>Personal Inform</small> –April Report</p> <p>Grace O'Neill has requested further information in relation to this complaint.</p>	Grace O'Neill	26 August 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

24 June	7	<p><u>For Noting</u></p> <p><u>AOB</u> Liz Fitzpatrick advised that the Complaints Department had been asked to share information with Lynne Charlton in relation Urology complaints and also in relation to falls for the period April 2014 – March 2015.</p> <p><u>QSE Feed back</u> Liz Fitzpatrick advised that QSE had discussed complaints relating to Privacy & Dignity and how these would be handled. It had previously been agreed that they would be handled under Q2020. Further clarification will be sought in relation to this.</p> <p><u>Medical Negligence</u> Dr Darragh discussed the fact that we do not know a lot of information concerning medical negligence work that is ongoing. He suggested that any learning and analysis from Medical Negligence cases would be valuable and would provide a fuller picture. Liz Fitzpatrick undertook to discuss this with DLS in terms of sharing themes etc and feed back to the Group.</p> <p><u>Dentist struck off GDC registration list</u> Dentist in the Western Area has been struck off the GDC list. Liz Fitzpatrick has requested if Gerry Cleary can establish a contact point in the defence union should any patient wish to peruse a complaint against</p>	<p>Liz Fitzpatrick</p> <p>Liz Fitzpatrick</p> <p>Gerry Cleary</p>	<p>26 August 2015</p> <p>26 August 2015</p> <p>26 August 2015</p>
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Regional Complaints Sub-Group – Action Log – Open Actions at 24 June 2015

		the dentist.		
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Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

Attendees: Mrs Liz Fitzpatrick, Mr Michael Cruikshanks, Miss Claire Dougherty, Miss Frances Bradley, Mrs Michele Clawson, Mr Seamus McErlean, Ms Una McRory, Ms Corrina Grimes, Dr Paul Darragh, Rosie Byrne, Raymond Curran, Mrs Claire Logan

Apologies: Mrs Denise Boulter, Ms Margaret McMullan, Ms Michelle Laverty, Dr Richard Orr, Mr Gerry Cleary, Mrs Mary McElroy, Mr Richard Dixon.

Date 19 November 2014

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
28 January 2015	6	<p><u>Learning Event</u></p> <p>Liz Fitzpatrick advised that an annual learning event is being arranged and is likely to take place in June 2015. The event will focus on various aspects of communication. Further details will follow at future meetings.</p> <p>Update 29 April 2015</p> <p>Liz Fitzpatrick advised that the Agenda for the Event is currently being drafted. A number of speakers have been identified and she is hopeful to secure service users to speak at the Event. She advised that she would feed back to the Group following the event.</p> <p>Update 24 June 2015</p> <p>Liz Fitzpatrick advised that the learning event had been a successful. She advised that there will be a newspaper circulated to the Chief Executives, Medical Directors and the Director of Nursing outlining the key messages and outcomes. She concluded that she hoped that</p>	<p>Liz Fitzpatrick</p> <p>Liz Fitzpatrick</p>	<p>24 June 2015</p> <p>26 August 2015</p>

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>this will be available by August 2015. She advised that discussions were already underway for next years event and arrangements will be made to discuss the event with Disability and Older Persons Groups.</p> <p>Update 26 August 2015 Liz Fitzpatrick advised that the output from the learning event is in draft form and is with Communications colleagues for formatting/presentation adjustments. This will be shared at the next meeting</p>	Liz Fitzpatrick	21 October 2015
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Attendees: Mrs Liz Fitzpatrick, Mr Michael Cruikshanks, Miss Claire Dougherty, Miss Frances Bradley, Mrs Michele Clawson, Mr Seamus McErlean, Ms Una McRory, Dr Paul Darragh, Mr Richard Dixon, Grace O'Neill, Mrs Mary McElroy.

Apologies: Mrs Denise Boulter, Ms Corrina Grimes.

Date 25 February 2015

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
25 February 2015	1	<p>A&E Complaints Additional information required for the following complaints: Further information was received on the following complaints.</p> <p>SET – Personal Info *</p> <p>Update 24 June 2015 Frances Bradley advised that additional</p>		<p>24 June 2015</p> <p>26 August 2015</p>

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		information had been shared with relevant Professionals who confirmed they had no concerns. She brought attention to complaint 9208 where the Trust had advised it would not confirm involvement of the GMC in this case due to confidentiality issues. The Group discussed this and suggested that the Trust be informed that it is able to confirm whether or not the GMC is involved in a complaint.		
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Attendees: Mrs Liz Fitzpatrick, Mr Michael Cruikshanks, Miss Claire Dougherty, Miss Frances Bradley, Mrs Michele Clawson, Ms Alice McKeown Mr Seamus McErlean, Ms Clare McGartland, Dr Paul Darragh, Grace O'Neill, Mrs Mary McElroy, Claire Logan, Gerry Cleary.

Apologies: Mrs Denise Boulter, Margaret McMullan, Ms Una McRory, Mr Richard Dixon.

Date: 29 April 2015

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
29 April 2015	8	<u>For Noting</u> <u>Thematic Review Pain & Nutrition</u> Mrs McElroy informed the Group that she had carried out a review of pain & nutrition in a hospital setting and had drafted a report. She confirmed that information from complaints and 10,000 voices had informed her report and referred to a six month period, January- June 2014. She briefly outlined the areas that had come out of the review such		

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>as inadequate pain relief and issues regarding nutrition such as temperature of food, and lack of food with Emergency Departments, catering for those suffering diabetes. She advised that the report had not yet been finalised and that she would circulate this to the Group for comment and that feedback would be appreciated. She commented that the information she reviewed from 10,000 voices included positive feedback which she hoped would provide a balanced view. She advised that this would be circulated prior to the next QSE meeting on Wednesday 6 May 2015.</p> <p>Discussions regarding a review of Pain & Nutrition within Primary Care took place and Mrs McElroy confirmed she will raise this issue at QSE and keep the Group informed.</p> <p>Update 28 May 2015 It was agreed at QSE that Primary Care information should also form part of the thematic review of pain and nutrition. Primary Care complaints information was forwarded to, Dr Heather Livingstone, nominated FPS adviser, for review. Dr Livingstone will liaise with Mrs McElroy in this regard. Mrs McElroy will update the Group at a future date.</p> <p>Update 24 June 2015 Mrs McElroy advised that Dr Livingstone had provided her with information concerning Primary Care which she intended</p>	<p>Mary McElroy</p> <p>Mary McElroy</p>	<p>24 June 2015</p> <p>26 August 2015</p>
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Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>incorporating into her Report. She advised the Report will be available for the next meeting.</p> <p>Update 26 August 2015 Mary McElroy presented the final draft of the Thematic Review report. She summarised the report for the group and asked that any feedback or comments be emailed to her. She advised that the 5 recommendations she made in the report feed into other areas of on-going work. The report will be going to QSE on Wednesday 2nd September.</p> <p>She advised that the information gathered for the report fed into the RCN End of Life Care report, which she will share with the group.</p>	Mary McElroy	21 October 2015
29 April 2015	10	<p><u>Fractures</u> It was noted that a number of missed fractures continue to be received within the NSHCT Complaints reports and in particular the timeliness of patients being reviewed. Grace O'Neill agreed to raise this issue with Unscheduled Care colleagues and feed back to the Group.</p> <p>Update 6 May 2015 Michelle Lavery requested a six month look back for missed fractures over all Trusts to identify any particular problem in the NHSCT. This information was passed to Liz Fitzpatrick. This information has also been</p>	Grace O'Neill	24 June 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		shared with Michelle Lavery.		
		Update 24 June 2015 Grace O'Neill advised that they were currently looking at this information and will provide an update at the next meeting.	Grace O'Neill	26 August 2015
		Update 26 August 2015 Grace O'Neill presented the Fracture Review report to the group. She outlined that the review had been undertaken following concerns with the NHSCT, but the report concluded that over the 6 month period analysed, the NHSCT does not appear to sit out of kilter regionally. The group agreed the report does not need to be presented at QSE. No further action required.		Closed 26 August 2015

Attendees: Mrs Liz Fitzpatrick, Miss Frances Bradley, Mrs Michele Clawson, Mr Seamus McErlean, Dr Paul Darragh, Claire Logan, Grace O'Neill, Mrs Mary McElroy, Mr Gerry Cleary, Mr Tom Coyle.

Apologies: Mrs M McMullan.

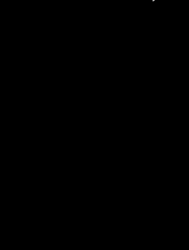
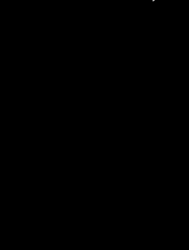
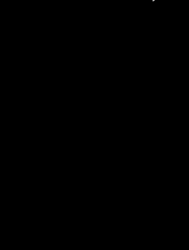
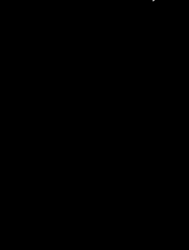
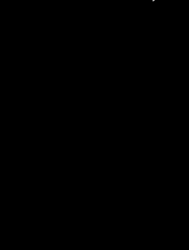
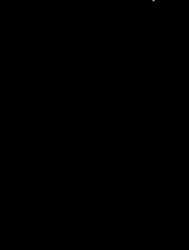
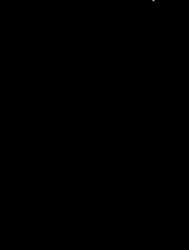
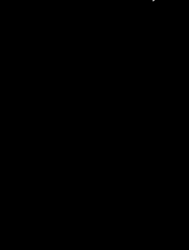

Date 24 June 2015

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
24 June 2015	1	Maternity & Gynaecology Complaints WHSCT <small>Personal Info</small>	Michele Clawson	26 August 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>Liz Fitzpatrick advised that she had highlighted this complaint and shared it with Denise Boulter, Dr Darragh and Louise Herron. Dr Darragh advised that Denise Boulter would be better placed to comment but noted that she was on leave and suggested that it be forwarded to Fiona Kennedy and Jackie McCall for comment.</p> <p>Forward to Fiona Kennedy. Email sent 26 June 2015. Dr Kennedy advised that she was aware of this. An SEA report was awaited.</p> <p>Update 10 July 2015 Dr Kennedy confirmed that Denise Boulter was the DRO in relation to this case. Denise Boulter commented that any learning would be addressed via the SAI process.</p> <p>Update 26 August 2015 Denise Boulter confirmed that Trust's have been reminded of Best Practice Guidance regarding Reduced Fetal Movements. No further action required.</p>		Closed 26 August 2015
24 June 2015	2	<p>Patient Experience Complaints</p> <p>Mary McElroy has requested a copy of the letter of complaint and response to each of the complaints listed</p> <p>SHSCT <small>Personal Info</small></p>	Michele Clawson	26 August 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>SHSCT <small>Personal Information redacted by the US</small></p> <p>BHSCT </p> <p>BHSCT </p> <p>NHSCT </p> <p>NHSCT </p> <p>NHSCT </p> <p>NHSCT </p> <p>NHSCT </p> <p>NHSCT </p> <p><small>*also requested by Corrina Grimes</small></p> <p>Update 26 August 2015 Information provided to Mary McElroy. No issues of concern. No further action required.</p>		Closed 26 August 2015
24 June 2015	3	<p>Palliative Care Complaints</p> <p>Corrina Grimes has requested further information in relation to the following complaint</p> <p>NHSCT <small>Personal Info</small> </p> <p>Update 28 July 2015 – information awaited - update sought from HSC Trust.</p> <p>Update 26 August 2015 Information provided to Corrina Grimes. Mary McElroy confirmed Corrina Grimes had no issues of concern. No further action required.</p>	Michele Clawson	26 August 2015
24 June 2015	4	GP OOHs Complaints		

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>SHSCT</p> <p>Liz Fitzpatrick discussed the learning arising from a complaint in the SHSCT OOHs. The complainant raised concern that post operative patients should be re categorised when they are reporting pain. The Trust amended the guidance for patient management. The guidance now includes a section that raises a level of concern when a patient is post operation. In addition the advisory note at the beginning of the call handler booklet has been strengthened also. She asked if there was merit in this learning being shared across the board.</p> <p>Tom Coyle advised that he would bring this matter to the Regional Providers Governance Meeting to seek assurance that protocols are in place for post operative patients.</p> <p>WUC</p> <p>WGP57: <small>Personal Info</small></p> <p>Tom Coyle to provide further feedback in relation to this complaint in respect of the Guidance issued to doctors regarding ECGs to be undertaken where patient gives a history of chest discomfort.</p> <p>Update 26 August 2015 Deferred until 21 October 2015</p>	<p>Tom Coyle</p> <p>Tom Coyle</p>	<p>26 August 2015</p> <p>21 October 2015</p>
24 June 2015	5	<p>Social Care Complaints</p> <p>Seamus McErlean advised that the</p>	Seamus McErlean	21 October 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		information provided to him will help in form a piece of work he is currently undertaking in respect of the Dementia Strategy. He will feed back to the Group once this is complete.		
24 June	6	<p>A&E Complaints</p> <p>SET [Personal Info] –April Report Grace O'Neill has requested further information in relation to this complaint.</p> <p>Update 6 October 2015 Information received and provided to Grace O'Neill and Michelle Lavery</p>	<p>Grace O'Neill</p> <p>Frances Bradley</p>	<p>26 August 2015</p> <p>21 October 2015</p>
24 June	7	<p><u>For Noting</u></p> <p><u>AOB</u> Liz Fitzpatrick advised that the Complaints Department had been asked to share information with Lynne Charlton in relation Urology complaints and also in relation to falls for the period April 2014 – March 2015.</p> <p>Update 26 August 2015 The Group confirmed that Lynne Charlton is using the information from Urology Complaints to feed into the HSCB Review of Urology Services.</p> <p><u>QSE Feed back</u> Liz Fitzpatrick advised that QSE had discussed complaints relating to Privacy & Dignity and how these would be handled. It had previously been agreed that they would</p>		<p>26 August 2015</p> <p>Closed 26 August 2015</p> <p>26 August 2015</p>

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>be handled under Q2020. Further clarification will be sought in relation to this.</p> <p>Update 26 August 2015 Liz Fitzpatrick advised QSE feedback is outstanding. Follow up at next meeting.</p> <p><u>Medical Negligence</u> Dr Darragh discussed the fact that we do not know a lot of information concerning medical negligence work that is ongoing. He suggested that any learning and analysis from Medical Negligence cases would be valuable and would provide a fuller picture. Liz Fitzpatrick undertook to discuss this with DLS in terms of sharing themes etc and feed back to the Group.</p> <p>Update 26 August 2015 Liz Fitzpatrick advised she has started discussions with Wendy Beggs (DLS). This issue has been added to the agenda for the PAG meeting in October 2015.</p>	<p>Liz Fitzpatrick</p> <p>Liz Fitzpatrick</p>	<p>21 October 2015</p> <p>26 August 2015</p> <p>21 October 2015</p>
	8	<p><u>Dentist struck off GDC registration list</u> Dentist in the Western Area has been struck off the GDC list. Liz Fitzpatrick has requested if Gerry Cleary can establish a contact point in the defence union should any patient wish to peruse a complaint against the dentist.</p> <p>Update 26 August 2015</p>	<p>Gerry Cleary</p>	<p>Closed 26 August 2015</p>

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>Gerry Cleary advised he had contact the GDC, who advised that they do not discuss individual cases.</p> <p>Liz Fitzpatrick requested that if other Directorates in HSCB become aware of similar issues occurring (Dentist struck off list) that the Complaints Department become notified of it. This will allow them to deal with any telephone queries they receive regarding known issues in a prompt and factual manner.</p> <p>No further action required.</p>		
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Attendees: Mrs Liz Fitzpatrick, Mr Michael Cruikshanks, Miss Frances Bradley, Mrs Michele Clawson, Alice McKeown Mr Seamus McErlean, Mr Gerry Cleary, Mr Richard Dixon, Mrs Mary McElroy, Dr Paul Darragh, Claire Logan, Grace O'Neill, Mrs Denise Boulter.

Apologies: Mrs Margaret McMullan, Mr Tom Coyle, Ms Corrina Grimes, Mr Raymond Curren.

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
26 August 2015	1	QSE Feedback	N/A	N/A

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>Liz Fitzpatrick informed the group that the Quarterly Complaints report (Q4 14/15) will be going to QSE on 03/09/15.</p> <p>She also advised that the Annual Complaints report will be going to an upcoming SMT meeting, and then to the Governance Committee meeting.</p>		Closed 26 August 2015
26 August 2015	2	<p>Maternity and Gynaecology Complaints May and June 2015</p> <p>NHSCT <small>Personal Info</small> share with Dr Tracey Owens</p> <p>NHSCT <small>Personal Info</small> Establish if the Response letter was issued before or after the Reminder of Best Practice letter.</p> <p>Update 28th September Reminder of Best Practice letter issued on 28th May 2015 and response letter issued on 29th</p> <p>SET – <small>Personal Info</small> Establish if this was an SAI. This has also been shared with Heather Reid and Fiona Kennedy</p> <p>Update 14 October</p> <p>SEHSCT confirmed that complaint was not processed as an SAI, it is however an open litigation case. Information provided to Denise</p>	<p>Alice McKeown</p> <p>Denise Boulter</p> <p>Alice McKeown</p> <p>Frances Bradley</p>	21 October 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>Boulter. WHSCT – <small>Personal Info</small> Obtain copy of response, as complaint was also an SAI but choose not to engage in the SAI process</p> <p>Update 14 October</p> <p>Response provided to Denise Boulter</p>	Alice McKeown	
26 August 2015	3	<p>Patient Experience Complaints May and June 2015</p> <p>Mary McElroy requested further information on:</p> <p>SET <small>Personal Info</small> - COM SET <small>Personal Info</small> - COM</p> <p>Update 6 October 2015 Information provided to Mary McElroy in respect of <small>Personal Information redacted by the USI</small>.</p> <p>SET <small>Personal Info</small> - COM</p> <p>Update 6 October 2015 Information provided to Mary McElroy in respect of complaint <small>Personal Info</small> – content to close on information provided</p>	Frances Bradley	21 October 2015
26 August 2015	4	<p>Palliative Care and AHP Complaints May and June 2015</p>		

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		Corrina Grimes on Annual Leave. Defer to October 2015.	Corrina Grimes	21 October 2015
26 August 2015	5	<p>GP Out of Hours Complaints May 2015</p> <p>Richard Orr provided comments in advance of the meeting for the May 2015 returns. He highlighted the difficulty in assessing the degree of complaint with the limited information available. Liz Fitzpatrick informed the group that Michael Cruikshanks was attending the Regional Complaints Forum meeting with the Trusts within the next few weeks and would highlight this issue again. He will also highlight the issue of incidents where a Medical Professional has left their post after the complaint has been opened and will emphasize that it is not adequate to simply state this in the letter of response – the complaint must still be fully investigated.</p> <p>June 2015 Tom Coyle apologies for this meeting. Defer to October meeting.</p>	<p>Michael Cruikshanks</p> <p>Tom Coyle</p>	<p>21 October 2015</p> <p>21 October 2015</p>
26 August 2015	6	<p>ED Complaints May 2015</p> <p>Further information requested on:</p> <p>NHSCT <small>Personal Info</small></p> <p>Update 1 September 2015 Information received and shared with Grace</p>	Frances Bradley	21 October 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>O'Neill and Michelle Lavery</p> <p>ED Complaints June 2015 Any issues of concern/further information required to follow via email.</p> <p>Email 28th August</p> <p>Michelle Lavery highlighted a slight increase in ED complaints in BHSCT and in Craivaon Area Hospital ED. Complaints Team to do a brief lookback to enable a comparison to be made.</p> <p>Several requests for further information on complaints. Michael Cruikshanks to use these as examples to the Trusts to illustrate difficulties HSCB faces when returns do not contain enough information to allow professional to make judgement on complaint.</p>	<p>Grace O'Neill</p> <p>Michelle Lavery Alice McKeown</p>	21 October 2015
26 August 2015	7	<p>Social Care Complaints May and June 2015</p> <p>Seamus outlined some general observations regarding the SHSCT May complaints – 10 of</p>		

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>11 complaints were related to childcare and ASD/Autism, he did not feel action was needed at present but would continue to monitor the SHSCT returns. He continued that the SET had 4 complaints related to hospital discharge teams. The group had a discussion regarding complaints relating to hospital discharge and felt that a review of these complaints would be useful to ascertain if there are any areas of concern. Alice McKeown will provide Seamus McErlean with all complaints relating to hospital discharge for January – June 2015</p> <p>Update 10th September 2015</p> <p>Hospital Discharge Complaints January – June 2015 sent to Seamus McErlean.</p>	<p>Alice McKeown Seamus McErlean</p>	<p>21 October 2015</p>
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Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		Clot/VTE Complaints June 2015 By Email on 25/08/15 Mary McElroy requested further information on NHSCT [Personal Info] to ensure proper information regarding treatment was received as part of the response. Mary McElroy content that the case was reviewed by Clinical Consultant lead for Respiratory Medicine. No follow-up with Trust necessary.	Mary McElroy	Closed 14 th September 2015
		Misidentification Complaints May and June 2015 By Email on 26/08/15 Gavin Lavery requested further information on: SET [Personal Info] – (information received) SHSCT [Personal Info] – (information outstanding)	Alice McKeown	
26 August 2015	8	HSC Trust Report May 2015 – Themes and Examples NHSCT [Personal Info] – this should also have been raised as an SAI. Confirm this with NHSCT and ask for further information. Update NHSCT advised this was discussed and not	Alice McKeown	21 October 2015

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		regarded as an SAI		
26 August 2015	9	HSC Trust Report June 2015 – Themes and Examples SHSCT [Personal Info] – Mary McElroy requested further information.	Alice McKeown	21 October 2015
26 August 2015	10	FPS Quarterly Report (Q1) April – June 2015 WGP52 [Personal Info] Denise Boulter requested further information. WDP01 [Personal Info] Gerry Cleary requested further information. WDP05 [Personal Info] Gerry Cleary requested further information.	Alice McKeown	21 October 2015
26 August 2015	11	Joined up approach – when complaints are also SAIs The group discussed instances where complaints are also SAIs and the importance of ensuring the Complaints process and the SAI process are joined up. Liz Fitzpatrick highlighted that often complaints are suspended when an SAI investigation is pending/underway. She continued that this should not happen and that the complaints		

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>process can run alongside the SAI process. The group discussed the impact that increased family involvement is having on the SAI process – specifically an increase in family dissatisfaction. Often, this dissatisfaction with the SAI process is only picked during the complaints process, as the SAI process has no satisfaction analysis within it. Denise Boulter agreed to share any learning from SAIs that are also complaints, when she is aware of it. Denise Boulter agreed to discuss these issues at the SAI monthly meeting and keep the item on the RCsG agenda for further discussions.</p>	<p>Liz Fitzpatrick Denise Boulter</p>	<p>On-going 21 October 2015</p>
26 August 2015	12	<p>PCC Blog – why Complain?</p> <p>Richard Dixon shared the PCC online blog 'Why Complain?' with the group for information. He also shared the comments that service users posted to the online blog. Liz Fitzpatrick enquired with Richard Dixon about what the PCC do with the information gathered from the comments online and Richard confirmed that they are simply recorded as information and not acted upon.</p>	<p>N/A</p>	<p>N/A Closed 26 August 2015</p>
26 August 2015	13	<p>NI Ombudsman Report 2014-15- SHSCT Dermatology Complaint</p> <p>Liz Fitzpatrick shared an extract from the NI</p>		

Regional Complaints Sub-Group – Action Log – Open Actions at 26 August 2015

		<p>Ombudsman Report 2014-15 regarding a dermatology complaint in the SHSCT. The Ombudsman's report highlights that learning from this case and subsequent changes that have been implemented in the SHSCT should be shared with the Complainant. Liz outlined that the current legislation does not permit the Ombudsman to share his full reports with HSCB (to enable HSCB to share regional learning), but she continued that this legislation is changing. The Group decided to obtain a copy of the Complaint and Response to identify any learning that could be shared regionally.</p>	<p>Alice McKeown Liz Fitzpatrick</p>	<p>21 October 2015</p>
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Regional Complaints Sub-Group – Action Log – 21 October 2020

Attendees: Liz Fitzpatrick (Chair), Anne Marie Phillips (Co-Chair), Claire Logan, Michelle Laverty, Jackie McCall, Mo Henderson, Bronte Mayo, Julie Kelly, Gerry Desmond, Margaret McMullan, Frances McNicholl, Michele Clawson, Serena Moore

Apologies: Seamus McErlean, Maria Dowds

Date: 16 October 2019

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
16 October 2019	9	<p><u>Stroke Complaints January – May 2019</u></p> <p>WHSCCT 7038 (May) Complainant has raised concerns relating to her daughter's attendance at ED. They raised concerns regarding fact she feels staff should have picked up sooner that her year old daughter was suffering a stroke.</p> <p><u>Outcome:</u> Confirmation given to family that as the patient was years old, the Clot busting drug could not be offered as there is no guidance for paediatric treatment and CT scan was not clinically required as symptoms had subsided at the time of triage.</p> <p>Julie-Anne Walkden Comments: I'm really concerned by the WT stroke complaint relating to a child where the outcome was nothing to learn where in my opinion there was, not least as there are royal collage of Paediatricians guidelines that would suggest a different course of action. I have undertaken an action to try to adopt the NICE guidelines across the region in response to this</p>	<p>Liz Fitzpatrick/Michele Clawson/ Jullie-Anne Walkden</p> <p>Liz Fitzpatrick/ Joanne McClean/ Ian Hannigan/ Michele Clawson</p>	<p>22 January 2020</p> <p>8 April 2020</p> <p>21 October 2020</p> <p>20 January 2021</p>

		<p>document.</p> <p>Action 16 October 2019 - Request detail form Julie-Anne Walkden to what she is proposing so that QSE may be informed.</p> <p>Update 23 October 2019 Julie-Anne Walden advised that her email to a stroke physician & interventional radiologist in the Belfast Trust & Paediatrician in Western Trust triggered support and debate. Dr Joanne McClean, Consultant PHA, is taking the regional professional lead and a meeting should take place in the weeks ahead. I believe there is support for change and the adoption of a Royal College of Paediatricians & NICE guideline that should affect change for the limited numbers of children each year that suffer a stroke. The final outcome will be known later in the year.</p> <p>Update 22 January 2020: Michele Clawson confirmed that Julie-Anne Walkden is leaving post and that she will continue to follow this up with Dr Joanne McClean and Ian Hannigan.</p> <p>Update 12 March 2020: Ian Hannigan advised that unfortunately the meeting scheduled for February was cancelled as Julie Ann had left the Network. Fiona Diamond will take up post as Stroke Network Coordinator on 30 March and the initial group meeting is now rescheduled for 21 April. I have also spoken to one of our Stroke</p>		
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		<p>Network QI Leads from NHSCT (Janet Horan) and Janet has kindly agreed to join the group alongside Fiona. As previously agreed Joanne McClean from PHA will take this work forward, linking in with the Stroke Network. I will keep you posted on outcomes from the meeting in April.</p> <p>Update 7 July 2020: Joanne McClean confirmed that she had met with clinicians in Western and Belfast Trusts to discuss how to implement new guidance on stroke in children. The work on this and the follow up meeting has had to be paused due to Covid-19 work being prioritised.</p> <p>Update 2 September 2020: Unfortunately, the scheduled paediatric stroke meeting for Thursday 17 September has been cancelled. A date for October/November 2020 is being considered. A further update will be requested.</p> <p>Update 29 September 2020: Ian Hanaigan has advised that a date in November has been scheduled. A further update will be requested.</p> <p>Update 21 October 2020: This complaint has been discussed at RCSG meeting and will remain open until paediatric stroke meeting has taken place and feedback received.</p> <p>Update 12 January 2021: Colleagues confirmed that this meeting has been postponed in light of the continued response to the pandemic.</p>		
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Attendees: Liz Fitzpatrick (Chair), Anne Marie Phillips(Co-Chair), Claire Logan, Grace O'Neill, Mo Henderson, Alison Little, Julie Kelly, Michael Cruikshanks, Frances McNicholl, Michele Clawson, Serena Moore

Apologies: Seamus McErlean, Jackie McCall, Bronte Mayo, Gerry Desmond

Date 22 January 2020

22 January 2020	1	<p><u>Patient Experience Complaints June – September 2019</u></p> <p>C/561/18 - BHSCT – June - Complaint concerning an elderly patient who had four falls on the Ward and was dehydrated which resulted in admission to ICU.</p> <p>Action 31 December 2019: A copy of the correspondence was requested including the SEA report. The correspondence was reviewed by Anne-Marie Phillips – a copy of the report is outstanding and will continue to be followed up.</p> <p>Update 30 January 2020 – further reminder issued to the Trust.</p> <p>Update 12 March 2020: A further reminder issued to the Trust.</p> <p>Update 25 September 2020: The Trust confirmed that it is continuing to follow this request up with Complaints Managers.</p>	<p>Anne-Marie Phillips/Michele Clawson</p>	<p>8 April 2020</p> <p>21 October 2020</p> <p>20 January 2021</p>
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		<p>Update 14 October 2020: This continues to be followed up with the Trust.</p> <p>Update 21 October 2020: This continues to be followed up with the Trust.</p> <p>Update 12 January 2021: This complaint continues to be followed up with the Trust.</p>		
22 January 2020	4	<p>C/509/19 – BHSC – August - Concerns regarding a misdiagnosis in RVH ED - patient discharged home with viral gastroenteritis despite signs of appendicitis. Was admitted to UHD on an emergency basis after appendix ruptured, leading to peritonitis.</p> <p>Action 22 January 2020: Additional information has been requested in respect of the learning of this complaint.</p> <p>*Anne-Marie Phillips confirmed that she will review this information when received with a view to sharing this with the SAI Review Group.*</p> <p>Action 24 February 2020: Learning requested from the Trust.</p> <p>Update 12 March 2020: A further reminder was issued to the Trust.</p> <p>Update 20 August 2020: The Trust provided the</p>	<p>Anne-Marie Phillips/Grace O'Neill/ Frances McNicholl</p> <p>FRANCES TO CHECK WITH MICHAEL</p>	<p>8 April 2020</p> <p>21 October 2020</p> <p>20 January 2021</p>

		<p>following update:</p> <p>“We identified that discharge and safety net advice is extremely important in the ED and were to embark on a project in the ED to improve this (particularly those with abdominal pain and the documentation of such advice), unfortunately this has not moved forward in the last number of months. We always ensure that the junior medical staff have access to learning and induction material (we now have access to the ED app which is department specific in which all medical staff and locums have access to local and national policies and guidelines. The project regarding safer discharge in the ED will likely commence in August or September following changeover. “</p> <p>Grace O'Neill responded: – ‘Frances, thank you for this follow-up, I think perhaps the query we had is still pertinent as the trust has not had an opportunity to introduce any new system given the current position. I think it's reasonable to revisit this at a later date’.</p> <p>Update 25 September 2020: With COVID the Trust have been unable to implement the new system. The Complaints Team will seek and update from the Trust in a few months.</p> <p>Action 21 October 2020: An update will be sought from the Trust prior to the next meeting.</p>		
22 January 2020	11	7128- WHSCT – September – A complainant	Anne- Marie Phillips/	8 April 2020

		<p>raised concerns regarding the treatment and care provided to his late father who passed away at home from a subarachnoid haemorrhage and brain aneurysm despite having attended three different health and social services over 4 days.</p> <p>Action 22 January 2020: A copy of the complaints correspondence has been requested from each of the services involved in the patient's care. This will be shared with relevant professionals once it has been received. HSC Trust, GP OOHs and GP.</p> <p>On discussion, Anne-Marie Phillips also suggested a copy of the Trust's Acute Protocol be requested.</p> <p>Update 24 February 2020 – additional information received from WHSCT and GP Practice was shared with relevant Professionals.</p> <p>Update 9 March 2020: Ciara McLaughlin confirmed she had contacted WUC who confirmed no response had been issued as consent had not been received and under GDPR could not issue this. For further discussion at the next meeting of RCSG.</p> <p>Action 21 October 2020: Share correspondence with Seamus McErlean and Anne-Marie Phillips. Mr McErlean confirmed that this matter did not require his comments. Clarify with professionals if any further action is required.</p>	<p>Seamus McErlean/Ciara McLaughlin /Gerry Desmond/ Eamon Farrell/Serena Moore</p>	<p>21 October 2020</p> <p>20 January 2021</p> <p>Closed</p>
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Regional Complaints Sub-Group – Action Log – 21 October 2020

		Update 18 December 2020 - Additional information was received from the Trust in relation to his complaint – it was reviewed by Anne-Marie Phillips who confirmed that no further action was required by the Board.		
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Attendees: Anne Marie Phillips (Co-Chair), Michael Cruikshanks, Grace O'Neill, Alison Little, Jackie McCall, Seamus McErlean, Linda Craig, Michele Clawson, Serena Moore.

Apologies: Bronte Mayo, Gerry Desmond, Eamon Farrell, Liz Fitzpatrick (Chair), Claire Logan, Frances McNicholl,

Date 21 October 2020

Date	Action No	Action Agreed	Person Responsible	Status/Update Required
21 October 2020	1	<p><u>AHP Complaints</u></p> <p>WHSC [REDACTED] June – Relates the safe dosage of medication given to children. Comments have been received from the Trust – Eamon Farrell has asked that once guidance has been received if any changes are advised re maximum safe dosage, they are shared and discussed with regional colleagues. Anne-Marie Phillips confirmed that there is potential for regional learning and therefore this should be followed up with WHSCT.</p> <p>Action 21 October 2020: Follow up further with WHSCT.</p>	Eamon Farrell/Michele Clawson	20 January 2021 CLOSED

		Action 12 January 2021: Further information received from WHSCT to advise <i>‘that the College of Podiatry are reviewing their guidance in light of this and other queries and our pharmacy colleagues are content that professional guidance was followed’</i> . Professionals reviewed this information and confirmed no further action was required.		
21 October 2020	2	<p>ED Complaints BHSCT [redacted] – June – relates to [redacted] old patient admitted to Mater ED 10 was discharged home with cannula still in situ and no GP discharge letter or antibiotic.</p> <p>Action 21 October 2020: Confirm LM article has been completed in relation to cannula still in situ.</p> <p>Update 23 October 2020: This article is scheduled for inclusion in Edition 18 of the Learning Matters Newsletter.</p>	Grace O’Neill/Anne-Marie Phillips/ Michele Clawson	20 January 2021 CLOSED ?
21 October 2020	3	<p>SHSCT [redacted] – April – patient admitted to DHH ED for prolonged seizure; developed necrotic tissue on forearm following intravenous drug.</p> <p>Complaint correspondence has been requested to determine if it merits being submitted as an SAI and to ascertain learning identified. Query drug involved and if protocol was followed.</p> <p>Action 21 October 2020: Follow up with SHSCT.</p>	Grace O’Neill/Anne-Marie Phillips/Frances McNicholl	20 January 2021

		Update: 6 January 2021: Correspondence received and shared with Governance to determine if it meets SAI criteria.		CLOSED
21 October 2020	4	<p>SHSCT 11663 – June – patient experienced difficulties in having a catheter inserted and was advised that a referral would be made to Urology.</p> <p>Complaint correspondence has been requested to determine, diagnosis, rationale for the referral to urology and learning re catheterisation.</p> <p>Action 21 October 2020: Follow up with SHSCT.</p> <p>Update: 6 January 2021 – Complaints correspondence has been reviewed. No further action required.</p>	Grace O'Neill/Anne-Marie Phillips/Frances McNicholl	<p>20 January 2021</p> <p>CLOSED</p>
21 October 2020	5	<p><u>Patient Experience Complaints</u></p> <p>SEHSCT 17228-COM – April – patient was misdiagnosed and sent home given normal test results. The patient re-attended, had an abnormal result and subsequently passed away.</p> <p>Complaint correspondence has been requested given limited clinical information in the summary of the complaints.</p> <p>Action 21 October 2020: Follow up with SEHSCT.</p> <p>Update 10 November 2020: Additional information shared with Professionals to review.</p> <p>Action 9 December 2020: Professionals reviewed</p>	Anne-Marie Phillips/Michele Clawson	<p>20 January 2021</p> <p>CLOSED</p>

		correspondence and confirmed no further action is required.		
		<p>For Noting</p> <p>Update on Business during COVID-19 Michael Cruikshanks advised that following discussion with the Department of Health it was agreed that during this period, complaints raised in relation to accessing or impact on services as a direct result of the Trust/FPS response to the COVID-19 pandemic would not be investigated under the HSC Complaints Procedure and would not be counted with formal statistics. He continued that during this period it had also been agreed with Trusts to receive a quarterly (April/June) rather than monthly complaints report.</p> <p>Michael Cruikshanks advised that measures had also been put in place in GP Practices to limit footfall and that patients were being triaged by telephone. He advised that complaints levels had fallen during lockdown but gradually started to rise again to normal levels. He commented that it was evident from telephone calls/emails being received in the Complaints office that lockdown had affected patients mental health eg people seeking increases in medication. He advised that the normal level of dental complaints, albeit small, had been received in July-September 2020, once dental Practices had re-opened.</p>		

		<p>piece of work in terms of access to Primary Care in relation to Mental Health which would support his comments.</p> <p>Alison Little advised of an increase in Maternity & Gynaecology complaints in relation to visiting, but commented that there had been no downturn in the service although there have been changes to the delivery of this.</p> <p>Audit Action Plan Michael Cruikshanks updated the Group advising that a number of recommendations remained to be implemented. He advised that the response to COVID-19 had impacted on this process and confirmed that another update will be provided at the next meeting.</p> <p>Joint Learning Event Michael Cruikshanks advised that the Joint SAI/Complaints Learning Event scheduled to take place in June 2020 had also been affected by the response to the pandemic. Jackie McCall confirmed that following discussions at the last Planning Group meeting, everything was put on hold. She advised that, given capacity issues, she would link with Rodney Morton and Liz Fitzpatrick in this regard. The potential of a virtual event was discussed and how this may be a way forward. Anne-Marie Phillips suggested that in the meantime we should keep in mind examples for inclusion in the event.</p>		
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		<p>Annual HSC Complaints Report Michael Cruikshanks advised that he was currently drafting the Annual Complaints Report 2019/20. He advised that due to the current situation the deadline for submission was December 2020.</p> <p>Learning Matters Articles Michael Cruikshanks advised that a number of Learning Matters articles had been included within the papers for the meeting. These included – headache assessment at ED, ovarian torsion and amniocentesis, screening for abnormalities prior to birth. Anne-Marie Phillips suggested confirmation be sought from LM team that these articles had been received. Michele Clawson undertook to do this.</p> <p>Anne-Mare Phillips referred to the refreshed Learning Matters Newsletter which has also been shared with SQAT. She explained that it was still in draft format and the HSC logo was still required. She also explained that there would be one article per page and this would be interactive, which would direct the user to the relevant materials including links to learning previously issued. She asked the members of the Group for their comments and everyone congratulated her on the efforts to update the Newsletter. She explained that paper copies would still be circulated to Trusts.</p> <p>NIPSO</p>		
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		<p>Michael Cruikshanks informed the Group that Margaret Kelly had taken up post as the New Northern Ireland Public Services Ombudsman. He advised that she had previously worked with Gingerbread and Barnado's and been Director of Mencap before taking post.</p> <p>He advised that Liz Fitzpatrick and he had met with the Deputy Ombudsman and Director of Investigations, which was very positive. He advised that they had discussed sharing learning identified by the Ombudsman including the executive summaries of Investigation Reports being made available to the Board if these contained learning, either local or regional, as a matter of course, rather than the Board having to review the Ombudsman's website or rely on information being shared by Trusts. He advised that the Deputy Ombudsman was fully supportive.</p> <p>NIPSO Summaries</p> <p>WH SCT – <small>Personal Information redacted by the US</small> – linked to action log</p> <p>BH SCT – <small>Personal Information</small></p> <p>NIAS – <small>Personal Information</small> shared with professional Leads for information.</p>		
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Type	ID	First received	Closed	Response time	Directorate	Site	Division	Loc (Exact)	Subjects (Subjects)	Description	Outcome	Action taken	Current Stage
FORMAL	4401	09/03/2015	08/04/2015	19	ACUTE	Craigavon Area Hospital	Surgery and Elective Care	Urology Clinic	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI		No action plan	
FORMAL	4396	20/03/2015	30/04/2015	27	ACUTE	Craigavon Area Hospital	Cancer and Clinical Services / Anaesthetics, Theatres & ICS	Booking Centre	Communication/Information			Full details of appointments to be delayed to patients.	CLOSED
FORMAL	4775	02/06/2015	01/07/2015	21	ACUTE	Craigavon Area Hospital	Surgery and Elective Care	Urology Clinic	Waiting List, Delay/Cancellation Outpatient Appointments			No action plan	CLOSED
FORMAL	4963	08/07/2015	24/08/2015	32	ACUTE	Craigavon Area Hospital	Surgery and Elective Care	Urology Clinic	Waiting List, Delay/Cancellation Planned Admission to Hospital			No action plan	CLOSED

FORMAL	5340	19/10/2015	04/12/2015	34	Acute Services	CAH	SEC	Urology Clinic	Policy/Commercial Decisions	Personal Information redacted by the USI			no action plan	Closed	
FORMAL	5394	03/11/2015	03/02/2016	63	ACUTE	Daisy Hill Hospital	Surgery and Elective Care	Urology Clinic	Professional Assessment of Need				No action plan	CLOSED	
FORMAL	5580	29/12/2015	02/03/2016	45	ACUTE	Craigavon Area Hospital	Surgery and Elective Care	Urology Clinic	Waiting List, Delay/Cancellation Outpatient Appointments				no action plan	CLOSED	



Health & Social Care Board

Complaints Management 2019/20



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Acknowledgement

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

Control Log

Exit Meeting Held On:	25 June 2019
First Draft Issued On:	11 July 2019
Second Draft Issued On:	22 July 2019
Third draft report	2 August 2019
Management Actions Due By:	9 August 2019
Management Actions Received:	21 August 2019
Final Report Issued On:	22 August 2019

Distribution List

Valerie Watts	Chief Executive
Paul Cummings	Director of Finance
Patricia Crossan	Interim Head of Corporate Services

Introduction

In accordance with the 2019/20 annual internal audit plan, BSO Internal Audit carried out an audit of Complaints Management in the HSCB during June 2019. The last Internal Audit of this topic was performed during 2016/17 when satisfactory assurance was provided.

The HSCB has a number of roles in complaints management including:

- Managing complaints received regarding the HSCB – including in respect of commissioning and purchasing decisions made on behalf of individuals.
- Performance management / oversight of complaints made in HSC Trusts and Family Practitioner Services (FPS).
- Acting as the honest broker in respect of complaints made to FPS.

This audit considered controls and processes in place in respect of all 3 of these areas.

In 2018/19 there were 25 complaints received by the HSCB and at 5th July 2019 there were 10 open complaints. These were open between 6 and 140 days with the average the number of days open across the 10 being 45.8 days. 3 of these complaints had been closed but had been subsequently reopened.

There were also 115 FPS complaints made in 2018/19 in which the HSCB acted as an honest broker and at 5th July 2019 there were 20 open complaints. These were open between 9 and 445 days and the average number of days open was 133 days. Some of these were delayed were due to the need to obtain independent medical advice.

There has been a reduction in the resources available for complaints management in the HSCB over recent years. There was 1 band 7 and 4 band 5 staff members in place in 2009/10 to support the Complaints Manager; there is currently 1 band 7 and 2 band 5 staff available (with one of these 2 band 5's currently on maternity leave).

Scope of Assignment

The scope of this audit was to consider the adequacy and effectiveness of the HSCB complaints management processes, including their regional oversight and honest broker roles.

The audit was based on the risk that:

- Complaints are not appropriately addressed resulting in learning not being taken forward.
- The HSCB does not have appropriate oversight of the position in respect of FPS and Trust complaints.
- The HSCB does not effectively discharge their honest broker role in respect of FPS.

The objectives of this audit were:

- To ensure that complaints against the HSCB are appropriately addressed.
- To ensure that the HSCB is discharging its oversight and performance management roles and responsibilities in respect of complaints arising in HSC Trusts and FPS.
- To ensure that the HSCB is discharging their responsibilities in relation to honest broker service for primary care.
- To ensure that there is appropriate reporting and oversight of complaints in the HSCB.

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

Level of Assurance

Limited

There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.

Executive Summary

Internal Audit can provide limited assurance in relation to Complaints Management. Limited assurance is provided on the basis that the HSCB is not efficiently and effectively performing their oversight role in respect of the complaints across HSC Trusts.

There are a number of significant findings in this audit, impacting on the assurance provided:

1. A Regional Complaints Sub Group, comprising of staff from the Complaints Department and the relevant HSCB/PHA healthcare professionals, are required to meet on a regular basis to formally consider the complaints arising in Trusts including concerns, trends and areas for potential learning. This Group will then escalate areas of particular interest to the Quality, Safety and Experience (QSE) Group who will then task specific staff members to be responsible for the dissemination of regional learning. Internal Audit found:
 - There are significant delays in the dissemination of learning regionally; specifically through Learning Matters Newsletters.
 - Attendance at these Sub group meetings is poor and 50% of the scheduled meetings in 2018/19 were cancelled due to lack of numbers attending.
 - Furthermore, there is no representation from Trusts on the Regional Complaints Sub Group and there is no other regular formal forum with Trusts to discuss complaints and learning.
 - There have been instances where staff in the HSCB Complaints Department have raised specific queries with HSCB/PHA Healthcare professionals in respect of specific complaints; however responses to the queries raised have not been provided.
2. The following was noted in respect of complaints reporting to SMT and Governance Committee:
 - There are significant delays in reporting complaints to SMT and Governance Committee. Complaints from October 2017 to September 2018 were only presented to SMT in May 2019 and the Governance Committee in June 2019. Quarters 3 and 4 2018/19 are scheduled to be presented to the Governance Committee in February 2020 and SMT before this.
 - The Complaint reports do not record the number of open complaints and how long they been opened.
3. HSC Trusts are required to submit monitoring returns on closed complaints to the HSCB Complaints Department on a monthly basis. There are gaps in the completion of this information when it is submitted and returns are regularly submitted late.

The other key findings of the audit are:

4. The HSCB Complaints Department aims to organise an annual regional complaints learning event. This event could not be staged in 2018 due to staffing issues and a joint learning venture with the Serious Adverse Incidents (SAI) Department was held in May 2019. Management indicated that the evaluation recognised there was more focus on SAIs and the planning for the next year's event will commence at an earlier stage and will include more input in respect of complaints. This will allow for the learning from both processes to be taken forward jointly.
5. There were 115 FPS complaints made in 2018/19 in which the HSCB acted as an honest broker. Internal Audit reviewed 6 such instances:

- In 1 out of 6 acknowledgement letters did not record an expression of concern as required.
- In 1 instance the final letter issued by the private practice to the complainant was written in a confrontational, matter of fact tone. The HSCB, in their honest broker role, are required to review all letters issued and as part of this should have been more proactive in ensuring that the letter was constructed in a more professional, conciliatory tone.
- In all 6 instances, while the complainant was informed that the investigation of the complaint was likely to take longer than anticipated they were not however informed of this within the required timeframes (e.g. 20 working days).

Management also perceive that complaints arising in primary care are being underreported to HSCB.

6. There were 25 complaints received by the HSCB during 2018/19. 6 closed complaints were reviewed and the following was specifically noted:
 - 4 acknowledgement letters did not record an acknowledgement of concern as required.
 - In 4, while the complainant was informed that the investigation of the complaint was likely to take longer than anticipated, they were not however informed of this within the required timeframes (e.g. 20 working days).
 - In 4 out of 6 instances an Assistant Director or Business Support Manager signed off the letters responding to complaints. The HSCB procedure states that the Chief Executive can delegate responsibility for managing complaints (including responding to complaints) but does

not state what grade of staff member this should be at. The Chief Executive was not being informed of the final letters that were issued to the Complainants and were not copied into final letters issued.

The other finding is as follows:

7. Complaints procedures need to be reviewed and updated to reflect current process and DoH guidance.

Summary of Findings and Recommendations

Finding		Number of Recommendations		
		Priority 1	Priority 2	Priority 3
1.	Regional Complaints Role	-	5	1
2.	HSCB Monitoring of Trust Complaints	-	2	-
3.	Reporting to SMT / Governance Committee	-	1	-
4.	Annual Learning Event	-	1	-
5.	FPS / Honest Broker Service	-	2	-
6.	Complaints against the HSCB	-	1	-
7.	Procedures	-	1	-

Detailed Findings and Recommendations

1 Regional Complaints Role

Finding

The Complaints Department, in conjunction with relevant Healthcare Professionals (each responsible for a designated professional area e.g. mental health, ED etc.) within the HSCB and PHA are responsible for reviewing the complaints that have arisen in the Trusts. Their role is to ensure that the complaint has been appropriately handled by the Trust; that areas of concern are taken forward and that trend analysis and potential learning is identified. There is a Regional Complaints Sub Group, comprising of these staff and this Group is required to meet on a regular basis to formally consider the complaints including concerns, trends and areas for potential learning. This Group will then escalate areas of particular interest to the Quality, Safety and Experience (QSE) Group who will then be responsible for the dissemination of regional learning.

Internal Audit was made aware that there have been significant delays in the dissemination of regional learning identified through the Learning Matters newsletter. The following was noted:

- Learning on the Pregnancy Pathway that was agreed and raised as an action in October 2017 is yet to be publicised. *Management have advised that 2 "Reminders of best practice" had been communicated to HSC Trusts during 2015 relating to pregnancy pathways in Emergency Departments (ED) and in 2016 Trusts were also issued with both a pathway and a commissioning intention for early pregnancy which indicated which women should attend ED and which should be directed to the early pregnancy service. In light of a continuing number of complaints, at the January 2018 meeting of the QSE, it was agreed that an article for Learning Matters would be prepared. The action was closed at this stage from the QSE with the action to be taken forward by relevant staff. Subsequent to this, Management indicated that an article will be included in the maternity version of the learning newsletter which is anticipated to be ready in late summer 2019.*
- Learning on Electrocardiography (ECG) procedures in Emergency Department (ED), and specifically as to whether a second ECG should be performed in all cases was initially raised as an action in October 2017. Despite this an article for learning matters has yet to be issued. *QSE were updated at the each meeting (except 1) up until June 2018. At the June meeting it was agreed that a blanket approach advising a second ECG in all cases could not be recommended and that a learning matters article should be developed by the HSCB Complaints Manager and the relevant professional. It appreciated that it is for the professional with the clinical expertise to take the lead in developing this article. It was agreed that the draft article would be presented to Trust clinicians prior to finalisation and the final article would be listed for QSE consideration when available. Management acknowledge that there have been delays in preparation of this article post June 2018. They advised that they worked closely with cardiologists in 2018 and 2019 on the implementation of relevant NICE guidance and that a "reminder of best practice" letter was issued in January 2019 on the management of heart attacks in a hospital setting. Internal Audit notes that the HSCB Governance Department queried with the HSCB Complaints Manager and the relevant professional in October and November 2018 whether an article had been drafted; however this had not yet been commenced. The matter was subsequently brought back to the QSE in April 2019 and the minute's record that there is no evidence base to support a second ECG, that relevant NICE guidance should be followed and that a learning matters article will confirm this.*
- Learning on atypical presentation of Stroke was raised as an issue in September 2016 and was only published in September 2018 edition. This learning area was included in a report which was presented to QSE in May 2018.

The above instances highlight the need for enhanced visibility and accountability of the timeliness of learning to be communicated through learning matters newsletters and for strengthening the communication and oversight arrangements between the HSCB Complaints Department and the QSE.

The following was also specifically noted in relation to the Regional Complaints Sub-Group:

Frequency of meetings

The Terms of Reference require that the Group meets on a quarterly basis. Internal Audit noted however that 3 (50%) out of the 6 scheduled meetings from this date were cancelled due to insufficient numbers attending.

Attendance at Regional Complaints Sub Group meetings

14 members are required to attend this Sub-Group. 8 (57%) out of the required 14 staff did not attend 2 meetings held during 2018/19 and 7 (50%) did not attend 1 of the meetings held during 2018/19.

Input from Trusts / Primarily Care

There is no representation from Trusts on the Regional Complaints Sub Group and there is no regular formal forum for the HSCB Complaints Department and the Healthcare professionals to meet together with complaints staff in Trusts to discuss areas of common interest and learning. Management indicate that they will attend HSC Trust complaints meetings when invited and will require Trusts to attend their HSCB meetings; however this is on ad hoc and infrequent basis. There is also a need to develop formality around regular meetings with primary care in this area.

Responsiveness of HSCB/PHA Healthcare professional to queries raised by the Complaints Department

There have been instances where staff in the HSCB Complaints Department have raised specific queries with HSCB/PHA Healthcare professionals in respect of specific complaints; however responses to the queries raised have not been provided. 1 example is:

- A separate query was also raised in respect of maternity and gynaecology in March 2019 and again no response has been forthcoming.

Terms of Reference (ToR) – Regional Complaints Sub Group

There is no defined quorum for the meeting stated in the TOR. Furthermore, the membership and job titles referred to in the ToR do not reflect the current membership and their job titles.

Implication

Regional learning is not being disseminated on a timely basis, reducing the impact of the learning and potentially risking patient safety.

The Regional Complaints Sub-Group is not operating effectively.

Recommendation 1.1	Regional complaints learning identified should be disseminated in learning matters newsletters on a timely basis.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail actions required
Responsible Manager	Director of Nursing PHA, Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	October 2020

Recommendation 1.2	There should be better visibility of the timeliness of the process for disseminating regional complaints learning identified.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail actions required
Responsible Manager	Director of Nursing PHA, Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	October 2020

Recommendation 1.3	The operation of the Regional Complaints Sub-Committee should be reviewed and appropriately strengthened. The Group should meet in line with requirements and regular non-attendance should be appropriately escalated.
Priority	2

Management Action	ACCEPTED Implementation Plan will detail actions required
Responsible Manager	Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	March 2020

Recommendation 1.4	Management in the HSCB should strengthen their formal relationships with Trusts in respect of complaints management either by requesting that nominated staff from Trusts attend the Regional Sub-Group or that HSCB attend meetings Trust meetings in respect of complaints. Relationships with primary care should also be developed in this area.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail actions required
Responsible Manager	Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	March 2020

Recommendation 1.5	The HSCB Complaints Department need to monitor the responsiveness of queries raised by them to the relevant Healthcare professionals in respect of complaints. Escalation processes should be established and utilised where required. There is also a need to strengthen communication and oversight between the Complaints Department and QSE.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail actions required
Responsible Manager	Director of Nursing PHA, Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	March 2020

Recommendation 1.6	The ToR for the Regional Complaints Sub Group should be updated to define quorum and to reflect the staff that should attend.
Priority	3
Management Action	ACCEPTED
Responsible Manager	Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	December 2019

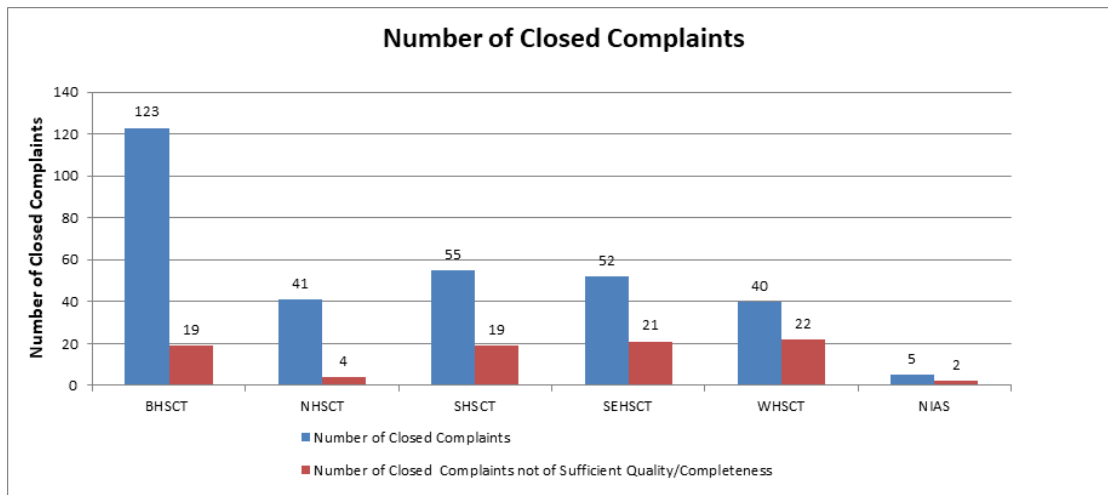
2 HSCB Monitoring of Trust Complaints

Finding

HSC Trusts are required to submit monitoring returns on closed complaints to the HSCB Complaints Department on a monthly basis. These returns should document the complaint, the outcome from the complaint and any learning that has been taken forward.

Quality of returns

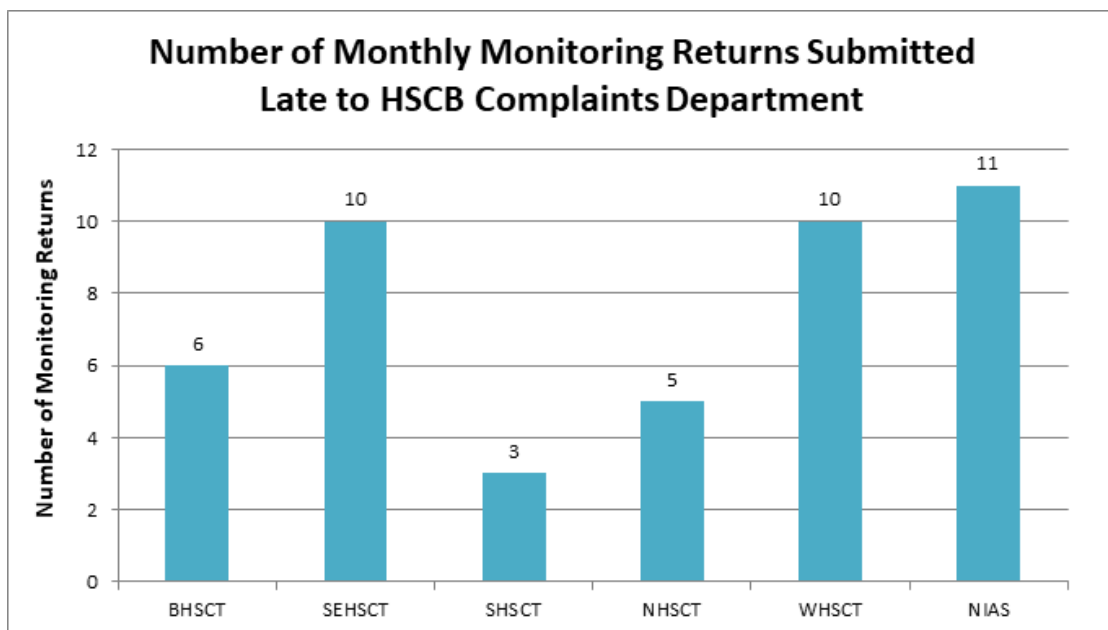
Internal Audit reviewed the information submitted by the Trusts for February 2019 and noted that the information included was not of sufficient quality or of sufficient completeness in respect of 87 (27%) of 317 closed complaints.



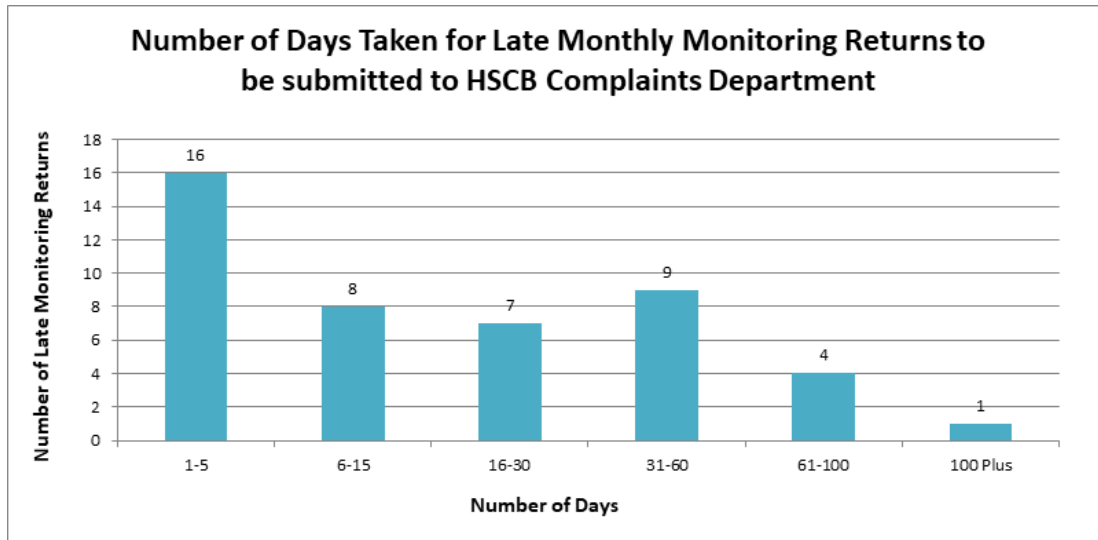
Management in the HSCB has brought this to the attention to the Trusts, but with little improvement.

Timeliness of submitting returns

Trust monthly monitoring returns are required to be submitted to the HSCB Complaints Department by the 7th working day after each month end. 45 (63%) out of 72 monthly returns submitted in 2018/19 were submitted late.



Internal Audit analysed the 45 late monitoring returns to determine the length of delay before HSCB Complaints receipt. While there was no pattern across individual Trusts regarding the length of delays, the following was specifically noted:



Implication

HSCB cannot effectively perform its role in respect of complaints if it is not receiving appropriate, timely information.

Recommendation 2.1	Senior Management in HSCB should intervene appropriately to address this matter with Trusts and ensure complete and timely complaints information is received in future. The HSCB should develop an escalation procedure for communication to Trusts, up to and including Chief Executives, where information in complaints returns is not of sufficient quality.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail actions required
Responsible Manager	Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	April 2020

Recommendation 2.2	HSCB should ensure it is receiving appropriate information in respect of complaints in Trusts (particularly in respect of learning) and should consider reintroducing the learning template.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail actions required
Responsible Manager	Interim Head of Corporate Services and Complaints/Litigation Manager HSCB
Implementation Date	April 2020

3 Reporting on Complaints to SMT and Governance Committee.

Finding

Timeliness of reporting to SMT and Governance Committee

A report on complaints is required to be submitted to SMT and Governance Committee on a quarterly basis. Internal Audit noted delays in this process:

- Quarter 3 and 4 2017/18 and Quarters 1 and 2 2018/19 reports were presented to SMT in May 2019 and the Governance Committee in June 2019.
- Quarters 3 and 4 2018/19 are scheduled to be presented to the Governance Committee in February 2020 and SMT before this. Management indicate that the delay in the presentation of this information is due to resourcing issues.

Reporting on open complaints

Complaints report do not record the number of open complaints at any given point in time and how long they have been open and reasons for why cases have remain open for a longer period of time.

Implication

Complaints are not being considered by SMT and Governance Committee on a timely basis.

Recommendation 3.1	Quarterly complaints reports should be provided to SMT and the Governance Committee on a timely basis. They should also report on the number of open HSCB complaints and FPS complaints, length of time they have been open and reasons for delays.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail action required
Responsible Manager	Interim Head of Corporate Services and Complaints/Litigation Manager HSCB
Implementation Date	March 2020

4 Annual Learning Events

Finding

The HSCB Complaints Department aims to organise an annual complaints learning event to be attended by relevant HSC Trusts and healthcare bodies. This event could not be staged in 2018 due to staffing issues and during 2019 it was conducted as a joint venture with the Serious Adverse Incidents (SAI) Department. SAls rather than complaints was the focus of this event however.

Management indicated that the evaluation recognised this and the planning for the next year's event will commence at an earlier stage and will include more input in respect of complaints. This will allow for more joined up learning between the complaints and SAI processes.

Implication

Learning may not be taken forward if annual complaints learning events are not regularly held.

Recommendation 4.1	HSCB Management should ensure that annual events covering learning from complaints takes place at least once a year.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail action required
Responsible Manager	Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	June 2020

5 Complaints regarding FPS / Honest Broker Service

Finding

There were 115 FPS complaints made in 2018/19 in which the HSCB acted as an honest broker. Internal Audit reviewed 6 cases when the HSCB acted as honest broker:

- When acknowledging complaints, the HSCB is required (as per DoH guidance), in their acknowledgement letter, to record an expression of concern in respect of the complaint being raised. In 1 out of 6 this did not occur.
- In 1 instance the final letter issued by the private practice to the complainant was written in a confrontational, matter of fact tone. The HSCB, in their honest broker role, are required to review all letters issued and as part of this should have been more proactive in ensuring that the letter was constructed in a more professional, conciliatory tone.
- In all 6 instances, Internal Audit notes that while the complainant was informed that the investigation of the complaint was likely to take longer than anticipated they were not however informed of this within the required timeframes (e.g. 20 working days).

Management also perceive that complaints arising in primary care are being underreported to HSCB. One recent example brought to the attention of Internal Audit is that the HSCB Complaints Department was asked to provide the Complaints Ombudsman with details on a complaint in respect of treatment and care at a Health Centre. The HSCB were not involved in complaint as honest broker; and on review there had been no record of the complaint and response being forward to the HSCB Complaints Department as required by HSC Complaints procedure.

Implication

Risk that HSCB does not have visibility of complaints arising in the primary care. The HSCB is not always fully adhering to their process for acting as an Honest Broker. Risk that staff are not always responding to complainants in an appropriate manner.

Recommendation 5.1	Management should engage with FPS contractors to gain assurance that all complaints arising in primary care are being appropriately reported to the HSCB as required.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail action required
Responsible Manager	Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB (liaising with Assistant Director of Integrated Care)
Implementation Date	April 2020

Recommendation 5.2	Management should ensure that the HSCB is following all stages of the complaints procedure including that: <ul style="list-style-type: none"> • Acknowledgement letters follow DoH guidance in particular that an expression of concern is included. • Letters are written in an appropriately professional manner. • That complainant is notified within required timeframes if there is a need to extend the time for the investigation of the complaint.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail required action
Responsible Manager	Interim Head of Corporate Services HSCB and Complaints/Litigation Manager HSCB
Implementation Date	March 2020

6 Complaints against the HSCB

Finding

There were 25 complaint received by the HSCB during 2018/19. 6 closed complaints were reviewed and the following was specifically noted:

- Like the finding above, when acknowledging complaints, the HSCB is required to in their acknowledgement letter to record an expression of concern in respect of the complaint being raised. In 4 out of 6 this did not occur.
- In all 4 instances, Internal Audit notes that while the complainant was informed that the investigation of the complaint was likely to take longer than anticipated they were not however informed of this within the required timeframes (e.g. 20 working days).
- In 4 out of 6 instances an Assistant Director or Business Support Manager signed off the letters responding to complaints. The HSCB procedure states that the Chief Executive can delegate responsibility for managing complaints (including responding to complaints) but does not state what grade of staff member this should be at. The DOH guidance also states that the Chief Executive can delegate this responsibility however need to retain oversight of the process. The Chief Executive was not being informed of the final letters that where not copied into final letters issued.

Implication

Non-compliance with complaints procedure. Complaints are not responded to on a timely basis and not always in an appropriately professional manner.

Recommendation 6.1	The Chief Executive should ensure they have visibility of all responses to complaints letters before they are issued. See also recommendation 5.2 above.
Priority	2
Management Action	ACCEPTED Implementation Plan will detail action required
Responsible Manager	Interim Head of Corporate Services and Complaints/Litigation Manager HSCB
Implementation Date	March 2020

7 Complaints Procedure

Finding

HSCB complaints procedures was last updated in October 2017 and is not now fully reflective of the DoH guidance on complaints issued in April 2019. The procedures, for example, need to be updated to reflect the senior staff member that that Chief Executive has delegated responsibility for the responding to complaints.

Implication

Complaints are not being processed in line with DoH guidance.

Recommendation 7.1	HSCB Complaints procedures should be reviewed and updated to reflect the DoH guidance.
Priority	2
Management Action	ACCEPTED
Responsible Manager	Interim Head of Corporate Services and Complaints/Litigation Manager HSCB
Implementation Date	March 2020

Appendix A - Definition of Levels of Assurance and Priorities

Level of Assurance

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

Recommendation Priorities

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

Note to Report

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

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HEALTH AND SOCIAL CARE BOARD

YEAR END - FOLLOW UP ON OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2021/22

Report Issued 23 March 2022

INTRODUCTION

Each organisation is responsible for the implementation of Internal Audit recommendations and this is not the responsibility of BSO Internal Audit. Under Standard 2500 Monitoring Progress of the Public Sector Internal Audit Standards, Internal Audit must establish a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action.

Twice a year (at mid-year and year end), BSO Internal Audit follow up on the implementation of accepted outstanding Priority 1 and Priority 2 Internal Audit recommendations, where the implementation date has now passed.

Internal Audit does not follow up on Priority 3 recommendations, which are defined as “Failure to implement the recommendation could lead to an increased risk exposure”. Although findings related to Priority 3 recommendations do not impact on the assurance we provide, there is a risk that if, as the definition states, the recommendations are not implemented this could lead to increased risk exposure. We therefore recommend that each organisation should keep track of the implementation of these recommendations.

MANAGEMENT SUMMARY AND CONCLUSION

During March 2022, BSO Internal Audit reviewed the implementation of accepted outstanding Priority One and Two Internal Audit recommendations, where the implementation date has now passed. 116 (89%) of the 130 outstanding recommendations examined were fully implemented and a further 14 (11%) were partially implemented.

18 of the 130 recommendations relate to ICT / eHealth which now fall under the responsibility of Digital Health and Care Northern Ireland (DHCNI) in the Department of Health (rather than the HSCB/SPPG) – 8 of these 18 IT recommendations have not yet been fully implemented. Excluding these 18 IT recommendations, 106 (95%) of 112 recommendations under the direct responsibility of the HSCB are fully implemented and 6 (5%) are partially implemented.

There are 16 recommendations made in recently finalised Internal Audit Reports, where implementation dates have not yet fallen due. Responsibility for implementation of these recommendations will be for SPPG to implement and BSO Internal Audit will confirm the status of the implementation of these in future follow ups.

REPORT DISTRIBUTION

Sharon Gallagher – Chief Executive (Interim) (final report only)

Tracey McCaig – Director of Finance

Andrea Henderson - Assistant Director of Finance

SUMMARY OF RESULTS TABLE INCLUDING ICT RECOMMENDATIONS

	Audit Report / Priority	Implemented	Partially Implemented	Not Implemented	No Longer Applicable	Previously Followed up and Deemed Implemented / No Longer Applicable	Total Number of Recommendations That Should Now be Implemented (i.e. implementation date has passed)	Percentage of Fully Implemented Recommendations
A	Waiting List Initiative - Management of Independent Sector 13-14	2	2	0	0	8	12	83%
	Priority 1	2	0	0	0			
	Priority 2	0	2	0	0			
B	ICT Governance (including Management of Regional ICT Capital and Revenue Budgets) 17-18	1	0	0	0	3	4	100%
	Priority 1	1	0	0	0			
C	Management of Sure Starts and Bright Starts 17-18	1	0	0	0	3	4	100%
	Priority 2	1	0	0	0			
D	E-Health Cyber Security 18-19	1	8	0	0	4	13	38%
	Priority 1	0	4	0	0			
	Priority 2	1	4	0	0			
E	HSCB Relationship with GP Federations - Governance Review 18-19	3	0	0	0	7	10	100%
	Priority 2	3	0	0	0			
F	Integrated Care Partnerships 18-19	1	0	0	0	2	3	100%
	Priority 2	1	0	0	0			
G	Social Care and Children's Directorate 18-19	1	0	0	0	7	8	100%
	Priority 2	1	0	0	0			
H	Absence Management & Recruitment 19-20	2	1	0	0	3	6	83%
	Priority 2	2	1	0	0			

	Audit Report / Priority	Implemented	Partially Implemented	Not Implemented	No Longer Applicable	Previously Followed up and Deemed Implemented / No Longer Applicable	Total Number of Recommendations That Should Now be Implemented (i.e. implementation date has passed)	Percentage of Fully Implemented Recommendations
I	Complaints Management 19-20	1	0	0	0	12	13	100%
	Priority 2	1	0	0	0			
J	Financial Review 19-20	1	0	0	0	9	10	100%
	Priority 2	1	0	0	0			
K	Patient Travel 19-20	1	0	0	0	6	7	100%
	Priority 2	1	0	0	0			
L	Financial Review 20-21	1	0	0	0	5	6	100%
	Priority 2	1	0	0	0			
M	FPS and General Medical Services and General Dental Services during Covid-19 20-21	2	0	0	0	0	2	100%
	Priority 2	2	0	0	0			
N	Management of Community and Voluntary Organisation Contracts during Covid-19 20-21	2	0	0	0	1	3	100%
	Priority 2	2	0	0	0			
O	Governance during Covid-19 20-21	1	0	0	0	0	1	100%
	Priority 2	1	0	0	0			
P	ICT Procurement and Contract Management 20-21	1	0	0	0	0	1	100%
	Priority 2	1	0	0	0			
Q	Co-Operation and Working Together (CAWT) 20-21	1	1	0	0	0	2	50%
	Priority 2	1	1	0	0			
R	Looked After Children – Delegated Statutory Functions 21-22	0	1	0	0	0	1	0%
	Priority 2	0	1	0	0			

	Audit Report / Priority	Implemented	Partially Implemented	Not Implemented	No Longer Applicable	Previously Followed up and Deemed Implemented / No Longer Applicable	Total Number of Recommendations That Should Now be Implemented (i.e. implementation date has passed)	Percentage of Fully Implemented Recommendations
S	Management of Sure Starts and Bright Starts 21-22	8	0	0	0	0	8	100%
	Priority 2	8	0	0	0			
T	Family Health Services - Staff Recognition Payments 21-22	5	0	0	0	0	5	100%
	Not Prioritised	5	0	0	0			
U	Performance Management of Trusts 21-22	3	1	0	0	0	4	75%
	Priority 2	3	1	0	0			
V	Multi-Disciplinary Teams 21-22	5	0	0	0	0	5	100%
	Priority 2	5	0	0	0			
W	Commissioning 21-22	0	0	0	0	0	0	
	Not Prioritised	0	0	0	0			
X	Financial Review 21-22	2	0	0	0	0	2	100%
	Priority 2	2	0	0	0			
Y	Readiness for Migration to Strategic Planning & Performance Group (SPPG) DoH 2021/22	0	0	0	0	0	0	
	Not Prioritised	0	0	0	0			
	Priority 2	0	0	0	0			
Z	Serious Adverse Incidents 21-22	0	0	0	0	0	0	
	Priority 2	0	0	0	0			
	Grand Total	46	14	0	0	70	130	89%

	Audit Report / Priority	Implemented	Partially Implemented	Not Implemented	No Longer Applicable	Previously Followed up and Deemed Implemented / No Longer Applicable	Total Number of Recommendations That Should Now be Implemented (i.e. implementation date has passed)	Percentage of Fully Implemented Recommendations
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SUMMARY OF RESULTS TABLE EXCLUDING ICT RECOMMENDATIONS

B	ICT Governance (including Management of Regional ICT Capital and Revenue Budgets) 17-18	-1	0	0	0	-3	-4	
D	E-Health Cyber Security 18-19	-1	-8	0	0	-4	-13	
P	ICT Procurement and Contract Management 20-21	-1	0	0	0	0	-1	
Grand Totals (excluding ICT)		43	6	0	0	63	112	95%

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A - Waiting List Initiative - Management of Independent Sector 13-14 LIMITED	Priority 1 Finding 1.1	ELIGIBLE PROVIDERS LIST - PROCUREMENT The HSCB should ensure that the current procurement process is reviewed and updated in conjunction with BSO PaLS and should incorporate legal advice to confirm compliance with current regulations and also impending changes to procurement regulations.	30/06/2018	Head of Service Contracts	Implemented	Action to take forward procurement has been undertaken over the last year with input from BSO PaLS and DLS. No contractors were added to the DPS in March 2021, however following a second wave of procurement, 3 contractors were added to the DPS in October / November 2021. Further procurement is currently underway with the aim of adding more contractors to the new DPS. While Internal Auditor has implemented this recommendation from a procurement perspective, it should be noted that the DPS is not yet been utilised.		N/A - now implemented
	Priority 1 Finding 1.1	ELIGIBLE PROVIDERS LIST - PROCUREMENT Formal documented procedures for the selection and monitoring of independent sector contractors should be reviewed for completeness. This should include guidance to those staff carrying out compliance checks at the selection stage and clarification over the documentation deemed essential for an application to proceed.	30/09/2014	Head of Service Contracts	Implemented	Procedures have been developed in respect of the procurement of contractors to the new DPS. 3 contractors have not been added to the DPS; albeit that the DPS is not yet operational.		N/A - now implemented
	Priority 2 Finding 2.4	CLINICAL GOVERNANCE The HSCB in conjunction with Trusts should consider methods to improve clinical oversight of the independent sector providers ensuring that the standard of treatment is consistent with that provided in the HSC. Where conversion rates are unusually high a robust process should be put in place to ensure that providers are challenged by suitable qualified clinicians.	30/06/2018	Head of Service Contracts/Regional IS Procurement Group	Partially Implemented	The implementation of this recommendation is work in progress. Clinical outcomes of contractors selected from the DPS will be developed and refined as the DPS becomes operational over the next financial year.	31-Dec-22	BSO Internal Audit
	Priority 2 Finding 2.5	WRITTEN PROCEDURES The HSCB should update existing procedures to ensure that they communicate the essential elements of the procurement process to the Trusts.	30/06/2018	Head of Service Contracts	Partially Implemented	The implementation of this recommendation is work in progress. There is a need to develop and agree a regional HSC procedure defining roles and responsibilities of all stakeholders involved in the process of calling off the DPS.	30-Sep-02	BSO Internal Audit
B - ICT Governance (including Management of Regional ICT Capital and Revenue Budgets) 17-18 LIMITED	Priority 1 Finding 1	CYBER SECURITY GOVERNANCE IN HSCNI HSCB should take a lead role in clarifying and strengthening regional cyber security governance and leadership. This should include a cyber security strategy and a regional ICT incident management protocol that is regionally tested.	31/03/2018	Director of eHealth and External Collaboration	Implemented	This recommendation is now implemented. The Cyber Strategy has now been approved by the Cyber Security Programme Board and the DHCNI Board. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented
C - Management of Sure Starts and Bright Starts 17-18 LIMITED & SATISFACTORY	Priority 2 Finding 4	SURE START GOVERNANCE Management should explore with the Department of Health and other HSC stakeholders the future direction of travel in respect of verification of activity delivered by funded organisations.	31/03/2018	Social Care Lead Early Years	Implemented	Evidence of verification checks across a sample of surestarts has been made available to Internal Audit. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented

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D - E-Health Cyber Security 18-19 LIMITED	Priority 1 Finding 1.1	<p>ICT GOVERNANCE ACROSS HSCNI</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>HSCNI needs to appropriately align ICT / Information / Cyber Security governance arrangements to the technical configuration of the HSCNI networks and information assets within a model which includes clear accountability and decision making.</p>	31/03/2020	eHealth and Care Lead (HSCB)	Partially Implemented	<p>The following are noteworthy in respect of satisfying this recommendation.</p> <p>A revised DHCNI Governance Framework has been approved and implementation commenced.</p> <p>This includes an Enterprise Architecture Board which meets regularly, is led by DHCNI and is made up of representation from senior ICT staff across HSCNI organisations.</p> <p>A Cyber Security Programme Board is now well established and has representation from across the HSCNI.</p> <p>The Cyber Security Programme Board has overseen the development of a Cyber Security Strategy. This strategy has been approved by the DHCNI and the Chief Executive's Forum. The Strategy will soon be circulated to all HSCNI organisations.</p> <p>The Cyber Security Programme Board is currently developing on a strategic business case. This is seen as crucial to fund the plans arising from the Cyber Security Strategy. There is no assurance or indication at this point that this business case will be approved.</p> <p>SIROs retain responsibility for Cyber Security within individual organisations.</p> <p>An Information Security Board (with reporting lines from the existing Cyber Security Programme Board and the Information Governance Assurance Group) is envisioned by DHCNI as a constituent part of the DHCNI Governance Framework. However this has not been agreed or established. A Terms of Reference for the Information Security Board needs to be drafted and agreed. It is hoped that this Information Security Board will have met by the revised implementation date stated of 30 June 2022.</p> <p>The HSC Digital Programme continues which will likely have an influence on aligning ICT / Information / Cyber Security governance arrangements to the technical configuration of the HSCNI networks and information assets.</p>	30-Jun-22	BSO Internal Audit
	Priority 1 Finding 1.2	<p>ICT GOVERNANCE ACROSS HSCNI</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>HSCNI needs to appropriately align ICT / Information / Cyber Security governance arrangements including clear accountability to the nature of the HSCNI ICT structures. Good practice suggests that Chief Information Security Officer role should be established.</p>	31/03/2020	eHealth and Care Lead (HSCB)	Partially Implemented	<p>DHCNI are keen that a CISO role is established. The Chief Digital Information Officer (DoH) is considering how a CISO role can be introduced which will appropriately complement the governance arrangements noted in the recommendation above.</p> <p>The funding for the role of the CISO is included as part of the draft Strategic Cyber Business Case currently being developed. If this business case is approved, it is likely to be 2023/24 year before the CISO role is recruited. This is reflected in the revised implementation date stated.</p>	31-Mar-24	BSO Internal Audit
	Priority 1 Finding 1.3	<p>ICT GOVERNANCE ACROSS HSCNI</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>HSCNI should strengthen ICT / Information / Cyber Security governance across the HSCNI by implementing an appropriate Information Security governance framework across the HSCNI (e.g. ISO 27001).</p>	31/03/2020	eHealth and Care Lead (HSCB)	Partially Implemented	<p>The Regional Cyber Security Strategy provides the framework through which HSCNI will work toward achieving ISO/IEC27001 certification for an integrated HSCNI information security management system. Work to date through the Cyber Security Programme Board and plans to take forward the strategy have and will align to ISO/IEC27001. There is no funding profiled to implement a formal Information Security framework across all HSCNI organisations. However, this will be considered for a project to be scoped and brought to the DHCNI portfolio pipeline. The revised implementation date is therefore a point to assess whether any project has been agreed / progressed rather than any reasonable expectation of an appropriate Information Security governance being in place across the HSCNI.</p>	31-Mar-24	BSO Internal Audit

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	Priority 1 Finding 2.1	<p>POLICIES, STANDARDS, GUIDANCE AND PROCEDURES</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>A framework for Policies, Standards, Guidelines and Procedures for ICT / Information / Cyber Security should be implemented across the HSCNI. Clear accountable arrangements for ensuring compliance with agreed policies and standards should be established.</p>	31/03/2020	eHealth and Care Lead (HSCB)	Partially Implemented	<p>The first phase of policies and standards (which focused on user policies) have been developed and agreed by Cyber Security Programme Board. These policies and standards have been disseminated to individual HSCNI organisations for their adoption (through local arrangements for adoption) and implementation.</p> <p>Work has recently resumed (February 2022) in respect of the development of 'technical' policies and standards as part of the second phase in respect of this recommendation. Their development will follow a similar model (developed with cross HSCNI organisation representation, led by the Cyber Security Programme staff, then agreement and distribution to individual organisations for adoption and implementation).</p> <p>The revised implementation date is the date when the this phase of policies and standards will be developed, agreed and made available to individual HSCNI organisations for their consideration, adoption and implementation.</p>	31-Jul-22	BSO Internal Audit
	Priority 2 Finding 3.2	<p>REGIONAL NETWORK SECURITY ISSUES</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>HSCNI should ensure a regional mechanism is in place to ensure that:</p> <ul style="list-style-type: none"> • The definition of an External Gateway (to the HSCNI WAN) is appropriately agreed. • Existing External Gateways are retrospectively approved. • Proposals for introducing new External Gateways are appropriately approved at a regional level. • Regular assurances on External Gateways (and the remediation of any identified vulnerabilities) against HSCNI policy requirements and an agreed assurance framework should be provided by the HSCNI organisation owners. • HSCNI organisations should provide regular assurances on how any unknown External Gateways are being pro-actively detected. 	31/03/2020	eHealth and Care Lead (HSCB)	Partially Implemented	<p>A number of sub-groups have been established that report to the regional Enterprise Architecture Board. One of the groups relates to networking. It is anticipated that this sub-group will be responsible for practically taking this recommendation forward in respect of external gateways. This will also take account of the Network Security review (contained in the cyber security blue print).</p>	31-Dec-22	BSO Internal Audit
	Priority 2 Finding 3.3	<p>REGIONAL NETWORK SECURITY ISSUES</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>Information Security Operations Centre should be put in place. This is a function where information systems including applications, databases, data centers and servers, networks, endpoints are monitored, assessed and protected.</p>	31/03/2020	eHealth and Care Lead (HSCB)	Partially Implemented	<p>The revised implementation date takes account that this recommendation is unlikely to be implemented in the short term and will be dependent on factors such as the model for delivery of ICT services in the HSCNI. If delivered this is likely to through a regional service. This proposal is included as part of the Strategic Cyber Security Business Case (currently being developed). There is no assurance or indication that this business case will be approved. The revised implementation date anticipates actual implementation of SIEM / ISOC.</p>	31-Mar-24	BSO Internal Audit

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	Priority 2 Finding 3.4	<p>REGIONAL NETWORK SECURITY ISSUES</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>A project to fully map and document the HSCNI network design with a view to understanding all data traffic flows (including clarity over Access Control Lists and ensuring that there is a current requirement) should be undertaken.</p> <p>Once a holistic and transparent picture is achieved, appropriate arrangements to enhance security on core links should be put in place (including consideration of Firewalls and IPS installation).</p>	31/03/2020	eHealth and Care Lead (HSCB)	Partially Implemented	A number of sub-groups have been established that report to the regional Enterprise Architecture Board. One of the groups relates to networking. It is anticipated that this sub-group will be responsible for practically taking this recommendation forward in respect of mapping, understanding the HSCNI networks and then using as a basis to make decision on strengthening security across the HSCNI network. This will also take account of the Network Security review (contained in the cyber security blue print). The revised implementation date is the date to have the HSCNI networks mapped.	31-Dec-22	BSO Internal Audit
	Priority 2 Finding 3.5	<p>REGIONAL NETWORK SECURITY ISSUES</p> <p>This recommendation is being reported in BSO, HSCB and Trusts 1819 IT Audit reports. As strategic lead for IT in HSCNI, the HSCB eHealth and Care Lead is the owner of this recommendation.</p> <p>A formal framework for Third Party Providers connecting to the HSCNI WAN should be put in place. This should incorporate:</p> <ul style="list-style-type: none"> • Minimum security requirements for Third Parties connecting to HSCNI network should be reviewed. Appropriate methods to ensure compliance with these requirements should be introduced. • All contracts should clearly state the minimum security standards. • Appropriate methods to ensure compliance with minimum security standards should be introduced. 	31/03/2020	eHealth and Care Lead (HSCB)	Implemented	<p>A key work stream prioritised through the Cyber Security Programme Board is the creation of a Third Party Framework aligning and ensuring it meets legislative requirements for GDPR and NIS, developed in line with ISO27001 and in collaboration with the Trusts and other HSC organisations. A business case was approved and work began in 2019. A framework has been developed with input across the HSCNI. The framework includes cyber security schedules for contracts, third party security policies with minimum standards, contract review and third party audits. A questionnaire for third parties has been developed and used to determine risk status and further actions for HSCNI organisations to implement. Consultations and inputs from various key stakeholders have been sought and factored into the framework design. There are some further inputs required from a few stakeholders. However, the framework was presented to Cyber Security Programme Board on 11 February 2022. Additional documentation and cover note is to be provided to HSC organisations in respect of this framework</p> <p>This framework will support HSC organisations with cyber security considerations and actions in respect of contracts and therefore this recommendation is considered as implemented. The framework at this point will not address all risks with Third Parties. It is also noted that the framework will address new contracts going forward. Cyber security risks from existing contracts are unlikely to be addressed as a result of this work.</p>		N/A - now implemented
	Priority 2 Finding 5.1	<p>RISK MANAGEMENT</p> <p>HSCB should ensure a robust framework to manage IT and Cyber security risk, to include clear escalation of risk from the risk register of each HSCNI organisation. The framework should operate alongside the IT and Cyber Security Governance structure.</p>	30/04/2020	eHealth and Care Lead (HSCB)	Partially Implemented	The implementation of this recommendation remains work in progress and is dependent on the establishment of an Information Security Board.	30-Sep-22	DoH Internal Audit
E - HSCB Relationship with GP Federations - Governance Review 18-19 LIMITED	Priority 2 Finding 1.1	<p>GOVERNANCE ASSURANCE</p> <p>HSCB should strengthen their formal assurance requirements from GP Practices in respect of the governance arrangements of GP Federations which they are funding to deliver services.</p>	30/06/2019	Pat Brolly, Business Support Manager	Implemented	<p>A new assurance template has been agreed with the GP Federations. It is anticipated that these will now be signed and returned in the near future.</p> <p>IMPLEMENTED AT MID-YEAR FOLLOW UP</p>		N/A - now implemented
	Priority 2 Finding 1.2	<p>GOVERNANCE ASSURANCE</p> <p>HSCB should explore the development of the contractual arrangements between the GP Practice and the GP Federations.</p>	30/06/2019	Pat Brolly, Business Support Manager	Implemented	<p>HSCB has explored the development of contractual arrangements between GP practices and Federations. GP Practices have sought legal advice and drafted a contract. BSO DLS has reviewed this and comments will be shared back with Federations. It is anticipated that contracts will be signed moving forward.</p> <p>IMPLEMENTED AT MID-YEAR FOLLOW UP</p>		N/A - now implemented

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	Priority 2 Finding 2.1	PROBITY SERVICES HSCB should meet with BSO CFPS Probity Team with the aim of including service specifications specific to GP Federations going forward into 2019/20.	30/04/2019	Pat Brolly, Business Support Manager	Implemented	BSO Probity team has commenced verification work in 2020/21. This has been included in the workplan of the probity team for 2020/21. The 2 areas of focus in this financial year are practice based pharmacists and crisis response teams and work has commenced in these areas. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented
F - Integrated Care Partnerships 18-19 LIMITED	Priority 2 Finding 2.1	STRATEGIC DIRECTION AND GOVERNANCE STRUCTURE The future strategic direction, governance and accountability structures for Integrated Care Partnerships should be established.	31/12/2019	Project Director ICP	Implemented	Action has been taken to address this recommendation. In terms of governance and performance, there has been enhanced visibility of ICPs at SMT during 2021/22 with SMT has also having recently received and reviewed the progress update against the business plan. The future strategic direction of ICP is considered and included within the future planning model which was out for consultation on 19/07/21 and closed on 17/09/21. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented
G - Social Care and Children's Directorate 18-19 LIMITED & SATISFACTORY	Priority 2 Finding 2.1	OUTCOMES BASED REPORTING Management should liaise with the DoH regarding taking forward outcomes based reporting in respect of compliance or otherwise with statutory functions.	31/03/2020	Governance Lead / Martin Quinn, Programme Manager (Children's Services) / Information Manager (Children's Services)	Implemented	HSCB has liaised with DoH in respect of this recommendation and a pilot has commenced in December 2021 in respect of Children Services to develop outcomes based reporting in this specific area.		N/A - now implemented
H - Absence Management & Recruitment 19-20 LIMITED	Priority 2 Finding 4.1	OVERSIGHT & PERFORMANCE MANAGEMENT KPIs should be reported on a regular basis and subject to review and discussion with BSO Retained HR and BSO Recruitment Shared Services Centre.	30/04/2020	Interim Head of Corporate Services, Assistant Director of Human Resources, BSO, Head of Recruitment Shared Services BSO	Implemented	BSO Recruitment Shared Service Report now presented to the HSCB on a regular basis with HSCB attending regular meetings with BSO RSSC to discuss recruitment. Regular HR paper to SMT also now includes performance against BSO HR KPIs - albeit these are to be developed further in 2022/23.		N/A - now implemented
	Priority 2 Finding 5.1	RECRUITMENT PROCESS - PRE RECRUITMENT SHARED SERVICES Systems should be developed for capturing the timeliness of all stages of the start of the new post process pre HRPTS and also the length of time new posts are set up in the OM structure. KPIs should be established and reported on in respect of this on a monthly basis. HSCB should focus on improving the timescales for completion of the following key tasks including: • Evaluation of Job Descriptions • Creation of a new post within the OM structure on HRPTS • Raising of requisitions for recruitment for issue to BSO RSSC	30/06/2020	Interim Head of Corporate Services, Assistant Director of HR, BSO	Partially Implemented	The implementation of this recommendation is work in progress with work ongoing to develop KPIs to address this recommendation.	31-May-22	BSO Internal Audit
	Priority 2 Finding 6.1	RECRUITMENT PROCESS - BSO RSSC Management should strengthen control to ensure that recruitment processes within HSCB take place on a more timely basis specifically that: • Shortlisting should be completed on a timely basis • Interviews outcomes should be communicated on a timely basis. Management should, using BSO RSSC reports available, ensure better visibility and scrutiny of performance of all stages of these processes and take action where delays are noted.	30/06/2020	Interim Head of Corporate Services, Head of Recruitment Shared Services, BSO	Implemented	Additional guidance has been developed to support managers to follow correct process. Additional training has also been offered. SMT is also now updated on outstanding recruitments on a regular basis. At monthly meeting between HSCB and BSO RSSC, the status of ongoing HSCB recruitments are reviewed. Where delays are noted on HSCB side, the relevant HSCB staff member will chase up these delays with the individual managers in the HSCB to move these forward.		N/A - now implemented
I - Complaints Management 19-20 LIMITED	Priority 2 Finding 4.1	ANNUAL LEARNING EVENTS HSCB Management should ensure that annual events covering learning from complaints takes place at least once a year.	30/06/2020	Interim Head of Corporate Services and Complaints/Litigation Manager HSCB	Implemented	Action has been taken to address this recommendation.		N/A - now implemented

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J - Financial Review 19-20 SATISFACTORY	Priority 2 Finding 4.1	TRAVEL & SUBSISTENCE Managers approving travel should ensure that home to base mile is deducted from travel claims in line with Agenda for Change. The overpayments identified above should be recovered. The specific staff should be reminded of the need to deduct home to base in the future.	31/08/2020	Senior Accountant – Financial Accounting & Governance	Implemented	Action has been taken to address this recommendation. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented
K - Patient Travel 19-20 SATISFACTORY	Priority 2 Finding 1.2	BOOKING PROCESS HSCB should develop an electronic record of all patient travel booking requests, to facilitate the management and monitoring of all activity. This should include the date the date of contact with the patient including date that the appointment was notified to HSCB; the date of travel booking; date of travel; and any cancellation information. This would allow ongoing monitoring of requests that have not been processed and of the timeliness of bookings.	30/06/2020	Assistant Director of Commissioning	Implemented	Management maintains a spreadsheet for patient travel. A business cases has been developed but it might take a number of years before this is approved and a new system put in place. Chair of Governance and Audit Committee has confirmed that this recommendation should be closed.		N/A - now implemented
L - Financial Review 20-21 SATISFACTORY	Priority 2 Finding 1.2	Payments to Staff HSCB should review and, where necessary, take action to recover / address those over/underpayments referred to above.	30/04/2021	Head Accountant – Financial Accounting and Governance	Implemented	Action has been taken to address this recommendation with underpayment made and overpayments recovered where appropriate. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented
M - FPS and General Medical Services and General Dental Services during Covid-19 20-21 SATISFACTORY	Priority 2 Finding 1.1	Risk of Duplicate Funding HSCB should formally advise GMP's of the need to avoid a duplicate funding scenario by ensure other government funding schemes are not utilised in respect of activity already funded by HSCB. HSCB should formally advise GDP's of the need to avoid a duplicate funding scenario by ensure other government funding schemes are not utilised in respect of activity already funded by HSCB	30/04/2021	Head of GMS, AD Integrated Care and Head of Dental Services, Integrated Care	Implemented	Letters were issued to GMPs and GDPs in respect of this. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented
	Priority 2 Finding 2.1	GDP Business Continuity Plans The HSCB should expedite the review of BCP's received to ensure that all dental practices have appropriate measures in place. Upon completion, any outstanding returns should be followed up and recovery procedures instigated where appropriate for non-compliance.	31/05/2021	Head of Dental Services, Integrated Care	Implemented	Follow up of outstanding BCPs was completed. Only 1 is outstanding. Recovery has commenced in respect of this. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented
N - Management of Community and Voluntary Organisation Contracts during Covid-19 20-21 SATISFACTORY	Priority 2 Finding 1.1	Verification of Service Delivery HSCB Service Leads should develop and implement a proportionate and measured programme of physical verification checks to gain assurance that reported activity is accurate e.g. rolling plan with sample checks to ensure appropriate coverage over all contracts within a defined period.	31/03/2022	Head of SW Governance	Implemented	2 physical verification visits have taken place in January 2022.		N/A - now implemented
	Priority 2 Finding 2.1	Non Completion of COVID-19 Templates HSCB should ensure that service levels and activity are appropriately specified in the Contracts with Voluntary and Community Organisations for the 2021/22 year.	31/03/2022	Head of SW Governance and Social Care Leads	Implemented	Sufficient evidence has been provided to address this recommendation.		N/A - now implemented
O - Governance during Covid-19 20-21 SATISFACTORY	Priority 2 Finding 1.1	Lessons Learned HSCB Board should consider Lessons Learned from the Covid Pandemic which identifies any enhanced ways of working	30/04/2021	Director of PMSI / HSCB SMT	Implemented	A lessons learnt update was presented to the HSCB Board on 8 April 2021. IMPLEMENTED AT MID-YEAR FOLLOW UP		N/A - now implemented

NAME OF AUDIT / ASSURANCE LEVEL	PRIORITY / REPORT FINDING REF.	AUDIT FINDING NAME AND RECOMMENDATION	ORIGINAL IMPLEMENTATION DATE	RESPONSIBLE MANAGER(S)	STATUS	PROGRESS AS AT MARCH 2022	REVISED IMPLEMENTATION DATE	Internal Audit team Responsible for this recommendation post migration to DoH
P - ICT Procurement and Contract Management 20-21 SATISFACTORY	Priority 2 Finding 1.1	Business Case Arrangements in DHCNI The DHCNI should review, document, agree with key stakeholders (including HSCB and DoH) and implement the following in respect of its role in digital business cases: • Financial value approval levels. • Business case submission criteria from all HSC organisations. • Post Project Evaluation (PPE) submission / assessment criteria.	30/09/2021	Assistant Director DHCNI	Implemented	A handbook setting out requirements in respect of digital business cases has been reviewed. The updated handbook was brought to the Portfolio Board meeting of 16 March 2022 where it was approved.		N/A - now implemented
Q - Co-Operation and Working Together (CAWT) 20-21 LIMITED & SATISFACTORY	Priority 2 Finding 1.1	Recruitment To ensure a composite view, the CAWT Management Board, in conjunction with WHSCT, should consider the findings of this audit report alongside those in the final related HSE audit report.	31/03/2022	HSCB Interim Chief Executive/WHSC Chief Executive	Partially Implemented	HSE report is work in progress and not yet final - this will be presented to the Management Board in due course. HSCB/SPPG will not have any further responsibility for CAWT post 31/03/22, with staffing etc. transferring responsibility to WHSCT. This recommendation will be reviewed prior to 31/03/22.	30-Jun-22	N/A - CAWT transferring to WHSCT responsibility 01/04/22
	Priority 2 Finding 1.2	Recruitment The recruitment process for CAWT should be reviewed and strengthened. In particular: • The employing organisation should have a complete record and oversight of the recruitment process. • The current system of separation of the recruitment process to the point of interview outcome (where the WHSCT is not the employer), from the pre-employment checks and issue of contract of employment should be reviewed. • Recruitment panel members should be required to declare whether or not they have a conflict of interest in advance of the recruitment exercise taking place and a record of this should be maintained. Any conflicts of interest should be addressed before recruitment proceeds. • All recruitment panel members must be appropriately trained and a confirmation record of this should be retained for each recruitment exercise. • An audit trail should be retained to evidence posts being advertised in HSC Recruit and HSE ROI in all instances.	30/06/2022	WHSCT Director of Human Resources HSCB/SPPG Director of Commissioning	Imp Date Not Passed	Implementation date not yet passed.		N/A - CAWT transferring to WHSCT responsibility 01/04/22
	Priority 2 Finding 2.1	CAWT – Governance Independent Review CAWT Management Board should oversee the implementation of the outstanding recommendations on a timely basis. Both the HSCB and WHSCT should report within their own assurance framework structure the context and status of this report and also on the status of implementation of these recommendations.	31/03/2022	HSCB Interim Chief Executive/WHSC Chief Executive	Implemented	A paper was presented to the Management Board in December 2021 - the majority of the recommendations are now implemented.		N/A - now implemented
	Priority 2 Finding 3.1	Travel and Subsistence The working base of all CAWT staff should be reviewed to ensure clarity and that this is in line with HR documentation.	30/06/2022	WHSCT Director of Human Resources/ HSCB/SPPG Director of Commissioning	Imp Date Not Passed	Implementation date not yet passed.		N/A - CAWT transferring to WHSCT responsibility 01/04/22
	Priority 2 Finding 1.1	Outcomes Based Reporting Management should ensure the timely delivery of the pilot project and identify the outcomes to be measured, setting out a timeline for Trusts to embed the outcomes based reporting into practice.	31/03/2022	Head of Social Work Governance	Partially Implemented	A pilot has been established, however a timeline for Trusts to embed the outcomes based reporting into practice is still to be taken forward.	30-Sep-22	BSO Internal Audit
R - Looked After Children – Delegated Statutory Functions 21-22 SATISFACTORY	Priority 2 Finding 1.1	Outcomes Based Reporting Management should ensure the timely delivery of the pilot project and identify the outcomes to be measured, setting out a timeline for Trusts to embed the outcomes based reporting into practice.	31/03/2022	Head of Social Work Governance	Partially Implemented	A pilot has been established, however a timeline for Trusts to embed the outcomes based reporting into practice is still to be taken forward.	30-Sep-22	BSO Internal Audit

NAME OF AUDIT / ASSURANCE LEVEL	PRIORITY / REPORT FINDING REF.	AUDIT FINDING NAME AND RECOMMENDATION	ORIGINAL IMPLEMENTATION DATE	RESPONSIBLE MANAGER(S)	STATUS	PROGRESS AS AT MARCH 2022	REVISED IMPLEMENTATION DATE	Internal Audit team Responsible for this recommendation post migration to DoH
S - Management of Sure Starts and Bright Starts 21-22 LIMITED	Priority 2 Finding 1.1	Sure Starts - Go Database Management, alongside colleagues in BSO IT, should ensure that Go Database is implemented as soon as possible. In the interim HSCB Management should request that all Sure Starts provide formal assurance that activity is being delivered as planned until the system goes live.	31/01/2022	Childrens Lead, Early Years/Childcare Partnership Manager	Implemented	Each of the 38 SureStarts has provided a formal assurance that activity is largely being delivered in line with business plan objectives. The q1 - q2 information for all 38 Surestarts is now live on the Go Database.		N/A - now implemented
	Priority 2 Finding 2.1	Sure Starts - Financial Monitoring Returns (FMRs) HSCB will review the current payment arrangements, including phasing of funding payments, and consider whether any adjustments are required.	31/01/2022	Childrens Lead, Early Years	Implemented	Option paper has been prepared to resolve this.		N/A - now implemented
	Priority 2 Finding 2.2	Sure Starts - Financial Monitoring Returns (FMRs) The HSCB should communicate with those Sure Starts that consistently submit returns late reinforcing the importance of these returns being submitted in line with required deadlines.	31/12/2021	Childrens Lead, Early Years/Childcare Partnership Manager	Implemented	Action has been taken to address this recommendation with communication with providers to ensure that there is timely submission of returns going forward.		N/A - now implemented
	Priority 2 Finding 3.1	Sure Starts - Activity Reporting Management should specifically raise with the 2 Sure Starts at forthcoming Annual monitoring visits in terms of concerns raised in terms of targets not being achieved with appropriate action taken where necessary.	31/12/2021	Managers, Western and Northern Childcare Partnerships	Implemented	Action has been taken to address this recommendation with the issues identified raised with the SureStarts.		N/A - now implemented
	Priority 2 Finding 3.2	Sure Starts - Activity Reporting Horizon Sure Start should be included in the next round of remote verification checks.	30/06/2022	Childrens Lead, Early Years/Childcare Partnership Manager	Implemented	A visit to this Sure Start was undertaken on 27 January 2022.		N/A - now implemented
	Priority 2 Finding 5.1	Bright Starts – Financial Sustainability Management should formally write to DE to escalate the issues regarding the sustainability of Bright Starts including the issues associated with delivering sustainable activity volumes, short term funding, ongoing impact of Covid19 on service delivery models etc.	31/12/2021	Childrens Lead, Early Years	Implemented	A letter has been issued to DE in January 2022 to address this recommendation.		N/A - now implemented
	Priority 2 Finding 6.1	Bright Starts – Playboard Assurance Statement HSCB should further raise the matter of an assurance statement with Playboard NI and reach an agreement around how this can be provided.	31/01/2022	Childrens Lead, Early Years	Implemented	Assurance statement has been signed off.		N/A - now implemented
	Priority 2 Finding 7.1	Bright Starts – SLA with DE The HSCB should respond to DE on the proposed draft SLA and aim to formalise this as soon as possible.	31/12/2021	Childrens Lead, Early Years	Implemented	This SLA has been signed and returned to DE.		N/A - now implemented
T - Family Health Services - Staff Recognition Payments 21-22 N/A	Not Prioritised Finding 1	Reasonableness parameters and tolerance levels need to be defined for prepayment checks.	31/12/2021		Implemented	This has now been defined.		N/A - now implemented
	Not Prioritised Finding 2	Upon completion of SRP pilot, management should finalise draft post verification payment checks working with BSO Probity Team.	28/02/2022		Implemented	An approach has been adopted for post verification work to be conducted by BSO CFPS.		N/A - now implemented
	Not Prioritised Finding 3	A Data Protection Impact Assessment should be completed, in conjunction with DoH Policy Leads as soon as possible.	31/12/2021		Implemented	Sufficient action has been taken by HSCB to address this recommendation.		N/A - now implemented

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	Not Prioritised Finding 4	Where, in exceptional cases, the nature of the required validation information is changed, Management should ensure that appropriate equivalent means of validating claims in advance of payment are achieved.	30/11/2021		Implemented	Sufficient evidence had been provided to support the implementation of this recommendation. Examples of alternative information types for the pre-payment checks / supporting information agreed with Contractors has been made available to Internal Audit.		N/A - now implemented
	Not Prioritised Finding 5	The appeals process (already provided for in scheme guidance) should be developed	30/11/2021		Implemented	An appeals process has now been agreed.		N/A - now implemented
U - Performance Management of Trusts 21-22 SATISFACTORY	Priority 2 Finding 1.1	The HSCB should consider the future Performance Management Framework arrangements to be embedded within the DoH / SPPG and finalise recommendations for the future arrangements accordingly.	31/03/2022	Head of Performance	Partially Implemented	This is work in progress with a process of alignment between performance and financial management ongoing. A paper has been presented to SMT to take this recommendation forward.	30-Sep-22	BSO Internal Audit
	Priority 2 Finding 2.1	Service Issues and Performance Management Meetings Internal Audit acknowledges the challenges which COVID 19 brought for all involved in the HSC. However, HSCB should aim to ensure that quarterly Service Issues and Performance Management meetings with all Trusts are held going forward, when possible to do so, to ensure that all areas of service and performance by Trusts are thoroughly discussed, challenged and dealt with on a regular basis and action plans updated accordingly.	31/10/2021	Director of PMSID	Implemented	Quarterly Service Issues and Performance Management meetings have been re-established with a full schedule planned for 2022/23.		N/A - now implemented
	Priority 2 Finding 3.1	Reporting Trusts' activity and expenditure of 2021/22 non-recurrent funding to DoH HSCB should ensure that activity and expenditure of non-recurrent funding is formally and promptly reported via the HSCB PMSI Director to the RMB at DoH subsequent to each month end. Albeit the dominance of COVID19 may have impacted the commencement of Monitoring Meetings in 2021/22, the HSCB should aim to commence monthly Monitoring Meetings with Trusts earlier than 6 months into the financial year. Consideration should be given to taking formal minutes capturing pertinent points of these Monitoring Meetings.	31/10/2021	Director of PMSID	Implemented	Activity and expenditure of non-recurrent funding is now being presented to TMG and onto Minister for Health thereafter.		N/A - now implemented
	Priority 2 Finding 4.1	Minutes of Cancer Performance Meetings between HSCB and individual Trusts Given the significance and attention currently being given to cancer targets by the DoH, media, and the general public, the HSCB should consider capturing formal actions of such meetings to provide an appropriate management and audit trail.	30/11/2021	Director of PMSID	Implemented	A formal record of these meetings, including actions, is now being retained.		N/A - now implemented
V - Multi-Disciplinary Teams 21-22 LIMITED	Priority 2 Finding 1.1	MDT Activity Performance Reporting Pending the longer term activity reporting solution under development through GPIP, the Interim activity reporting solutions should be further developed for MDTs. These performance management reports should focus on building capacity in primary care, service users' access to local MDT services and whether there is a corresponding impact on core services within secondary and/or other care services (where appropriate), in addition to the current focus on staffing costs.	01/04/2022	MDT Programme Director	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit

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	Priority 2 Finding 1.2	MDT Activity Performance Reporting HSCB Management should update objectives and targets for inclusion in new and updated Investment Proposal Templates (IPTs) submitted by MDTs, going forward, which can be tangibly measured, performance reported against, and focus on service user activity.	30/06/2022	MDT Programme Director	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
	Priority 2 Finding 2.1	Role and Responsibility of HSCB A formal document should be put, in place eg a Memorandum of Understanding, defining the roles and responsibilities and key controls of each organisation involved in the process.	30/09/2022	MDT Programme Director	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
	Priority 2 Finding 2.2	Role and Responsibility of HSCB Appropriate regular reporting to HSCB Board should be developed.	31/03/2022	MDT Programme Director	Implemented	With the closure of the HSCB, a report will not be presented to HSCB Board. This has been confirmed by the HSCB Chief Executive.		N/A - now implemented
	Priority 2 Finding 3.1	MDT Implementation Plan The HSCB should provide the MDT Steering Group with a MDT Roadmap to secure approval in principle for future direction of MDTs, with complemented with a fully costed plan.	31/03/2023	MDT Programme Director	Imp Date Not Passed	Implementation date not yet passed. The roadmap has been presented on 21 October 2021. A costed plan to supported this is the responsibility of the DoH Director of Primary Care.		BSO Internal Audit
	Priority 2 Finding 3.2	MDT Implementation Plan Management should share this audit report with the DoH, including the requirement in respect of evaluation noted above.	31/12/2021	MDT Programme Director	Implemented	Report shared with DoH as requested on 30/12/21.		N/A - now implemented
	Priority 2 Finding 4.1	Project Meetings and Attendance Management should review and update as appropriate terms of reference for the various project groups which they are responsible for, to ensure these accurately reflect functions, their operation and membership.	31/03/2022	MDT Programme Director	Implemented	Action has been taken to address this recommendation with examples of Terms of Reference having been updated.		N/A - now implemented
	Priority 2 Finding 4.2	Project Meetings and Attendance Management should communicate to the groups (which HSCB are responsible for arranging) charged with MDT Project governance the importance of meeting regularly in line with their Terms of Reference and of regular attendance.	31/03/2022	MDT Programme Director	Implemented	Action has been taken to address this recommendation with communication to relevant stakeholders of the importance of meeting in line with their Terms of Reference.		N/A - now implemented
	Priority 2 Finding 5.1	Local MDT Project Boards' Terms of Reference Management should formally request that: • The MDT Regional Project Board leads a review and alignment of the roles and responsibilities of Local MDT Project Boards terms of reference. • There is regular reporting on the financial budgetary position to Local MDT Project Board. • Risk Registers are in place and risk is a standing item on the agenda of Local MDT Project Board meetings. • The Local Project Board ToR are updated to reflect current membership and members names are documented.	31/03/2022	MDT Programme Director	Implemented	Evidence has been provided to confirm that sufficient action has been taken to address this recommendation.		N/A - now implemented
W - Commissioning 21-22 N/A	Not Prioritised Finding 1	The limitations of the current SBA process should be reviewed to inform the development of new contractual and accountability arrangements going forward, primarily between the SPPG and HSC Trusts within the context of the new ICS.	30/04/2024	HSCB / SPPG Director of Commissioning	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit

NAME OF AUDIT / ASSURANCE LEVEL	PRIORITY / REPORT FINDING REF.	AUDIT FINDING NAME AND RECOMMENDATION	ORIGINAL IMPLEMENTATION DATE	RESPONSIBLE MANAGER(S)	STATUS	PROGRESS AS AT MARCH 2022	REVISED IMPLEMENTATION DATE	Internal Audit team Responsible for this recommendation post migration to DoH
	Not Prioritised Finding 2	HSCB / SPPG Management should develop the new Integrated Care System (ICS) model, considering for example, any good practice identified as a result of the pandemic and learning from current local commissioning structures.	30/04/2023	HSCB/SPPG Director of Commissioning and DoH Director of Organisational Change	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
	Not Prioritised Finding 3	HSCB Management should ensure that support arrangements in respect of HSCB staff supporting LCG activities are maintained in order to provide support to the continued operation of LCGs post 1st April 2022.	30/04/2022	HSCB Director of Commissioning	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
X - Financial Review 21-22 SATISFACTORY	Priority 2 Finding 1.1	ENHANCEMENTS Management should review the 49 claims in detail and provide any necessary information to Payroll Shared Services in order to progress the recovery of any identified overpayments.	31/03/2022	HSCB Assistant Director of Finance	Implemented	Action has been taken in respect of the overpayments identified.		N/A - now implemented
	Priority 2 Finding 1.2	ENHANCEMENTS Finance should consider whether it is possible to identify potential errors within current payroll financial information HSCB receives.	31/05/2022	HSCB Assistant Director of Finance	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
	Priority 2 Finding 1.3	ENHANCEMENTS Management should communicate to relevant Managers and staff to reinforce the appropriate use of ETMO2 and what claims can be made and approved in line with Agenda for Change.	31/05/2022	bso Assistant Director of HR	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
	Priority 2 Finding 2.1	TIMELY PROCESSING OF TIMESHEETS Management should remind all managers and staff that all payroll claims processed via timesheets should be submitted and approved on a timely basis.	31/03/2022	HSCB Assistant Director of Finance	Implemented	A corporate communication has been issued to staff to address this recommendation.		N/A - now implemented
Y - Readiness for Migration to Strategic Planning & Performance Group (SPPG) DoH 2021/22 N/A	Not Prioritised Finding 1.1	GOVERNANCE The HSCB should conduct a further review of any items, which previously went to HSCB Board, which have not been already been documented in the assurance mapping process.	30/04/2022	Corporate Business Lead	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
	Priority 2 Finding 1.2	GOVERNANCE Annual assurances from DoH / SPPG to BSO should be defined in respect of the transfer of financial balances to BSO.	31/10/2022	HSCB / SPPG Director of Finance	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
Z - Serious Adverse Incidents 21-22 LIMITED	Priority 2 Finding 1.1	RELATIONSHIP BETWEEN HSCB AND PHA Management should request that the Circular (May 2010) be updated to reflect the migration of the HSCB to SPPG/DOH. The HSCB should notify ALBs of the arrangements for the Reporting and Follow up of Serious Adverse Incidents post HSCB migration to SPPG/DoH.	30/04/2022	Director of Strategic Performance	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit
	Priority 2 Finding 1.2	RELATIONSHIP BETWEEN HSCB AND PHA Particularly in context of HSCB migration to DoH, a partnership agreement outlining escalation arrangements and a joint accountability mechanism between PHA and SPPG regarding SAls should be formalised.	31/10/2022	Director of Strategic Performance	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit

NAME OF AUDIT / ASSURANCE LEVEL	PRIORITY / REPORT FINDING REF.	AUDIT FINDING NAME AND RECOMMENDATION	ORIGINAL IMPLEMENTATION DATE	RESPONSIBLE MANAGER(S)	STATUS	PROGRESS AS AT MARCH 2022	REVISED IMPLEMENTATION DATE	Internal Audit team Responsible for this recommendation post migration to DoH
	Priority 2 Finding 4.1	JOINT IMPROVEMENT PLAN PHA and HSCB/SPPG should further strengthen their performance accountability arrangements with HSC Trusts to drive more timely completion of reports that are of higher quality. A formal escalation process should also be developed for escalation of Trusts that do not show improvement	30/09/2022	Director of Strategic Performance	Imp Date Not Passed	Implementation date not yet passed.		BSO Internal Audit

Genevieve Dorrian

From: Lynne Charlton
Sent: 10 June 2016 12:12
To: Michele Clawson
Subject: Re: Trust Urology complaints April 14 - March 15 & Trust complaints involving falls April 14 - March 2015

Super thanks so much.

Sent from my BlackBerry 10 smartphone.

From: Michele Clawson
Sent: Friday, 10 June 2016 10:57
To: Lynne Charlton
Cc: Liz Fitzpatrick; Michael Cruikshanks; Mary McElroy
Subject: RE: Trust Urology complaints April 14 - March 15 & Trust complaints involving falls April 14 - March 2015

Lynne

Please find attached as requested to reflect the current position.

Regards

Michele

Michele Clawson | Complaints Officer | Corporate Services | Health and Social Care Board | 12-22 Linenhall Street | Belfast BT2 8BS | Tel: Personal Information redacted by the USI

From: Lynne Charlton
Sent: 26 May 2016 09:33
To: Michele Clawson
Cc: Liz Fitzpatrick; Michael Cruikshanks; Mary McElroy
Subject: RE: Trust Urology complaints April 14 - March 15 & Trust complaints involving falls April 14 - March 2015

Michele

Thank you so much for the information below.

If possible (and your work plan permitting) could the tables below be updated to reflect current position, I would like to share the themes at our next urology Planning and Implementation Group on 16th June

Thanks

Lynne

From: Michele Clawson
Sent: 04 January 2016 15:29
To: Lynne Charlton
Cc: Liz Fitzpatrick; Michael Cruikshanks; Mary McElroy
Subject: RE: Trust Urology complaints April 14 - March 15 & Trust complaints involving falls April 14 - March 2015

Lynne

I have attached complaints concerning Urology for the period April 2015 to September 2015. We receive Trust complaints retrospectively and therefore this is the most current information we hold.

Regards

Michele

Michele Clawson
Complaints Officer
HSCB
Corporate Services
12-22 Linenhall Street
BELFAST
BT2 8BS
Tel: Personal Information redacted by the USI

From: Lynne Charlton
Sent: 03 January 2016 17:59
To: Michele Clawson
Cc: Liz Fitzpatrick; Michael Cruikshanks; Mary McElroy
Subject: FW: Trust Urology complaints April 14 - March 15 & Trust complaints involving falls April 14 - March 2015

Michele

Thank you for the previous analysis of urology complaints below. Would it be possible to update to reflect current position?

Thanks

Lynne

*Head of Nursing, Quality, Safety and Patient Experience
Public Health Agency
12-21 Linenhall Street
Belfast
BT2 8BS*

*Office
Mobile
Email*

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Michele Clawson
Sent: 25 June 2015 12:31
To: Lynne Charlton
Cc: Liz Fitzpatrick; Michael Cruikshanks
Subject: Trust Urology complaints April 14 - March 15 & Trust complaints involving falls April 14 - March 2015

Lynne

Please see information attached in relation to Urology complaints for the period April 2014 – March 2015.

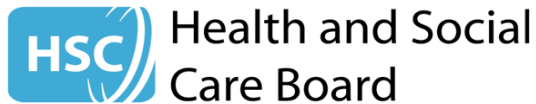
I have also attached complaints relating to falls for the same period.

The information was extracted from the Trust complaints reports using keyword searches - 'urology' and 'slip,trip, fall, fell'

Regards

Michele Clawson
Complaints Officer
HSCB
Corporate Services
12-22 Linenhall Street
BELFAST
BT2 8BS

Tel: Personal Information redacted
by the USI



Paper No: SMT / /

FOR NOTING

QUARTERLY COMPLAINTS REPORT JANUARY – MARCH 2015

Introduction

SMT previously agreed to receive a quarterly complaints report detailing the information received by the Board in its monitoring role of HSC complaints. The report is also shared with the Governance Committee.

Summary

This report provides detail on HSC complaints activity during the fourth quarter of 2014/15 (January – March 2015), providing examples of real complaints, and trends or themes that have been highlighted at the Regional Complaints Sub-Group and discussed at the Quality Safety and Experience Group. The Report also details any actions that have been taken or recommended.

Finance

There are no implications in this regard.

Equality, Good Relations and Human Rights

There are no implications in this regard.

Recommendation

SMT are asked to:

- **Note the detail on HSC complaints activity for the fourth quarter of 2014/15;**
- **Agree submission of report to the Governance Committee for information/consideration.**

Michael Bloomfield

Director of Performance and Corporate Services

August 2015

QUARTERLY COMPLAINTS REORT JANUARY- MARCH 2015**Background**

The Senior Management Team (SMT) at its meeting on 12 November 2013 agreed arrangements for enhancing the level of information received by SMT and the Governance Committee in relation to complaints, in the light of recommendations contained within the Francis Report.

Purpose of Paper

This report provides detail of complaints activity across HSC for the period January – March 2015 and provides examples of complaints and responses, trends and themes which have been considered at the Regional Complaints Sub-Group (RCSG) meetings within the reporting period.

The report was considered by the Quality Safety and Experience (QSE) Group at its meeting on 5 August 2015.

Process

The Board receives an anonymised summary of each issue of complaint, along with an outline of the response issued in respect of closed complaints from each HSC Trust, ie a response has been issued and/or a meeting with the complainant convened. In respect of Family Practitioner Services (FPS), the Board receives an anonymised (ie patient details) copy of each written complaint (letter/statement of complaint/complaint form), together with an anonymised copy of the response issued by the Practice/pharmacy.

Complaints staff on a monthly basis share information relating to complaints concerning or associated with Emergency Departments, Maternity and Gynaecology, Patient Experience, Falls and Nutrition, Palliative Care, Allied Health Professional issues, Mis-identification, Venous Thrombo-Embolisms (VTEs), wheelchairs and Social Care issues with relevant professionals within the Board/PHA who provide input into the RCSG. These professionals review the information shared with them, identify whether they require further information or clarification from the Trust, and confirm whether they are content with the actions that have been taken. They also consider whether there is any regional learning and/or make recommendation(s) to the Quality Safety and Experience Group on suggested courses of action as a result of an individual complaint or pattern/trend.

In addition, professional staff also feed relevant information from complaints into existing groups of which they are members: for example, Falls Group, Maternity Group, Patient Experience Working Group and Transforming Your Palliative and End of Life Care Programme.

Complaints Activity – January – March 2015

• HSC Trust Complaints

Since 2009 the number of complaints issues received has increased from just under 5000 in 2009/10 to 7015 in 2014/15. However, these statistics must be viewed in the context of the high number of patient/client interactions with the HSC each year and the continued promotion of complaints within the HSC as a whole.

For the period January - March 2015 (fourth quarter of 2014/15), the complaints received by programme of care across the six HSC Trusts are:

Table 4: Number of Complaint Issues Received by HSC Trusts by POC (QE Mar 15)

POC	Belfast	Northern	South Eastern	Southern	Western	NIAS	Northern Ireland
Acute	579	97	184	132	71	0	1,063
Maternal	30	10	26	23	23	0	112
Family & Child	18	36	18	32	8	0	112
Elderly	25	42	23	17	9	0	116
Mental Health	26	26	2	29	6	0	89
Learning Disability	4	2	3	10	39	0	58
Sensory Impairment	1	5	4	12	5	0	27
Health Promotion	0	0	0	0	0	0	0
Primary Health	1	4	18	28	0	0	51
Non specific	42	14	46	0	9	69	180
Total	726	236	324	283	170	69	1,808

The Board's Deputy Complaints Manager is arranging to meet with the Trusts Regional Complaints Forum (comprising complaints managers from each of the Trusts) to discuss recording and better understand the variations in the number of complaints received under some programmes of care.

• Family Practitioner Service (FPS) Complaints

The Board receives anonymised copies of approximately 300 written complaints and responses (local resolution returns) from FPS Practices each year, primarily from General Medical Practitioners and General Dental Practitioners.

In addition, the Board acts as an intermediary, or 'honest broker', in approximately 80 – 90 complaints per year, and again these predominantly relate to General Medical and Dental Practitioners. The role of an intermediary requires a level of mediation by the Board's complaints staff in an attempt to successfully resolve complaints at Practice-level.

In January - March 2015 the Board received 49 local resolution returns from GP Practices. No complaints returns were received from Dental Practitioners, Pharmacies or Opticians during this period. The complaints received related to issues concerning treatment and care (12) and staff attitude/behaviour and communication (37).

The Board acted as an 'honest broker' on 21 occasions; 20 in relation to GP Practices and one regarding a Dental Practice. The majority of these complaints related to issues regarding treatment and care (15). There were also complaints concerning communication (2); staff attitude/behaviour (3); difficulties in making an appointment (GP) (1).

Complaints concerning clinical/professional/regulatory issues (including 'honest broker') are shared with relevant professional staff in Integrated Care.

'Honest Broker' Complaints

EGP507:1415: This complaint featured at the Annual Complaints Learning Event (June 2015) with the complainants having discussed their experiences via pre-recorded video, which was then played on the day of the event. The General Medical Practitioner being complained about also spoke on the day, with the prior knowledge and agreement of the complainants.

Background

The complaint concerned the death of the complainants' daughter, who died of pneumonia. The patient (who was asthmatic) had been feeling unwell with a hoarse voice, bad cough and was also suffering nausea,

diarrhoea, back pain, had difficulty breathing and had a fever. Believing she had a chest infection she was seen at her GP Practice and prescribed pain killers for muscular chest pain and then re-attended two days later and was prescribed antibiotics. Her symptoms persisted and 36hrs later she contacted the OOH service and was advised to attend the Emergency Department due to her shortness of breath when speaking. The patient declined to attend and, although still unwell, seemed to improve to an extent over the next two days; being able to eat and sit up and watch television. At the end of this two day period her breathing showed a rattling sound when lying on her side in bed. On being turning her onto her back she was unresponsive and during attempted resuscitation, vomit was seen in her mouth and nose. CPR was attempted and an ambulance called; one shock of the cardiac defibrillator was attempted by paramedics, which was unsuccessful, and the patient passed away. Following autopsy her cause of death was recorded as pneumonia.

Practice response: The complainants met with the Practice a week after their daughter's funeral, in an attempt to seek answers to their questions: - why their daughter had died; why antibiotics were not prescribed earlier; and why a chest infection had not been diagnosed. Explanations were given at this meeting, which was brief. Having considered and contemplated the situation for 16 months or so, the complainants then approached the Board as they still had doubts and concerns regarding the diagnosis by the GP. Board complaints staff met with the complainants in their own home and took a statement of complaint. Agreement was reached between the complainants and the Practice for the Board to act as an 'honest broker' and the Practice was requested to provide a written response to the agreed statement.

The response explained that the patient had advised that her recent chest infection had been settling but that she was in pain in the lower left part of her chest wall and had been worried about pleurisy; that her chest was tender to touch but had sounded clear and the distinctive scratching sound known as 'rub' which is associated with pleurisy could not be heard; and that painkillers for the pain were prescribed and her asthma inhalers renewed. It was explained that antibiotics were not prescribed at this time as it was not considered there was an infection.

They were prescribed, however, the next day as the patient had not been feeling well overnight and the GP wished to be sure that there was no residual infection which had not been detected. It was also explained that at the time of the further telephone consultation (two days later) the patient had been upset with the consultation with the OOH doctor (the previous night) in terms of his manner and his advice that she attend hospital: the OOH doctor had advised that she was short of breath and unable to speak in full sentences and had advised her to go to A&E to

rule out a burst lung. The response advised that the GP had not thought a burst lung was the cause, as the patient had slightly improved from when he had first seen her and had last spoken with her; and that in retrospect, the patient must have deteriorated very quickly in the time between his telephone consultation and the following day. The response also confirmed that the patient had been offered the vaccination against pneumococcus on several occasions but had never availed of this or the influenza vaccination. It was explained that if she had accepted this, it was unlikely that she would have contracted such a severe infection.

After further consultations with the Board's complaints staff and their subsequent liaisons with the Practice, the complainants obtained a copy of their daughter's GP records and also had opportunity to listen to the OOH consultation (an audio copy of which was also supplied to them at their request) which highlighted that the OOH doctor's "best advice" during the consultation was that the patient attend hospital; this was stated on three or four occasions.

Although still deeply grieving for the loss of their daughter, the complainants felt assured that a mis-diagnosis had not been made; that clear advice and due care and attention had been given; and that some closure had been achieved.

Learning points

Although the value of face to face discussion was well recognised by both parties, the complainants and the Practice agreed that the meeting between both had occurred too soon after the patient's death and at a time when both – albeit from different circumstances and perspectives – were still coming to terms with this: - the complainants still in shock and grieving at their loss and the Practice questioning themselves as to whether something had been missed.

The Practice has confirmed that it encourages all relevant patients to get vaccinated and now makes strenuous efforts to persuade those who have previously refused the pneumococcal vaccine to take advantage of this.

The Board currently has two complaints being considered by the Commissioner for Complaints (Ombudsman), in which it acted in this role and in which independent medical opinions were also sought.

HSC Board Complaints

Within this period 17 complaints were received concerning the Board. 14 complaints related to the decision to 'pause' elective treatment in the

Independent Sector until funding became available. This situation occurred due to financial constraints within Health and Social Care requiring the Board to pause treatment provided within the Independent Sector in a range of medical specialties. Subsequent responses issued in these circumstances confirmed that the Board has authorised Independent Sector Providers to proceed with the treatment of all paused patients assessed as urgent as at the end of October 2014 and the treatment of any additional patients who became urgent from November 2014, with all other patients to be treated within the first quarter of 2015/15. One complaint was received concerning reimbursement of travel claims; one regarding the decision taken in respect of a request for an extra contractual referral (ECR); and one regarding the decision taken in respect of an individual funding request (IFR).

OOHs Complaints

During this period the Board received 8 complaints returns regarding the GP Out of Hours Service. Five of these related to treatment and care, two related to communication and one related to staff attitude and behaviour.

Themes and Trends (HSC Trusts)

Pain Relief and Nutrition

Previous reports have advised of a thematic review of complaints received within HSC Trusts concerning the administration of pain relief and issues relating to nutrition following a recommendation by QSE. A draft report was submitted to QSE in March 2015 when it was agreed that complaints concerning Family Practitioner Services should be included within the report. A complete report will, therefore, be considered by QSE at a future date.

Patient Experience

During this period there continued to be a significant number of complaints attributed to patient experience. Some examples are: -

3958 – An 81 year old patient was admitted with a suspected relapse of a severe UTI. The family's complaint concerned the manner in which her blood samples were taken and the fact that there were several failed attempts by junior staff when the patient was in a vulnerable, weakened state, yet was coaxed to endure pain, lengthy discomfort and great distress over several days and

weeks.

Trust Response: An apology was given that the family's wishes that only a senior doctor or phlebotomist take their mothers blood were not listened to. A personal apology was also extended from the consultant physician looking after the patient for her discomfort, pain and suffering during her admission.

5329 – The mother of 5 year old child complained that when her daughter was admitted to the paediatric ward from A&E, a surgeon was to check on her, which did not occur. The child's condition deteriorated overnight and she was transferred to the Royal Children's Hospital, where a ruptured appendix was noted, resulting in her spending several days in intensive care.

Trust response: The child was reviewed by the surgical registrar and the symptoms were suggestive of possible gastroenteritis, although appendicitis could not be excluded. The clinical records showed that repeat bloods had been ordered. However, there was a breakdown in communication between the doctor and nurse regarding this and as a result the bloods were delayed. An apology was given for this oversight. The child was reviewed by the consultant surgeon on the ward round the following morning when it was noted that her condition had deteriorated overnight and she was transferred to the Royal Belfast Hospital for Sick Children (RBHSC) immediately.

Learning for the respective team, as a result of this complaint, was identified as follows: -

1. The need for clear and explicit communication between nursing and surgical medical staff regarding expected actions arising from the patient care plan; and
2. A set of nursing observations recorded should potentially have been escalated to the surgical team for their consideration.

The Trust is in the process of introducing an Early Warning Score specifically relating to Paediatrics, which is a nursing observation tool that will enhance the ability of the nursing team to recognise patient deterioration and escalate concerns appropriately. Assurances were also given that the Trust is intent on learning from this complaint as it aims to provide the highest standard of treatment and care at all times. A sincere apology was given for any distress caused and contact details were provided should the mother wish to discuss the matter further.

Additional RCGS Action

The Group noted the action taken by the Trust and agreed that the information regarding this complaint would be shared with Dr Gavin Lavery, Clinical Director HSC Safety Forum, who is currently involved in work in relation to developing an Early Warning Score specific to Paediatrics.

3946 – A patient was admitted to hospital with abdominal pain and had their appendix removed. However, it was later discovered that the pain was as a result of kidney stones. A stent was inserted and discharge was effected. The complainant was concerned at the length of time taken to get a further review and was unhappy with the lack of co-ordination and communication around the patient's care and treatment. The Complainant felt the patient's health had been put in danger because of the lack of joined up systems, proper medical care and poor administrative systems.

Trust response: The complainant was advised of treatment and care provided to the patient by both the urology and surgical consultants, and explained that, following discharge from hospital, the patient had been referred to the Stone Treatment Centre for further treatment. An apology was given for the delay in obtaining an outpatient appointment.

Additional RCGS Action

Additional information was requested in respect of this complaint and is currently being considered by one of the professionals on the Group, who will indicate if any further action is necessary/required.

Maternity and Gynaecology

Complaints relating to maternity and gynaecology continue to be shared with relevant professionals. Some examples are as follows:

8935 – A delay in treatment caused a patient to sustain a third degree tear. The patient was then allowed to develop urinary problem after delivery and had unsafe levels of urine in bladder and continues to have on-going problems with their bladder. The procedures regarding urinary retention had not been followed.

Trust response: The Trust clarified that following use of forceps, pushing occurred very quickly and the doctor did not have time to perform the episiotomy and this delay had resulted in the tear. Several reviews were carried out to address the urinary problem and advice was given. It was explained that delay in replacing catheter would not have

led to damage to their bladder and outlined that the patient had been having problems passing urine during labour. The Trust advised that a review of any gaps in current policy for bladder care in respect of the post natal ward and gynaecology was undertaken.

9482 – A patient was upset that she received a letter to visit a health visitor about her baby; after she had a miscarriage.

Trust Response: The Trust explained the process regarding the treatment after a miscarriage and the follow up care plan. An apology was given for other agencies not being made aware of the miscarriage; specifically the GP letter having been filed incorrectly in the records and not actually sent to the GP. The Trust advised that a new system has been introduced for staff to follow in such cases to ensure that this does not occur again. A checklist has also been developed to ensure that all the agencies are contacted in the event of a patient having a miscarriage and a flow chart will be available for all staff to reference in such cases.

Long Term Recurrent Themes

Two themes that consistently continue to be reported are Staff Attitude/Behaviour and Communication; and issues relating to Privacy and Dignity. Examples of such complaints are outlined below:

Staff Attitude and Communication

9329 - Staff failed to introduce themselves, lack of confidentiality when communicating information, delay in getting feed sorted, appropriate treatment of wound, failure of staff to listen to the family, failure to provide updates on progress or make appropriate onward referral. Delay in replacing NG tube, long delays in receiving fluid and nutrition, getting x-rays, poor attitude of nursing staff. Delay in letting family onto the ward at visiting, failure to respond to call bell, and patient neglected as he was in side ward due to infection.

Trust response: The Trust apologised for staff not introducing themselves and for this failure in communication. In terms of the wound, advice was sourced from the tissue viability team; and it was noted that the insertion of the NG tube had been a difficult procedure and on occasions several attempts were required. Concerns over the feeding difficulties had been voiced by nursing staff but it was stressed that their emphasis was on the importance of safe administration and that preventing aspiration was paramount. It was also stated that once confirmation of the correct NG tube placement was known, feeding was

commenced in a timely manner. The Trust apologised that the patient felt isolated in a side room and acknowledged that if the family were delayed in getting into ward, a degree of flexibility should have been applied.

3873 – A mother was unhappy with the treatment/care/attitude provided to her daughter by a nurse during her daughter's admission to the paediatric ward.

Trust response: The Trust apologised for failures in communication which related to her daughter's assessment in ED and her subsequent admission process to children's ward. The Trust also apologised for the lack of care and attention the patient received as an inpatient in the children's ward. The Trust's Head of Service and ward sister met with the complainant regarding her concerns and the nursing care provided was fully investigated.

Respect and Dignity

Complaints highlighting issues relating to respect and dignity continue to be identified. Examples of such complaints are outlined below.

5397 – A complainant was unhappy with the care and treatment her husband, who is registered blind, received in hospital. He was left unattended on the toilet for a lengthy period by a bank nurse and fell.

Trust response: The Trust apologised that the patient had fallen and advised that this may have been due to a difference in the patient's lying and standing blood pressure. The nurse advised that her intention was to give the patient space and privacy while using the toilet, and that she had subsequently become involved in assisting other patients. An apology was given for any distress or annoyance this caused the patient and family.

9410 - Client's underwear was not pulled up on his return home from a day centre.

Trust response: Relevant managers met with the complainant during which it was agreed that all staff would pay particular attention to ensure that all clients' needs are provided for in future. The Trust advised that the patient's needs would soon be reassessed and that arrangements have been made for his mother to be present during the assessment.

Complaints of this nature continue to be shared with relevant professionals to inform other areas of work.

SMT are asked to note this report and its contents. Further information is available on any of the example complaints detailed, should this be required.

Liz Fitzpatrick (Mrs)
Complaints/Litigation Manager
HSC Board

August 2015

Genevieve Dorrian

From: Mary McElroy
Sent: 23 June 2015 15:30
To: Michele Clawson
Subject: RE: RCSG Meeting - Contact details

Yes please Michelle

Mary

From: Michele Clawson
Sent: 23 June 2015 15:25
To: Mary McElroy
Subject: RE: RCSG Meeting - Contact details

Mary

Is it an anonymised copy of the complaint and response you require

m

Michele Clawson
 Complaints Officer
 HSCB
 Corporate Services
 12-22 Linenhall Street
 BELFAST
 BT2 8BS
 Tel Personal Information redacted by the USI

From: Mary McElroy
Sent: 23 June 2015 15:24
To: Michele Clawson
Subject: RE: RCSG Meeting - Contact details

Michele

Further to our earlier conversation can I request more information on the following complaints

Personal Information redacted by the USI

Sorry for the large number but I need more information before I can say if I am satisfied with the response.

Regards Mary

From: Michele Clawson
Sent: 23 June 2015 11:44
To: Mary McElroy
Cc: Lauren Church
Subject: RCSG Meeting - Contact details

Personal Information redacted by the USI

Michele Clawson
Complaints Officer
HSCB
Corporate Services
12-22 Linenhall Street
BELFAST
BT2 8BS

Tel: Personal Information redacted by the USI

Genevieve Dorrian

From: AQ CONTACTS
Sent: 25 June 2015 10:50
To: Alice McKeown
Cc: Michele Clawson
Subject: FW: URGENT: SHSCT Complaint Report - Further Information Requested for RCsG
Attachments: FW: Message from KMBT_223; FW: Message from KMBT_223

Follow Up Flag: Follow up
Flag Status: Completed

Alice – Additional information received re SHSCT complaints.

From: Complaints [mailto:Personal Information redacted by the USI]
Sent: 25 June 2015 10:47
To: HSCB AQ CONTACTS
Subject: FW: URGENT: SHSCT Complaint Report - Further Information Requested for RCsG

I understand that Alice is not in the office until 7 July and I have followed Alice's Out of Office instructions.

Eileen

From: Complaints
Sent: 25 June 2015 09:59
To: 'Alice McKeown'
Subject: FW: URGENT: SHSCT Complaint Report - Further Information Requested for RCsG

Alice

Please see below and attached for your information.

Regards.

SHSCT Complaints Office

From: ClientLiaison, AcutePatient
Sent: 25 June 2015 09:54
To: Complaints
Subject: RE: URGENT: SHSCT Complaint Report - Further Information Requested for RCsG

Dear Sandra, please see attached as requested.

Regards

David.

From: Complaints
Sent: 23 June 2015 16:37
To: ClientLiaison, AcutePatient
Subject: URGENT: SHSCT Complaint Report - Further Information Requested for RCsG

Please see e-mail below for urgent response.

Appreciate if you can take forward.

Mrs Sandra McLoughlin
Acting Corporate Complaints Officer
(Mon & Tues all day plus Wed AM)

Tel

Personal Information redacted by the USI

Email

Personal Information redacted by the USI

'You can follow us on [Facebook](#) and [Twitter](#)'

From: Corporate.Governance
Sent: 23 June 2015 16:32
To: ClientLiaison, AcutePatient
Cc: Complaints
Subject: FW: SHSCT Complaint Report - Further Information Requested for RCsG

Acute please see below and we look forward to your response in due course.

Eileen

From: Alice McKeown [mailto:[Personal Information redacted by the USI](#)]
Sent: 23 June 2015 15:53
To: Corporate.Governance
Subject: SHSCT Complaint Report - Further Information Requested for RCsG

"This email is covered by the disclaimer found at the end of the message."

Dear all,

I have been asked by a member of the HSCB Regional Complaints SubGroup to obtain further information (i.e. the letter of complaint and letter of response) for the below complaints.

FORMAL	3946	14/11/2014	02/03/2015	73	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	4 North	Professional Assessment of Need	Personal Information redacted by the USI
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FORMAL	4310	02/03/2015	27/04/2015	37	ACUTE	Daisy Hill Hospital	Medicine and Unscheduled Care	Female Medical, Level 5	Staff Attitude/Behaviour	P th to

The next meeting for the Regional Complaints SubGroup is **tomorrow at 2pm** – however I realise this is an unrealistic timescale. I would be grateful if you could forward the information requested by **COP Friday 3rd July**.

Many thanks in advance,
Alice

Alice McKeown
HSCB

Corporate Services

DDI: Personal Information redacted by the
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EXT: Personal Information redacted by the
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Southern Health & Social Care Trust IT Department

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USI

FOR COMPLAINTS, COMMENTS, SUGGESTIONS & COMPLIMENTS

Please tick the appropriate box below and complete the section opposite this if you are making a comment, suggestion or compliment. If you wish to make a complaint please follow the guidance under the "Complaints" section of this leaflet.

COMMENT ☐SUGGESTION ☐COMPLIMENT ☐

LOCATION:

Daisy Hill Hospital, Nant

Your Name:

Address:

Postcode:

Telephone:

If you are making this comment, suggestion or compliment on behalf of another person, please provide their details below and indicate your relationship to that person.

Their Name:

Address:

Postcode:

Telephone:

Relationship: *Husband*

Irrelevant information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI



Southern Health and Social Care Trust

27 April 2015

Our Ref:

Personal Information redacted by the USI

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear Mr

Personal Information redacted by the USI

I refer to your complaint in respect of manner in which your wife was treated by a nurse when she was recently a patient in Female Medical at Daisy Hill Hospital. Thank you for taking the time to highlight your concerns and for providing me with the opportunity to address them.

Mrs [Personal Information redacted by the USI] has spoken with the nurse concerned. Staff Nurse [Personal Information redacted by the USI] has advised that she called your wife by her name, assessed her hand to see if she could put in a cannula and felt after assessing that she could not insert the cannula and asked her colleague to do the task. Staff Nurse [Personal Information redacted by the USI] acknowledges that she did carry out a blood pressure check but at no stage does she recall being rude to your wife. This member of staff cared for other patients on the same shift and they had no complaints about the nursing care she gave. We have taken this opportunity to reinforce the need for all staff to be sensitive and professional to patients within our care.

I hope that you will find this response has addressed the issues that you raised. However if you would like to discuss any aspect of this response further so that we may help in resolving any outstanding issues, please do not hesitate to contact a member of the Clinical and Social Care Governance Team on [Personal Information redacted by the USI] or email AcutePatient.ClientLiaison@southerntrust.hscni.net within 3 months of the date on this letter.

Alternatively, if you remain unhappy with the Trust's response and feel that further contact with the Trust will not resolve your complaint, you can refer your complaint to the NI Commissioner for Complaints (the Ombudsman) at the following address: Freepost BEL 1478, Belfast, BT1 6BR or Freephone: 0800 34 34 24 or email ombudsman@ni-ombudsman.org.uk Further information on the role of the NI Ombudsman can be found at www.ni-ombudsman.org.uk

Clinical and Social Care Governance Team
Directorate of Acute Services
The Maples, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone:

Personal Information redacted by the USI

Yours sincerely

Personal information redacted by the USI

MRS DEBORAH BURNS
Interim Director of Acute Services

for Paula Clarke, Acting Chief Executive

Received by CCO
5/11/14

Personal Information redacted by the USI

Corporate Complaints Officer
Southern Health & Social Care Trust,
Trust Headquarters,
Craigavon Area Hospital,
Portadown,
BT63 5QQ

24th October 2014

Dear [redacted] Personal Information redacted by the USI

Re: [redacted]

I am writing to you to complain about the treatment and care of my son [redacted] at Craigavon Area Hospital in recent months [redacted] attended A&E at the Craigavon Area Hospital on 20/7/14 with abdominal pains. It was thought to be his appendix but theatre was initially postponed whilst they did a CT scan to check his kidneys but then went ahead without scan and they took out his appendix which was found to be fine. As they had not solved the source of the pain, they did checks for Crohn's Disease and eventually found that it was a Meckel's diverticulum which was operated on and he was put on IV antibiotics for 48hrs. These operations were under the general surgery specialty and Mr [redacted] Personal Information redacted by the USI

They were going to discharge [redacted] on 23/7/14 but Urology Consultant Mr [redacted] wanted to wait as they thought they had seen something to do with kidney stones in his urine and creatinine levels. On 24/07/14 [redacted] had a CT and ultrasound scan in which kidney stones were seen, one of which was blocking the tube from one kidney. He was taken to theatre again and the kidney stone was blasted and a stent put in on 24/7/14.

I went to see [redacted] on the evening of 25/7/14 and no one had been to check on him yet post operatively. I asked a nurse who said there had been comments written on his notes but these must have been written without seeing him, as [redacted] said no one had spoken to him or asked him anything. At this stage I was very concerned and asserted that if a doctor could not be found I would be taking this further.

A short time later a Registrar was available on the phone. He told me that the stone had been blasted and that there are other stones but they were only 2mm or so and would not give him any trouble for 2-3 years. He also advised a stent had been put in to ensure the kidney drained, and this needed removed within 6 weeks.

I was visiting [redacted] on 26/7/14 and noticed his heart rate was 123 and I commented to the nurse who said he might have an infection despite the antibiotics. His blood pressure was normal. [redacted] was allowed home for a few hours on 27/07/2014 to see some guests from America. When I returned him to the ward, his pulse was now 115 and I enquired about this but was told "at least it's lower than yesterday".

On 28/10/2014 the Urology Registrar said something still wasn't right according to his blood and urine and maybe the kidney stone had moved and was giving him trouble. I said "but it's only 2mm?" and the Registrar said "oh no it's about 1.2cm". He was taken for another CT scan and that evening at about midnight a discussion took place as to whether to operate or wait until the morning. The decision was taken to operate immediately so this was carried out at 1.00am on the Tuesday (29/7/14) morning as per the Consultant. It was 10.00 a.m. before he returned to the ward. Inside they went laparoscopically and found a mass of infection and sepsis - he had been bleeding out since the first operation and was infected. [Personal Information redacted by the USI] lost 3.8 litres of blood and had to have part of the small intestine removed as a result. He was discharged on 3/8/14 and told not to be doing anything too active until Christmas, so he put off going on a course he was planning to undertake as it involved contact sports.

On 22/9/14 [Personal Information redacted by the USI] went back for the review at the General Surgery clinic (Mr [Personal Information redacted by the USI] and was told he could go back to the gym etc. (he had missed the start of his course by two weeks) and that they had been told he had one stone in each kidney. The Registrar did not check [Personal Information redacted by the USI]s wound and didn't discuss what had happened.

[Personal Information redacted by the USI] was still waiting for the Urology review, which should have been around the same time as the general surgery review. I kept phoning about it from 22/8/14 when the secretary first told me that [Personal Information redacted by the USI] was on their waiting list for a new appointment to which I responded, "no it's a review appointment", and I was then told that they were waiting on scan results. I called again a week later, and then two weeks later asking for the review appointment, as the stent was still in and it was due to come out after six weeks. On 11/9/14 (now seven weeks post stent surgery) Mr [Personal Information redacted by the USI] called me that evening to say that [Personal Information redacted by the USI]s kidneys were full of stones and that he would be referring him to Mr [Personal Information redacted by the USI] in Craigavon Area Hospital for 'stone therapy'. He said I'll dictate the letter today for Mr [Personal Information redacted by the USI] and you'll get an appointment. I asked about the stent and Mr [Personal Information redacted by the USI] said it could become calcified or embedded so it would need to come out and would be difficult the longer it stayed in.

Time went on and four weeks later (eleven weeks after the operation) I called Mr [Personal Information redacted by the USI]s secretary to see if he'd been referred as he hadn't received anything yet. She checked the system and advised it had not been updated with the information about the referral to Mr [Personal Information redacted by the USI]. I then contacted Mr [Personal Information redacted by the USI]s secretary again who tried to say they were waiting for scans but when I said about the call I had from Mr [Personal Information redacted by the USI] she said there was a typing backlog and the managers knew about it but the referral had not been typed yet. I was amazed but the secretary said they had to type letters chronologically. I then called Mr [Personal Information redacted by the USI]s secretary to tell her and Mr [Personal Information redacted by the USI]s secretary went into the system, pulled out the letter, typed it herself and gave it to her boss. Now I have received a letter on 15/10/14 telling us that [Personal Information redacted by the USI] is on a waiting list for Mr [Personal Information redacted by the USI].

I am really unhappy with the lack of co-ordination and communication around [Personal Information redacted by the USI]s care and treatment. I feel that his health had been put in danger because of a lack of joined up systems, proper medical care and poor administrative systems.

I would like the issue of [Personal Information redacted by the USI]s medical needs to be reviewed and addressed immediately.

I would also be obliged if you could carry out a full investigation into my concerns and provide a response in accordance with the Health and Social Care Complaints Procedure.

I would like to meet with the Clinical Team responsible for [Personal Information redacted by the USI]s care to get an explanation as to how a young man with pressing medical needs can seemingly drift

between specialties and be treated so poorly. I would also like an assurance that no other young person will be treated in this way and that some systems will be put in place to improve communication and continuity of care.

A copy of this letter has been sent to:

**Mrs Louise Skelly
Patient and Client Council
Quaker Buildings
High Street
Lurgan
BT66 8BB**

I would appreciate it if a copy of all correspondence could be sent to Louise at the Patient and Client Council.

I look forward to receiving your reply. Please contact me if you need any further information.

Personal Information redacted by the USI

Yours faithfully,

Personal Information redacted by the
USI



Southern Health and Social Care Trust

2 March 2015

Our Ref: 3946

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear Mrs [redacted]

I refer to your complaint in respect of your son [redacted]'s treatment whilst he was an inpatient in July 2014. Can I apologise for the delay in returning this response to you and thank you for taking the time to highlight your concerns and for providing me with the opportunity to address them.

I have asked Mrs [redacted] Head of General Surgery and Mrs [redacted] Head of Urology to investigate your complaint.

[redacted] was admitted under the care of Mr [redacted] Consultant Surgeon and he was taken to theatre on 24 July 2014. The procedure was done by Mr [redacted] Registrar assisted by Dr [redacted] SHO. [redacted] kidney stones were 'blasted' and a stent put in.

In relation to the aftercare provided to your son following his procedure, Mrs [redacted] has reviewed your son's notes. There is an entry recorded on 25 July 2014 by Ms [redacted] Urology Registrar, that your son was 'day 1 post-op, afebrile, needs VTE over weekend, stop tazocin if well tomorrow'. There is no time on this entry but Ms [redacted] would have needed to be on the ward to get access to his notes. I apologise that Ms [redacted] had not spoken with your son before recording this entry.

I would like to apologise for the comment made by the Nurse to you after your son had returned from home leave, this has been addressed at a team meeting on the ward and the importance of not making flippant remarks when speaking to relatives.

During your son's stay in hospital he was as you are aware under the joint care of Surgery and Urology and Mrs [redacted] confirms that both specialties have recorded information in your son's hospital notes for everyday of his inpatient stay. I am unsure which Registrar spoke with you on 28 July 2014 regarding the size of the stone but Mrs [redacted] confirms that [redacted] had a 1.6cm stone 'blasted' on 24 July 2014 and that there were further stones that were approximately 1cm in size and I believe that may be what the Registrar was referring to when he was discussing this with you. Mrs [redacted] has confirmed that, as per Mr [redacted] would probably need further treatment to render him stone free, however this was always planned for after his discharge home. I am sorry to hear that [redacted] became unwell and had to go back to theatre on 30 July where he had a laparotomy, washout and small bowel resection. I am advised that he continued to do well

Clinical and Social Care Governance Team
Directorate of Acute Services
Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

after that and was discharged on 3 August 2014, to be followed up at the General Surgery clinic and the Stone Treatment Clinic.

Mr [redacted] dictated a letter on 12 August 2014 and this was typed on 13 August 2014 requesting that [redacted] case would be added to an Uro-Radiology meeting and to ensure that this happened when Mr [redacted] was in attendance. This meeting was to discuss the pathway that would be required for your son's future care. Unfortunately, due to other cases and Mr [redacted] not available this wasn't discussed at the Uro-Radiological Meeting until 11 September when it was agreed that your son should be referred to Mr [redacted] at the Stone Treatment Centre. Mr [redacted] then dictated a letter to Mr [redacted] which wasn't typed until 9 October 2014 which was unfortunately due to a backlog in typing.

I would like to apologise for this delay in getting your son added for his outpatient appointment and also for the conflicting information that you had received from the secretaries. I have asked their manager to address this and to ensure that they give out the correct information to patients.

In the meantime I see [redacted] was reviewed at Mr [redacted]'s clinic on 22 September 2014. He was seen by Miss [redacted] the Registrar. She noted that he was two months following surgery. She also noted that on the same admission he was found to have a right ureteric calculus for which he was treated with ureteroscopy and laser. He has further renal calculi and she noted that he awaited follow up at the Stone Treatment Centre.

The discharge letter from 8 December 2014 was copied to Mr [redacted] Consultant Urologist to remind him they had planned to review [redacted] at the Stone Treatment Centre. Miss [redacted] further details that he was well. He had a good appetite his bowels were working normally and that his wound had now healed. She states that she discussed events during his admission and answered any of the questions that he or his mother raised. She noted that [redacted] was keen to go back to rugby and she advised him that a gradual return to training would be safe at this stage. He was then discharged from further follow up at Mr [redacted]'s clinic.

In respect of your complaint about the lack of co-ordination and communication around [redacted] treatment and care, I would like to take this opportunity to assure you that whilst an inpatient in July 2014 in 4 North, there is evidence in the notes that your son was seen every day by both the General Surgery and Urology teams and that they had discussed your son between them and agreed how best his care should be managed. I also can advise that the General Surgery Registrar's take over the care of Urology patients from 11pm-9am Monday to Friday and then from 9pm-9am on a Saturday and Sunday, so there would always be a continuation of care between both specialties.

Again I would like to apologise for the delays in the systems, and the backlog in the typing whilst your son waited to be seen by Mr [redacted]. I would advise that the Urology service in the Southern Trust is experiencing a high demand and our waiting times have increased significantly.

I have been advised that [redacted] has attended for an outpatient appointment with Mr [redacted] on 24 November 2014 and that he has been admitted for procedures on 30 December, 3 and 10 February 2015 and that it is planned that he is admitted again on 3 March 2015. I trust that these admissions have and are resolving his medical needs.

I hope that you will find this response has addressed the issues that you raised. I do note in your correspondence that you would like to meet with the Clinical Team responsible for your son's care and if you feel that you still wish to do so or if you would like to discuss any aspect of this response further so that we may help in resolving any outstanding issues, please do not hesitate to contact a member of the Clinical and Social Care Governance Team on [redacted] or email AcutePatient.ClientLiason@southerntrust.hscni.net within 3 months of the date on this letter.

Alternatively, if you remain unhappy with the Trust's response and feel that further contact with the Trust will not resolve your complaint, you can refer your complaint to the NI Commissioner for Complaints (the Ombudsman) at the following address: Freepost BEL 1478, Belfast, BT1 6BR or Freephone: 0800 34 34 24 or email ombudsman@ni-ombudsman.org.uk Further information on the role of the NI Ombudsman can be found at www.ni-ombudsman.org.uk

Yours sincerely

[redacted]
MRS DEBORAH BURNS
 Interim Director of Acute Services
 for Mairead McAlinden, Chief Executive

Type	ID	First received	Closed	Response time	Directorate	Site	Division	Loc (Exact)	Subjects (Subjects)		Action taken (Investigation)	Current Stage	Lessons learned	
FORMAL	4319	20/02/2015	30/03/2015	25	ACUTE	Craigavon Area Hospital	Surgery and Elective Care	ENT Clinic	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI	no action plan	CLOSED		
FORMAL	4224	05/02/2015	02/03/2015	17	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	1 South Medical	Quality of Treatment & Care		no action plan	CLOSED		
FORMAL	4211	23/01/2015	09/03/2015	31	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	Emergency Department	Records/Record Keeping		no action plan	CLOSED		
FORMAL	4299	11/02/2015	10/03/2015	19	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	Emergency Department	Professional Assessment of Need		no action plan	CLOSED		
FORMAL	4258	04/02/2015	02/03/2015	18	ACUTE	Daisy Hill Hospital	Surgery and Elective Care	Fracture Clinic	Quality of Treatment & Care		No action plan.	CLOSED		
FORMAL	4258	04/02/2015	02/03/2015	18	ACUTE	Daisy Hill Hospital	Surgery and Elective Care	Fracture Clinic	Staff Attitude/Behaviour		No action plan.	CLOSED		
FORMAL	4273	09/02/2015	13/03/2015	24	ACUTE	Craigavon Area Hospital	Functional Support Services	Switchboard	Staff Attitude/Behaviour		No action plan	CLOSED		
FORMAL	3946	14/11/2014	02/03/2015	73	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	4 North	Professional Assessment of Need		Discussion to take place with secretaries and their managers to address the issue of conflicting information to patient/family members.	CLOSED		
FORMAL	3946	14/11/2014	02/03/2015	73	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Patient admitted to hospital with abdominal pain. Appendix removed and later discover that pain was as a result of kidney stones, stent inserted and discharge effected. Complainant concerned at the length of time it has taken to get a further review and is unhappy with the lack of co-ordination and communication around patient's care and treatment. Complainant feels patient's health had been put in danger because of lack of joined up systems, proper medical care and poor administrative systems.	Complainant advised of treatment and care given to her son by both Urology and Surgical consultants. After discharge from hospital patient has been referred to the Stone Treatment Centre for further treatment. Apology given for delay in getting an outpatient appointment.	Discussion to take place with secretaries and their managers to address the issue of conflicting information to patient/family members.	CLOSED	
FORMAL	4296	13/02/2015	02/03/2015	11	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	Dietetic Clinic	Waiting List, Delay/Cancellation Outpatient Appointments	Personal Information redacted by the USI	further review appointments being arranged to reduce waiting time for patients.	CLOSED		
FORMAL	4321	27/02/2015	04/03/2015	3	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	Diabetology Clinic	Other		no action plan	CLOSED		
FORMAL	4253	04/02/2015	12/03/2015	26	ACUTE	Daisy Hill Hospital	Medicine and Unscheduled Care	Emergency Department	Waiting Times, A&E Departments			CLOSED		
FORMAL	4253	04/02/2015	12/03/2015	26	ACUTE	Daisy Hill Hospital	Medicine and Unscheduled Care	Emergency Department	Professional Assessment of Need			CLOSED		
FORMAL	4283	12/02/2015	30/03/2015	31	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	Diabetology Clinic	Waiting List, Delay/Cancellation Outpatient Appointments		no action plan	CLOSED		
FORMAL	4172	13/01/2015	03/03/2015	35	ACUTE	Daisy Hill Hospital	Integrated Maternity and Womens Health	Early Pregnancy Problem Clinic	Communication/Information		Staff reminded to ensure patients are in the correct place for their appointments.	CLOSED		
FORMAL	4164	09/01/2015	02/03/2015	36	ACUTE	Craigavon Area Hospital	Integrated Maternity and Womens Health	Theatre	Quality of Treatment Care		no action plan	CLOSED		
FORMAL	4164	09/01/2015	02/03/2015	36	ACUTE	Craigavon Area Hospital	Integrated Maternity and Womens Health	1 West Gynae	Staff Attitude/Behaviour		no action plan	CLOSED		
FORMAL	4416	26/03/2015	26/03/2015	0	ACUTE	Craigavon Area Hospital	Surgery and Elective Care		Access to Premises		CLOSED			

Personal Information redacted by the USI

Personal Information redacted by the USI

Type	ID	First received	Closed	Response time	Directorate	Site	Division	Loc (Exact)	Subjects (Subjects)	Description	Outcome	Action taken (Investigation)	Current Stage	Lessons learned
FORMAL	4268	06/02/2015	16/03/2015	26	ACUTE	Craigavon Area Hospital	Integrated Maternity and Womens Health	Early Pregnancy Problem Clinic	Communication/Information	Personal Information redacted by the USI	No action plan	CLOSED		
FORMAL	4268	06/02/2015	16/03/2015	26	ACUTE	Craigavon Area Hospital	Integrated Maternity and Womens Health	1 West Gynae	Quality of Treatment & Care		No action plan	CLOSED		
FORMAL	4217	26/01/2015	30/03/2015	44	ACUTE	Daisy Hill Hospital	Cancer and Clinical Services / Anaesthetic s, Theatres & ICS	Audiology Clinic	Staff Attitude/Behaviour		No action plan	CLOSED		
FORMAL	4414	11/03/2015	30/03/2015	12	ACUTE	Daisy Hill Hospital	Medicine and Unscheduled Care	Diabetology Clinic	Waiting List, Delay/Cancellation Outpatient Appointments		no action plan	CLOSED		
FORMAL	4277	09/02/2015	03/03/2015	16	ACUTE	Craigavon Area Hospital	Functional Support Services	Booking Centre	Policy/Commercial Decisions		Staff reminded to be more considerate to patients when they are unable to attend an appointment due to a bereavement.	CLOSED		
FORMAL	4307	18/02/2015	09/03/2015	13	ACUTE	Craigavon Area Hospital	Functional Support Services	Fracture Clinic	Staff Attitude/Behaviour		No action plan	CLOSED		
FORMAL	4129	29/12/2014	30/03/2015	63	ACUTE	Daisy Hill Hospital	Integrated Maternity and Womens Health	Maternity Ward	Staff Attitude/Behaviour		No action plan	CLOSED		
FORMAL	4129	29/12/2014	30/03/2015	63	ACUTE	Daisy Hill Hospital	Integrated Maternity and Womens Health	General Surgery Clinic	Communication/Information		No action plan	CLOSED		
FORMAL	4129	29/12/2014	30/03/2015	63	ACUTE	Daisy Hill Hospital	Integrated Maternity and Womens Health	Theatre	Quality of Treatment & Care		No action plan	CLOSED		
FORMAL	4332	25/02/2015	30/03/2015	22	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	1 South Medical	Communication/Information		no action plan	CLOSED		
FORMAL	4332	25/02/2015	30/03/2015	22	ACUTE	Craigavon Area Hospital	Medicine and Unscheduled Care	1 South Medical	Discharge/Transfer Arrangements		no action plan	CLOSED		
FORMAL	4220	06/02/2015	02/03/2015	16	ACUTE	Craigavon Area Hospital	Integrated Maternity and Womens Health	Gynae Clinic	Communication/Information		Staff to undergo "breaking bad news" training. Checks to be made regarding a chaperone at the clinic and also what checks are made re notes when a patient is to receive bad news.	CLOSED		
FORMAL	4262	16/02/2015	02/03/2015	10	ACUTE	Craigavon Area Hospital	Functional Support Services	Booking Centre	Communication/Information		No action plan	CLOSED		
FORMAL	4262	16/02/2015	02/03/2015	10	ACUTE	Craigavon Area Hospital	Functional Support Services	Booking Centre	Communication/Information		No action plan	CLOSED		
FORMAL	4237	29/01/2015	30/03/2015	41	ACUTE	Craigavon Area Hospital	Integrated Maternity and Womens Health	Admissions/Assessment Unit	Quality of Treatment & Care		Midwives reminded to provide clear and accurate information regarding timeframe to process a sample result.	CLOSED		
FORMAL	4237	29/01/2015	30/03/2015	41	ACUTE	Craigavon Area Hospital	Integrated Maternity and Womens Health	Admissions/Assessment Unit	Communication/Information		Midwives reminded to provide clear and accurate information regarding timeframe to process a sample result.	CLOSED		



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*Tel :
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the USI
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Web Site : www.hscboard.hscni.net

BY EMAIL

CXs HSC Trusts, BSO, NIBTS

22 April 2010

Dear Colleagues

HSCB Procedure for the reporting and follow up of Serious Adverse Incidents (SAIs)

You will be aware that the requirement on HSC organisations to routinely report SAIs to the Department will cease from 1 May 2010. From this date, the arrangements for the reporting and follow up of SAIs, pending the full implementation of the Regional Adverse Incident Learning (RAIL) system, will transfer to the HSCB.

The attached procedure reflects the responsibilities of all relevant organisations in respect to the reporting of SAIs and introduces a robust and streamlined system in relation to how they managed, working in close partnership with professionals from PHA and RQIA.

You will note that certain incidents relating to The Children (NI) Order 1995 have now been removed from the SAI process. The reporting of these incidents will now be made directly to the Social Care and Children Directorate, HSCB. Guidance in respect of these arrangements will be issued by the directorate prior to 1 May 2010.

I would like to take this opportunity to thank colleagues from the Department, PHA and RQIA, together with you and your staff for their involvement in the development of the procedure. This has included attendance at the workshop in February and the responses received from the consultation process; all of which has helped shape the procedure into one that is both coherent and comprehensive.

It is our intention to review the procedure during the course of the next year and would value your input at that time. This review will also take account of the DHSSPS Health

and Social Care Regional Template and Guidance for Incident/Investigation/Review Report, which is currently part of this process.

If you have any queries in relation to the attached procedure, please contact:

Anne Madill (Personal Information redacted by the USI) or (Personal Information redacted by the USI)

or

Jacqueline Burns (Personal Information redacted by the USI) or (Personal Information redacted by the USI) in the first instance.

Please note, a copy of the procedure can be accessed via the web link below:

<http://www.hscboard.hscni.net/consult/Policies/HSCB> Procedure for the reporting and followup of SAI - April 2010.pdf

Yours sincerely

(Personal Information redacted by the USI)

John Compton
Chief Executive

cc: HSCB Directors
PHA Cx & Directors
RQIA Cx
PCC Cx
Director Safety, Quality and Standards DHSSPS
Medical Director, RQIA
HSC Trust Governance and Risk Management Leads
HSCB / PHA Regional SAI Review Group
Deputy Head, Safety, Quality & Standards Directorate, DHSSPS
Head of Programme MH & LD, RQIA



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Chief Executives, HSC Trusts
Chief Executive, Public Health Agency
Chief Executive, Business Services
Organisation
Chief Executive, Northern Ireland Blood
Transfusion Service
Chief Executive, Patient Client Council
Chief Executive, Northern Ireland Medical
and Dental Training Agency
Chief Executive, Northern Ireland Practice
and Education Council

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20 September 2013

Dear Colleague

REVISED PROCEDURE FOR THE REPORTING AND FOLLOW UP OF SERIOUS ADVERSE INCIDENTS – OCTOBER 2013

On 1 May 2010 the responsibility for the management and follow up of Serious Adverse Incidents (SAIs) transferred from Department of Health, Social Services and Public Safety (DHSSPS) to the Health and Social Care Board (HSCB) working jointly with Public Health Agency (PHA) and collaboratively with Regulation Quality Improvement Authority (RQIA). In response, the HSCB issued the Procedure for the Reporting and Follow up of SAIs (the Procedure) to all HSC organisations and Special Agencies, which set out the process to be followed when a SAI occurred during the course of their normal business or commissioned service.

During 2012/13 the HSCB, working with the PHA, undertook a review of the procedure issued in 2010. This involved meetings with colleagues from across the HSC to identify ways in which the current procedure could be improved.

As a result of these discussions, a revised draft procedure was issued for consultation during August. Further amendments were made to reflect comments received during this exercise, and a copy of the final revised Procedure can be accessed via the web link below:

[http://www.hscboard.hscni.net/publications/Policies/102%20Procedure_f or the reporting and followup of Serious Adverse Incidents-Oct2013.pdf](http://www.hscboard.hscni.net/publications/Policies/102%20Procedure_f%20or%20the%20reporting%20and%20followup%20of%20Serious%20Adverse%20Incidents-Oct2013.pdf)

I would particularly draw your attention to a number of changes to the Procedure as a result of the review:

- **SAI criteria** – an additional criterion has been included at paragraph 4.2.2 *“any death of a child in receipt of HSC Services (up to eighteenth birthday). This includes hospital and community services, a Looked After Child or a child whose name is on the Child Protection Register”*.

In addition, the timescale for reporting serious self-harm, serious assault (*including suspected suicides, homicides and sexual assaults*) SAIs, by a service user known to/referred to mental health services, has been revised from 24 months to 12 months prior to the incident.

- **Investigation levels** – the single investigation process for all SAIs has been replaced by three levels of investigation to reflect the complexity of the incident and to ensure the timely identification of learning.
- **Timescales** for conducting investigations have been revised in line with the level of investigation to be undertaken.

Implementation

In order to ensure a smooth transition from the current arrangements to the revised Procedure, implementation will be phased as follows:

- From **1 October 2013**, the revised SAI reporting criteria will be adopted along with the associated reporting documentation;
- The introduction of the revised investigation levels and associated timescales will be implemented by individual organisations over the next six months, to be fully operational from **1 April 2014**. This is to provide sufficient time for all organisations to provide training for staff and put in place local operational protocols to support the Procedure.

Conclusion

I would like to thank all of the staff from across the HSC who have contributed and provided input to the review of the SAI procedure. I believe that the revised procedure will strengthen governance arrangements at a local level within individual organisations and also enhance the arrangements regionally, to ensure learning from incidents is identified and disseminated in a timely manner to improve the safety and quality of services.

If you have any queries in relation to the Procedure, please contact:

Anne Madill (Personal Information redacted by the USI) or (Personal Information redacted by the USI) or
 Jacqueline Burns (Personal Information redacted by the USI) or (Personal Information redacted by the USI) in the first instance.

Yours sincerely

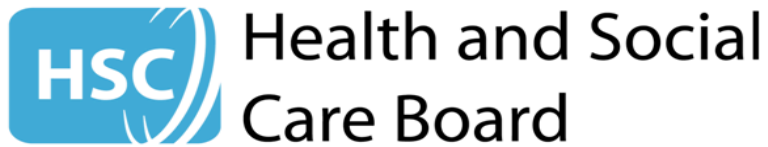
(Personal Information redacted by the USI)

JOHN COMPTON
CHIEF EXECUTIVE

Encs

cc Chief Medical Officer, DHSSPS
 Chief Nursing Officer, DHSSPS
 Acting Chief Pharmaceutical Officer, DHSSPS
 Acting Director Safety, Quality and Standards DHSSPS
 Deputy Head, Safety, Quality and Standards, DHSSPS
 Dr Paddy Woods, DCMO, DHSSPS
 RQIA Chief Executive - Glenn Houston
 Medical Director, RQIA - Dr David Stewart
 Director of Mental Health and Learning Disability and Social Work, RQIA -Theresa Nixon
 Director of Regulation and Nursing, RQIA - Kathy Fodey
 Head of Programme MH & LD, RQIA - Patrick Convery
 HSC Trust Medical Directors
 HSC Trust Directors of Nursing
 HSC Trust Governance and Risk Management Leads
 HSC Trust Directors of Mental Health and Learning Disability
 HSCB SMT

HSCB / PHA Regional SAI Review Group
Medical Director/Director of Public Health, PHA
Director of Nursing & AHPs, PHA



Procedure for the Reporting and Follow up of Serious Adverse Incidents

October 2013

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FOREWORD

Commissioners and Providers of health and social care want to ensure that when a serious event or incident occurs, there is a systematic process in place for safeguarding services users, staff, and members of the public, as well as property, resources and reputation.

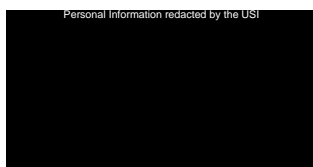
One of the building blocks for doing this is a clear, regionally agreed approach to the reporting, management, follow-up and learning from serious adverse incidents (SAI). Working in conjunction with other Health and Social Care (HSC) organisations, this procedure has been developed to provide a system-wide perspective on serious incidents occurring within the HSC and Special Agencies and also takes account of the independent sector where it provides services on behalf of the HSC.

The procedure seeks to provide a consistent approach to:

- what constitutes a serious adverse incident;
- clarifying the roles, responsibilities and processes relating to the reporting, investigation, dissemination and implementation of learning
- fulfilling statutory and regulatory requirements
- tools and resources that support good practice.

Our aim is to work toward clearer, consistent governance arrangements for reporting and learning from the most serious incidents; supporting preventative measures and reducing the risk of serious harm to service users.

The implementation of this procedure will not only support governance at a local level within individual organisations but will also improve existing regional governance and risk management arrangements by facilitating openness, trust, continuous learning and ultimately service improvement.



John Compton
Chief Executive

SECTION ONE

1.0 BACKGROUND

Circular HSS (PPM) 06/04 introduced interim guidance on the reporting and follow-up on serious adverse incidents (SAIs). Its purpose was to provide guidance for HPSS organisations and special agencies on the reporting and management of SAIs and near misses.

[www.dhsspsni.gov.uk/hss\(ppm\)06-04.pdf](http://www.dhsspsni.gov.uk/hss(ppm)06-04.pdf)

Circular HSS (PPM) 05/05 provided an update on safety issues; to underline the need for HPSS organisations to report SAIs and near misses to DHSSPS in line with Circular HSS (PPM) 06/04

www.dhsspsni.gov.uk/hssppm05-05.pdf

Circular HSS (PPM) 02/2006 drew attention to certain aspects of the reporting of SAIs which needed to be managed more effectively. It notified respective organisations of changes in the way SAIs should be reported in the future and provided a revised report pro forma. It also clarified the processes DHSSPS had put in place to consider SAIs notified to it, outlining the feedback that would then be made to the wider HPSS.

www.dhsspsni.gov.uk/qpi_adverse_incidents_circular.pdf

In March 2006, DHSSPS introduced Safety First: A Framework for Sustainable Improvement in the HPSS. The aim of this document was to draw together key themes to promote service user safety in the HPSS. Its purpose was to build on existing systems and good practice so as to bring about a clear and consistent DHSSPS policy and action plan.

http://www.dhsspsni.gov.uk/safety_first_-_a_framework_for_sustainable_improvement_on_the_hpss-2.pdf

The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 imposed a 'statutory duty of quality' on HPSS Boards and Trusts. To support this legal responsibility, the Quality Standards for Health and Social Care were issued by DHSSPS in March 2006.

www.dhsspsni.gov.uk/qpi_quality_standards_for_health_social_care.pdf

Circular HSC (SQS) 19/2007 advised of refinements to DHSSPS SAI system and of changes which would be put in place from April 2007, to promote learning from SAIs and reduce any unnecessary duplication of paperwork for organisations. It also clarified arrangements for the reporting of breaches of patients waiting in excess of 12 hours in emergency care departments.

http://www.dhsspsni.gov.uk/hss_sqsd_19-07.pdf

Under the Provisions of Articles 86(2) of the Mental Health (NI) Order 1986, the Regulation & Quality Improvement Authority (RQIA) has a duty to make inquiry into any case where it appears to the Authority that there may be amongst other things, ill treatment or deficiency in care or treatment. Guidance in relation to reporting requirements under the above Order

previously issued in April 2000 was reviewed, updated and re-issued in August 2007. (Note: Functions of the previous Mental Health Commission transferred to RQIA on 1 April 2009)

www.dhsspsni.gov.uk/utec_guidance_august_2007.pdf

Circular HSC (SQSD) 22/2009 provided specific guidance on initial changes to the operation of the system of SAI reporting arrangements during 2009/10. The immediate changes were to lead to a reduction in the number of SAIs that were required to be reported to DHSSPS. It also advised organisations that a further circular would be issued giving details about the next stage in the phased implementation which would be put in place to manage the transition from the DHSSPS SAI reporting system, through its cessation and to the establishment of the RAIL system.

www.dhsspsni.gov.uk/hsc-sqsd-22-09.pdf

Circular HSC (SQSC) 08/2010, issued in April 2010, provided guidance on the transfer of SAI reporting arrangements from the Department to the HSC Board, working in partnership with the Public Health Agency. It also provided guidance on the revised incident reporting roles and responsibilities of HSC Trusts, Family Practitioner Services, the Health & Social Care (HSC) Board and Public Health Agency (PHA), the extended remit of the Regulation & Quality Improvement Authority (RQIA), and the Department,

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

Circular HSC (SQSD) 10/2010 advises on the operation of an Early Alert System, the arrangements to manage the transfer of Serious Adverse Incident (SAI) reporting arrangements from the Department to the HSC Board, working in partnership with the Public Health Agency and the incident reporting roles and responsibilities of Trusts, family practitioner services, the new regional organisations, the Health & Social Care (HSC) Board and Public Health Agency (PHA), and the extended remit of the Regulation & Quality Improvement Authority (RQIA).

http://www.dhsspsni.gov.uk/hsc_sqsd_10-10.pdf

In May 2010 responsibility for management of SAI reporting transferred from the DHSSPS (Department) to HSCB working in partnership with the Public Health Agency (PHA). Following consultation with key stakeholders, the HSCB issued the procedure for the 'Reporting and Follow up of Serious Adverse Incidents' to HSC Trusts, Family Practitioner Services (FPS) and Independent Service Providers.

<http://www.hscboard.hscni.net/publications/Policies/101%20Serious%20Adverse%20Incident%20-%20Procedure%20for%20the%20reporting%20and%20followup%20of%20SAI%20-%20April%202010%20-%20PDF%20268KB%20.pdf>

In May 2010 the Director of Social Care and Children HSCB issued guidance on 'Untoward Events relating to Children in Need and Looked After Children' to HSC Trusts. This guidance clarified the arrangements for the reporting of events, aligned to delegated statutory functions and Departmental Guidance,

which are more appropriately reported to the HSCB Social Care and Children's Directorate.

In 2005 the Regional Adult Protection Forum produced standardised, regional policies and procedures in the 'Safeguarding Vulnerable Adults' document, a framework based on best practice. This document represented a major new phase in improving adult protection arrangements across the region.

www.hscboard.hscni.net/publications/LegacyBoards/001%20Regional%20Adult%20Protection%20Policy%20and%20Procedural%20Guidance%202006%20-%20PDF%20249KB.pdf

In February 2011 the HSCB issued the 'Protocol for responding to SAs involving an alleged homicide' perpetrated by a service user known to/referred to mental health and/or learning disability services, in the two years prior to the incident. The 2013 revised HSCB 'Protocol for responding to SAs involving an alleged homicide' is contained in Appendix 13.

Circular HSS (MD) 8/2013 replaces HSS (MD) 06/2006 and advises of a revised Memorandum of Understanding (MOU) when investigating patient or client safety incidents. This revised MOU is designed to improve appropriate information sharing and co-ordination when joint or simultaneous investigations are required when a serious incident occurs.

http://www.dhsspsni.gov.uk/ph_mou_investigating_patient_or_client_safety_incidents.pdf

DHSSPS Memo dated 17 July 2013 from Chief Medical Officer introduced the HSCB/PHA protocol on the dissemination of guidance/information to the HSC and the assurance arrangements where these are required. The protocol assists the HSCB/PHA in determining what actions would benefit from a regional approach rather than each provider taking action individually.

2.0 INTRODUCTION

The purpose of this procedure is to provide guidance to Health and Social Care (HSC) Organisations, and Special Agencies (SA) in relation to the reporting and follow up of Serious Adverse Incidents (SAIs) arising during the course of their business or commissioned service.

The requirement on HSC organisations to routinely report SAIs to the Department of Health, Social Services and Public Safety (DHSSPS) ceased on 1 May 2010. From this date, the revised arrangements for the reporting and follow up of SAIs, transferred to the Health and Social Care Board (HSCB) working both jointly with the Public Health Agency (PHA) and collaboratively with the Regulation and Quality Improvement Authority (RQIA).

This process aims to:

- Provide a mechanism to effectively share learning in a meaningful way; with a focus on safety and quality; ultimately leading to service improvement for service users.
- Provide a coherent approach to what constitutes a SAI; to ensure consistency in reporting across the HSC and Special Agencies.
- Clarify the roles, responsibilities and processes relating to the reporting, investigation, dissemination and implementation of learning arising from SAIs which occur during the course of the business of a HSC organisation / Special Agency or commissioned/funded service;
- Ensure the process works simultaneously with all other statutory and regulatory organisations that may require to be notified of the incident or be involved the investigation.
- Keep the process for the reporting and review of SAIs under review to ensure it is fit for purpose and minimises unnecessary duplication;
- Recognise the responsibilities of individual organisations and support them in ensuring compliance; by providing a culture of openness and transparency that encourages the reporting of SAIs
- Ensure trends, best practice and learning is identified, disseminated and implemented in a timely manner, in order to prevent recurrence;
- Maintain a high quality of information and documentation within a time bound process.

SECTION TWO

3.0 APPLICATION OF PROCEDURE

3.1 Who does this procedure apply to?

This procedure applies to the reporting and follow up of SAIs arising during the course of the business in DHSSPS Arm's Length Bodies (ALBs) i.e.

- **HSC organisations (HSC)**
 - Health and Social Care Board
 - Public Health Agency
 - Business Services Organisation
 - Belfast Health and Social Care Trust
 - Northern Health and Social Care Trust
 - Southern Health and Social Care Trust
 - South Eastern Health and Social Care Trust
 - Western Health and Social Care Trust
 - Northern Ireland Ambulance Service
 - Regulation & Quality Improvement Authority
- **Special Agencies (SA)**
 - Northern Ireland Blood Transfusion Service
 - Patient Client Council
 - Northern Ireland Medical and Dental Training Agency
 - Northern Ireland Practice and Education Council

The principles for SAI management set out in this procedure are relevant to all the above organisations. Each organisation should therefore ensure that its incident policies are consistent with this guidance while being relevant to its own local arrangements.

3.2 Incidents reported by Family Practitioner Services (FPS)

Adverse incidents occurring within services provided by independent practitioners within: General Medical Services, Pharmacy, Dental or Optometry, are routinely forwarded to the HSCB Integrated Care Directorate in line with the HSCB FPS Adverse Incident Protocol. On receipt of reported adverse incidents the HSCB Integrated Care Directorate will decide if the incident meets the criteria of a SAI and if so will be the organisation responsible to report the SAI.

3.3 Incidents that occur within the Independent /Community & Voluntary Sectors (ICVS)

SAIs that occur within ICVS, where the service has been commissioned/funded by a HSC organisation must be reported. For example: service users placed/funded by HSC Trusts in independent sector accommodation, including private hospital, nursing or residential care homes, supported housing, day care facilities or availing of HSC funded voluntary/community services. These SAIs must be reported and investigated by the HSC organisation who has:

- referred the service user (this includes Extra Contractual Referrals) to the ICVS;

or, if this cannot be determined;

- the HSC organisation who holds the contract with the ICVS

HSC organisations that refer service users to ICVS should ensure all contracts, held with ICVS, include adequate arrangements for the reporting of adverse incidents in order to ensure SAIs are routinely identified.

All relevant events occurring within ICVS which fall within the relevant notification arrangements under legislation should continue to be notified to RQIA.

3.4 Reporting of HSC Interface Incidents

Interface incidents are those incidents which have occurred in one organisation, but where the incident has been identified in another organisation. In such instances, it is possible the organisation where the incident may have occurred is not aware of the incident; however the reporting and follow up investigation may be their responsibility. It will not be until such times as the organisation, where the incident has occurred, is made aware of the incident; that it can be determined if the incident is a SAI

In order to ensure these incidents are notified to the correct organisation in a timely manner, the organisation where the incident was identified will report to the HSCB using the HSC Interface Incident Notification Form (see Appendix 3). The HSCB Governance Team will upon receipt contact the organisation where the incident has occurred and advise them of the notification in order to ascertain if the incident will be reported as a SAI.

Some of these incidents will subsequently be reported as SAIs and may require other organisations to jointly input into the investigation. In

these instances refer to Appendix 12 – Guidance on Joint Investigations.

3.5 Incidents reported and investigated by Organisations external to HSC and Special Agencies

The reporting of SAls to the HSCB will work in conjunction with and in some circumstances inform the reporting requirements of other statutory agencies and external bodies. In that regard, all existing local or national reporting arrangements, where there are statutory or mandatory reporting obligations, will continue to operate in tandem with this procedure

3.5.1 Memorandum of Understanding (MOU)

In February 2006, the DHSSPS issued circular HSS (MD) 06/2006 – a Memorandum of Understanding – which was developed to improve appropriate information sharing and co-ordination when joint or simultaneous investigations are required into a serious incident.

Circular HSS (MD) 8/2013 replaces the above circular and advises of a revised MOU Investigating patient or client safety incidents which can be found on the Departmental website:

http://www.dhsspsni.gov.uk/ph_mou_investigating_patient_or_client_safety_incidents.pdf

The MOU has been agreed between the DHSSPS, on behalf of the Health and Social Care Service (HSCS), the Police Service of Northern Ireland (PSNI), the Northern Ireland Courts and Tribunals Service (Coroners Service for NI) and the Health and Safety Executive for Northern Ireland (HSENI). It will apply to people receiving care and treatment from HSC in Northern Ireland. The principles and practices promoted in the document apply to other locations, where health and social care is provided e.g. it could be applied when considering an incident in a family doctor or dental practice, or for a person receiving private health or social care provided by the HSCS.

It sets out the general principles for the HSCS, PSNI, Coroners Service for NI and HSENI to observe when liaising with one another.

The purpose of the MOU is to promote effective communication between the organisations. The MOU will take effect in circumstances of unexpected death or serious untoward harm requiring investigation by the PSNI, Coroners Service for NI or HSENI separately or jointly. This may be the case when an

incident has arisen from or involved criminal intent, recklessness and/or gross negligence, or in the context of health and safety, a work-related death.

The MOU is intended to help:

- Identify which organisations should be involved and the lead investigating body.
- Prompt early decisions about the actions and investigations thought to be necessary by all organisations and a dialogue about the implications of these.
- Provide an understanding of the roles and responsibilities of the other organisations involved in the memorandum before high level decisions are taken.
- Ensure strategic decisions are taken early in the process and prevent unnecessary duplication of effort and resources of all the organisations concerned.

HSC Organisations should note that the MOU does not preclude simultaneous investigations by the HSC and other organisations e.g. Root Cause Analysis by the HSC when the case is being investigated by the Coroner's Service and/or PSNI/HSENI.

In these situations, the Strategic Communication and Decision Group can be used to clarify any difficulties that may arise; particularly where an external organisation's investigation has the potential to impede a SAI investigation and subsequently delay the dissemination of regional learning.

3.6 Reporting of SAIs to RQIA

RQIA have a statutory obligation to investigate some incidents that are also reported under the SAI procedure. In order to avoid duplication of incident notification and investigation, RQIA will work in conjunction with the HSCB/PHA with regard to the review of certain categories of SAI. In this regard the following SAIs should be notified to RQIA at the same time of notification to the HSCB:

- All mental health and learning disability SAIs reportable to RQIA under Article 86.2 of the Mental Health (NI) Order 1986.
- Any SAI that occurs within the regulated sector (whether statutory or independent) for a service that has been commissioned/funded by a HSC organisation.

It is acknowledged these incidents should already have been reported to RQIA as a 'notifiable event' by the statutory or independent organisation where the incident has occurred (in line with relevant reporting regulations). This notification will alert RQIA that the incident is also being investigated as a SAI by the HSC organisation who commissioned the service.

- The HSCB/PHA Designated Review Officer (DRO) will lead and co-ordinate the SAI management, and follow up, with the reporting organisation; however for these SAls this will be carried out in conjunction with RQIA professionals. A separate administrative protocol between the HSCB and RQIA can be accessed at Appendix 14.

4.0 DEFINITION AND CRITERIA

4.1 Definition of an Adverse Incident

‘Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation’.¹
arising during the course of the business of a HSC organisation / Special Agency or commissioned service

The following criteria will determine whether or not an adverse incident constitutes a SAI.

4.2 SAI criteria

- 4.2.1. serious injury to, or the unexpected/unexplained death of:
 - a service user (including those events which should be reviewed through a significant event audit)
 - a staff member in the course of their work
 - a member of the public whilst visiting a HSC facility;
- 4.2.2. any death of a child in receipt of HSC services (up to eighteenth birthday). This includes hospital and community services, a Looked After Child or a child whose name is on the Child Protection Register;
- 4.2.3. unexpected serious risk to a service user and/or staff member and/or member of the public;
- 4.2.4. unexpected or significant threat to provide service and/or maintain business continuity;
- 4.2.5. serious self-harm or serious assault (*including attempted suicide, homicide and sexual assaults*) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service;
- 4.2.6. serious self-harm or serious assault (*including homicide and sexual assaults*)
 - on other service users,
 - on staff or
 - on members of the public
 by a service user in the community who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and known to/referred to mental health and related services (*including CAMHS, psychiatry of old*

¹ Source: DHSSPS How to classify adverse incidents and risk guidance 2006
www.dhsspsni.gov.uk/ph_how_to_classify_adverse_incidents_and_risk_-_guidance.pdf

age or leaving and aftercare services) and/or learning disability services, in the 12 months prior to the incident;

4.2.7. suspected suicide of a service user who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident;

4.2.8. serious incidents of public interest or concern relating to:

- any of the criteria above
- theft, fraud, information breaches or data losses
- a member of HSC staff or independent practitioner.

ANY ADVERSE INCIDENT WHICH MEETS ONE OR MORE OF THE ABOVE CRITERIA SHOULD BE REPORTED AS A SAI.

Note: The new HSC Regional Risk Matrix may assist organisations in determining the level of 'seriousness' refer to Appendix 15

5.0 SAI INVESTIGATIONS

SAI investigations should be conducted at a level appropriate and proportionate to the complexity of the incident under review. In order to ensure timely learning from all SAIs reported, it is important the level of investigation focuses on the complexity of the incident and not solely on the significance of the event.

Whilst most SAIs will be subject to a Level 1 investigation, for some more complex SAIs, reporting organisations may instigate a Level 2 or 3 investigation immediately following the incident occurring. The level of investigation should be noted on the SAI notification form.

The HSC Regional Risk Matrix (refer to Appendix 15) may assist organisations in determining the level of 'seriousness' and subsequently the level of investigation to be undertaken. SAIs which meet the criteria in 4.2 above will be investigated by the reporting organisation using one or more of the following:

5.1 Level 1 Investigation – Significant Event Audit (SEA)

Most SAI notifications will enter the investigation process at this level and an SEA will immediately be undertaken to:

- assess why and what has happened
- agree follow up actions
- identify learning.

The possible outcomes from the investigation may include:

- closed – no new learning
- closed – with learning
- requires Level 2 or 3 investigation.

(refer to Appendix 5 guidance on SEA investigations)

If it is determined this level of investigation is sufficient, an SEA report will be completed (see Appendix 4) and sent to the HSCB within 4 weeks (6 weeks by exception) of the SAI being reported.

If the SEA determines the SAI is more complex and requires a more detailed investigation, the investigation will move to either a Level 2 or 3 investigation. In this instance the SEA report will still be forwarded to the HSCB within 4 weeks (6 weeks by exception) of the SAI being reported with additional sections being completed to outline membership and Terms of Reference of the team completing the Level 2 or 3 investigations.

5.2 Level 2 – Root Cause Analysis (RCA)

As stated above, some SAIs will enter at Level 2 investigation following a SEA.

When a Level 2 or 3 investigation is instigated immediately following notification of a SAI, the reporting organisation will inform the HSCB within 4 weeks, of the Terms of Reference (TOR) and Membership of the Investigation Team for consideration by the HSCB/PHA DRO. This will be achieved by submitting sections two and three of the investigation report to the HSCB. (Refer to Appendix 6 – template for Level 2 & 3 investigation reports).

The investigation must be conducted to a high level of detail (see Appendix 6 – template for Level 2 & 3 investigation reports). The investigation should include use of appropriate analytical tools and will normally be conducted by a multidisciplinary team (not directly involved in the incident), and chaired by someone independent to the incident but who can be within the same organisation. (Refer to Appendix 10 Guidance notes on membership of review teams for Level 2 investigations).

Level 2 RCA investigations may involve two or more organisations. In these instances, it is important a lead organisation is identified but also that all organisations contribute to, and approve the final investigation report (Refer to Appendix 12 Guidance on joint investigations).

On completion of Level 2 investigations, the final report must be submitted to the HSCB:

- within 12 weeks from the date the incident was discovered, or

- within 12 weeks from the date of the SEA.

5.3 Level 3 – Independent Investigation

Level 3 investigations will be considered for SAs that:

- are particularly complex involving multiple organisations;
- have a degree of technical complexity that requires independent expert advice;
- are very high profile and attracting a high level of both public and media attention.

In some instances the whole team may be independent to the organisation/s where the incident/s has occurred.

The timescales for reporting, Chair and Membership of the investigation team will be agreed by the HSCB/PHA Designated Review Officer (DRO) at the outset (see Appendix 11 Guidance notes for Level 3 investigations).

The format for Level 3 investigation reports will be the same as for Level 2 investigations (see Appendix 7 – guidance notes on template for Level 2 and 3 investigations).

For any SA which involves an alleged homicide by a service user who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident, the Protocol for Responding to a SA in the Event of a Homicide, issued in 2010 and revised in 2013 should be followed (see Appendix 13).

5.4 Involvement of Service Users/Relatives/Carers in Investigations

It is important that teams involved in investigations in any of the above three levels ensure sensitivity to the needs of the service user/relatives/carers involved in the incident and agree appropriate communication arrangements, where appropriate.

The Investigation Team should provide an opportunity for the service user / relatives / carers to contribute to the investigation, as is felt necessary. The level of involvement clearly depends on the nature of the incident and the service users/relatives/carers wishes to be involved.

6.0 TIMESCALES

6.1 Notification

Any adverse incident that meets the criteria indicated in section 4.2 should be reported within **72 hours** of the incident being discovered using the SAI Notification Form (see Appendix 1).

6.2 Investigation Reports

LEVEL 1 – SEA

SEA reports must be completed using the SEA template and submitted to the HSCB within **4 weeks (6 weeks by exception)** of the SAI being notified.

LEVEL 2 – RCA

For those SAIs where a full RCA is instigated immediately, sections 2 & 3 of the RCA Report, outlining TOR and membership of the investigation team, must be submitted **no later than within 4 weeks** of the SAI being notified to the HSCB.

RCA investigation reports must be fully completed using the RCA report template and submitted to the HSCB **12 weeks** following the date the incident was discovered, or from the date of the SEA.

LEVEL 3 – INDEPENDENT INVESTIGATIONS

Timescales for completion of Level 3 investigations will be agreed between the reporting organisation and the HSCB/PHA DRO as soon as it is determined that the SAI requires a Level 3 investigation.

6.3 Investigation Report Extensions

LEVEL 1 INVESTIGATIONS – SEA

Extensions **will not** be granted for this level of investigation.

LEVEL 2 INVESTIGATIONS - RCA

In most circumstances, all timescales for submission of RCA investigation reports **must be** adhered to. However, it is acknowledged, by exception, there may be occasions where an investigation is particularly complex, perhaps involving two or more organisations or where other external organisation such as PSNI, HSCNI etc; are involved in the same investigation. In these instances the reporting organisation may request **one** extension to the normal timescale i.e. 12 weeks from timescale for submission of SEA report. This request **must be approved by the DRO** and should be requested when submitting the SEA report.

LEVEL 3 INVESTIGATIONS – INDEPENDENT

All timescales must be agreed with the DRO at the outset of the investigation. One extension may be granted, if agreed by the DRO.

6.4 Responding to additional information requests

Once the investigation report has been received, the DRO, with appropriate clinical or other support, will review the report to ensure that both the investigation and action plan are comprehensive.

If the DRO is not satisfied that the report reflects a robust investigation additional information may be requested. Responses to additional information requests must be provided in a timely manner:

- Level One investigation within **1 week**
- Level Two or Three investigation within **4 weeks**.

Progress in relation to timeliness of completed investigation reports will be monitored and reported to HSCB/PHA Regional SAI Group. Any variance from timescales and processes will be escalated, if necessary, to the HSCB's bi-monthly meetings with Trusts.

7.0 OTHER INVESTIGATIVE PROCESSES

The reporting of SAIs to the HSCB will work in conjunction with all other HSC investigation processes, statutory agencies and external bodies. In that regard, all existing reporting arrangements, where there are statutory or mandatory reporting obligations, will continue to operate in tandem with this procedure.

In that regard, there may be occasions when a reporting organisation will have reported an incident via another process before or after it has been reported as a SAI.

7.1 Complaints in the HSC

Complaints in HSC' Standards and Guidelines for Resolution and Learning (The Guidance) outlines how HSC organisations should deal with complaints raised by persons who use/have used, or are waiting to use HSC services. While it is a separate process to the management and follow-up of SAIs, there will be occasions when an SAI has been reported by a HSC organisation, and subsequently a complaint is received relating to the same incident or issues, or alternatively, a complaint may generate the reporting of an SAI.

In these instances, the relevant HSC organisation must be clear as to how the issues of complaint will be investigated. For example, there may be elements of the complaint that will be solely reliant on the

outcome of the SAI investigation and there may be aspects of the complaint which will not be part of the SAI investigation and can only be investigated under the Complaints Procedure.

It is therefore important that complaints handling staff and staff who deal with SAIs communicate effectively and regularly when a complaint is linked to a SAI investigation. This will ensure that all aspects of the complaint are responded to effectively, via the most appropriate means and in a timely manner. Fundamental to this, will obviously be the need for the organisation investigating the complaint to communicate effectively with the complainant in respect of how their complaint will be investigated, and when and how they can expect to receive a response from the HSC organisation.

7.2 HSCB Social Care Untoward Events Procedure

The above procedure provides guidance on the reporting of incidents relating to statutory functions under the Children (NI) Order 1995.

If, during the investigation of an incident reported under the HSCB Untoward Events procedure, it becomes apparent the incident meets the criteria of a SAI, the incident should immediately be notified to the HSCB as a SAI. Board officers within the HSCB will close the Untoward Events incident and the incident will continue to be managed via the SAI process.

7.3 Child Protection and Adult Protection

Any incident involving the suspicion or allegation that a child or adult is at risk of abuse, exploitation or neglect should be investigated under the procedures set down in relation to a child and adult protection.

If during the investigation of one of these incidents it becomes apparent that the incident meets the criteria for an SAI, the incident will immediately be notified to the HSCB as an SAI.

It should be noted that, where possible, safeguarding investigations will run in **parallel** as separate investigations to the SAI process with the relevant findings from these investigations informing the SAI investigation and vice versa. However, all such investigations should be conducted in accordance with the processes set out in the Protocols for Joint Investigation of Cases of Alleged or Suspected Abuse of Children or Adults.

In these circumstances, the DRO should liaise closely with the HSC Trusts on the progress of the investigation and the likely timescales for completion of the SAI Report.

On occasion the incident under investigation may be considered so serious as to meet the criteria for a Case Management Review (CMR)

for children, set by the Safeguarding Board for Northern Ireland; a Serious Case Review (SCR) for adults set by the Northern Ireland Adult Safeguarding Partnership; or a Domestic Homicide Review.

In these circumstances, the incident will be notified to the HSCB as an SAI. This notification will indicate that a CMR, SCR or Domestic Homicide Review is underway. This information will be recorded on the Datix system, and the SAI will be closed.

7.4 Transferring SAIs to other Investigation Processes

Following notification and initial investigation of a SAI, more information may emerge that determines the need for a specialist investigation.

This type of investigation includes:

- Case Management Reviews
- Serious Case Reviews
- Independent / Public Inquiry.

Once a DRO has been informed a SAI has transferred to one of the above investigation s/he will close the SAI and inform all relevant organisations.

7.5 De-escalating a SAI

It is recognised that organisations report SAIs based on limited information and the situation may change when more information has been gathered; which may result in the incident no longer meeting the SAI criteria.

Where a reporting organisation has determined the incident reported no longer meets the criteria of a SAI, a request to de-escalate the SAI should be submitted immediately to the HSCB by completing section 18 of the SAI notification form (Additional Information following initial Notification).

The DRO will review the request to de-escalate and will inform the reporting organisation and RQIA (where relevant) of the decision as soon as possible and at least within **5 working days** from the request was submitted.

If the DRO agrees, the SAI will be de-escalated and no further SAI investigation will be required. The reporting organisation may however continue to investigate as an adverse incident or in line with other HSC investigation processes (as highlighted above). If the DRO makes a decision that the SAI should not be de-escalated the investigation report should be submitted in line with previous timescales.

It is important to protect the integrity of the SAI investigation process from situations where there is the probability of disciplinary action, or criminal charges. The SAI investigation team must be aware of the clear distinction between the aims and boundaries of SAI investigations, which are solely for the identification and reporting learning points, compared with disciplinary, regulatory or criminal processes.

*HSC organisations have a duty to secure the safety and well-being of patients, the investigation to determine root causes and learning points should still be progressed **in parallel** with other investigations, ensuring remedial actions are put in place as necessary and to reduce the likelihood of recurrence.*

8.0 LEARNING FROM SAIs

The key aim of this procedure is to improve services and reduce the risk of incident recurrence, both within the reporting organisation and across the HSC as a whole. The dissemination of learning following a SAI is therefore core to achieving this and to ensure shared lessons are embedded in practice and the safety and quality of care provided.

HSCB in conjunction with the PHA will:

- ensure that themes and learning from SAIs are identified and disseminated for implementation in a timely manner; this may be done via:
 - learning letters
 - learning newsletter
 - thematic reviews;
- provide an assurance mechanism that learning from SAIs has been disseminated and appropriate action taken by all relevant organisations;
- review and consider learning from external/independent reports relating to quality/safety.

It is acknowledged HSC organisations will already have in place mechanisms for cascading local learning from adverse incidents and SAIs internally within their own organisations, which should run in parallel with the dissemination of any regional learning issued by HSCB/PHA.

9.0 REGIONAL ADVERSE INCIDENT LEARNING SYSTEM (RAIL)

Future introduction of any regional learning system, such as the Regional Adverse Incident Learning System (RAIL), will include establishing links with the procedure for learning from SAIs to contribute to a regional whole system approach to learning in health and social care.

10.0 TRAINING AND SUPPORT

10.1 Training

Training will be provided to ensure that those involved in SAI investigations have the correct knowledge and skills to carry out their role, i.e:

- Chair and/or member of an SAI investigation team
- HSCB/PHA DRO.

This will be achieved through an educational process in collaboration with all organisations involved, and will include training on investigation processes, policy distribution and communication updates.

10.2 Support

The HSCB/PHA will develop a panel of 'lay people' with professional areas of expertise in health and social care, which organisations can call upon to act as a chair and/or a member of a SAI investigation team (particularly when a degree of independence to the team is required).

The HSCB/PHA will ensure lay people are trained in investigation techniques for all three levels of investigation (similar to training as indicated above).

If a DRO wants a particular clinical view on the SAI investigation, the Governance Team will secure that input, under the direction of the DRO.

11.0 INFORMATION GOVERNANCE

The SAI process deals with a considerable amount of sensitive personal information. Appropriate measures must be put in place to ensure the safe and secure transfer of this information. As a minimum the HSCB would recommend the following measures be adopted when transferring patient/client identifiable information via e-mail or by standard hard copy mail:

- E-Mail – All e-mails containing patient identifiable information sent outside of the HSC e-mail network must be encrypted. E-mails sent within the secure HSC Network (e-mail addresses ending in **hscni.net**, **n-i.gov.uk**, **n-i.nhs.uk** or **n-i.gov.net**) are more secure however attachments/content that contains patient level information should still be protected. This can be done by password protecting Microsoft Word and Excel attachments. Passwords can then be relayed via the telephone to ensure the correct individual gains access.
- Standard Mail – It is recommended that any mail which is deemed valuable, confidential or sensitive in nature (such as patient level information) should be sent using 'Special Delivery' Mail.

Further guidance is available from the HSCB Information Governance Team on: Tel 028 3741 4646

12.0 ROLE OF DESIGNATED REVIEW OFFICER (DRO)

A DRO is a senior professional/officer within the HSCB / PHA and has a key role in the implementation of the SAI process namely:

- liaising with reporting organisations on any immediate action to be taken following notification of a SAI;
- agreeing the Terms of Reference for Level 2 and 3 investigations;
- reviewing completed SAI investigation reports and liaising with other professionals (where relevant);
- liaising with reporting organisations where there may be concerns regarding the robustness of the investigation or where there are any issues with proposed action plans;
- identification of regional learning, where relevant.

An internal HSCB/PHA protocol provides further guidance for DROs regarding the nomination and role of a DRO.

SECTION THREE

13.0 PROCESS

13.1 Reporting Serious Adverse Incidents

Any adverse incident that meets the criteria of a SAI as indicated in section 4.2 should be reported within 72 hours of the incident being discovered using the SAI Notification Form (Appendix 1) and forwarded to seriousincidents@hscni.net

HSC Trusts to copy RQIA at seriousincidents@rqia.org.uk in line with notifications relevant to the functions, powers and duties of RQIA as detailed in section 3.6 of this procedure.

Any SAI reported by FPS or ICVS must be reported in line with section 3 of this procedure

Reporting managers must comply with the principles of confidentiality when reporting SAls and must not refer to service users or staff by name or by any other identifiable information. A unique Incident Reference/Number should be utilised on all forms/reports and associated correspondence submitted to the HSCB/PHA and this should NOT be the patients H &C Number or their initials. (See section 11 – Information Governance)

Note: Appendix 2 provides guidance notes to assist in the completion of the SAI Notification form

13.2 Reporting Interface Incidents

In line with section 3.4 of this procedure, any organisation alerted to an incident which it feels has the potential to be a SAI should report the incident to the HSCB using the Interface Incident Notification form (Appendix 3) to seriousincidents@hscni.net.

An organisation who has been contacted by the HSCB Governance Team re: an interface incident being reported; will consider the incident in line with section 4.2 of the procedure, and if deemed it meets the criteria of a SAI, will report to the HSCB in line with 13.1 of this procedure.

13.3 Acknowledging SAI Notification

On receipt of SAI notification HSCB Governance Team will record the SAI on the DATIX risk management system and electronically acknowledge receipt of SAI notification to reporting organisation; advising of the HSCB unique identification number, and requesting the completion of SEA Report within 4 week (6 weeks by exception) from

the date the incident is reported. Where relevant, RQIA will be copied into this receipt (Refer to Appendix 14 – Administrative Protocol between HSCB and RQIA)

13.4 Designated Review Officer (DRO)

Following receipt of a SAI the Governance Team will circulate the SAI Notification Form to the relevant Lead Officers within the HSCB/PHA to assign a DRO.

Once assigned the DRO will consider the SAI notification and if necessary, will contact the reporting organisation to confirm all immediate actions following the incident have been implemented.

13.5 Investigation Reports

Note: Appendices 5 and 7 provide guidance notes to assist in the completion of Level 1, 2 & 3 investigation reports.

Timescales for submission of investigation reports will be in line with section 6.0 of this procedure.

On receipt of an investigation report, the Governance Team will forward to the relevant DRO and where relevant RQIA.

The DRO will consider the adequacy of the investigation report and liaise with relevant professionals/officers including RQIA (*where relevant*) to ensure that the reporting organisation has taken reasonable action to reduce the risk of recurrence and determine if the SAI can be closed.

If the DRO is not satisfied that the report reflects a robust and timely investigation s/he will continue to liaise with the reporting organisation and/or other professionals /officers, including RQIA (*where relevant*) until a satisfactory response is received.

When the DRO (*in conjunction with relevant professionals/officers*) is satisfied (*based on the information provided*) that the investigation has been robust and recommendations are appropriate, he/she will complete an internal DRO Form validating their reason for closure.

13.6 Closure of SAI

On receipt of the internal DRO Form, the Governance Team will submit an email to the reporting organisation to advise the SAI has been closed, copied to RQIA (where relevant).

This will indicate that based on the investigation report received and any other information provided that the DRO is satisfied to close the SAI. It will acknowledge that any recommendations and further actions

required will be monitored through the reporting organisation's internal governance arrangements in order to reassure the public that lessons learned, where appropriate have been embedded in practice.

On some occasions and in particular when dealing with particularly complex SAIs, a DRO may close a SAI but request the reporting organisation provides an additional assurance mechanism by advising within a stipulated period of time, that action following a SAI has been implemented. In these instances, monitoring will be followed up via the Governance team.

13.7 Regional Learning from SAIs

If the DRO identifies any regional learning arising from the SAI investigation, this will be considered by the HSCB/PHA regional group and where relevant, will be disseminated as outlined in section 9.0.

13.8 Communication

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

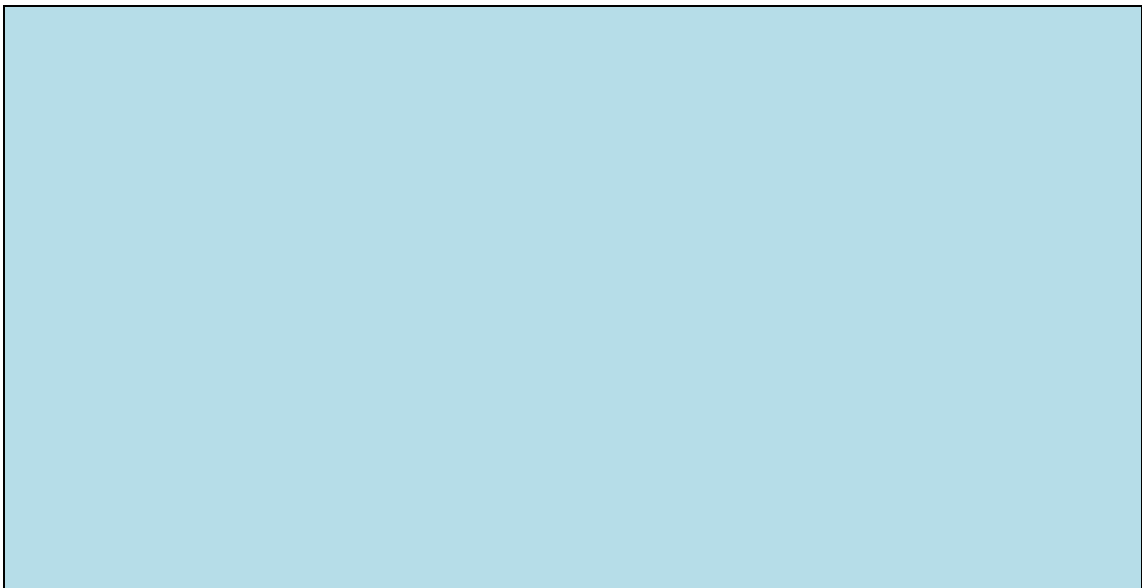
14.0 EQUALITY

This procedure has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The procedure will therefore not be subject to equality impact assessment.

Similarly, this procedure has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained in the Act.

SECTION FOUR APPENDICES



APPENDIX 1

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION:		2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE				
3. FACILITY / DEPARTMENT:		4. DATE OF INCIDENT: DD / MMM / YYYY				
5. CONTACT PERSON:		6. PROGRAMME OF CARE: (refer to Guidance Notes)				
7. DESCRIPTION OF INCIDENT:						
<p>DOB: DD / MMM / YYYY GENDER: M / F AGE: years (complete where relevant)</p>						
DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING						
STAGE OF CARE: (refer to Guidance Notes)		ADVERSE EVENT: (refer to Guidance Notes)				
DETAIL: (refer to Guidance Notes)						
8. IMMEDIATE ACTION TAKEN TO PREVENT RECCURANCE:						
9. CURRENT CONDITION OF SERVICE USER: (complete where relevant)						
10. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)			<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>N/A</td> </tr> </table>	YES	NO	N/A
YES	NO	N/A				
11. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please specify where relevant)			<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>N/A</td> </tr> </table>	YES	NO	N/A
YES	NO	N/A				
12. WHY INCIDENT CONSIDERED SERIOUS: (please select relevant criteria below)						
serious injury to, or the unexpected/unexplained death of: <ul style="list-style-type: none"> - a service user - a staff member in the course of their work - a member of the public whilst visiting a HSC facility. 						
any death of a child (up to eighteenth birthday) in a hospital setting or who is a Looked After Child or whose name is on the Child Protection Register						
unexpected serious risk to a service user and/or staff member and/or member of the public						
unexpected or significant threat to provide service and/or maintain business continuity						
serious self-harm or serious assault (including attempted suicide, homicide and sexual assaults) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service						
serious self-harm or serious assault (including homicide and sexual assaults) <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (as defined within the Mental Health (NI) Order 1986) and known to/referred to mental health and related services (including CAMHS, psychiatry of old age or leaving and aftercare services) and/or learning disability services, in the 12 months prior to the incident						

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

suspected suicide of a service user who has a mental illness or disorder <i>(as defined within the Mental Health (NI) Order 1986)</i> and known to/referred to mental health and related services <i>(including CAMHS, psychiatry of old age or leaving and aftercare services)</i> and/or learning disability services, in the 12 months prior to the incident				
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 				
13. IS ANY <u>IMMEDIATE</u> REGIONAL ACTION RECOMMENDED: <i>(please select)</i>			YES	NO
if 'YES' <i>(full details should be submitted):</i>				
14. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? <i>(refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.) please specify where relevant</i>			YES	NO
if 'YES' <i>(full details should be submitted including the date notified):</i>				
15. OTHER ORGANISATION/PERSONS INFORMED: <i>(please select)</i>		DATE INFORMED:	OTHERS: <i>(please specify where relevant, including date notified)</i>	
DHSS&PS EARLY ALERT				
SERVICE USER / FAMILY				
HM CORONER				
INFORMATION COMMISSIONER OFFICE (ICO)				
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)				
NORTHERN IRELAND HEALTH AND SAFETY EXECUTIVE (NIHSE)				
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)				
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)				
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)				
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)				
16. LEVEL OF INVESTIGATION REQUIRED: <i>(please select)</i>		LEVEL 1	LEVEL 2*	LEVEL 3*
* FOR ALL LEVEL 2 OR LEVEL 3 INVESTIGATIONS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6				
17. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. <i>(delete as appropriate)</i>				
Report submitted by: _____		Designation: _____		
Email: _____		Telephone: _____		
Date: DD / MMM / YYYY				
18. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION: <i>(refer to Guidance Notes)</i>				
Additional information submitted by: _____		Designation: _____		
Email: _____		Telephone: _____		
Date: DD / MMM / YYYY				

Completed proforma should be sent to: seriousincidents@hscni.net
 and *(where relevant)* seriousincidents@rqia.org.uk

APPENDIX 2

Guidance Notes

HSC SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

All Health and Social Care Organisations, Family Practitioner Services and Independent Service Providers are required to report serious adverse incidents to the HSCB within 72 hours of the incident being discovered. It is acknowledged that not all the relevant information may be available within that timescale, however, there is a balance to be struck between minimal completion of the proforma and providing sufficient information to make an informed decision upon receipt by the HSCB/PHA.

The following guidance designed to help you to complete the Serious Adverse Incident Report Form effectively and to minimise the need for the HSCB/PHA to seek additional information about the circumstances surrounding the SAI. This guidance should be considered each time a report is submitted.

1. ORGANISATION: <i>Insert the details of the reporting organisation (HSC Organisation / Trust or Family Practitioner Service)</i>		2. UNIQUE INCIDENT IDENTIFICATION NO. / REF NO. <i>Insert the unique incident number / reference generated by the reporting organisation.</i>		
3. FACILITY / DEPARTMENT: <i>Insert the details of the hospital/facility/specialty/department/directorate/place where the incident occurred</i>		4. DATE OF INCIDENT: DD / MMM / YYYY <i>Insert the date incident occurred</i>		
5. CONTACT PERSON: <i>Insert the name of lead officer to be contacted should the HSCB or PHA need to seek further information about the incident</i>		6. PROGRAMME OF CARE: <i>Insert the Programme of Care from the following: Acute Services/ Maternity and Child Health / Family and Childcare / Elderly Services / Mental Health / Learning Disability / Physical Disability and Sensory Impairment / Primary Health and Adult Community (includes GP's) / Corporate Business(Other)</i>		
7. DESCRIPTION OF INCIDENT: <p><i>Provide a brief factual description of what has happened and a summary of the events leading up to the incident. PLEASE ENSURE SUFFICIENT INFORMATION IS PROVIDED SO THAT THE HSCB/ PHA ARE ABLE TO COME TO AN OPINION ON THE IMMEDIATE ACTIONS, IF ANY, THAT THEY MUST TAKE. Where relevant include D.O.B, Gender and Age. All reports should be anonymised – the names of any practitioners or staff involved must not be included. Staff should only be referred to by job title.</i></p> <p><i>In addition include the following:</i></p> <p>Secondary Care – recent service history; contributory factors to the incident; last point of contact (ward / specialty); early analysis of outcome.</p> <p>Children – when reporting a child death indicate if the Regional Safeguarding Board has been advised.</p> <p>Mental Health - when reporting a serious injury to, or the unexpected/unexplained death (including suspected suicide, attempted suicide in an in-patient setting or serious self-harm of a service user who has been known to Mental Health, Learning Disability or Child and Adolescent Mental Health within the last year) include the following details: the most recent HSC service context; the last point of contact with HSC services or their discharge into the community arrangements; whether there was a history of DNAs, where applicable the details of how the death occurred, if known.</p> <p>Infection Control - when reporting an outbreak which severely impacts on the ability to provide services, include the following: measures to cohort Service Users; IPC arrangements among all staff and visitors in contact with the infection source; Deep cleaning arrangements and restricted visiting/admissions.</p> <p>Information Governance –when reporting include the following details whether theft, loss, inappropriate disclosure, procedural failure etc.; the number of data subjects (service users/staff) involved, the number of records involved, the media of records (paper/electronic), whether encrypted or not and the type of record or data involved and sensitivity.</p>				
DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING				
STAGE OF CARE: <i>Insert CCS Stage of Care Code description</i>		ADVERSE EVENT: <i>Insert CCS Adverse Event Code description</i>		
DETAIL: <i>Insert CCS Detail Code description</i>				
8. IMMEDIATE ACTION TAKEN TO PREVENT RECCURANCE: <p><i>Include a summary of what actions, if any, have been taken to address the immediate repercussions of the incident and the actions taken to prevent a recurrence.</i></p>				
9. CURRENT CONDITION OF SERVICE USER: <p><i><u>Where relevant</u> please provide details on the current condition of the service user the incident relates to.</i></p>				
10. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)		YES	NO	N/A
11. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please select and specify <u>where relevant</u>)		YES	NO	N/A

12. WHY INCIDENT CONSIDERED SERIOUS: <i>(please select relevant criteria from below)</i>		
serious injury to, or the unexpected/unexplained death of:		
<ul style="list-style-type: none"> - a service user - a staff member in the course of their work - a member of the public whilst visiting a HSC facility. 		
any death of a child (up to eighteenth birthday) in a hospital setting or who is a Looked After Child or whose name is on the Child Protection Register		
unexpected serious risk to a service user and/or staff member and/or member of the public		
unexpected or significant threat to provide service and/or maintain business continuity		
serious self-harm or serious assault <i>(including attempted suicide, homicide and sexual assaults)</i> by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service		
serious self-harm or serious assault <i>(including homicide and sexual assaults)</i> <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder <i>(as defined within the Mental Health (NI) Order 1986)</i> and known to/referred to mental health and related services <i>(including CAMHS, psychiatry of old age or leaving and aftercare services)</i> and/or learning disability services, in the 12 months prior to the incident		
suspected suicide of a service user who has a mental illness or disorder <i>(as defined within the Mental Health (NI) Order 1986)</i> and known to/referred to mental health and related services <i>(including CAMHS, psychiatry of old age or leaving and aftercare services)</i> and/or learning disability services, in the 12 months prior to the incident		
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 		
13. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED? <i>(please select)</i>		YES NO
if 'YES' <i>(full details should be submitted):</i>		
14. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? <i>where there appears to be a breach of professional code of conduct</i>		YES NO
GENERAL MEDICAL COUNCIL (GMC) GENERAL DENTAL COUNCIL (GDC) PHARMACEUTICAL SOCIETY NORTHERN IRELAND (PSNI) NORTHERN IRELAND SOCIAL CARE COUNCIL (NISCC) LOCAL MEDICAL COMMITTEE (LMC) NURSING AND MIDWIFERY COUNCIL (NMC) HEALTH CARE PROFESSIONAL COUNCIL (HCPC) REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA) SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI) OTHER – PLEASE SPECIFY BELOW		
if 'YES' <i>(full details should be submitted including date notified):</i>		
15. OTHER ORGANISATION/PERSONS INFORMED: <i>(please select)</i>	DATE INFORMED:	OTHER: <i>(please specify where relevant)</i>

DHSS&PS EARLY ALERT		Date informed:	
SERVICE USER / FAMILY			
HM CORONER			
INFORMATION COMMISSIONER OFFICE (ICO)			
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)			
NORTHERN IRELAND HEALTH AND SAFETY EXECUTIVE (NIHSE)			
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)			
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)			
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)			
16. LEVEL OF INVESTIGATION REQUIRED: (please select)	LEVEL 1	LEVEL 2*	LEVEL 3*
* FOR ALL LEVEL 2 OR LEVEL 3 INVESTIGATIONS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6			
17. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (delete as appropriate)			
Report submitted by: _____		Designation: _____	
Email: _____	Telephone: _____	Date: DD / MMM / YYYY	
18. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION			
<p><i>Use this section to provide updated information when the situation changes e.g. the situation deteriorates; the level of media interest changes</i></p> <p><i>The HSCB and PHA recognises that organisations report SAIs based on limited information, which on further investigation may not meet the criteria of a SAI. Use this section to request that a SAI be de-escalated and send to seriousincidents@hscni.net with the unique incident identification number/reference in the subject line. When a request for de-escalation is made the reporting organisation must include information on why the incident does not warrant further investigation under the SAI process.</i></p> <p><i>The HSCB/PHA will review the de-escalation request and inform the reporting organisation of its decision within 5 working days. The HSCB / PHA may take the decision to close the SAI without a report rather than de-escalate it. The HSCB / PHA may decide that the SAI should not be de-escalated and a full investigation report is required.</i></p> <p>PLEASE NOTE PROGRESS IN RELATION TO TIMELINESS OF COMPLETED INVESTIGATION REPORTS WILL BE REGULARLY REPORTED TO THE HSCB/PHA REGIONALGROUP. THEY WILL BE MONITORED ACCORDING TO AGREED TIMESCALES. IT IS IMPORTANT TO KEEP THE HSCB INFORMED OF PROGRESS TO ENSURE THAT MONITORING INFORMATION IS ACCURATE AND BREECHES ARE NOT REPORTED WHERE AN EXTENDED TIME SCALE HAS BEEN AGREED.</p>			
Additional information submitted by: _____		Designation: _____	
Email: _____	Telephone: _____	Date: DD / MMM / YYYY	

Completed proforma should be sent to: seriousincidents@hscni.net
and (where relevant) seriousincidents@rqia.org.uk

APPENDIX 3

HSC INTERFACE INCIDENTS NOTIFICATION FORM

1. REPORTING ORGANISATION:		2. DATE OF INCIDENT: DD / MMM / YYYY	
3. CONTACT PERSON AND TEL NO:		4. UNIQUE REFERENCE NUMBER:	
5. DESCRIPTION OF INCIDENT:			
<p>DOB: DD / MMM / YYYY GENDER: M / F AGE: years</p> <p>(complete where relevant)</p>			
6. ARE OTHER PROVIDERS INVOLVED? (e.g. HSC TRUSTS / FPS / OOH / ISP / VOLUNTARY / COMMUNITY ORG'S)		YES	NO
		if 'YES' (full details should be submitted in section 7 below)	
7. PROVIDE SUFFICIENT DETAILS TO ALLOW FOLLOW UP:			
8. <u>IMMEDIATE</u> ACTION TAKEN BY REPORTING ORGANISATION:			
9. WHICH ORGANISATION/PROVIDER (FROM THOSE LISTED IN SECTIONS 6 AND 7 ABOVE) SHOULD TAKE THE LEAD RESPONSIBILITY FOR THE INVESTIGATION AND FOLLOW UP OF THIS INCIDENT?			
10. OTHER COMMENTS:			
REPORT SUBMITTED BY: _____		DESIGNATION: _____	
Email: _____	Telephone: _____	Date: DD / MMM / YYYY	

Completed proforma should be sent to: seriousincidents@hscni.net

APPENDIX 4**LEVEL ONE – SIGNIFICANT EVENT AUDIT REPORT**

TITLE:	
DATE OF SIGNIFICANT EVENT:	
DATE OF SIGNIFICANT EVENT MEETING:	
SEA FACILITATOR/ LEAD OFFICER:	
TEAM MEMBERS PRESENT:	

WHAT HAPPENED?**WHY DID IT HAPPEN?****WHAT HAS BEEN LEARNED?****WHAT HAS BEEN CHANGED?****RECOMMENDATIONS FOLLOWING THE LEVEL ONE SEA:**

Where a Level two or three investigation is recommended please complete the sections below

THE INVESTIGATION TEAM :**INVESTIGATION TERMS OF REFERENCE:**

APPENDIX 5

LEVEL ONE – SIGNIFICANT EVENT AUDIT REPORT GUIDANCE

TITLE: <i>Insert unique identifier number</i>	<i>Self- explanatory</i>
DATE OF SIGNIFICANT EVENT:	<i>Self- explanatory</i>
DATE OF SIGNIFICANT EVENT MEETING:	<i>Self- explanatory</i>
SEA FACILITATOR/ LEAD OFFICER:	<i>Refer to guidance on Level one investigation team membership for significant event analysis –Appendix 9</i>
TEAM MEMBERS PRESENT:	<i>Self- explanatory</i>

WHAT HAPPENED?

(Describe in detailed chronological order what actually happened. Consider, for instance, how it happened, where it happened, who was involved and what the impact was on the patient/service user, the team, organisation and/or others).

WHY DID IT HAPPEN?

(Describe the main and underlying reasons contributing to why the event happened. Consider for instance, the professionalism of the team, the lack of a system or failing in a system, the lack of knowledge or the complexity and uncertainty associated with the event)

WHAT HAS BEEN LEARNED?

(Based on the reason established as to why the event happened, outline the learning identified. Demonstrate that reflection and learning have taken place on an individual or team basis and that relevant team members have been involved in the analysis of the event. Consider, for instance: a lack of education and training; the need to follow systems or procedures; the vital importance of team working or effective communication)

WHAT HAS BEEN CHANGED?

(Based on the understanding of why the event happened and the identification of learning, outline the action(s) agreed and implemented, where this is relevant or feasible. Consider, for instance: if a protocol has been amended, updated or introduced; how was this done and who was involved; how will this change be monitored. It is also good practice to attach any documentary evidence of change e.g. a new procedure or protocol.

Action plans should be developed and set out how learning will be implemented, with named leads responsible for each action point (Refer to Appendix 8 Minimum Standards for Action Plans). This section should clearly demonstrate the arrangements in place to successfully deliver the action plan).

RECOMMENDATIONS FOLLOWING THE LEVEL ONE SEA:

(Following the SEA it may become apparent that a more in depth investigation is required. Use this section to record if a Level two or three investigation is required).

APPENDIX 6

Insert organisation Logo

Root Cause Analysis Report on the investigation of a Serious Adverse Incident

Organisation's Unique Case Identifier:

Date of Incident/Event:

HSCB Unique Case Identifier:

Responsible Lead Officer:

Designation:

Report Author:

Date report signed off:

Date submitted to HSCB:

1.0 EXECUTIVE SUMMARY**2.0 THE INVESTIGATION TEAM****3.0 INVESTIGATION TERMS OF REFERENCE****4.0 INVESTIGATION METHODOLOGY****5.0 DESCRIPTION OF INCIDENT/CASE****6.0 FINDINGS**

7.0 CONCLUSIONS**8.0 LESSONS LEARNED****9.0 RECOMMENDATIONS AND ACTION PLANNING****10.0 DISTRIBUTION LIST**

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**Health and Social Care
Regional Guidance
for
Level 2 & 3 RCA Incident
Investigation/Review Reports**

INTRODUCTION

This document is a revision of the template developed by the DHSSPS Safety in Health and Social Care Steering Group in 2007 as part of the action plan contained within “*Safety First: A Framework for Sustainable Improvement in the HPSS.*”

The purpose of this template and guide is to provide practical help and support to those writing investigation reports and should be used, in as far as possible, for drafting all **HSC Level Two and Level Three** incident investigation/review reports. It is intended as a guide in order to standardise all such reports across the HSC including both internal and external reports.

The investigation report presents the work of the investigation team and provides all the necessary information about the incident, the investigation process and outcome of the investigation. The purpose of the report is to provide a formal record of the investigation process and a means of sharing the learning. The report should be clear and logical, and demonstrate that an open and fair approach has taken place.

This guide should assist in ensuring the completeness and readability of such reports. The headings and report content should follow, as far as possible, the order that they appear within the template. Composition of reports to a standardised format will facilitate the collation and dissemination of any regional learning.

This template was designed primarily for incident investigation/reviews however it may also be used to examine complaints and claims.

Insert organisation Logo

Report on the investigation of a Serious Adverse Incident

Organisation's Unique Case Identifier:

Date of Incident/Event:

HSCB Unique Case Identifier:

Responsible Lead Officer:

Designation:

Report Author:

Date report signed off:

Date submitted to HSCB:

1.0 EXECUTIVE SUMMARY

Summarise the main report: provide a brief overview of the incident and consequences, background information, level of investigation, concise analysis and main conclusions, lessons learned, recommendations and arrangements for sharing and learning lessons.

2.0 THE INVESTIGATION TEAM

Refer to GUIDANCE ON INVESTIGATION TEAM MEMBERSHIP

The level of investigation undertaken will determine the degree of leadership, overview and strategic review required.

- *List names, designation and investigation team role of the members of the Investigation team. The Investigation team should be multidisciplinary and should have an Independent Chair.*
- *The degree of independence of the membership of the team needs careful consideration and depends on the severity / sensitivity of the incident and the level of investigation to be undertaken. However, best practice would indicate that investigation / review teams should incorporate at least one informed professional from another area of practice, best practice would also indicate that the chair of the team should be appointed from outside the area of practice.*
- *In the case of more high impact incidents (i.e. categorised as catastrophic or major) inclusion of lay / patient / service user or carer representation should be considered.*

3.0 INVESTIGATION TERMS OF REFERENCE

Describe the plan and scope for conducting the investigation. State the level of investigation, aims, objectives, outputs and who commissioned the investigation.

The following is a sample list of statements of purpose that should be included in the terms of reference:

- To undertake an investigation/review of the incident to identify specific problems or issues to be addressed;
- To consider any other relevant factors raised by the incident;
- To identify and engage appropriately with all relevant services or other agencies associated with the care of those involved in the incident;
- To determine actual or potential involvement of the Police, Health and Safety Executive, Regulation and Quality Improvement Authority and Coroners Service for Northern Ireland^{2 3}
- To agree the remit of the investigation/review - the scope and boundaries beyond which the investigation should not go (e.g. disciplinary process) – state how far back the investigation will go (what point does the investigation start and stop e.g. episode of care) and the level of investigation;
- To review the outcome of the investigation/review, agreeing recommendations,

² Memorandum of understanding: Investigating patient or client safety incidents (Unexpected death or serious untoward harm)-
http://www.dhsspsni.gov.uk/ph_mou_investigating_patient_or_client_safety_incidents.pdf

³ Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults 2009

3.0 INVESTIGATION TERMS OF REFERENCE

actions to be taken and lessons learned for the improvement of future services;

- To ensure sensitivity to the needs of the patient/ service user/ carer/ family member, where appropriate. The level of involvement clearly depends on the nature of the incident and the service user's or family's wishes to be involved;
- To agree the timescales for completing and submitting the investigation report, distribution of the report and timescales for reviewing actions on the action plan;

Methodology to be used should be agreed at the outset and kept under regular review throughout the course of the investigation.

Clear documentation should be made of the time-line for completion of the work.

This list is not exhaustive

4.0 INVESTIGATION METHODOLOGY

This section should provide an outline of the type of investigation and the methods used to gather information within the investigation process. The NPSA's "Seven Steps to Patient Safety"⁴ and "Root Cause Analysis Investigation Guidance"⁵ provide useful guides for deciding on methodology.

- Review of patient/ service user records and compile a timeline (if relevant)
- Review of staff/witness statements (if available)
- Interviews with relevant staff concerned e.g.
 - Organisation-wide
 - Directorate Team
 - Ward/Team Managers and front line staff
 - Other staff involved
 - Other professionals (including Primary Care)
- Specific reports requested from and provided by staff
- Outline engagement with patients/service users / carers / family members / voluntary organisations/ private providers
- Review of local, regional and national policies and procedures, including professional codes of conduct in operation at the time of the incident
- Review of documentation e.g. consent form(s), risk assessments, care plan(s), photographs, diagrams or drawings, training records, service/maintenance records, including specific reports requested from and provided by staff etc.

This list is not exhaustive

⁴ <http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/?entryid45=59787>

⁵ <http://www.nrls.npsa.nhs.uk/resources/?entryid45=75355>

5.0 DESCRIPTION OF INCIDENT/CASE

Provide an account of the incident including consequences and detail what makes this incident a SAI. The following can provide a useful focus but please note this section is not solely a chronology of events

- Concise factual description of the serious adverse incident include the incident date and type, the healthcare specialty involved and the actual effect of the incident on the service user and/or service and others;
- People, equipment and circumstances involved;
- Any intervention / immediate action taken to reduce consequences;
- Chronology of events leading up to the incident;
- Relevant past history – a brief description of the care and/or treatment/service provided;
- Outcome / consequences / action taken;
- Relevance of local, regional or national policy / guidance / alerts including professional codes of conduct in place at the time of the incident

This list is not exhaustive

6.0 FINDINGS

This section should clearly outline how the information has been analysed so that it is clear how conclusions have been arrived at from the raw data, events and treatment/care/service provided. This section needs to clearly identify the care and service delivery problems and analysis to identify the causal factors.

Analysis can include the use of root cause and other analysis techniques such as fault tree analysis, etc. The section below is a useful guide particularly when root cause techniques are used. It is based on the NPSA's "Seven Steps to Patient Safety" and "Root Cause Analysis Toolkit".

(i) Care Delivery Problems (CDP) and/or Service Delivery Problems (SDP) Identified

CDP is a problem related to the direct provision of care, usually actions or omissions by staff (active failures) or absence of guidance to enable action to take place (latent failure) e.g. failure to monitor, observe or act; incorrect (with hindsight) decision, NOT seeking help when necessary.

SDP are acts and omissions identified during the analysis of incident not associated with direct care provision. They are generally associated with decisions, procedures and systems that are part of the whole process of service delivery e.g. failure to undertake risk assessment, equipment failure.

(ii) Contributory Factors

Record the influencing factors that have been identified as root causes or fundamental issues.

- Individual Factors (include employment status i.e. substantive, agency, locum voluntary etc.)
- Team and Social Factors
- Communication Factors

6.0 FINDINGS

- Task Factors
- Education and Training Factors
- Equipment and Resource Factors
- Working Condition Factors
- Organisational and Management Factors
- Patient / Client Factors

This list is not exhaustive

As a framework for organising the contributory factors investigated and recorded the table in the NPSA's "Seven Steps to Patient Safety" document (and associated Root Cause Analysis Toolkit) is useful.

<http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/>

Where appropriate and where possible careful consideration should be made to facilitate the involvement of patients/service users / carers / family members within this process.

7.0 CONCLUSIONS

Following analysis identified above, list issues that need to be addressed. Include discussion of good practice identified as well as actions to be taken. Where appropriate include details of any on-going engagement / contact with family members or carers.

This section should summarise the key findings and should answer the questions posed in the terms of reference.

8.0 LESSONS LEARNED

Lessons learned from the incident and the investigation should be identified and addressed by the recommendations and relate to the findings. Indicate to whom learning should be communicated and this should be copied to the Committee with responsibility for governance.

9.0 RECOMMENDATIONS AND ACTION PLANNING

List the improvement strategies or recommendations for addressing the issues highlighted above (conclusions and lessons learned). Recommendations should be grouped into the following headings and cross-referenced to the relevant conclusions, and should be graded to take account of the strengths and weaknesses of the proposed improvement strategies/actions:

- Recommendations for the investigating organisation
- Learning that is relevant to other organisations.

Action plans should be developed and should set out how each recommendation will be implemented, with named leads responsible for each action point (Refer to Appendix 8 Minimum Standards for Action Plans). This section should clearly demonstrate the arrangements in place to successfully deliver the action plan.

10.0 DISTRIBUTION LIST

List the individuals, groups or organisations the final report has been shared with. This should have been agreed within the terms of reference.

APPENDIX 8**MINIMUM STANDARDS FOR ACTION PLANS**

The action plan must define:

- Who has agreed the action plan
- Who will monitor the implementation of the action plan
- How often the action plan will be reviewed
- Who will sign off the action plan when all actions have been completed

The action plan **MUST** contain the following

1. Recommendations based on the contributing factors	The recommendations from the report - these should be the analysis and findings of the investigation
2. Action agreed	This should be the actions the organisation needs to take to resolve the contributory factors.
3. By who	Who in the organisation will ensure the action is completed
4. Action start date	Date particular action is to commence
5. Action end date	Target date for completion of action
6. Evidence of completion	Evidence available to demonstrate that action has been completed. This should include any intended action plan reviews or audits
7. Sign off	Responsible office and date sign off as completed

APPENDIX 9**LEVEL ONE INVESTIGATION - GUIDANCE ON INVESTIGATION TEAM MEMBERSHIP FOR SIGNIFICANT EVENT ANALYSIS**

The level of investigation of an incident should be proportionate to its significance; this is a judgement to be made by the Investigation Team.

Membership of the team should include all relevant professionals but should be appropriate and proportionate to the type of incident and professional groups involved. Ultimately, for a level one investigation, it is for each team to decide who is invited, there has to be a balance between those who can contribute to an honest discussion, and creating such a large group that discussion of sensitive issues is inhibited.

The investigating team should appoint an experienced facilitator or lead investigating officer from within the team to co-ordinate the review. The role of the facilitator is as follows:

- Co-ordinate the information gathering process
- Arrange the review meeting
- Explain the aims and process of the review
- Chair the review meeting
- Co-ordinate the write up of the Significant Event Analysis report
- Ensure learning is shared

APPENDIX 10

LEVEL TWO INVESTIGATION - GUIDANCE ON INVESTIGATION TEAM MEMBERSHIP

The level of investigation undertaken will determine the degree of leadership, overview and strategic review required. The level of investigation of an incident should therefore be proportionate to its significance. This is a judgement to be made by the Investigation Team.

The core investigation team should comprise a minimum of three people of appropriate seniority and objectivity. Investigation teams should be multidisciplinary, (or involve experts/expert opinion/independent advice or specialist investigators). The team shall have no conflicts of interest in the incident concerned and should have an Independent Chair. *(In the event of a suspected homicide HSC Trusts should follow the HSCB Protocol for responding to SAls in the event of a Homicide - February 2012)*

The Chair of the team shall be independent of the service area where the incident occurred and should have relevant experience of the service area and/or chairing investigations/reviews. He/she shall not have been involved in the direct care or treatment of the individual, or be responsible for the service area under investigation. The Chair may be sourced from the HSCB Lay People Panel *(a panel of 'lay people' with clinical or social care professional areas of expertise in health and social care, who could act as the chair of an independent review panel, or a member of a Trust RCA review panel)*.

Where multiple *(two or more)* HSC providers of care are involved, an increased level of independence shall be required. In such instances, the Chair shall be completely independent of the main organisations involved.

Where the service area is specialised, the Chair may have to be appointed from another HSC Trust or from outside NI.

Membership of the team should include all relevant professionals, but should be appropriate and proportionate to the type of incident and professional groups involved.

Membership shall include an experienced representative who shall support the review team in the application of the root cause analysis methodologies and techniques, human error and effective solutions based development.

Members of the team shall be separate from those who provide information to the investigation team.

It may be helpful to appoint an investigation officer from within the investigation team to co-ordinate the review.

APPENDIX 11**LEVEL THREE INVESTIGATION - GUIDANCE ON INVESTIGATION TEAM MEMBERSHIP**

The level of investigation shall be proportionate to the significance of the incident. The same principles shall apply, as for level two investigations. The degree of independence of the investigation team will be dependent on the scale, complexity and type of the incident.

Team membership for level 3 investigations will be agreed between the reporting organisation and the HSCB/PHA DRO prior to the level 3 investigation commencing.

APPENDIX 12

GUIDANCE ON JOINT INVESTIGATIONS

Where a SAI involves multiple (*two or more*) HSC providers of care (e.g. a patient affected by system failures both in an acute hospital and in primary care), a decision must be taken regarding who will lead the investigation and reporting. This may not necessarily be the initial reporting organisation.

The general rule is for the provider organisation with greatest contact with the patient/service user to lead the investigation and action. There may, however, be good reason to vary this arrangement e.g. where a patient has died on another organisation's premises. The decision should be made jointly by the organisations concerned, if necessary referring to the HSCB Designated Review Officer for advice. **The lead organisation must be agreed by all organisations involved.**

It will be the responsibility of the lead organisation to engage all organisations in the investigation as appropriate. This involves collaboration in terms of identifying the appropriate links with the other organisations concerned and in practice, separate meetings in different organisations may take place, but a single investigation report and action plan should be produced by the lead organisation and submitted to the HSCB in the agreed format.

Points to consider:

- If more than one service is being provided , then all services are required to provide information / involvement reports to the investigation team
- All service areas should be represented in terms of professional makeup / expertise on the investigation team
- If more than one Trust/Agency is involved in the care of an individual, that the review is conducted jointly with all Trusts/Agencies involved.
- Relevant service providers, particularly those under contract with HSC to provide some specific services, should also be enjoined.
- There should be a clearly articulated expectation that the service user (where possible) and family carers, perspective should be canvassed, as should the perspective of staff directly providing the service, to be given consideration by the panel.
- The perspective of the GP and other relevant independent practitioners providing service to the individual should be sought.
- Service users and carer representatives should be invited / facilitated to participate in the panel discussions with appropriate safeguards to protect the confidentiality of anyone directly involved in the case.

This guidance should be read in conjunction with:

- Guidance on Investigation Team Membership (Refer to Appendix 9 to 11)
- Guidance on completing HSC Investigation Report Level 2 and 3 (Refer to Appendix 7)

APPENDIX 13**PROTOCOL FOR RESPONDING TO SERIOUS ADVERSE INCIDENTS IN THE EVENT OF A HOMICIDE - 2013****1. INTRODUCTION AND PURPOSE****1.1. INTRODUCTION**

The Health and Social Care Board (HSCB) Procedure for the Reporting and Follow up of Serious Adverse Incidents (SAIs) was issued in April 2010 and revised October 2013. This procedure provides guidance to Health and Social Care (HSC) Trusts and HSCB Integrated Care staff in relation to the reporting and follow up of SAIs arising during the course of business of a HSC organisation, Special Agency or commissioned service.

This paper is a revised protocol, developed from the above procedure, for the specific SAIs which involves an alleged homicide perpetrated by a service user (*who will remain anonymous*) with a mental illness or disorder (as defined within the Mental Health (NI) Order 1986) and known to/referred to mental health and/or learning disability services, in the 12 months (1 year) prior to the incident.

This paper should be read in conjunction with Promoting Quality Care – Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (Sept 2009 & May 2010).

1.2. PURPOSE

The purpose of this protocol is to provide HSC Trusts with a standardised approach in managing and coordinating the response to a SAI involving homicide.

2. THE PROCESS**2.1. REPORTING SERIOUS ADVERSE INCIDENTS**

Refer to the HSCB Procedure for the Reporting and Follow up of Serious Adverse Incidents revised in 2013.

2.2. MULTI-DISCIPLINARY REVIEW

As indicated in Promoting Quality Care (5.0) an internal multi-disciplinary review must be held as soon as practicable following an adverse incident. Where the SAI has resulted in homicide a more independent response is required.

An independent review team should be set up within twenty working days, of the notification of the incident, to the Trust.

2.3. ESTABLISHING AN INDEPENDENT REVIEW TEAM

2.3.1 CHAIR

The Chair of the Review Team should be independent from the HSC Trust, not a Trust employee or recently employed by the Trust. They should be at Assistant Director level or above with relevant professional expertise.

It is the role of the Chair to ensure engagement with families, that their views are sought, that support has been offered to them at an early stage and they have the opportunity to comment on the final draft of the report.

2.3.2 MEMBERSHIP

A review team should include all relevant professionals. The balance of the Team should include non-Trust staff and enable the review team to achieve impartiality, openness, independence, and thoroughness in the review of the incident. [ref: Case Management Review Chapter 10 Cooperating to Protect Children].

The individuals who become members of the Team must not have had any line management responsibility for the staff working with the service user under consideration. The review team must include members who are independent of HSC Trusts and other agencies concerned.

Members of the review team should be trained in the Procedure for the Reporting and Follow up of Serious Adverse Incidents 2013

3. TERMS OF REFERENCE

The terms of reference for the review team should be drafted at the first meeting of the review team and should be agreed by the HSCB before the second meeting.

The Terms of Reference should include, as a minimum, the following:

- establish the facts of the incident;
- analyse the antecedents to the incident;
- consider any other relevant factors raised by the incident;
- establish whether there are failings in the process and systems;
- establish whether there are failings in the performance of individuals;
- identify lessons to be learned from the incident; and
- identify clearly what those lessons are, how they will be acted upon, what is expected to change as a result, and specify timescales and responsibility for implementation.

4. TIME SCALES

The notification to the Trust of a SAI, resulting in homicide, to the Trust is the starting point of this process.

The Trust should notify the HSCB within 24 hours and the Regulation and Quality Improvement Authority (RQIA) as appropriate.

An independent review team should be set up within twenty working days of the notification of the incident to the Trust.

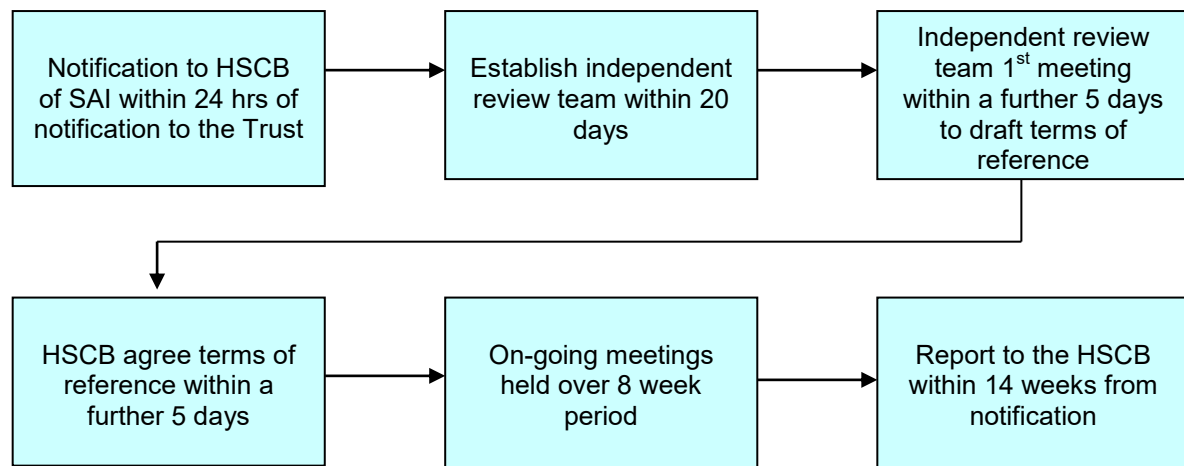
The team should meet to draft the terms of reference within a further five working days (i.e. twenty five days from notification of the incident to the Trust).

The HSCB should agree the terms of reference within a further five working days to enable work to begin at a second meeting.

The review team should complete their work and report to the HSCB within 14 weeks, this may be affected by PSNI investigations.

FLOWCHART OF PROCESS WITH TIMESCALES

NB Days refers to working days from the date of notification of the incident to the Trust



5. THE HEALTH AND SOCIAL CARE BOARD RESPONSIBILITY

On receipt of the completed Trust review report the HSCB will consider the findings and recommendations of the report and must form a view as to whether or not an Independent Inquiry is required.

The HSCB must advise the Department of Health, Social Services and Public Safety (DHSSPS) as to whether or not an Independent Inquiry is required in this particular SAI.

APPENDIX 14

REPORTING AND FOLLOW UP OF SAIs INVOLVING RQIA MENTAL HEALTH/LEARNING DISABILITY & INDEPENDENT/REGULATED SECTOR**ADMINISTRATIVE PROTOCOL**

On receipt of a SAI notification and where a HSC Trust has also copied RQIA into the same notification, the following steps will be applied:

1. HSCB acknowledgement email to Trust advising on timescale for investigation report will also be copied to RQIA.
2. On receipt of the investigation report from Trust, the HSCB Governance Team will forward to the HSCB/PHA Designated Review Officer (DRO).
3. At the same time, the HSCB Governance Team will also forward the investigation report to RQIA, together with an email advising of a **3 week** timescale from receipt of investigation report, for RQIA to forward comments for consideration by the DRO.
4. The DRO will continue with his/her review liaising (where s/he feels relevant) with Trust, RQIA and other HSCB/PHA professionals until s/he is satisfied SAI can be closed.
5. If no comments are received from RQIA within the 3 week timescale, the DRO will assume RQIA have no comments.
6. When the SAI is closed by the DRO, an email advising the Trust that the SAI is closed will also be copied to RQIA.

All communications to be sent or copied via:

HSCB Governance Team: seriousincidents@hscni.net
and RQIA: seriousincidents@rqia.org.uk

HSC Regional Impact Table – with effect from April 2013

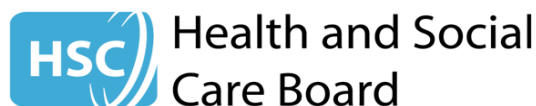
DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE <i>(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)</i>	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Minimal injury requiring no/ minimal intervention. Non-permanent harm lasting less than one month (1-4 day extended stay). Emotional distress (recovery expected within days or weeks). Increased patient monitoring 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Increase in length of hospital stay/care provision by 5-14 days. 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by >14 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES <i>(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)</i>	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standard or follow protocol. Audit/Inspection – recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.
REPUTATION <i>(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)</i>	<ul style="list-style-type: none"> Local public/political concern. Local press < 1day coverage. Informal contact / Potential intervention by Enforcing Authority (e.g. HSE/NIFRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority/increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional / National Media interest >3 days < 7days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review (e.g., Ombudsman). Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enquiry/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution – Corporate Manslaughter Act. Executive Officer fined or imprisoned. Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS <i>(Protect assets of the organisation and avoid loss)</i>	<ul style="list-style-type: none"> Commissioning costs (£) <1m. Loss of assets due to damage to premises/property. Loss – £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises/ property. Loss – £10K to £100K. Loss of information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises/ property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive / business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises/property. Loss – £250K to £2m. Loss of or corruption of sensitive / business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss – > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES <i>(Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)</i>	<ul style="list-style-type: none"> Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. No impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Moderate unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
ENVIRONMENTAL (Air, Land, Water, Waste management)	<ul style="list-style-type: none"> Nuisance release. 	<ul style="list-style-type: none"> On site release contained by organisation. 	<ul style="list-style-type: none"> Moderate on site release contained by organisation. Moderate off site release contained by organisation. 	<ul style="list-style-type: none"> Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.). 	<ul style="list-style-type: none"> Toxic release affecting off-site with detrimental effect requiring outside assistance.

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

Likelihood Scoring Descriptors	Impact (Consequence) Levels				
	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

WIT-73377



Chief Executives of Arm's Length Bodies

HSC Board and PHA Headquarters
12-22 Linenhall Street
Belfast
BT2 8BS

Tel: 0300 555 0115

17 November 2016

Dear Colleagues

Revised Procedure for the Reporting and Follow up of Serious Adverse Incidents (SAI) – November 2016

Over recent months a number of issues have arisen that impact on the current SAI process. The HSCB and PHA have therefore recently completed a review of the procedure, and as a result a number of amendments have been made to the procedure.

The main changes to the procedure are as follows:

- **Quality Assurance of Level 1 SEA Review Reports (page 14 of attached procedure refers)**
 - ✓ The revised process requires reporting organisations to quality assure the robustness of level 1 SEA Reviews prior to submission to the HSCB. The changes to the process have been discussed with Designated Review Officers (DROs), Trust professional Directors and Trust Governance Leads.
 - ✓ Level 2 and 3 SAI Reviews will continue to be managed as per the current SAI process.
 - ✓ Additional guidance on the use of an 'incident debrief' for each level of SAI review has been developed in order to provide organisations with a mechanism to support staff and to identify any immediate service actions.
 - ✓ The role of HSCB/PHA DROs has been updated to reflect the above amendments (page 24 refers)
- **Never Events (page 25 of procedure refers)**
 - ✓ In line with DoH circular HSC(SQSD) 56/16 (Never Events), the current SAI notification form has been revised to enable reporting organisations to identify relevant SAIs as a Never Event and confirm that Service Users/Family/Carers have been informed.
 - ✓ A new field has also been set up on the HSCB DATIX reporting system which will allow all Never Events to be recorded in line with the current categories listed in the NHS England Never Event list.

- **Engagement/Communication with Service Users/Family/Carers following a Serious Adverse Incident**

- ✓ *Service User/Family/Carer Engagement Checklist (appendices 4 - 7 refers)*

The above checklist which forms part of all levels of review reports, has been updated to reflect where relevant, the service user/family carer has been advised:

- the SAI is a never event;
- if a case has been referred to the Coroner, where the reporting organisation had a statutory duty to do so.

- ✓ *A guide for Health and Social Care Staff (Addendum 1 of procedure refers)*

The above guidance has been revised to reflect:

- the term 'SAI Review' (this has also been reflected throughout the revised procedure);
- a service user/family's right to contact the Northern Ireland Public Services Ombudsman (NIPSO) where they are dissatisfied with the HSC organisation's attempts to resolve their concerns following a SAI review;
- the engagement leaflet has been updated to reflect the organisation's responsibility to advise the service user/family/carer of a Never Event.

- **Reporting of Falls (page 20 of procedure refers)**

The Report on Falls Resulting in Moderate to Service Harm was issued in March 2016. As a result, a new process has been developed, with phased implementation, which enables Trusts to undertake a timely local post falls review, and report the learning from these incidents to the Regional Falls Group, rather than being reported routinely as SAIs.

In addition to the above, all other changes to the process, previously communicated to ALBs since October 2013, are incorporated within this review.

Implementation

- In relation to level 1 SAIs, the learning summary template should be fully implemented from 1 January 2017.
- All other aspects of the procedure are to be implemented with immediate effect.

I would therefore request you circulate this letter together with the attached procedure to all relevant staff within your organisation. The procedure can also be accessed via the following link:

<http://www.hscboard.hscni.net/download/PUBLICATIONS/policies-protocols-and-guidelines/Procedure-for-the-reporting-and-follow-up-of-SAIs-2016.pdf>.

Templates contained within the procedure will be issued separately, in word format, to your Governance Lead or relevant point of contact.

A further review of the procedure may be required following the completion of the two RQIA/GAIN strategic projects and subsequent publication of those reports. In the meantime, if you have any queries in relation to the attached, please contact Anne Kane (Personal Information redacted by the USI) or Lynne Charlton (Personal Information redacted by the USI) in the first instance.

Yours sincerely

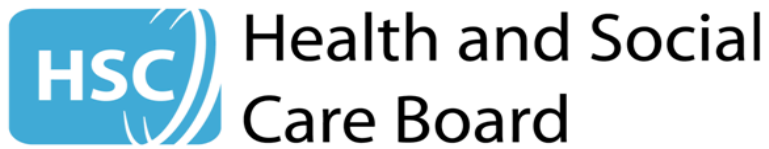
(Personal Information redacted by the USI)

Valerie Watts
Chief Executive

Encs

cc Chief Medical Officer, DoH
 Chief Nursing Officer, DoH
 Chief Pharmaceutical Officer, DoH
 Dr Paddy Woods, DCMO, DoH
 Mr Brian Godfrey, Head of Safety Strategy Unit, DoH
 Mr Fergal Bradley, Safety, Quality and Standards, DoH
 Medical Director, RQIA
 Mrs Theresa Nixon, Director of Mental Health and Learning Disability and
 Social Work, RQIA
 Kathy Fodey, Director of Regulation and Nursing, RQIA
 HSC Trust Medical Directors
 HSC Trust Directors of Nursing
 HSC Trust Governance and Risk Management Leads
 HSC Trust Directors of Mental Health and Learning Disability
 HSCB SMT
 Mrs Anne Kane, Governance Manager, HSCB
 Ms Lynne Charlton, Head of Nursing, Quality, Safety & Patient Experience





Procedure for the Reporting and Follow up of Serious Adverse Incidents

November 2016
Version 1.1

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FOREWORD

Commissioners and Providers of health and social care want to ensure that when a serious event or incident occurs, there is a systematic process in place for safeguarding services users, staff, and members of the public, as well as property, resources and reputation.

One of the building blocks for doing this is a clear, regionally agreed approach to the reporting, management, follow-up and learning from serious adverse incidents (SAIs). Working in conjunction with other Health and Social Care (HSC) organisations, this procedure was developed to provide a system-wide perspective on serious incidents occurring within the HSC and Special Agencies and also takes account of the independent sector where it provides services on behalf of the HSC.

The procedure seeks to provide a consistent approach to:

- what constitutes a serious adverse incident;
- clarifying the roles, responsibilities and processes relating to the reporting, reviewing, dissemination and implementation of learning;
- fulfilling statutory and regulatory requirements;
- tools and resources that support good practice.

Our aim is to work toward clearer, consistent governance arrangements for reporting and learning from the most serious incidents; supporting preventative measures and reducing the risk of serious harm to service users.

The implementation of this procedure will support governance at a local level within individual organisations and will also improve existing regional governance and risk management arrangements by continuing to facilitate openness, trust, continuous learning and ultimately service improvement.

This procedure will remain under continuous review.

Valerie Watts
Chief Executive

SECTION ONE - PROCEDURE

1.0 BACKGROUND

Circular HSS (PPM) 06/04 introduced interim guidance on the reporting and follow-up on serious adverse incidents (SAIs). Its purpose was to provide guidance for HPSS organisations and special agencies on the reporting and management of SAIs and near misses.

[http://webarchive.prni.gov.uk/20120830142323/http://www.dhsspsni.gov.uk/hss\(ppm\)06-04.pdf](http://webarchive.prni.gov.uk/20120830142323/http://www.dhsspsni.gov.uk/hss(ppm)06-04.pdf)

Circular HSS (PPM) 05/05 provided an update on safety issues; to underline the need for HPSS organisations to report SAIs and near misses to the DHSSPS in line with Circular HSS (PPM) 06/04.

<http://webarchive.prni.gov.uk/20120830142323/http://www.dhsspsni.gov.uk/hssppm05-05.pdf>

Circular HSS (PPM) 02/2006 drew attention to certain aspects of the reporting of SAIs which needed to be managed more effectively. It notified respective organisations of changes in the way SAIs should be reported in the future and provided a revised report pro forma. It also clarified the processes DHSSPS had put in place to consider SAIs notified to it, outlining the feedback that would then be made to the wider HPSS.

http://webarchive.prni.gov.uk/20120830142323/http://www.dhsspsni.gov.uk/qpi_adverse_incidents_circular.pdf

In March 2006, DHSSPS introduced Safety First: A Framework for Sustainable Improvement in the HPSS. The aim of this document was to draw together key themes to promote service user safety in the HPSS. Its purpose was to build on existing systems and good practice so as to bring about a clear and consistent DHSSPS policy and action plan.

http://webarchive.prni.gov.uk/20120830142323/http://www.dhsspsni.gov.uk/safety_first_-_a_framework_for_sustainable_improvement_on_the_hpss-2.pdf

The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 imposed a 'statutory duty of quality' on HPSS Boards and Trusts. To support this legal responsibility, the Quality Standards for Health and Social Care were issued by DHSSPS in March 2006.

www.health-ni.gov.uk/publications/quality-standards-health-and-social-care-documents

Circular HSC (SQS) 19/2007 advised of refinements to DHSSPS SAI system and of changes which would be put in place from April 2007, to promote learning from SAIs and reduce any unnecessary duplication of paperwork for organisations. It also clarified arrangements for the reporting of breaches of patients waiting in excess of 12 hours in emergency care departments.

http://webarchive.prni.gov.uk/20120830142323/http://www.dhsspsni.gov.uk/hss_sqsd_19-07.pdf

Under the Provisions of Articles 86(2) of the Mental Health (NI) Order 1986, the Regulation & Quality Improvement Authority (RQIA) has a duty to make inquiry into any

case where it appears to the Authority that there may be amongst other things, ill treatment or deficiency in care or treatment. Guidance in relation to reporting requirements under the above Order previously issued in April 2000 was reviewed, updated and re-issued in August 2007. (Note: Functions of the previous Mental Health Commission transferred to RQIA on 1 April 2009).

http://webarchive.prni.gov.uk/20101215075727/http://www.dhsspsni.gov.uk/print/utec_guidance_august_2007.pdf

Circular HSC (SQSD) 22/2009 provided specific guidance on initial changes to the operation of the system of SAI reporting arrangements during 2009/10. The immediate changes were to lead to a reduction in the number of SAIs that were required to be reported to DHSSPS. It also advised organisations that a further circular would be issued giving details about the next stage in the phased implementation which would be put in place to manage the transition from the DHSSPS SAI reporting system, through its cessation and to the establishment of the RAIL system.

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2022-09.pdf>

Circular HSC (SQSC) 08/2010, issued in April 2010, provided guidance on the transfer of SAI reporting arrangements from the Department to the HSC Board, working in partnership with the Public Health Agency. It also provided guidance on the revised incident reporting roles and responsibilities of HSC Trusts, Family Practitioner Services, the Health & Social Care (HSC) Board and Public Health Agency (PHA), the extended remit of the Regulation & Quality Improvement Authority (RQIA), and the Department.

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2008-10.pdf>

Circular HSC (SQSD) 10/2010 advises on the operation of an Early Alert System, the arrangements to manage the transfer of Serious Adverse Incident (SAI) reporting arrangements from the Department to the HSC Board, working in partnership with the Public Health Agency and the incident reporting roles and responsibilities of Trusts, family practitioner services, the new regional organisations, the Health & Social Care (HSC) Board and Public Health Agency (PHA), and the extended remit of the Regulation & Quality Improvement Authority (RQIA).

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2010-10.pdf>

In May 2010 the Director of Social Care and Children HSCB issued guidance on 'Untoward Events relating to Children in Need and Looked After Children' to HSC Trusts. This guidance clarified the arrangements for the reporting of events, aligned to delegated statutory functions and Departmental Guidance, which are more appropriately reported to the HSCB Social Care and Children's Directorate.

In 2012 the HSCB issued the 'Protocol for responding to SAIs involving an alleged homicide'. The 2013 revised HSCB 'Protocol for responding to SAIs involving an alleged homicide' is contained in Appendix 14.

Circular HSS (MD) 8/2013 replaces HSS (MD) 06/2006 and advises of a revised Memorandum of Understanding (MOU) when investigating patient or client safety incidents. This revised MOU is designed to improve appropriate information sharing and co-ordination when joint or simultaneous investigations/reviews are required when a serious incident occurs.

www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-8-2013.pdf

DHSSPS Memo dated 17 July 2013 from Chief Medical Officer introduced the HSCB/PHA protocol on the dissemination of guidance/information to the HSC and the assurance arrangements where these are required. The protocol assists the HSCB/PHA in determining what actions would benefit from a regional approach rather than each provider taking action individually.

<http://intranet.hscb.hscni.net/documents/Governance/Information%20for%20DROs/002%20%20HSCB-PHA%20Protocol%20for%20Safety%20Alerts.pdf>

Circular HSC (SQSD) 56/16 (21 October 2016) from the Deputy Chief Medical Officer advises of the intention to introduce a Never Events process and that information relating to these events will be captured as part of the Serious Adverse Incident Process. The circular indicates the Never Events process will be based on the adoption of Never Event List with immediate effect.

<https://www.health-ni.gov.uk/sites/default/files/publications/health/HSC-SQSD-56-16.pdf>

2.0 INTRODUCTION

The purpose of this procedure is to provide guidance to Health and Social Care (HSC) Organisations, and Special Agencies (SA) in relation to the reporting and follow up of Serious Adverse Incidents (SAIs) arising during the course of their business or commissioned service.

The requirement on HSC organisations to routinely report SAIs to the Department of Health (DoH) {formerly known as the DHSSPS} ceased on 1 May 2010. From this date, the revised arrangements for the reporting and follow up of SAIs, transferred to the Health and Social Care Board (HSCB) working both jointly with the Public Health Agency (PHA) and collaboratively with the Regulation and Quality Improvement Authority (RQIA).

This process aims to:

- Provide a mechanism to effectively share learning in a meaningful way; with a focus on safety and quality; ultimately leading to service improvement for service users;
- Provide a coherent approach to what constitutes a SAI; to ensure consistency in reporting across the HSC and Special Agencies;
- Clarify the roles, responsibilities and processes relating to the reporting, reviewing, dissemination and implementation of learning arising from SAIs which occur during the course of the business of a HSC organisation / Special Agency or commissioned/funded service;
- Ensure the process works simultaneously with all other statutory and regulatory organisations that may require to be notified of the incident or be involved the review;
- Keep the process for the reporting and review of SAIs under review to ensure it is fit for purpose and minimises unnecessary duplication;
- Recognise the responsibilities of individual organisations and support them in ensuring compliance; by providing a culture of openness and transparency that encourages the reporting of SAIs;
- Ensure trends, best practice and learning is identified, disseminated and implemented in a timely manner, in order to prevent recurrence;
- Maintain a high quality of information and documentation within a time bound process.

3.0 APPLICATION OF PROCEDURE

3.1 Who does this procedure apply to?

This procedure applies to the reporting and follow up of SAIs arising during the course of the business in Department of Health (DoH) Arm's Length Bodies (ALBs) i.e.

- ***HSC organisations (HSC)***
 - Health and Social Care Board
 - Public Health Agency
 - Business Services Organisation
 - Belfast Health and Social Care Trust
 - Northern Health and Social Care Trust
 - Southern Health and Social Care Trust
 - South Eastern Health and Social Care Trust
 - Western Health and Social Care Trust
 - Northern Ireland Ambulance Service
 - Regulation and Quality Improvement Authority
- ***Special Agencies (SA)***
 - Northern Ireland Blood Transfusion Service
 - Patient Client Council
 - Northern Ireland Medical and Dental Training Agency
 - Northern Ireland Practice and Education Council

The principles for SAI management set out in this procedure are relevant to all the above organisations. Each organisation should therefore ensure that its incident policies are consistent with this guidance while being relevant to its own local arrangements.

3.2 Incidents reported by Family Practitioner Services (FPS)

Adverse incidents occurring within services provided by independent practitioners within: General Medical Services, Pharmacy, Dental or Optometry, are routinely forwarded to the HSCB Integrated Care Directorate in line with the HSCB Adverse Incident Process within the Directorate of Integrated Care (September 2016). On receipt of reported adverse incidents the HSCB Integrated Care Directorate will decide if the incident meets the criteria of a SAI and if so will be the organisation responsible to report the SAI.

3.3 Incidents that occur within the Independent /Community and Voluntary Sectors (ICVS)

SAIs that occur within ICVS, where the service has been commissioned/funded by a HSC organisation must be reported. For example: service users placed/funded by HSC Trusts in independent sector accommodation, including private hospital, nursing or residential care homes, supported housing, day care facilities or availing of HSC funded voluntary/community services. These SAIs must be reported and reviewed by the HSC organisation who has:

- referred the service user (this includes Extra Contractual Referrals) to the ICVS;

or, if this cannot be determined;

- the HSC organisation who holds the contract with the IVCS.

HSC organisations that refer service users to ICVS should ensure all contracts, held with ICVS, include adequate arrangements for the reporting of adverse incidents in order to ensure SAIs are routinely identified.

All relevant events occurring within ICVS which fall within the relevant notification arrangements under legislation should continue to be notified to RQIA.

3.4 Reporting of HSC Interface Incidents

Interface incidents are those incidents which have occurred in one organisation, but where the incident has been identified in another organisation. In such instances, it is possible the organisation where the incident may have occurred is not aware of the incident; however the reporting and follow up review may be their responsibility. It will not be until such times as the organisation, where the incident has occurred, is made aware of the incident; that it can be determined if the incident is a SAI.

In order to ensure these incidents are notified to the correct organisation in a timely manner, the organisation where the incident was identified will report to the HSCB using the HSC Interface Incident Notification Form (see Appendix 3). The HSCB Governance Team will upon receipt contact the organisation where the incident has occurred and advise them of the notification in order to ascertain if the incident will be reported as a SAI.

Some of these incidents will subsequently be reported as SAIs and may require other organisations to jointly input into the review. In these instances refer to Appendix 13 – Guidance on Joint Reviews.

3.5 Incidents reported and Investigated/ reviewed by Organisations external to HSC and Special Agencies

The reporting of SAls to the HSCB will work in conjunction with and in some circumstances inform the reporting requirements of other statutory agencies and external bodies. In that regard, all existing local or national reporting arrangements, where there are statutory or mandatory reporting obligations, will continue to operate in tandem with this procedure.

3.5.1 Memorandum of Understanding (MOU)

In February 2006, the DoH issued circular HSS (MD) 06/2006 – a Memorandum of Understanding – which was developed to improve appropriate information sharing and co-ordination when joint or simultaneous investigations/reviews are required into a serious incident.

Circular HSS (MD) 8/2013 replaces the above circular and advises of a revised MOU Investigating patient or client safety incidents which can be found on the Departmental website:

www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-8-2013.pdf

The MOU has been agreed between the DoH, on behalf of the Health and Social Care Service (HSCS), the Police Service of Northern Ireland (PSNI), the Northern Ireland Courts and Tribunals Service (Coroners Service for NI) and the Health and Safety Executive for Northern Ireland (HSENI). It will apply to people receiving care and treatment from HSC in Northern Ireland. The principles and practices promoted in the document apply to other locations, where health and social care is provided e.g. it could be applied when considering an incident in a family doctor or dental practice, or for a person receiving private health or social care provided by the HSCS.

It sets out the general principles for the HSCS, PSNI, Coroners Service for NI and HSENI to observe when liaising with one another.

The purpose of the MOU is to promote effective communication between the organisations. The MOU will take effect in circumstances of unexpected death or serious untoward harm requiring investigation by the PSNI, Coroners Service for NI or HSENI separately or jointly. This may be the case when an incident has arisen from or involved criminal intent, recklessness and/or gross negligence, or in the context of health and safety, a work-related death.

The MOU is intended to help:

- Identify which organisations should be involved and the lead investigating body.
- Prompt early decisions about the actions and investigations/reviews thought to be necessary by all organisations and a dialogue about the implications of these.
- Provide an understanding of the roles and responsibilities of the other organisations involved in the memorandum before high level decisions are taken.
- Ensure strategic decisions are taken early in the process and prevent unnecessary duplication of effort and resources of all the organisations concerned.

HSC Organisations should note that the MOU does not preclude simultaneous investigations/reviews by the HSC and other organisations e.g. Root Cause Analysis by the HSC when the case is being reviewed by the Coroners Service and/or PSNI/HSENI.

In these situations, the Strategic Communication and Decision Group can be used to clarify any difficulties that may arise; particularly where an external organisation's investigation/review has the potential to impede a SAI review and subsequently delay the dissemination of regional learning.

3.6 Reporting of SAIs to RQIA

RQIA have a statutory obligation to investigate some incidents that are also reported under the SAI procedure. In order to avoid duplication of incident notification and review, RQIA will work in conjunction with the HSCB/PHA with regard to the review of certain categories of SAI. In this regard the following SAIs should be notified to RQIA at the same time of notification to the HSCB:

- All mental health and learning disability SAIs reportable to RQIA under Article 86.2 of the Mental Health (NI) Order 1986.
- Any SAI that occurs within the regulated sector (whether statutory or independent) for a service that has been commissioned/funded by a HSC organisation.

It is acknowledged these incidents should already have been reported to RQIA as a 'notifiable event' by the statutory or independent organisation where the incident has occurred (in line with relevant reporting regulations). This notification will alert RQIA that the incident is also being reviewed as a SAI by the HSC organisation who commissioned the service.

- The HSCB/PHA Designated Review Officer (DRO) will lead and co-ordinate the SAI management, and follow up, with the reporting organisation; however for these SAIs this will be carried out in

conjunction with RQIA professionals. A separate administrative protocol between the HSCB and RQIA can be accessed at Appendix 15.

3.7 Reporting of SAIs to the Safeguarding Board for Northern Ireland

There is a statutory duty for the HSC to notify the Safeguarding Board for Northern Ireland of child deaths where:

- a child has died or been significantly harmed (Regulation 17(2)(a))

AND

- abuse/neglect suspected **or** child or sibling on child protection register **or** child or sibling is/has been looked after Regulation (2)(b) (see Appendix 17)

4.0 DEFINITION AND CRITERIA

4.1 Definition of an Adverse Incident

‘Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation’¹ arising during the course of the business of a HSC organisation / Special Agency or commissioned service.

The following criteria will determine whether or not an adverse incident constitutes a SAI.

4.2 SAI criteria

4.2.1 serious injury to, or the unexpected/unexplained death of:

- a service user, (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit)
- a staff member in the course of their work
- a member of the public whilst visiting a HSC facility;

4.2.2 unexpected serious risk to a service user and/or staff member and/or member of the public;

4.2.3 unexpected or significant threat to provide service and/or maintain business continuity;

¹ Source: DoH - How to classify adverse incidents and risk guidance 2006
http://webarchive.proni.gov.uk/20120830142323/http://www.dhsspsni.gov.uk/ph/how_to_classify_adverse_incidents_and_risk_-_guidance.pdf

4.2.4 serious self-harm or serious assault (*including attempted suicide, homicide and sexual assaults*) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service;

4.2.5 serious self-harm or serious assault (*including homicide and sexual assaults*)

- on other service users,
- on staff or
- on members of the public

by a service user in the community who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident;

4.2.6 suspected suicide of a service user who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident;

4.2.7 serious incidents of public interest or concern relating to:

- any of the criteria above
- theft, fraud, information breaches or data losses
- a member of HSC staff or independent practitioner.

ANY ADVERSE INCIDENT WHICH MEETS ONE OR MORE OF THE ABOVE CRITERIA SHOULD BE REPORTED AS A SAI.

Note: The HSC Regional Risk Matrix may assist organisations in determining the level of 'seriousness' refer to Appendix 16.

5.0 SAI REVIEWS

SAI reviews should be conducted at a level appropriate and proportionate to the complexity of the incident under review. In order to ensure timely learning from all SAIs reported, it is important the level of review focuses on the complexity of the incident and not solely on the significance of the event.

Whilst most SAIs will be subject to a Level 1 review, for some more complex SAIs, reporting organisations may instigate a Level 2 or 3 review immediately following the incident occurring. The level of review should be noted on the SAI notification form.

The HSC Regional Risk Matrix (refer to Appendix 16) may assist organisations in determining the level of 'seriousness' and subsequently the level of review to be

undertaken. SAIs which meet the criteria in 4.2 above will be reviewed by the reporting organisation using one or more of the following:

5.1 Level 1 Review – Significant Event Audit (SEA)

Most SAI notifications will enter the review process at this level and a SEA will immediately be undertaken to:

- assess what has happened;
- assess why did it happened;
 - o what went wrong and what went well;
- assess what has been changed or agree what will change;
- identify local and regional learning.

(refer to Appendix 5 – Guidance Notes for Level 1 – SEA & Learning Summary Report; Appendix 9 – Guidance on Incident Debrief); and Appendix 10 – Level 1 Review - Guidance on review team membership)

The possible outcomes from the review may include:

- closed – no new learning;
- closed – with learning;
- requires Level 2 or 3 review.

A SEA report will be completed **which should be retained by the reporting organisation** (see Appendices 4 and 5).

The reporting organisation will then complete a **SEA Learning Summary Report** (see Appendices 4 and 5 – Sections 1, 3-6), which should be signed off by the relevant professional or operational director and submitted to the HSCB within **8 weeks** of the SAI being notified.

The HSCB will not routinely receive SEA reports unless specifically requested by the DRO. This process assigns reporting organisations the responsibility for Quality Assuring Level 1 SEA Reviews. This will entail engaging directly with relevant staff within their organisation to ensure the robustness of the report and identification of learning prior to submission to the HSCB.

If the outcome of the SEA determines the SAI is more complex and requires a more detailed review, the review will move to either a Level 2 or 3 RCA review. In this instance the SEA Learning Report Summary will be forwarded to the HSCB within the timescales outlined above, with additional sections being completed to outline membership and Terms of Reference of the team completing the Level 2 or 3 RCA review and proposed timescales.

5.2 Level 2 – Root Cause Analysis (RCA)

As stated above, some SAIs will enter at Level 2 review following a SEA.

When a Level 2 or 3 review is instigated immediately following notification of a SAI, the reporting organisation will inform the HSCB within 4 weeks, of the Terms of Reference (TOR) and Membership of the Review Team for

consideration by the HSCB/PHA DRO. This will be achieved by submitting sections two and three of the review report to the HSCB. (Refer to Appendix 6 – template for Level 2 and 3 review reports).

The review must be conducted to a high level of detail (see Appendix 7 – template for Level 2 and 3 review reports). The review should include use of appropriate analytical tools and will normally be conducted by a multidisciplinary team (not directly involved in the incident), and chaired by someone independent to the incident but who can be within the same organisation. (Refer to Appendix 9 – Guidance on Incident Debrief); and Appendix 11 – Level 2 Review - Guidance on review team membership).

Level 2 RCA reviews may involve two or more organisations. In these instances, it is important a lead organisation is identified but also that all organisations contribute to, and approve the final review report (Refer to Appendix 13 Guidance on joint reviews/investigations).

On completion of Level 2 reviews, the final report must be submitted to the HSCB within 12 weeks from the date the incident was notified.

5.3 Level 3 – Independent Reviews

Level 3 reviews will be considered for SAs that:

- are particularly complex involving multiple organisations;
- have a degree of technical complexity that requires independent expert advice;
- are very high profile and attracting a high level of both public and media attention.

In some instances the whole team may be independent to the organisation/s where the incident/s has occurred.

The timescales for reporting Chair and Membership of the review team will be agreed by the HSCB/PHA Designated Review Officer (DRO) at the outset (see Appendix 9 – Guidance on Incident Debrief); and Appendix 12 – Level 3 Review - Guidance on Review Team Membership).

The format for Level 3 review reports will be the same as for Level 2 reviews (see Appendix 7 – guidance notes on template for Level 2 and 3 reviews).

For any SA which involves an alleged homicide by a service user who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident, the Protocol for Responding to SAs in the Event of a Homicide, issued in 2012 and revised in 2013 should be followed (see Appendix 14).

5.4 Involvement of Service Users/Family/Carers in Reviews

- Following a SAI it is important, in the spirit of honesty and openness to ensure a consistent approach is afforded to the level of service user / family engagement across the region. When engaging with Service Users/Family/Carers, organisations should refer to addendum 1 – *A Guide for Health and Social Care Staff Engagement/Communication with Service User/Family/Cares following a SAI*.
- In addition a 'Checklist for Engagement/Communication with the Service User/Family/Carers following a SAI' must be completed for each SAI regardless of the review level, and where relevant, if the SAI was also a Never Event (refer to section 12.2).
- The checklist also includes a section to indicate if the reporting organisation had a statutory requirement to report the death to the Coroners office and that this is also communicated to the Family/Carer.

6.0 TIMESCALES

6.1 Notification

Any adverse incident that meets the criteria indicated in section 4.2 should be reported within **72 hours** of the incident being discovered using the SAI Notification Form (see Appendix 1).

6.2 Review Reports

LEVEL 1 – SEA

SEA reports must be completed using the SEA template which will be retained by the reporting organisation (see Appendices 4 and 5). A SEA Learning Summary Report (see Appendices 4 and 5 – Sections 1, 3-6) must be completed and submitted to the HSCB within **8 weeks** of the SAI being reported for all Level 1 SAIs whether learning has been identified or not. The Checklist for Engagement/Communication with Service User/Family/Carer following a SAI' must also accompany the Learning Summary Report.

If the outcome of the SEA determines the SAI is more complex and requires a more detailed review, timescales for completion of the RCA will be indicated by Trusts via the Learning Summary Report to the HSCB.

LEVEL 2 – RCA

For those SAIs where a full RCA is instigated immediately, sections 2 and 3 of the RCA Report, outlining TOR and membership of the review team, must be submitted **no later than within 4 weeks** of the SAI being notified to the HSCB.

RCA review reports must be fully completed using the RCA report template and submitted together with comprehensive action plans for each recommendation identified to the HSCB **12 weeks** following the date the incident was notified. (see Appendix 6 – Level 2 & 3 RCA Review Reports and Appendix 8 – Guidance on Minimum Standards for Action Plans).

LEVEL 3 – INDEPENDENT REVIEWS

Timescales for completion of Level 3 reviews and comprehensive action plans for each recommendation identified will be agreed between the reporting organisation and the HSCB/PHA DRO as soon as it is determined that the SAI requires a Level 3 review.

Note: Checklist for Engagement/Communication with Service User/Family/Carer following a SAI must accompany all SAI Review/Learning Summary Reports which are included within the report templates.

6.3 Exceptions to Timescales

In most circumstances, all timescales for submission of reports **must be** adhered to. However, it is acknowledged, by exception, there may be occasions where a review is particularly complex, perhaps involving two or more organisations or where other external organisations such as PSNI, HSENI etc.; are involved in the same review. In these instances the reporting organisation must provide the HSCB with regular updates.

6.4 Responding to additional information requests

Once the review / learning summary report has been received, the DRO, with appropriate clinical or other support, will review the report to ensure that the necessary documentation relevant to the level of review is adequate.

If the DRO is not satisfied with the information provided additional information may be requested and must be provided in a timely manner. Requests for additional information should be provided as follows:

- Level 1 review within **2 week**
- Level 2 or 3 review within **6 weeks**

7.0 OTHER INVESTIGATIVE/REVIEW PROCESSES

The reporting of SAIs to the HSCB will work in conjunction with all other HSC investigation/review processes, statutory agencies and external bodies. In that regard, all existing reporting arrangements, where there are statutory or mandatory reporting obligations, will continue to operate in tandem with this procedure.

In that regard, there may be occasions when a reporting organisation will have reported an incident via another process before or after it has been reported as a SAI.

7.1 Complaints in the HSC

Complaints in HSC Standards and Guidelines for Resolution and Learning (The Guidance) outlines how HSC organisations should deal with complaints raised by persons who use/have used, or are waiting to use HSC services. While it is a separate process to the management and follow-up of SAIs, there will be occasions when an SAI has been reported by a HSC organisation, and subsequently a complaint is received relating to the same incident or issues, or alternatively, a complaint may generate the reporting of an SAI.

In these instances, the relevant HSC organisation must be clear as to how the issues of complaint will be investigated. For example, there may be elements of the complaint that will be solely reliant on the outcome of the SAI review and there may be aspects of the complaint which will not be part of the SAI review and can only be investigated under the Complaints Procedure.

It is therefore important that complaints handling staff and staff who deal with SAIs communicate effectively and regularly when a complaint is linked to a SAI review. This will ensure that all aspects of the complaint are responded to effectively, via the most appropriate means and in a timely manner. Fundamental to this, will obviously be the need for the organisation investigating the complaint to communicate effectively with the complainant in respect of how their complaint will be investigated, and when and how they can expect to receive a response from the HSC organisation.

7.2 HSCB Social Care Untoward Events Procedure

The above procedure provides guidance on the reporting of incidents relating to statutory functions under the Children (NI) Order 1995.

If, during the review of an incident reported under the HSCB Untoward Events procedure, it becomes apparent the incident meets the criteria of a SAI, the incident should immediately be notified to the HSCB as a SAI. Board officers within the HSCB will close the Untoward Events incident and the incident will continue to be managed via the SAI process.

7.3 Child and Adult Safeguarding

Any incident involving the suspicion or allegation that a child or adult is at risk of abuse, exploitation or neglect should be investigated under the procedures set down in relation to a child and adult protection.

If during the review of one of these incidents it becomes apparent that the incident meets the criteria for an SAI, the incident will immediately be notified to the HSCB as an SAI.

It should be noted that, where possible, safeguarding investigations will run in parallel as separate to the SAI process with the relevant findings from these investigations/reviews informing the SAI review (see appendix 17).

On occasion the incident under review may be considered so serious as to meet the criteria for a Case Management Review (CMR) for children, set by the Safeguarding Board for Northern Ireland; a Serious Case Review (SCR) for adults set by the Northern Ireland Adult Safeguarding Partnership; or a Domestic Homicide Review.

In these circumstances, the incident will be notified to the HSCB as an SAI. This notification will indicate that a CMR, SCR or Domestic Homicide Review is underway. This information will be recorded on the Datix system, and the SAI will be closed.

7.4 Reporting of Falls

Reporting organisations will no longer be required to routinely report falls as SAs which have resulted in harm in all Trust facilities, (as defined in the impact levels 3 – 5 of the regional risk matrix - see appendix 16). Instead a new process has been developed with phased implementation, which requires HSC Trusts to do a timely post fall review debrief to ensure local application of learning. See links below to Shared Learning Form and Minimum Data Set for Post Falls Review:

http://intranet.hscb.hscni.net/documents/Governance/Information%20for%20DROs/033%20Falls_Shared%20Learning%20Template_%20V2_June%202016.rtf

http://intranet.hscb.hscni.net/documents/Governance/Information%20for%20DROs/032%20Regional%20Falls%20Minimum%20Dataset%202016_V2_June%202016.pdf

Local learning will be shared with the Regional Falls Group where trends and themes will be identified to ensure regional learning.

Reporting organisations will therefore manage falls resulting in moderate to severe harm as adverse incidents, unless there are particular issues or the subsequent internal review identifies contributory issues/concerns in treatment and/or care or service issues, or any identified learning that needs to be reviewed through the serious adverse incident process.

7.5 Transferring SAs to other Investigatory Processes

Following notification and initial review of a SAI, more information may emerge that determines the need for a specialist investigation.

This type of investigation includes:

- Case Management Reviews
- Serious Case Reviews

Once a DRO has been informed a SAI has transferred to one of the above investigation s/he will close the SAI.

7.6 De-escalating a SAI

It is recognised that organisations report SAIs based on limited information and the situation may change when more information has been gathered; which may result in the incident no longer meeting the SAI criteria.

Where a reporting organisation has determined the incident reported no longer meets the criteria of a SAI, a request to de-escalate the SAI should be submitted immediately to the HSCB by completing section 21 of the SAI notification form (Additional Information following initial Notification).

The DRO will review the request to de-escalate and will inform the reporting organisation and RQIA (where relevant) of the decision as soon as possible and at least within **10 working days** from the request was submitted.

If the DRO agrees, the SAI will be de-escalated and no further SAI review will be required. The reporting organisation may however continue to review as an adverse incident or in line with other HSC investigation/review processes (as highlighted above). If the DRO makes a decision that the SAI should not be de-escalated the review report should be submitted in line with previous timescales.

It is important to protect the integrity of the SAI review process from situations where there is the probability of disciplinary action, or criminal charges. The SAI review team must be aware of the clear distinction between the aims and boundaries of SAI reviews, which are solely for the identification and reporting learning points, compared with disciplinary, regulatory or criminal processes.

HSC organisations have a duty to secure the safety and well-being of patients/service users, the review to determine root causes and learning points should still be progressed **in parallel** with other reviews/investigations, ensuring remedial actions are put in place as necessary and to reduce the likelihood of recurrence.

8.0 LEARNING FROM SAIs

The key aim of this procedure is to improve services and reduce the risk of incident recurrence, both within the reporting organisation and across the HSC as a whole. The dissemination of learning following a SAI is therefore core to achieving this and to ensure shared lessons are embedded in practice and the safety and quality of care provided.

HSCB in conjunction with the PHA will:

- ensure that themes and learning from SAIs are identified and disseminated for implementation in a timely manner; this may be done via:
 - o learning letters / reminder of best practice letters;
 - o learning newsletter;
 - o thematic reviews.

- provide an assurance mechanism that learning from SAIs has been disseminated and appropriate action taken by all relevant organisations;
- review and consider learning from external/independent reports relating to quality/safety.

It is acknowledged HSC organisations will already have in place mechanisms for cascading local learning from adverse incidents and SAIs internally within their own organisations. The management of dissemination and associated assurance of any regional learning is the responsibility of the HSCB/PHA.

9.0 TRAINING AND SUPPORT

9.1 Training

Training will be provided to ensure that those involved in SAI reviews have the correct knowledge and skills to carry out their role, i.e:

- Chair and/or member of an SAI review team
- HSCB/PHA DRO.

This will be achieved through an educational process in collaboration with all organisations involved, and will include training on review processes, policy distribution and communication updates.

9.2 Support

9.2.1 Laypersons

The panel of lay persons, (already involved in the HSC Complaints Procedure), have availed of relevant SAI training including Root Cause Analysis. They are now available to be called upon to be a member of a SAI review team; particularly when a degree of independence to the team is required.

Profiles and relevant contact details for all available laypersons can be obtained by contacting seriousincidents@hscni.net

9.2.2 Clinical/Professional Advice

If a DRO requires a particular clinical view on the SAI review, the HSCB Governance Team will secure that input, under the direction of the DRO.

10.0 INFORMATION GOVERNANCE

The SAI process deals with a considerable amount of sensitive personal information. Appropriate measures must be put in place to ensure the safe and secure transfer of this information. All reporting organisations should adhere to their own Information Governance Policies and Procedures. However, as a minimum the HSCB would recommend the following measures be adopted when

transferring patient/client identifiable information via e-mail or by standard hard copy mail:

- E-Mail - At present there is not a requirement to apply encryption to sensitive information transferred across the HSC network to other HSC organisations within Northern Ireland. Information transferred between the HSCB, Trusts and Northern Ireland Department of Health is not sent across the internet. If you are transferring information to any address that does not end in one of those listed below, it is essential that electronic measures to secure the data in transit, are employed, and it is advised that encryption is therefore applied at all times to transfers of sensitive / personal information.

List of email addresses **within the Northern Ireland secure network:**

‘.hscni.net’,

‘n-i.nhs.uk’

‘ni.gov.uk’ or

‘.ni.gov.net’

No sensitive or patient/service user data must be emailed to an address other than those listed above unless they have been protected by encryption mechanisms that have been approved by the BSO-ITS.

Further advice on employing encryption software can be sought from the BSO ICT Security Team.

Note: Although there is a degree of protection afforded to email traffic that contains sensitive information when transmitting within the Northern Ireland HSC network it is important that the information is sent to the correct recipient. With the amalgamation of many email systems, the chances of a name being the same or similar to the intended recipient has increased. It is therefore recommended that the following simple mechanism is employed when transmitting information to a new contact or to an officer you haven't emailed previously.

- Step 1** Contact the recipient and ask for their email address.
- Step 2** Send a test email to the address provided to ensure that you have inserted the correct email address.
- Step 3** Ask the recipient on receiving the test email to reply confirming receipt.
- Step 4** Attach the information to be sent with a subject line ‘Private and Confidential, Addressee Only’ to the confirmation receipt email and send.

- Standard Mail – It is recommended that any mail which is deemed valuable, confidential or sensitive in nature (such as patient/service user level information) should be sent using ‘Special Delivery’ Mail.

Further guidance is available from the HSCB Information Governance Team on:
Tel 028 95 362912

11.0 ROLE OF DESIGNATED REVIEW OFFICER (DRO)

A DRO is a senior professional/officer within the HSCB / PHA and has a key role in the implementation of the SAI process namely:

- liaising with reporting organisations:
 - o on any immediate action to be taken following notification of a SAI
 - o where a DRO believes the SAI review is not being undertaken at the appropriate level
- agreeing the Terms of Reference for Level 2 and 3 RCA reviews;
- reviewing completed SEA Learning Summary Reports for Level 1 SEA Reviews and full RCA reports for level 2 and 3 RCA Reviews; liaising with other professionals (where relevant);
- liaising with reporting organisations where there may be concerns regarding the robustness of the level 2 and 3 RCA reviews and providing assurance that an associated action plan has been developed and implemented;
- identification of regional learning, where relevant;
- surveillance of SAIs to identify patterns/clusters/trends.

Whilst the HSCB will not routinely receive Level 1 SEA reports these can be requested, on occasion, by a DRO.

An internal HSCB/PHA protocol provides further guidance for DROs regarding the nomination and role of a DRO.

12.0 PROCESS

12.1 Reporting Serious Adverse Incidents

Any adverse incident that meets the criteria of a SAI as indicated in section 4.2 should be reported within 72 hours of the incident being discovered using the SAI Notification Form (Appendix 1) and forwarded to seriousincidents@hscni.net

HSC Trusts to copy RQIA at seriousincidents@rqia.org.uk in line with notifications relevant to the functions, powers and duties of RQIA as detailed in section 3.6 of this procedure.

Any SAI reported by FPS or ICVS must be reported in line with 3.2 and 3.3 of this procedure.

Reporting managers must comply with the principles of confidentiality when reporting SAIs and must not refer to service users or staff by name or by any other identifiable information. A unique Incident Reference/Number should be utilised on all forms/reports and associated

correspondence submitted to the HSCB and this should NOT be the patients H &C Number or their initials. (See section 10 – Information Governance)

12.2 Never Events

Never Events are SAIs that are wholly preventable, as guidance or safety recommendations that provide strong systemic protective barriers are already available at a national level and should have been implemented by all health care providers.

Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

It is important, in the spirit of honesty and openness, that when staff are engaging with Service Users, Families, Carers as part of the SAI process, that in addition to advising an individual of the SAI, they should also be told if the SAI is a Never Event. However it will be for HSC organisations to determine when to communicate this information to Service Users, Families, Carers.

All categories included in the current NHS Never Events list (see associated DoH link below) should now be identified to the HSCB when notifying a SAI.

A separate section within the SAI notification form is to be completed to specify if the SAI is listed on the Never Events list. The SAI will continue to be reviewed in line with the current SAI procedure.

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

12.3 Reporting Interface Incidents

In line with section 3.4 of this procedure, any organisation alerted to an incident which it feels has the potential to be a SAI should report the incident to the HSCB using the Interface Incident Notification form (Appendix 3) to seriousincidents@hscni.net.

An organisation who has been contacted by the HSCB Governance Team re: an interface incident being reported; will consider the incident in line with section 4.2 of the procedure, and if deemed it meets the criteria of a SAI, will report to the HSCB in line with 12.1 of this procedure.

12.4 Acknowledging SAI Notification

On receipt of the SAI notification the HSCB Governance Team will record the SAI on the DATIX risk management system and electronically acknowledge receipt of SAI notification to reporting organisation; advising

of the HSCB/PHA DRO, HSCB unique identification number, and requesting the completion of:

- SEA Learning Summary Report for Level 1 SAIs within 8 weeks from the date the incident is reported;
- RCA Report for Level 2 SAIs within 12 weeks from the date the incident is reported;
- RCA Report for Level 3 SAIs within the timescale as agreed at the outset by the DRO;

Where relevant, RQIA will be copied into this receipt.

12.5 Designated Review Officer (DRO)

Following receipt of a SAI the Governance Team will circulate the SAI Notification Form to the relevant Lead Officers within the HSCB/PHA to assign a DRO.

Once assigned the DRO will consider the SAI notification and if necessary, will contact the reporting organisation to confirm all immediate actions following the incident have been implemented.

12.6 Review/Learning Summary Reports

Note: Appendices 5 and 7 provide guidance notes to assist in the completion of Level 1, 2 & 3 review reports.

Timescales for submission of review/learning summary reports and associated engagement checklists will be in line with section 6.0 of this procedure.

On receipt of a review/learning summary report, the Governance Team will forward to the relevant DRO and where relevant RQIA.

The DRO will consider the adequacy of the review/learning summary report and liaise with relevant professionals/officers including RQIA (*where relevant*) to ensure that the reporting organisation has taken reasonable action to reduce the risk of recurrence and determine if the SAI can be closed. The DRO will also consider the referral of any learning identified for regional dissemination. In some instances the DRO may require further clarification and may also request sight of the full SEA review report.

If the DRO is not satisfied that a report reflects a robust and timely review s/he will continue to liaise with the reporting organisation and/or other professionals /officers, including RQIA (*where relevant*) until a satisfactory response is received. When the DRO has received all relevant and necessary information the timescale for closure of the SAI will be within 12 weeks, unless in exceptional circumstances which will have been agreed between the Reporting Organisation and the DRO.

12.7 Closure of SAI

Following agreement to close a SAI, the Governance Team will submit an email to the reporting organisation to advise the SAI has been closed, copied to RQIA (where relevant). The email will also indicate, if further information is made available to the reporting organisation (for example, Coroners Reports), which impacts on the outcome of the initial review, that it should be communicated to the HSCB/PHA DRO via the serious incidents mailbox.

This will indicate that based on the review / learning summary report received and any other information provided that the DRO is satisfied to close the SAI. It will acknowledge that any recommendations and further actions required will be monitored through the reporting organisation's internal governance arrangements in order to reassure the public that lessons learned, where appropriate have been embedded in practice.

On occasion and in particular when dealing with level 2 and 3 SAIs, a DRO may close a SAI but request the reporting organisation provides an additional assurance mechanism by advising within a stipulated period of time, that action following a SAI has been implemented. In these instances, monitoring will be followed up via the Governance team.

12.8 Regional Learning from SAIs

It is acknowledged HSC organisations will already have in place mechanisms for cascading local learning from adverse incidents and SAIs internally within their own organisations. However, the management of regional learning and associated assurance is the responsibility of the HSCB/PHA.

Therefore, where regional learning is identified following the review of an SAI, the DRO will refer this for consideration via HSCB/PHA Quality and Safety Structures and where relevant, will be disseminated as outlined in section 8.0.

12.9 Communication

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

13 EQUALITY

This procedure has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The procedure will therefore not be subject to equality impact assessment.

Similarly, this procedure has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained in the Act.

SECTION TWO APPENDICES



APPENDIX 1

Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION:		2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE	
3. HOSPITAL / FACILITY / COMMUNITY LOCATION (where incident occurred)		4. DATE OF INCIDENT: DD / MM / YYYY	
5. DEPARTMENT / WARD / LOCATION EXACT (where incident occurred)			
6. CONTACT PERSON:		7. PROGRAMME OF CARE: (refer to Guidance Notes)	
8. DESCRIPTION OF INCIDENT:			
DOB: DD / MM / YYYY GENDER: M / F AGE: years (complete where relevant)			
9. IS THIS INCIDENT A NEVER EVENT?		If 'YES' provide further detail on which never event - refer to DoH link below https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars	
YES		NO	
DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING			
STAGE OF CARE: (refer to Guidance Notes)		DETAIL: (refer to Guidance Notes)	ADVERSE EVENT: (refer to Guidance Notes)
10. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:			
11. CURRENT CONDITION OF SERVICE USER: (complete where relevant)			
12. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)			YES NO N/A
13. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please specify where relevant)			YES NO N/A
14. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: (please select relevant criteria below)			
serious injury to, or the unexpected/unexplained death of:			
- a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit)			
- a staff member in the course of their work			
- a member of the public whilst visiting a HSC facility.			
unexpected serious risk to a service user and/or staff member and/or member of the public			
unexpected or significant threat to provide service and/or maintain business continuity			
serious self-harm or serious assault (including attempted suicide, homicide and sexual assaults) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service			
serious self-harm or serious assault (including homicide and sexual assaults)			
- on other service users,			
- on staff or			
- on members of the public			
by a service user in the community who has a mental illness or disorder (as defined within the Mental Health (NI) Order 1986) and/or known to/referred to mental health and related services (including CAMHS, psychiatry of old age or leaving and aftercare services) and/or learning disability services, in the 12 months prior to the			

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

incident				
suspected suicide of a service user who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident				
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 				
15. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED: (<i>please select</i>)			YES	NO
if 'YES' (<i>full details should be submitted</i>):				
16. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?		YES	DATE INFORMED: DD/MM/YY	
		NO	specify reason:	
17. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? (<i>refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.</i>) <i>please specify where relevant</i>			YES	NO
if 'YES' (<i>full details should be submitted including the date notified</i>):				
18. OTHER ORGANISATION/PERSONS INFORMED: (<i>please select</i>)		DATE INFORMED:	OTHERS: (<i>please specify where relevant, including date notified</i>)	
DoH EARLY ALERT				
HM CORONER				
INFORMATION COMMISSIONER OFFICE (ICO)				
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)				
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)				
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)				
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)				
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)				
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)				
19. LEVEL OF REVIEW REQUIRED: (<i>please select</i>)		LEVEL 1	LEVEL 2*	LEVEL 3*
* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6				
20. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (<i>delete as appropriate</i>)				
Report submitted by: _____ Designation: _____				
Email: _____ Telephone: _____ Date: DD / MM / YYYY				
21. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION: (<i>refer to Guidance Notes</i>)				
Additional information submitted by: _____ Designation: _____				
Email: _____ Telephone: _____ Date: DD / MM / YYYY				

Completed proforma should be sent to: seriousincidents@hscni.net
and (*where relevant*) seriousincidents@rqia.org.uk

APPENDIX 2

Revised November 2016 (Version 1.1)

Guidance Notes

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

The following guidance designed to help you to complete the Serious Adverse Incident Report Form effectively and to minimise the need for the HSCB to seek additional information about the circumstances surrounding the SAI. This guidance should be considered each time a report is submitted.

1. ORGANISATION: <i>Insert the details of the reporting organisation (HSC Organisation /Trust or Family Practitioner Service)</i>	2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE <i>Insert the unique incident number / reference generated by the reporting organisation.</i>
3. HOSPITAL / FACILITY / COMMUNITY LOCATION <i>(where incident occurred) Insert the details of the hospital/facility/specialty/department/ directorate/place where the incident occurred</i>	4. DATE OF INCIDENT: DD / MM / YYYY <i>Insert the date incident occurred</i>
5. DEPARTMENT / WARD / LOCATION EXACT <i>(where incident occurred)</i>	
6. CONTACT PERSON: <i>Insert the name of lead officer to be contacted should the HSCB or PHA need to seek further information about the incident</i>	7. PROGRAMME OF CARE: <i>Insert the Programme of Care from the following: Acute Services/ Maternity and Child Health / Family and Childcare / Elderly Services / Mental Health / Learning Disability / Physical Disability and Sensory Impairment / Primary Health and Adult Community (includes GP's) / Corporate Business(Other)</i>
8. DESCRIPTION OF INCIDENT: <i>Provide a brief factual description of what has happened and a summary of the events leading up to the incident. <u>PLEASE ENSURE SUFFICIENT INFORMATION IS PROVIDED SO THAT THE HSCB/ PHA ARE ABLE TO COME TO AN OPINION ON THE IMMEDIATE ACTIONS, IF ANY, THAT THEY MUST TAKE.</u> Where relevant include D.O.B, Gender and Age. <u>All reports should be anonymised</u> – the names of any practitioners or staff involved must not be included. Staff should only be referred to by job title.</i> <i>In addition include the following:</i> Secondary Care – recent service history; contributory factors to the incident; last point of contact (ward / specialty); early analysis of outcome. Children – when reporting a child death indicate if the Regional Safeguarding Board has been advised. Mental Health - when reporting a serious injury to, or the unexpected/unexplained death (including suspected suicide, attempted suicide in an in-patient setting or serious self-harm of a service user who has been known to Mental Health, Learning Disability or Child and Adolescent Mental Health within the last year) include the following details: the most recent HSC service context; the last point of contact with HSC services or their discharge into the community arrangements; whether there was a history of DNAs, where applicable the details of how the death occurred, if known. Infection Control - when reporting an outbreak which severely impacts on the ability to provide services, include the following: measures to cohort Service Users; IPC arrangements among all staff and visitors in contact with the infection source; Deep cleaning arrangements and restricted visiting/admissions. Information Governance –when reporting include the following details whether theft, loss, inappropriate disclosure, procedural failure etc.; the number of data subjects (service users/staff) involved, the number of records involved, the media of records (paper/electronic), whether encrypted or not and the type of record or data involved and sensitivity. DOB: DD / MM / YYYY GENDER: M / F AGE: years <i>(complete where relevant)</i>	
9. IS THIS INCIDENT A NEVER EVENT? Yes/No <i>(please select)</i>	If 'YES' provide further detail on which never event - refer to DoH link below https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars

DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING			
STAGE OF CARE: (refer to Guidance Notes) <i>Insert CCS Stage of Care Code description</i>	DETAIL: (refer to Guidance Notes) <i>Insert CCS Detail Code description</i>	ADVERSE EVENT: (refer to Guidance Notes) <i>Insert CCS Adverse Event Code description</i>	
10. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE: <i>Include a summary of what actions, if any, have been taken to address the immediate repercussions of the incident and the actions taken to prevent a recurrence.</i>			
11. CURRENT CONDITION OF SERVICE USER: <i>(complete where relevant)</i> <i>Where relevant please provide details on the current condition of the service user the incident relates to.</i>			
12. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? <i>(please select)</i>	YES	NO	N/A
13. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED <i>(please select and specify where relevant)</i>	YES	NO	N/A
14. WHY INCIDENT CONSIDERED SERIOUS: <i>(please select relevant criteria from below)</i>			
serious injury to, or the unexpected/unexplained death of: <ul style="list-style-type: none"> - a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit) - a staff member in the course of their work - a member of the public whilst visiting a HSC facility. 			
unexpected serious risk to a service user and/or staff member and/or member of the public			
unexpected or significant threat to provide service and/or maintain business continuity			
serious self-harm or serious assault <i>(including attempted suicide, homicide and sexual assaults)</i> by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service			
serious self-harm or serious assault <i>(including homicide and sexual assaults)</i> <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder <i>(as defined within the Mental Health (NI) Order 1986)</i> and/or known to/referred to mental health and related services <i>(including CAMHS, psychiatry of old age or leaving and aftercare services)</i> and/or learning disability services, in the 12 months prior to the incident			
suspected suicide of a service user who has a mental illness or disorder <i>(as defined within the Mental Health (NI) Order 1986)</i> and/or known to/referred to mental health and related services <i>(including CAMHS, psychiatry of old age or leaving and aftercare services)</i> and/or learning disability services, in the 12 months prior to the incident			
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 			
15. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED: <i>(please select)</i>			YES NO
if 'YES' <i>(full details should be submitted):</i>			
16. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI? <i>(please select)</i>	YES	DATE INFORMED: DD/MM/YY <i>Insert the date informed</i>	
	NO	<i>Specify reason:</i>	

17. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? <i>(refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.) please specify where relevant</i>		YES	NO	
if 'YES' (full details should be submitted including the date notified): GENERAL MEDICAL COUNCIL (GMC) GENERAL DENTAL COUNCIL (GDC) PHARMACEUTICAL SOCIETY NORTHERN IRELAND (PSNI) NORTHERN IRELAND SOCIAL CARE COUNCIL (NISCC) LOCAL MEDICAL COMMITTEE (LMC) NURSING AND MIDWIFERY COUNCIL (NMC) HEALTH CARE PROFESSIONAL COUNCIL (HCPC) REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA) SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)				
OTHER – PLEASE SPECIFY BELOW				
18. OTHER ORGANISATION/PERSONS INFORMED: (please select)		DATE INFORMED:	OTHERS: (please specify where relevant, including date notified)	
DoH EARLY ALERT				
HM CORONER				
INFORMATION COMMISSIONER OFFICE (ICO)				
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)				
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)				
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)				
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)				
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)				
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)				
19. LEVEL OF REVIEW REQUIRED: (please select)		LEVEL 1	LEVEL 2*	LEVEL 3*
* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6				
20. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (delete as appropriate) Report submitted by: _____ Designation: _____ Email: _____ Telephone: _____ Date: DD / MM / YYYY				
21. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION: <i>Use this section to provide updated information when the situation changes e.g. the situation deteriorates; the level of media interest changes</i> <i>The HSCB and PHA recognises that organisations report SAIs based on limited information, which on further review may not meet the criteria of a SAI. Use this section to request that a SAI be de-escalated and send to seriousincidents@hscni.net with the unique incident identification number/reference in the subject line. When a request for de-escalation is made the reporting organisation must include information on why the incident does not warrant further review under the SAI process.</i> <i>The HSCB/PHA DRO will review the de-escalation request and inform the reporting organisation of its decision within 5 working days. The HSCB / PHA may take the decision to close the SAI without a report rather than de-escalate it. The HSCB / PHA may decide that the SAI should not be de-escalated and a full review report is required.</i> PLEASE NOTE PROGRESS IN RELATION TO TIMELINESS OF COMPLETED REVIEW REPORTS WILL BE REGULARLY REPORTED TO THE HSCB/PHA REGIONAL GROUP. THEY WILL BE MONITORED ACCORDING TO AGREED TIMESCALES. IT IS IMPORTANT TO KEEP THE HSCB INFORMED OF PROGRESS TO ENSURE THAT MONITORING INFORMATION IS ACCURATE AND BREACHES ARE NOT REPORTED WHERE AN EXTENDED TIME SCALE HAS BEEN AGREED. Additional information submitted by: _____ Designation: _____ Email: _____ Telephone: _____ Date: DD / MM / YYYY				

**Completed proforma should be sent to: seriousincidents@hscni.net
and (where relevant) seriousincidents@rqia.org.uk**

HSC INTERFACE INCIDENT NOTIFICATION FORM		
1. REPORTING ORGANISATION:		2. DATE OF INCIDENT: DD / MM / YYYY
3. CONTACT PERSON AND TEL NO:		4. UNIQUE REFERENCE NUMBER:
5. DESCRIPTION OF INCIDENT:		
<div>DOB: DD / MM / YYYY GENDER: M / F AGE: years</div> <div>(complete where relevant)</div>		
6. ARE OTHER PROVIDERS INVOLVED? (e.g. HSC TRUSTS / FPS / OOH / ISP / VOLUNTARY / COMMUNITY ORG'S)		<div>YES NO</div> <div>if 'YES' (full details should be submitted in section 7 below)</div>
7. PROVIDE DETAIL ON ISSUES/AREAS OF CONCERN:		
8. <u>IMMEDIATE</u> ACTION TAKEN BY REPORTING ORGANISATION:		
9. WHICH ORGANISATION/PROVIDER (FROM THOSE LISTED IN SECTIONS 6 AND 7 ABOVE) SHOULD TAKE THE LEAD RESPONSIBILITY FOR THE REVIEW AND FOLLOW UP OF THIS INCIDENT?		
10. OTHER COMMENTS:		
<div>REPORT SUBMITTED BY: _____ DESIGNATION: _____</div> <div>Email: Telephone: Date: DD / MM / YYYY</div>		

Received from Sharon Gallagher on 25/10/2022. Annotated by the Urology Services Inquiry

APPENDIX 4

Revised November 2016 (Version 1.1)

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

1. ORGANISATION:	2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE:
3. HSCB UNIQUE IDENTIFICATION NO. / REFERENCE:	4. DATE OF INCIDENT/EVENT: DD / MM / YYYY
5. PLEASE INDICATE IF THIS SAI IS INTERFACE RELATED WITH OTHER EXTERNAL ORGANISATIONS: YES / NO <i>Please select as appropriate</i>	6. IF 'YES' TO 5. PLEASE PROVIDE DETAILS:
7. DATE OF SEA MEETING / INCIDENT DEBRIEF: DD / MM / YYYY	
8. SUMMARY OF EVENT:	

SECTION 2	
9. SEA FACILITATOR / LEAD OFFICER:	10. TEAM MEMBERS PRESENT:
11. SERVICE USER DETAILS: <i>Complete where applicable</i>	
12. WHAT HAPPENED?	
13. WHY DID IT HAPPEN?	

SECTION 3 - LEARNING SUMMARY

14. WHAT HAS BEEN LEARNED:

15. WHAT HAS BEEN CHANGED or WHAT WILL CHANGE?

16. RECOMMENDATIONS (please state by whom and timescale)

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

18. FURTHER REVIEW REQUIRED? YES / NO
Please select as appropriate

If 'YES' complete SECTIONS 4, 5 and 6.

If 'NO' complete SECTION 5 and 6.

SECTION 4 (COMPLETE THIS SECTION ONLY WHERE A FURTHER REVIEW IS REQUIRED)19. PLEASE INDICATE LEVEL OF REVIEW:
LEVEL 2 / LEVEL 3
Please select as appropriate20. PROPOSED TIMESCALE FOR COMPLETION:
DD / MM / YYYY

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

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

SECTION 5**APPROVAL BY RELEVANT PROFESSIONAL DIRECTOR AND/OR OPERATIONAL DIRECTOR**

23. NAME:

24. DATE APPROVED:

25. DESIGNATION:

SECTION 6

26. DISTRIBUTION LIST:

**Checklist for Engagement / Communication
with Service User¹ / Family / Carer following a Serious Adverse Incident**

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

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

SHARING THE REVIEW REPORT WITH THE SERVICE USER¹ / FAMILY / CARER*(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*

	c) Report not shared but contents discussed (if you select this option please also complete 'I' below)			
	d) No contact or Next of Kin or Unable to contact			
	e) No response to correspondence			
	f) Withdrew fully from the SAI process			
	g) Participated in SAI process but declined review report			
	(if you select any of the options below please also complete 'I' below)			
	h) concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user ¹ family/ carer			
	i) case involved suspected or actual abuse by family			
	j) identified as a result of review exercise			
	k) other rationale			
l) If you have selected c), h), i), j), or k) above please provide further details:				
For completion by HSCB/PHA Personnel Only (Please select as appropriate (✓))				
Content with rationale?	YES		NO	

SECTION 2**INFORMING THE CORONERS OFFICE (under section 7 of the Coroners Act (Northern Ireland) 1959)** *(complete this section for all death related SAIs)*

1) Was there a Statutory Duty to notify the Coroner on the circumstances of the death? Please select as appropriate (✓)	YES		NO	
	If YES, insert date informed :			
	If NO, please provide details:			
2) If you have selected 'YES' to question 1, has the review report been shared with the Coroner? Please select as appropriate (✓)	YES		NO	
	If YES, insert date report shared :			
	If NO, please provide details:			
3) 'If you have selected 'YES' to question 1, has the Family / Carer been informed? Please select as appropriate (✓)	YES		NO	
			N/A	
	If YES, insert date informed :			
If NO, please provide details:				

DATE CHECKLIST COMPLETED¹ Service User or their nominated representative

SECTION 2

9. SEA FACILITATOR / LEAD OFFICER:

Refer to guidance on Level 1 review team membership for significant event analysis – Appendix 10

10. TEAM MEMBERS PRESENT:

NAMES AND DESIGNATIONS

11. SERVICE USER DETAILS:

Complete where applicable

DOB / GENDER / AGE

12. WHAT HAPPENED?

(Describe in detailed chronological order what actually happened. Consider, for instance, how it happened, where it happened, who was involved and what the impact was on the patient/service user¹, the team, organisation and/or others).

13. WHY DID IT HAPPEN?

(Describe the main and underlying reasons contributing to why the event happened. Consider for instance, the professionalism of the team, the lack of a system or failing in a system, the lack of knowledge or the complexity and uncertainty associated with the event)

¹ ensure sensitivity to the needs of the patient/ service user/ carer/ family member is in line with Regional Guidance on Engagement with Service Users, Families and Carers issued February 2015 (Revised November 2016)

All sections below be submitted to the HSCB**SECTION 3 - LEARNING SUMMARY**

14. WHAT HAS BEEN LEARNED: *(Based on the reason established as to why the event happened, outline the learning identified. Demonstrate that reflection and learning have taken place on an individual or team basis and that relevant team members have been involved in the analysis of the event. Consider, for instance: a lack of education and training; the need to follow systems or procedures; the vital importance of team working or effective communication)*

15. WHAT HAS BEEN CHANGED or WHAT WILL CHANGE? *Based on the understanding of why the event happened and the identification of learning, outline the action(s) agreed and implemented, where this is relevant or feasible. Consider, for instance: if a protocol has been amended, updated or introduced; how was this done and who was involved; how will this change be monitored. It is also good practice to attach any documentary evidence of change e.g. a new procedure or protocol.*

NOTE: Action plans should also be developed and set out how learning will be implemented, with named leads responsible for each action point (Refer to Appendix 7 Minimum Standards for Action Plans).

Action plans for this level of review will be retained by the reporting organisation.

16. RECOMMENDATIONS (please state by whom and timescale) *It should be noted that it is the responsibility of the HSCB/PHA to consider and review all recommendations, of suggested /proposed learning relevant to other organisations, arising from the review of a SAI. In addition, it is the responsibility of the HSCB/PHA to subsequently identify any related learning to be communicated across the HSC and where relevant with other organisations regionally and/or nationally.*

It is the responsibility of the reporting organisation to communicate to service users, families and carer's that learning identified relevant to other organisations (arising from the review of a SAI) and submitted to the HSCB/PHA, to consider and review, may not on every occasion result in regional learning.

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

Self- explanatory

18. FURTHER REVIEW REQUIRED? YES / NO

Please select as appropriate

If 'YES' complete SECTIONS 4, 5 and 6.

If 'NO' complete SECTION 5 and 6.

SECTION 4 (COMPLETE THIS SECTION ONLY WHERE A FURTHER REVIEW IS REQUIRED)

19. PLEASE INDICATE LEVEL OF REVIEW:

LEVEL 2 / LEVEL 3

Please select as appropriate

20. PROPOSED TIMESCALE FOR COMPLETION:

DD / MM / YYYY

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

Refer to section 2 of appendix 7.

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

Refer to section 3 of appendix 7.

SECTION 5 - (COMPLETE THIS SECTION FOR ALL LEVELS OF REVIEW)**APPROVAL BY RELEVANT PROFESSIONAL DIRECTOR AND/OR OPERATIONAL DIRECTOR**

23. NAME: *Self- explanatory*

24. DATE APPROVED: *Self- explanatory*

25. DESIGNATION: *Self- explanatory*

SECTION 6

26. DISTRIBUTION LIST:

List of the individuals, groups or organisations the final report has been shared with.

To be submitted to the HSCB

**Checklist for Engagement / Communication
with Service User¹ / Family / Carer following a Serious Adverse Incident**

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

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

SHARING THE REVIEW REPORT WITH THE SERVICE USER¹ / FAMILY / CARER*(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*

	a) Draft review report has been shared and further engagement planned to share final report	
	b) Plan to share final review report at a later date and further engagement planned	
	c) Report not shared but contents discussed (if you select this option please also complete 'I' below)	
	d) No contact or Next of Kin or Unable to contact	
	e) No response to correspondence	
	f) Withdrew fully from the SAI process	
	g) Participated in SAI process but declined review report	
	(if you select any of the options below please also complete 'I' below)	
	h) concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user ¹ family/ carer	
	i) case involved suspected or actual abuse by family	
	j) identified as a result of review exercise	
	k) other rationale	
l) If you have selected c), h), i), j), or k) above please provide further details:		
For completion by HSCB/PHA Personnel Only (Please select as appropriate (✓))		
Content with rationale?	YES	NO

SECTION 2**INFORMING THE CORONERS OFFICE****(under section 7 of the Coroners Act (Northern Ireland) 1959)***(complete this section for all death related SAIs)*

1) Was there a Statutory Duty to notify the Coroner on the circumstances of the death? Please select as appropriate (✓)	YES		NO					
	If YES , insert date informed :							
	If NO , please provide details:							
2) If you have selected 'YES' to question 1, has the review report been shared with the Coroner? Please select as appropriate (✓)	YES		NO					
	If YES , insert date report shared :							
	If NO , please provide details:							
3) 'If you have selected 'YES' to question 1, has the Family / Carer been informed? Please select as appropriate (✓)	YES		NO		N/A		Not Known	
	If YES , insert date informed :							
	If NO , please provide details:							

DATE CHECKLIST COMPLETED¹ Service User or their nominated representative

Insert organisation Logo

Root Cause Analysis report on the review of a Serious Adverse Incident including Service User/Family/Carer Engagement Checklist

Organisation's Unique Case Identifier:

Date of Incident/Event:

HSCB Unique Case Identifier:

Service User Details: (*complete where relevant*)

D.O.B: Gender: (M/F) Age: (yrs)

Responsible Lead Officer:

Designation:

Report Author:

Date report signed off:

1.0 EXECUTIVE SUMMARY**2.0 THE REVIEW TEAM****3.0 SAI REVIEW TERMS OF REFERENCE****4.0 REVIEW METHODOLOGY****5.0 DESCRIPTION OF INCIDENT/CASE****6.0 FINDINGS****7.0 CONCLUSIONS****8.0 LESSONS LEARNED****9.0 RECOMMENDATIONS AND ACTION PLANNING****10.0 DISTRIBUTION LIST**

**Checklist for Engagement / Communication
with Service User¹ / Family / Carer following a Serious Adverse Incident**

Reporting Organisation SAI Ref Number:		HSCB Ref Number:	
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SECTION 1			
INFORMING THE SERVICE USER¹ / FAMILY / CARER			
1) Please indicate if the SAI relates to a single service user, or a number of service users. Please select as appropriate (✓)	Single Service User		Multiple Service Users*
	Comment: <i>*If multiple service users are involved please indicate the number involved</i>		
2) Was the Service User ¹ / Family / Carer informed the incident was being reviewed as a SAI? Please select as appropriate (✓)	YES		NO
	If YES , insert date informed :		
	If NO , please select only one rationale from below, for NOT INFORMING the Service User / Family / Carer that the incident was being reviewed as a SAI		
	a) No contact or Next of Kin details or Unable to contact		
	b) Not applicable as this SAI is not 'patient/service user' related		
	c) Concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user		
	d) Case involved suspected or actual abuse by family		
	e) Case identified as a result of review exercise		
	f) Case is environmental or infrastructure related with no harm to patient/service user		
	g) Other rationale		
	If you selected c), d), e), f) or g) above please provide further details:		
3) Was this SAI also a Never Event? Please select as appropriate (✓)	YES		NO
4) If YES , was the Service User ¹ / Family / Carer informed this was a Never Event? Please select as appropriate (✓)	YES	If YES , insert date informed : DD/MM.YY	
	NO	If NO , provide details:	
For completion by HSCB/PHA Personnel Only (Please select as appropriate (✓))			
Content with rationale?	YES		NO

SHARING THE REVIEW REPORT WITH THE SERVICE USER¹ / FAMILY / CARER (complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)			
5) Has the Final Review report been shared with the Service User ¹ / Family / Carer? Please select as appropriate (✓)	YES		NO
	If YES , insert date informed:		
	If NO , please select only one rationale from below, for NOT SHARING the SAI Review Report with Service User / Family / Carer:		
	a) Draft review report has been shared and further engagement planned to share final report		
	b) Plan to share final review report at a later date and further engagement planned		
	c) Report not shared but contents discussed (if you select this option please also complete 'I' below)		

SHARING THE REVIEW REPORT WITH THE SERVICE USER¹ / FAMILY / CARER*(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*

	d) No contact or Next of Kin or Unable to contact	
	e) No response to correspondence	
	f) Withdrew fully from the SAI process	
	g) Participated in SAI process but declined review report	
	(if you select any of the options below please also complete 'l' below)	
	h) concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user ¹ family/ carer	
	i) case involved suspected or actual abuse by family	
	j) identified as a result of review exercise	
	k) other rationale	
l) If you have selected c), h), i), j), or k) above please provide further details:		

For completion by HSCB/PHA Personnel Only (Please select as appropriate (✓))

Content with rationale?	YES		NO	
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SECTION 2**INFORMING THE CORONERS OFFICE****(under section 7 of the Coroners Act (Northern Ireland) 1959)***(complete this section for all death related SAIs)*

1) Was there a Statutory Duty to notify the Coroner on the circumstances of the death? Please select as appropriate (✓)	YES		NO					
	If YES , insert date informed :							
	If NO , please provide details:							
2) If you have selected 'YES' to question 1, has the review report been shared with the Coroner? Please select as appropriate (✓)	YES		NO					
	If YES , insert date report shared :							
	If NO , please provide details:							
3) 'If you have selected 'YES' to question 1, has the Family / Carer been informed? Please select as appropriate (✓)	YES		NO		N/A		Not Known	
	If YES , insert date informed :							
	If NO , please provide details:							

DATE CHECKLIST COMPLETED¹ Service User or their nominated representative

**Health and Social Care
Regional Guidance
for
Level 2 and 3 RCA
Incident Review Reports**

INTRODUCTION

This document is a revision of the template developed by the DoH Safety in Health and Social Care Steering Group in 2007 as part of the action plan contained within “*Safety First: A Framework for Sustainable Improvement in the HPSS.*”

The purpose of this template and guide is to provide practical help and support to those writing review reports and should be used, in as far as possible, for drafting all **HSC Level 2 and Level 3** incident review reports. It is intended as a guide in order to standardise all such reports across the HSC including both internal and external reports.

The review report presents the work of the review team and provides all the necessary information about the incident, the review process and outcome of the review. The purpose of the report is to provide a formal record of the review process and a means of sharing the learning. The report should be clear and logical, and demonstrate that an open and fair approach has taken place.

This guide should assist in ensuring the completeness and readability of such reports. The headings and report content should follow, as far as possible, the order that they appear within the template. Composition of reports to a standardised format will facilitate the collation and dissemination of any regional learning.

This template was designed primarily for incident reviews however it may also be used to examine complaints and claims.

Insert organisation Logo

Root Cause Analysis report on the review of a Serious Adverse Incident including Service User/Family/Carer Engagement Checklist

Organisation's Unique Case Identifier:

Date of Incident/Event:

HSCB Unique Case Identifier:

Service User Details: *(complete where relevant)*

D.O.B: Gender: (M/F) Age: (yrs)

Responsible Lead Officer:

Designation:

Report Author:

Date report signed off:

1.0 EXECUTIVE SUMMARY

Summarise the main report: provide a brief overview of the incident and consequences, background information, level of review, concise analysis and main conclusions, lessons learned, recommendations and arrangements for sharing and learning lessons.

2.0 THE REVIEW TEAM

Refer to Guidance on Review Team Membership

The level of review undertaken will determine the degree of leadership, overview and strategic review required.

- *List names, designation and review team role of the members of the Review Team. The Review Team should be multidisciplinary and should have an Independent Chair.*
- *The degree of independence of the membership of the team needs careful consideration and depends on the severity / sensitivity of the incident and the level of review to be undertaken. However, best practice would indicate that review teams should incorporate at least one informed professional from another area of practice, best practice would also indicate that the chair of the team should be appointed from outside the area of practice.*
- *In the case of more high impact incidents (i.e. categorised as catastrophic or major) inclusion of lay / patient / service user or carer representation should be considered.*

3.0 SAI REVIEW TERMS OF REFERENCE

Describe the plan and scope for conducting the review. State the level of review, aims, objectives, outputs and who commissioned the review.

The following is a sample list of statements of purpose that may be included in the terms of reference:

- To undertake a review of the incident to identify specific problems or issues to be addressed;
- To consider any other relevant factors raised by the incident;
- To identify and engage appropriately with all relevant services or other agencies associated with the care of those involved in the incident;
- To determine actual or potential involvement of the Police, Health and Safety Executive, Regulation and Quality Improvement Authority and Coroners Service for Northern Ireland^{2 3}
- To agree the remit of the review - the scope and boundaries beyond which the review should not go (e.g. disciplinary process) – state how far back the review will go (what point does the review start and stop e.g. episode of care) and the level of review;
- To consider the outcome of the review, agreeing recommendations, actions to be taken and lessons learned for the improvement of future services;
- To ensure sensitivity to the needs of the patient/ service user/ carer/ family member, where appropriate. The level of involvement clearly depends on the nature of the incident and the service user's or family's wishes or carer's wishes to be involved and must be in line with Regional Guidance on Engagement with Service Users, Families and Carers issued November 2016;

² Memorandum of understanding: Investigating patient or client safety incidents (Unexpected death or serious untoward harm)- http://www.dhsspsni.gov.uk/ph_mou_investigating_patient_or_client_safety_incidents.pdf

³ Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults 2009

3.0 SAI REVIEW TERMS OF REFERENCE

- To agree the timescales for completing and submitting the review report, including the SAI engagement checklist, distribution of the report and timescales for reviewing actions on the action plan;

Methodology to be used should be agreed at the outset and kept under regular review throughout the course of the SAI review.

Clear documentation should be made of the time-line for completion of the work.

This list is not exhaustive

4.0 REVIEW METHODOLOGY

This section should provide an outline of the type of review and the methods used to gather information within the review process. The NPSA's "Seven Steps to Patient Safety"⁴ and "Root Cause Analysis Review Guidance"⁵ provide useful guides for deciding on methodology.

- Review of patient/ service user records and compile a timeline (if relevant)
- Review of staff/witness statements (if available)
- Interviews with relevant staff concerned e.g.
 - Organisation-wide
 - Directorate Team
 - Ward/Team Managers and front line staff
 - Other staff involved
 - Other professionals (including Primary Care)
- Specific reports requested from and provided by staff
- Outline engagement with patients/service users / carers / family members / voluntary organisations/ private providers
- Review of local, regional and national policies and procedures, including professional codes of conduct in operation at the time of the incident
- Review of documentation e.g. consent form(s), risk assessments, care plan(s), photographs, diagrams or drawings, training records, service/maintenance records, including specific reports requested from and provided by staff etc.

This list is not exhaustive

5.0 DESCRIPTION OF INCIDENT/CASE

Provide an account of the incident including consequences and detail what makes this incident a SAI. The following can provide a useful focus but please note this section is not solely a chronology of events

- Concise factual description of the serious adverse incident include the incident date and

⁴ <http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/?entryid45=59787>

⁵ <http://www.nrls.npsa.nhs.uk/resources/?entryid45=75355>

5.0 DESCRIPTION OF INCIDENT/CASE

type, the healthcare specialty involved and the actual effect of the incident on the service user and/or service and others;

- People, equipment and circumstances involved;
- Any intervention / immediate action taken to reduce consequences;
- Chronology of events leading up to the incident;
- Relevant past history – a brief description of the care and/or treatment/service provided;
- Outcome / consequences / action taken;
- Relevance of local, regional or national policy / guidance / alerts including professional codes of conduct in place at the time of the incident

This list is not exhaustive

6.0 FINDINGS

This section should clearly outline how the information has been analysed so that it is clear how conclusions have been arrived at from the raw data, events and treatment/care/service provided. This section needs to clearly identify the care and service delivery problems and analysis to identify the causal factors.

Analysis can include the use of root cause and other analysis techniques such as fault tree analysis, etc. The section below is a useful guide particularly when root cause techniques are used. It is based on the NPSA's "Seven Steps to Patient Safety" and "Root Cause Analysis Toolkit".

(i) Care Delivery Problems (CDP) and/or Service Delivery Problems (SDP) Identified

CDP is a problem related to the direct provision of care, usually actions or omissions by staff (active failures) or absence of guidance to enable action to take place (latent failure) e.g. failure to monitor, observe or act; incorrect (with hindsight) decision, NOT seeking help when necessary.

SDP are acts and omissions identified during the analysis of incident not associated with direct care provision. They are generally associated with decisions, procedures and systems that are part of the whole process of service delivery e.g. failure to undertake risk assessment, equipment failure.

(ii) Contributory Factors

Record the influencing factors that have been identified as root causes or fundamental issues.

- Individual Factors (include employment status i.e. substantive, agency, locum voluntary etc.)
- Team and Social Factors
- Communication Factors
- Task Factors
- Education and Training Factors
- Equipment and Resource Factors
- Working Condition Factors
- Organisational and Management Factors
- Patient / Client Factors

This list is not exhaustive

As a framework for organising the contributory factors reviewed and recorded the table in the NPSA's "Seven Steps to Patient Safety" document (and associated Root Cause Analysis Toolkit) is useful. <http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/>

Where appropriate and where possible careful consideration should be made to facilitate the involvement of patients/service users / carers / family members within this process.

7.0 CONCLUSIONS

Following analysis identified above, list issues that need to be addressed. Include discussion of good practice identified as well as actions to be taken. Where appropriate include details of any on-going engagement / contact with family members or carers.

This section should summarise the key findings and should answer the questions posed in the terms of reference.

8.0 LESSONS LEARNED

Lessons learned from the incident and the review should be identified and addressed by the recommendations and relate to the findings. Indicate to whom learning should be communicated and this should be copied to the Committee with responsibility for governance.

9.0 RECOMMENDATIONS AND ACTION PLANNING

List the improvement strategies or recommendations for addressing the issues highlighted above (conclusions and lessons learned). Recommendations should be grouped into the following headings and cross-referenced to the relevant conclusions, and should be graded to take account of the strengths and weaknesses of the proposed improvement strategies/actions:

- Recommendations for the reviewing organisation
- Suggested /proposed learning that is relevant to other organisations

Action plans should be developed and should set out how each recommendation will be implemented, with named leads responsible for each action point (Refer to Appendix 8 Guidance on Minimum Standards for Action Plans). This section should clearly demonstrate the arrangements in place to successfully deliver the action plan.

It should be noted that it is the responsibility of the HSCB/PHA to consider and review all recommendations, of suggested /proposed learning relevant to other organisations, arising from the review of a SAI. In addition, it is the responsibility of the HSCB/PHA to subsequently identify any related learning to be communicated across the HSC and where relevant with other organisations regionally and/or nationally.

It is the responsibility of the reporting organisation to communicate to service users/families/carers that regional learning identified and submitted to the HSCB/PHA for consideration may not on every occasion result in regional learning.

10.0 DISTRIBUTION LIST

List the individuals, groups or organisations the final report has been shared with. This should have been agreed within the terms of reference.

**Checklist for Engagement / Communication
with Service User¹ / Family / Carer following a Serious Adverse Incident**

Reporting Organisation		HSCB Ref Number:	
SAI Ref Number:			

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

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

SHARING THE REVIEW REPORT WITH THE SERVICE USER¹ / FAMILY / CARER*(complete this section where the Service User / Family / Carer has been informed the incident was being reviewed as a SAI)*

	c) Report not shared but contents discussed (if you select this option please also complete 'I' below)	
	d) No contact or Next of Kin or Unable to contact	
	e) No response to correspondence	
	f) Withdrew fully from the SAI process	
	g) Participated in SAI process but declined review report	
	(if you select any of the options below please also complete 'I' below)	
	h) concerns regarding impact the information may have on health/safety/security and/or wellbeing of the service user ¹ family/ carer	
	i) case involved suspected or actual abuse by family	
	j) identified as a result of review exercise	
	k) other rationale	
l) If you have selected c), h), i), j), or k) above please provide further details:		
For completion by HSCB/PHA Personnel Only (Please select as appropriate (✓))		
Content with rationale?	YES	NO

SECTION 2**INFORMING THE CORONERS OFFICE****(under section 7 of the Coroners Act (Northern Ireland) 1959)***(complete this section for all death related SAIs)*

1) Was there a Statutory Duty to notify the Coroner on the circumstances of the death? Please select as appropriate (✓)	YES		NO	
	If YES , insert date informed :			
	If NO , please provide details:			
2) If you have selected 'YES' to question 1, has the review report been shared with the Coroner? Please select as appropriate (✓)	YES		NO	
	If YES , insert date report shared :			
	If NO , please provide details:			
3) 'If you have selected 'YES' to question 1, has the Family / Carer been informed? Please select as appropriate (✓)	YES		NO	
			N/A	
			Not Known	
If YES , insert date informed :				
If NO , please provide details:				

DATE CHECKLIST COMPLETED¹ Service User or their nominated representative

APPENDIX 8**GUIDANCE ON MINIMUM STANDARDS FOR ACTION PLANS**

The action plan must define:

- Who has agreed the action plan
- Who will monitor the implementation of the action plan
- How often the action plan will be reviewed
- Who will sign off the action plan when all actions have been completed

The action plan **MUST** contain the following

1. Recommendations based on the contributing factors	The recommendations from the report - these should be the analysis and findings of the review
2. Action agreed	This should be the actions the organisation needs to take to resolve the contributory factors.
3. By who	Who in the organisation will ensure the action is completed
4. Action start date	Date particular action is to commence
5. Action end date	Target date for completion of action
6. Evidence of completion	Evidence available to demonstrate that action has been completed. This should include any intended action plan reviews or audits
7. Sign off	Responsible office and date sign off as completed

APPENDIX 9**GUIDANCE ON INCIDENT DEBRIEF****• Level 1 - SEA Reviews**

For level 1 reviews, the incident debrief can serve the purpose of the SEA review, (these can also be known as 'hot debriefs').

The review should:

- Collect and collate as much factual information on the event as possible, including all relevant records. Also gather the accounts of those directly and indirectly involved, including, where relevant, service user/relatives/carers or other health professionals.
- The incident debrief/significant event meeting should be held with all staff involved to provide an opportunity to:
 - support the staff involved⁶
 - assess what has happened;
 - assess why did it happened;
 - what went wrong and what went well;
 - assess what has been changed or agree what will change;
 - identify local and regional learning.
- The meeting/s should be conducted in an open, fair, honest, non-judgemental and supportive atmosphere and should be undertaken as soon as practical following the incident.
- Write it up – keep a written report of the analysis undertaken using the SEA Report template (see Appendix 4)
- Sharing SEA Report – SEA reports should be shared with all relevant staff, particularly those who have been involved in the incident.

• Level 2 and 3 RCA Reviews

An incident debrief can also be undertaken for level 2 and 3 reviews. This would be separate from the RCA review and should occur quickly after the incident to provide support to staff and to identify any immediate service actions.

⁶ Note: link to ongoing work in relation to Quality 2020 - Task 2 - Supporting Staff involved in SAls and other Incidents

APPENDIX 10**LEVEL 1 REVIEW - GUIDANCE ON REVIEW TEAM MEMBERSHIP**

The level of review of an incident should be proportionate to its significance; this is a judgement to be made by the Review Team.

Membership of the team should include all relevant professionals but should be appropriate and proportionate to the type of incident and professional groups involved. Ultimately, for a Level 1 review, it is for each team to decide who is invited, there has to be a balance between those who can contribute to an honest discussion, and creating such a large group that discussion of sensitive issues is inhibited.

The review team should appoint an experienced facilitator or lead reviewing officer from within the team to co-ordinate the review. The role of the facilitator is as follows:

- Co-ordinate the information gathering process
- Arrange the review meeting
- Explain the aims and process of the review
- Chair the review meeting
- Co-ordinate the production of the Significant Event Audit report
- Ensure learning is shared in line with the Learning Summary Report

APPENDIX 11

LEVEL 2 REVIEW - GUIDANCE ON REVIEW TEAM MEMBERSHIP

The level of review undertaken will determine the degree of leadership, overview and strategic review required. The level of review of an incident should therefore be proportionate to its significance. This is a judgement to be made by the Review Team.

The core review team should comprise a minimum of three people of appropriate seniority and objectivity. Review teams should be multidisciplinary, (or involve experts/expert opinion/independent advice or specialist reviewers). The team shall have no conflicts of interest in the incident concerned and should have an Independent Chair. *(In the event of a suspected homicide HSC Trusts should follow the HSCB Protocol for responding to SAls in the event of a Homicide – revised 2013)*

The Chair of the team shall be independent of the service area where the incident occurred and should have relevant experience of the service area and/or chairing investigations/reviews. He/she shall not have been involved in the direct care or treatment of the individual, or be responsible for the service area under review. The Chair may be sourced from the HSCB Lay People Panel *(a panel of 'lay people' with clinical or social care professional areas of expertise in health and social care, who could act as the chair of an independent review panel, or a member of a Trust RCA review panel)*.

Where multiple *(two or more)* HSC providers of care are involved, an increased level of independence shall be required. In such instances, the Chair shall be completely independent of the main organisations involved.

Where the service area is specialised, the Chair may have to be appointed from another HSC Trust or from outside NI.

Membership of the team should include all relevant professionals, but should be appropriate and proportionate to the type of incident and professional groups involved.

Membership shall include an experienced representative who shall support the review team in the application of the root cause analysis methodologies and techniques, human error and effective solutions based development.

Members of the team shall be separate from those who provide information to the review team.

It may be helpful to appoint a review officer from within the review team to co-ordinate the review.

APPENDIX 12**LEVEL 3 REVIEW - GUIDANCE ON REVIEW TEAM MEMBERSHIP**

The level of review shall be proportionate to the significance of the incident. The same principles shall apply, as for Level 2 reviews. The degree of independence of the review team will be dependent on the scale, complexity and type of the incident.

Team membership for Level 3 reviews will be agreed between the reporting organisation and the HSCB/PHA DRO prior to the Level 3 review commencing.

APPENDIX 13

GUIDANCE ON JOINT REVIEWS/INVESTIGATIONS

Where a SAI involves multiple (*two or more*) HSC providers of care (e.g. a patient/service user affected by system failures both in an acute hospital and in primary care), a decision must be taken regarding who will lead the review and reporting. This may not necessarily be the initial reporting organisation.

The general rule is for the provider organisation with greatest contact with the patient/service user to lead the review and action. There may, however, be good reason to vary this arrangement e.g. where a patient/service user has died on another organisation's premises. The decision should be made jointly by the organisations concerned, if necessary referring to the HSCB Designated Review Officer for advice. **The lead organisation must be agreed by all organisations involved.**

It will be the responsibility of the lead organisation to engage all organisations in the review as appropriate. This involves collaboration in terms of identifying the appropriate links with the other organisations concerned and in practice, separate meetings in different organisations may take place, but a single review report and action plan should be produced by the lead organisation and submitted to the HSCB in the agreed format.

Points to consider:

- If more than one service is being provided, then all services are required to provide information / involvement reports to the review team;
- All service areas should be represented in terms of professional makeup / expertise on the review team;
- If more than one Trust/Agency is involved in the care of an individual, that the review is conducted jointly with all Trusts/Agencies involved;
- Relevant service providers, particularly those under contract with HSC to provide some specific services, should also be enjoined;
- There should be a clearly articulated expectation that the service user (where possible) and family carers, perspective should be canvassed, as should the perspective of staff directly providing the service, to be given consideration by the panel;
- The perspective of the GP and other relevant independent practitioners providing service to the individual should be sought;
- Service users and carer representatives should be invited / facilitated to participate in the panel discussions with appropriate safeguards to protect the confidentiality of anyone directly involved in the case.

This guidance should be read in conjunction with:

- Guidance on Incident Debrief (Refer to Appendix 9)
- Guidance on Review Team Membership (Refer to Appendix 11 & 12)
- Guidance on completing HSC Review Report Level 2 and 3 (Refer to Appendix 7)

APPENDIX 14**PROTOCOL FOR RESPONDING TO SERIOUS ADVERSE INCIDENTS IN THE EVENT OF A HOMICIDE – 2013 (updated November 2016 in line with the HSCB Procedure for the Reporting and Follow up of SAIs)****1. INTRODUCTION AND PURPOSE****1.1. INTRODUCTION**

The Health and Social Care Board (HSCB) Procedure for the Reporting and Follow up of Serious Adverse Incidents (SAIs) was issued in April 2010 and revised November 2016. This procedure provides guidance to Health and Social Care (HSC) Trusts and HSCB Integrated Care staff in relation to the reporting and follow up of SAIs arising during the course of business of a HSC organisation, Special Agency or commissioned service.

This paper is a revised protocol, developed from the above procedure, for the specific SAIs which involves an alleged homicide perpetrated by a service user who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and/or known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident.

This paper should be read in conjunction with Promoting Quality Care – Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (Sept 2009 & May 2010).

1.2. PURPOSE

The purpose of this protocol is to provide HSC Trusts with a standardised approach in managing and coordinating the response to a SAI involving homicide.

2. THE PROCESS**2.1. REPORTING SERIOUS ADVERSE INCIDENTS**

Refer to the HSCB Procedure for the Reporting and Follow up of Serious Adverse Incidents revised in 2016.

2.2. MULTI-DISCIPLINARY REVIEW

As indicated in Promoting Quality Care (5.0) an internal multi-disciplinary review must be held as soon as practicable following an adverse incident. Where the SAI has resulted in homicide a more independent response is required.

An independent review team should be set up within twenty working days, of the notification of the incident, to the Trust.

2.3. ESTABLISHING AN INDEPENDENT REVIEW TEAM

2.3.1 CHAIR

The Chair of the Review Team should be independent from the HSC Trust, not a Trust employee or recently employed by the Trust. They should be at Assistant Director level or above with relevant professional expertise.

It is the role of the Chair to ensure engagement with families, that their views are sought, that support has been offered to them at an early stage and they have the opportunity to comment on the final draft of the report.

2.3.2 MEMBERSHIP

A review team should include all relevant professionals. The balance of the Team should include non-Trust staff and enable the review team to achieve impartiality, openness, independence, and thoroughness in the review of the incident. [ref: Case Management Review Chapter 10 Cooperating to Protect Children].

The individuals who become members of the Team must not have had any line management responsibility for the staff working with the service user under consideration. The review team must include members who are independent of HSC Trusts and other agencies concerned.

Members of the review team should be trained in the Procedure for the Reporting and Follow up of Serious Adverse Incidents 2016.

3. TERMS OF REFERENCE

The terms of reference for the review team should be drafted at the first meeting of the review team and should be agreed by the HSCB before the second meeting.

The Terms of Reference should include, as a minimum, the following:

- establish the facts of the incident;
- analyse the antecedents to the incident;
- consider any other relevant factors raised by the incident;
- establish whether there are failings in the process and systems;
- establish whether there are failings in the performance of individuals;
- identify lessons to be learned from the incident; and

- identify clearly what those lessons are, how they will be acted upon, what is expected to change as a result, and specify timescales and responsibility for implementation.

4. TIMESCALES

The notification to the Trust of a SAI, resulting in homicide, is the starting point of this process.

The Trust should notify the HSCB within 24 hours and the Regulation and Quality Improvement Authority (RQIA) as appropriate.

An independent review team should be set up within twenty working days of the notification of the incident to the Trust.

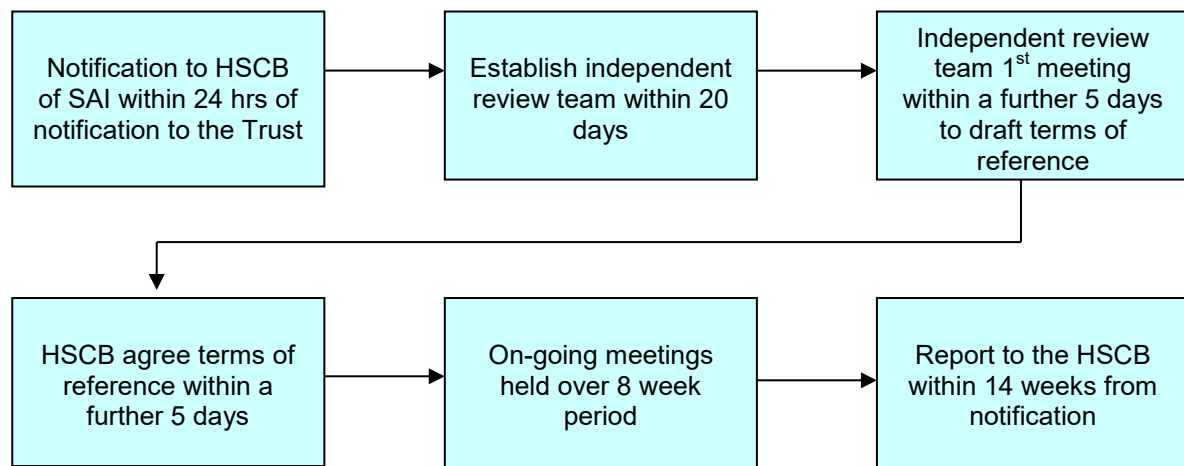
The team should meet to draft the terms of reference within a further five working days (i.e. twenty five days from notification of the incident to the Trust).

The HSCB should agree the terms of reference within a further five working days to enable work to begin at a second meeting.

The review team should complete their work and report to the HSCB within 14 weeks, this may be affected by PSNI investigations.

FLOWCHART OF PROCESS WITH TIMESCALES

NB Days refers to working days from the date of notification of the incident to the Trust



5. THE HEALTH AND SOCIAL CARE BOARD RESPONSIBILITY

On receipt of the completed Trust review report the HSCB will consider the findings and recommendations of the report and must form a view as to whether or not an Independent Inquiry is required.

The HSCB must advise the Department of Health, (DoH) as to whether or not an Independent Inquiry is required in this particular SAI.

APPENDIX 15

ADMINISTRATIVE PROTOCOL**REPORTING AND FOLLOW UP OF SAIs INVOLVING RQIA MENTAL HEALTH/LEARNING DISABILITY AND INDEPENDENT/REGULATED SECTOR**

On receipt of a SAI notification and where a HSC Trust has also copied RQIA into the same notification, the following steps will be applied:

1. HSCB acknowledgement email to Trust advising on timescale for review report will also be copied to RQIA.
2. On receipt of the review/learning summary report from Trust, the HSCB Governance Team will forward to the HSCB/PHA Designated Review Officer (DRO).
3. At the same time, the HSCB Governance Team will also forward the review report/learning summary report¹ to RQIA, together with an email advising of a **3 week** timescale from receipt of review report/learning summary report, for RQIA to forward comments for consideration by the DRO.
4. The DRO will continue with his/her review liaising (where s/he feels relevant) with Trust, RQIA and other HSCB/PHA professionals until s/he is satisfied SAI can be closed.
5. If no comments are received from RQIA within the 3 week timescale, the DRO will assume RQIA have no comments.
6. When the SAI is closed by the DRO, an email advising the Trust that the SAI is closed will also be copied to RQIA.

All communications to be sent or copied via:

**HSCB Governance Team: seriousincidents@hscni.net
and RQIA: seriousincidents@rqia.org.uk**

¹ For Level 1 SAIs the HSCB only routinely receive the Learning Summary Report. If RQIA also wish to consider the full SEA Report this should be requested directly by RQIA from the relevant Reporting Organisation.

APPENDIX 16

HSC Regional Impact Table – with effect from April 2013 (updated June 2016)

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE (Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Any patient safety incident that required extra observation or minor treatment e.g. first aid Non-permanent harm lasting less than one month Admission to hospital for observation or extended stay (1-4 days duration) Emotional distress (recovery expected within days or weeks). 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by >14 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES (Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standard or follow protocol. Audit/Inspection – recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.
REPUTATION (Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)	<ul style="list-style-type: none"> Local public/political concern. Local press < 1day coverage. Informal contact / Potential intervention by Enforcing Authority (e.g. HSE/NIFRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority/increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional / National Media interest >3 days < 7days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review (eg, Ombudsman). Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enquiry/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution – Corporate Manslaughter Act. Executive Officer fined or imprisoned. Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS (Protect assets of the organisation and avoid loss)	<ul style="list-style-type: none"> Commissioning costs (£) <1m. Loss of assets due to damage to premises/property. Loss – £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises/ property. Loss – £10K to £100K. Loss of information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises/ property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive / business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises/property. Loss – £250K to £2m. Loss of or corruption of sensitive / business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss – > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES (Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)	<ul style="list-style-type: none"> Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. No impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Moderate unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL (Air, Land, Water, Waste management)	<ul style="list-style-type: none"> Nuisance release. 	<ul style="list-style-type: none"> On site release contained by organisation. 	<ul style="list-style-type: none"> Moderate on site release contained by organisation. Moderate off site release contained by organisation. 	<ul style="list-style-type: none"> Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc). 	<ul style="list-style-type: none"> Toxic release affecting off-site with detrimental effect requiring outside assistance.

HSC Regional Risk Matrix – April 2013 (updated June 2016)

HSC REGIONAL RISK MATRIX – WITH EFFECT FROM APRIL 2013 (updated June 2016)

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

Likelihood Scoring Descriptors	Impact (Consequence) Levels				
	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

APPENDIX 17

CHILD AND ADULT SAFEGUARDING AND SAI PROCESSES

The Procedure for the Reporting and Follow up of Serious Adverse Incidents (Revised November 2016) provides guidance to Health and Social Care organisations in relation to the reporting and follow up of Serious Adverse Incidents arising during the course of their business or commissioned service.

The guidance notes that the SAI review should be conducted at a level appropriate and proportionate to the complexity of the incident under review.

The guidance notes that there are three possible levels of review of an SAI and specifies the expected timescale for reporting on a review report as follows:

Level 1 Review – Significant Event Audit (SEA). To be completed and a Learning Summary Report sent to the HSCB within 8 weeks of the SAI being reported.

If the outcome of the SEA determines the SAI is more complex and requires a more detailed review timescales for completion of the RCA will be determined following submission of the Learning Summary Report to the HSCB.

Level 2 Review – Root Cause Analysis (RCA). The final report to be submitted to the HSCB within 12 weeks from the date the incident was notified.

Level 3 Review – Independent Review. Timescales for completion to be agreed by the DRO.

It should be noted that not every referral to child or adult safeguarding processes will proceed to the completion of an SAI report. Within Children's Services, the most complex cases and those that involve death or serious injury to a child, where concerns about how services worked together exist, will be notified to the HSCB as an SAI and may be assessed as meeting the criteria for a Case Management Review (CMR) in which case they will be managed out of the SAI system. The CMR report will highlight the learning from the case.

However, the timescales for the completion of SAI reviews at Level 2 and 3 have proved to be challenging for the cases that do not reach the threshold for a CMR or which result from allegations of abuse of an adult. These are more likely to be some of the more complex cases, and generally involve inter- and multi- agency partnership working.

In responding to allegations of the abuse, neglect or exploitation of a child or vulnerable adult where it is suspected that criminal offence may have been committed, the Health and Social Care Trusts operate under the principles for joint working with the PSNI and other agencies as set out in

- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009);

- Sharing to Safeguard (DoH Revised HSCC 3/96 and currently being revised by DoH);
- Co-operating to Safeguard Children (DoH 2003); and
- Protocol for joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland (2013)

The Memorandum of Understanding: Investigating patient or client safety incidents (2013) states that in cases where more than one organisation may/should have an involvement in investigating any particular incident, then:

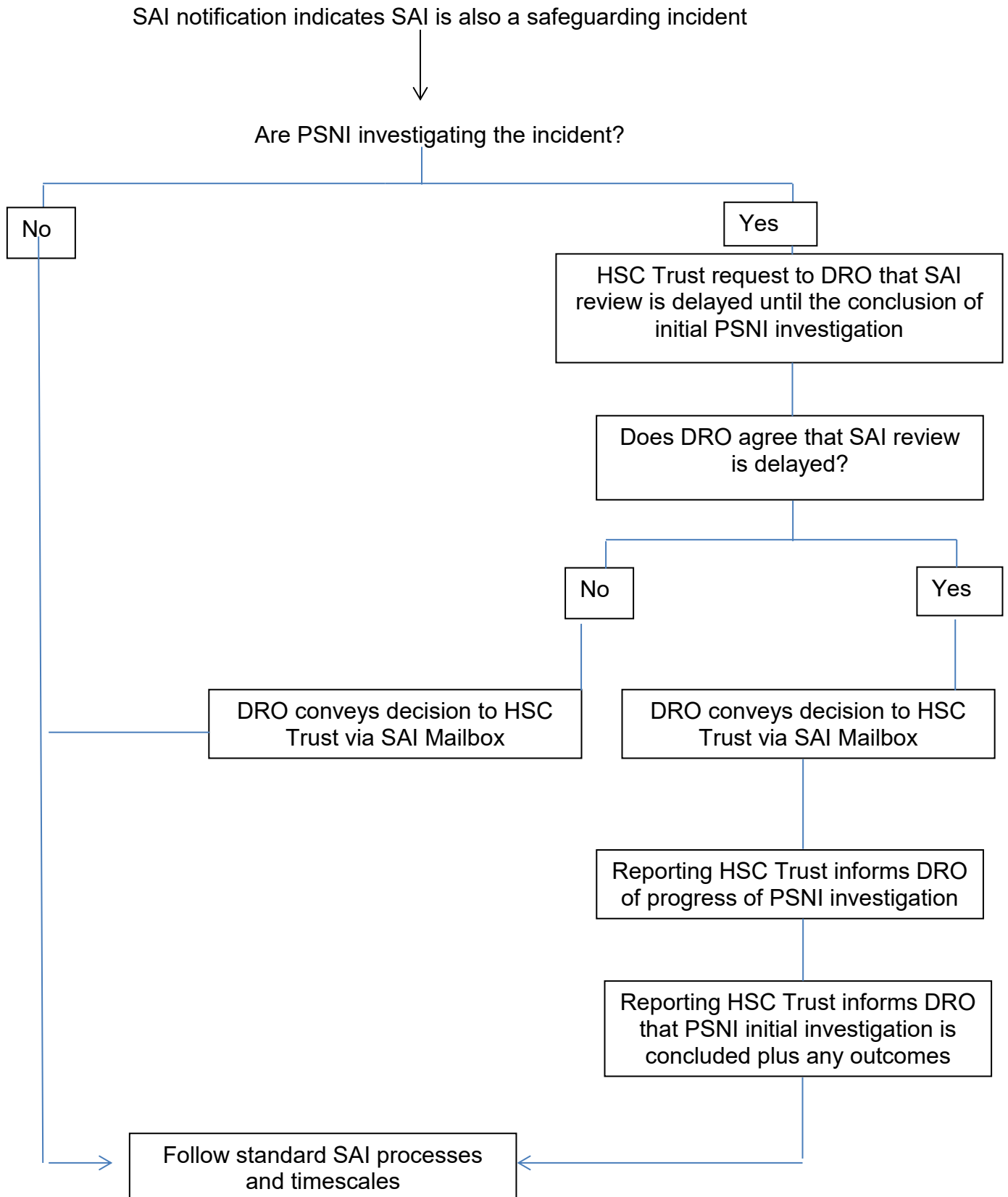
“The HSC Organisation should continue to ensure patient or client safety, but not undertake any activity that might compromise any subsequent statutory investigations.”

In addition “Achieving Best Evidence: Guidance on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy” (revised in 2012), sets out clear protocols for interviewing vulnerable witnesses or victims, whether they are children or adults. This guidance ensures that interviews with vulnerable witnesses and victims are led by specially trained staff, conducted at the victims pace and take place in an environment that is conducive to the needs of the victim.

Clearly, there is an inter-dependency between PSNI and HSC investigations/reviews in complex cases involving multi-agency approaches and protocols. The identification and analysis of learning from these events is likely to be incomplete until both the PSNI and HSC have completed their separate and joint investigations/reviews using the protocols outlined above, and it is unlikely that this can be achieved within the timescales set out for both Level 1 and Level 2 reviews under the SAI procedure.

In such circumstances, the following process should be used:

- Trust report SAI to HSCB using the SAI Notification Form;
- The SAI Notification Form or section 22 of the notification form i.e. ‘additional information following initial notification, should indicate the following:
 - The SAI is also a Safeguarding incident
 - PSNI are conducting an investigation of the circumstances surrounding the SAI
 - SAI evaluation will commence at the conclusion of the initial PSNI investigation;
 - Set out the arrangements for keeping the DRO informed of the progress of the PSNI initial investigation;
- If satisfied, the DRO will advise the Trust via the SAI Mailbox that he/she is in agreement with the proposal to delay the SAI review until the conclusion of the initial PSNI investigation;
- The reporting HSC Trust will inform the DRO as soon as the initial PSNI investigation has concluded, along with any outcomes and advise the SAI evaluation has commenced;
- The SAI will continue to be monitored by HSCB Governance team in line with timescales within the Procedure for the Reporting and Follow up of SAIs;
- If the DRO is **not** in agreement with the proposal to delay the SAI review, the reasons for this will be clearly conveyed to the Trust via the SAI Mailbox. Possible reasons for this may include, for example, situations where a criminal incident has occurred on HSC Trust premises but does not involve HSC Trust staff, or an incident involving a service user in their own home and a member of the public is reported to the PSNI by HSC Trust staff.

CHILD AND ADULT SAFEGUARDING AND SAI PROCESSES

SECTION THREE ADDENDUM



A Guide for Health and Social Care Staff

Engagement/Communication with the Service User/Family/Carers following a Serious Adverse Incident

**November 2016
Version 1.1**

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Notes on the Development of this Guidance

This guidance has been compiled by the Health and Social Care Board (HSCB) and Public Health Agency (PHA) working in collaboration with the Regulation and Quality Improvement Authority (RQIA), the Patient Client Council (PCC) and Health and Social Care (HSC) Trusts.

This guidance has been informed by:

- National Patient Safety Agency (NPSA) Being Open Framework (2009)
- Health Service Executive (HSE) – Open Disclosure National Guidelines (2013)

Please note the following points:

- *The term ‘service user’ as used throughout this guidance includes patients and clients availing of Health and Social Care Services from HSC organisations and Family Practitioner Services (FPS) and/or services commissioned from the Independent Sector by HSC organisations.*
- *The phrase ‘the service user / family’ is used throughout this document in order to take account of all types of engagement scenarios, and also includes a carer(s) or the legal guardian of the service user, where appropriate. However, when the service user has capacity, communication should always (in the first instance) be with them (see appendix 1 for further guidance).*

A review / re-evaluation of this guidance will be undertaken one year following implementation.

1.0 Introduction

When an adverse outcome occurs for a service user it is important that the service user / family (as appropriate) receive timely information and are fully aware of the processes followed to review the incident.

The purpose of a Serious Adverse Incident (SAI) review is to understand what occurred and where possible improve care by learning from incidents. Being open about what happened and discussing the SAI promptly, fully and compassionately can help the service user / family cope better with the after-effects and reduce the likelihood of them pursuing other routes such as the complaints process or litigation to get answers to their questions.

It is therefore essential that there is:

- full disclosure of a SAI to the service user / family,
- an acknowledgement of responsibility,
- an understanding of what happened and a discussion of what is being done to prevent recurrence.

Communicating effectively with the service user / family is a vital part of the SAI process. If done well, it promotes person-centred care and a fair and open culture, ultimately leading to continuous improvement in the delivery of HSC services. It is human to make mistakes, but rather than blame individuals, the aim is for all of us to identify and address the factors that contributed to the incident. The service user / family can add valuable information to help identify the contributing factors, and should be integral to the review process, unless they wish otherwise.

2.0 Purpose

This is a guide for HSC staff to ensure effective communication with the service user / family, following a SAI, is undertaken in an open, transparent, informed, consistent and timely manner.

It is important this guidance is read in conjunction with the regional Procedure for Reporting and Follow up of SAIs (November 2016) and any subsequent revisions relating to the SAI process that have or may be issued in the future. This will ensure the engagement process is closely aligned to the required timescales, documentation, review levels etc. *To view the SAI Procedure please follow the link below* <http://www.hscboard.hscni.net/download/PUBLICATIONS/policies-protocols-and-guidelines/Procedure-for-the-reporting-and-follow-up-of-SAIs-2016.pdf>.

The HSCB Process works in conjunction with all other review processes, statutory agencies and external bodies. Consequently, there may be occasions when a reporting organisation will have reported an incident via another process before or after it has been reported as a SAI. It is therefore important that all existing processes continue to operate in tandem with the SAI procedure and should not be an obstacle to the engagement of the service user / family; nor should an interaction through another process replace engagement through the SAI process.

In that regard, whilst this guidance is specific to 'being open' when engaging with the service user / family following a SAI, it is important HSC organisations are also mindful of communicating effectively with the service user / family when investigating adverse incidents. In these circumstances, organisations should refer to the NPSABeingOpenFramework

www.nrls.npsa.nhs.uk/beingopen/?entryid45=83726 which will provide assistance for organisations to determine the level of service user / family engagement when investigating those adverse incidents that do not meet SAI criteria.

The Being Open Framework may also assist organisations with other investigative processes e.g. complaints, litigation, lookback exercises, and any other relevant human resource and/or risk management related policies and procedures.

3.0 Principles of Being Open with the Service User / Family

Being open and honest with the service user / family involves:

- Acknowledging, apologising and explaining that the organisation wishes to review the care and treatment of the service user;
- Explaining that the incident has been categorised as a SAI, and describing the review process to them, including timescales;
- Advising them how they can contribute to the review process, seeking their views on how they wish to be involved and providing them with a leaflet explaining the SAI process (see appendix 2);
- Conducting the correct level of SAI review into the incident and reassuring the service user / family that lessons learned should help prevent the incident recurring;
- Providing / facilitating support for those involved, including staff, acknowledging that there may be physical and psychological consequences of what happened;

- Ensuring the service user / family have details for a single point of contact within the organisation.

It is important to remember that saying sorry is not an admission of liability and is the right thing to do.

The following principles underpin being open with the service user / family following a SAI.

3.1 Acknowledgement

All SAIs should be acknowledged and reported as soon as they are identified. In cases where the service user / family inform HSC staff / family practitioner when something untoward has happened, it must be taken seriously from the outset. Any concerns should be treated with compassion and understanding by all professionals.

In certain circumstances e.g. cases of criminality, child protection, or SAIs involving theft, fraud, information breaches or data losses that do not directly affect service users; it may not be appropriate to communicate with the service user / family. When a lead professional / review team make a decision, based on a situation as outlined above, or based on a professional's opinion, not to disclose to the service user / family that a SAI has occurred, the rationale for this decision must be clearly documented in the SAI notification form / SAI review checklist that is submitted to the HSCB.

It is expected, the service user / family will be informed that a SAI has occurred, as soon as possible following the incident, for all levels of SAI reviews. In very exceptional circumstances, where a decision is made not to inform the service user / family, this decision must be reviewed and agreed by the review team, approved by an appropriate Director or relevant committee / group, and the decision kept under review as the review progresses. In these instances the HSCB must also be informed:

- **Level 1 reviews - on submission of Review Report and Checklist Proforma**
- **Level 2 and 3 reviews - on submission of the Terms of Reference and Membership of the review team.**

3.2 Truthfulness, timeliness and clarity of communication

Information about a SAI must be given to the service user / family in a truthful and open manner by an appropriately nominated person (see 4.2.2). The service user / family should be provided with an explanation of what happened in a way that considers their individual circumstances, and is delivered openly. Communication should also be timely, ensuring the service user / family is provided with information about what happened as soon as practicable without causing added distress. Note, where a number of service users are involved in one incident, they should all be informed at the same time where possible.

It is also essential that any information given is based solely on the facts known at the time. Staff should explain that new information may emerge as an incident review is undertaken, and that the service user / family will be kept informed, as the review progresses. The service user / family should receive clear information with a single point of contact for any questions or requests they may have. They should not receive conflicting information from different members of staff, and the use of jargon, should be avoided.

3.3 Apology / Expression of Regret

When it is clear, that the organisation / family practitioner is responsible for the harm / distress to the service user, it is imperative that there is an acknowledgement of the incident and an apology provided as soon as possible. Delays are likely to increase the service user / family sense of anxiety, anger or frustration. Relevant to the context of a SAI, the service user / family should receive a meaningful apology – one that is a sincere expression of sorrow or regret for the harm / distress that has occurred as a result of the SAI.

3.4 Recognising the expectations of the Service User / Family

The service user / family may reasonably expect to be fully informed of the facts, consequences and learning in relation to the SAI and to be treated with empathy and respect.

They should also be provided with support in a manner appropriate to their needs. Specific types of service users / families may require additional support (see appendix 1).

In circumstances where the service user / family request the presence of their legal advisor this request should be facilitated. However, HSC staff

should ensure that the legal advisor is aware that the purpose of the report / meeting is not to apportion liability or blame but to learn from the SAI. Further clarification in relation to this issue should be sought from Legal Services.

3.5 Professional Support

HSC organisations must create an environment in which all staff, whether directly employed or independent contractors, are encouraged to report SAIs. Staff should feel supported throughout the incident review process because they too may have been traumatised by being involved. There should be a culture of support and openness with a focus on learning rather than blame.

HSC organisations should encourage staff to seek support where required from relevant professional bodies such as the General Medical Council (GMC), Royal Colleges, the Medical Defence Union (MDU), the Medical Protection Society (MPS), the Nursing and Midwifery Council, the Northern Ireland Association for Social Work (NIASW) and the Northern Ireland Social Care Council (NISCC).

3.6 Confidentiality

Details of a SAI should at all times be considered confidential. It is good practice to inform the service user / family about those involved in the review and who the review report will be shared with.

3.7 Continuity of Care

In exceptional circumstances, the service user / family may request transfer of their care to another facility; this should be facilitated if possible to do so. A member of staff should be identified to act as a contact person for the service user / family to keep them informed of their on-going treatment and care.

4.0 Process

Being open with the service user / family is a process rather than a one-off event. There are 5 stages in the engagement process:

- Stage 1 – Recognition
- Stage 2 - Communication
- Stage 3 – Initial Meeting
- Stage 4 – Follow up Discussions

- Stage 5 – Process Completion

The duration of this process depends on the level of SAI review being undertaken and the associated timescales as set out in the Procedure for the Reporting and Follow up of SAIs (2013).

4.1 Stage 1 - Recognition

As soon as the SAI is identified, the priority is to prevent further harm / distress. The service user / family should be notified that the incident is being reviewed as a SAI.

4.1.1 Preliminary Discussion with the Service User / Family

On many occasions it will be at this stage when the lead professional / family practitioner responsible for the care of the service user will have a discussion with the service user / family, advising of the need to review the care and treatment. This preliminary discussion (which could be a telephone call) will be in addition to the formal initial meeting with the service user / family (see 4.3).

A Level 1 review may not require the same level of engagement as Levels 2 and 3 therefore the preliminary discussion may be the only engagement with service user / family prior to communicating findings of the review, provided they are content they have been provided with all information.

There may be occasions when the service user / family indicate they do not wish to engage in the process. In these instances the rationale for not engaging further must be clearly documented.

4.2 Stage 2 – Communication

4.2.1 Timing of Initial Communication with the Service User / Family

The initial discussion with the service user / family should occur as soon as possible after recognition of the SAI. Factors to consider when timing this discussion include:

- service user's health and wellbeing;
- service user / family circumstances, preference (in terms of when and where the meeting takes place) and availability of key staff (*appendix 1 provides guidance on how to manage different categories of service user / family circumstances*);

4.2.2 Choosing the individual to communicate

The person⁷ nominated to lead any communications should:

- Be a senior member of staff with a comprehensive understanding of the facts relevant to the incident;
- Have the necessary experience and expertise in relation to the type of incident;
- Have excellent interpersonal skills, including being able to effectively engage in an honest, open and transparent manner, avoiding excessive use of jargon;
- Be willing and able to offer a meaningful apology / expression of regret, reassurance and feedback.

If required, the lead person communicating information about the SAI should also be able to nominate a colleague who may assist them with the meeting and should be someone with experience or training in communicating with the service user / family.

The person/s nominated to engage could also be a member/s of the review team (if already set up).

⁷ *FPS SAIs involving FPS this will involve senior professionals/staff from the HSCB Integrated Care Directorate.*

4.3 Stage 3 - Initial Meeting with the Service User / Family

The initial discussion is the first part of an on-going communication process. Many of the points raised here should be expanded on in subsequent meetings with the service user / family.

4.3.1 Preparation Prior to the Initial Meeting

- The service user / family should be given the leaflet - What I Need to Know About a SAI (see appendix 2);
- Share with the service user / family what is going to be discussed at the meeting and who will be in attendance.

4.3.2 During the Initial Meeting

The content of the initial meeting with the service user / family should cover the following:

- Welcome and introductions to all present;
- An expression of genuine sympathy or a meaningful apology for the event that has occurred;
- The facts that are known to the multidisciplinary team;
- Where a service user has died, advising the family that the coroner has been informed (where there is a requirement to do so) and any other relevant organisation/body;
- The service user / family are informed that a SAI review is being carried out;
- Listening to the service user's / families understanding of what happened;
- Consideration and formal noting of the service user's / family's views and concerns;
- An explanation about what will happen next in terms of the SAI review, findings, recommendations and learning and timescales;
- An offer of practical and emotional support for the service user / family. This may involve getting help from third parties such as charities and voluntary organisations, providing details of support from other organisations, as well as offering more direct assistance;
- Advising who will be involved in the review before it takes place and who the review report will be shared with;
- Advising that all SAI information will be treated as confidential.

If for any reason it becomes clear during the initial discussion that the service user / family would prefer to speak to a different health / social

care professional, these wishes should be respected, and the appropriate actions taken.

It is important during the initial meeting to try to avoid any of the following:

- Speculation;
- Attribution of blame;
- Denial of responsibility;
- Provision of conflicting information from different health and social care individuals.

It should be recognised that the service user / family may be anxious, angry and frustrated, even when the meeting is conducted appropriately. It may therefore be difficult for organisations to ascertain if the service user / family have understood fully everything that has been discussed at the meeting. It is essential however that, at the very least, organisations are assured that the service user / family leave the meeting fully aware that the incident is being reviewed as a SAI, and knowing the organisation will continue to engage with them as the review progresses, so long as the service user / family wish to engage.

Appendix 3 provides examples of words / language which can be used during the initial discussion with the service user / family.

4.4 Stage 4 – Follow-up Discussions

Follow-up discussions are dependent on the needs and wishes of the service user / family.

The following guidelines will assist in making the communication effective:

- The service user / family should be updated if there are any delays and the reasons for the delays explained;
- Advise the service user / family if the incident has been referred to any other relevant organisation / body;
- Consideration is given to the timing of the meetings, based on both the service users / families health, personal circumstances and preference on the location of the meeting, e.g. the service users / families home;
- Feedback on progress to date, including informing the service user / family of the Terms of Reference of the review and membership of the review panel (for level 2 and 3 SAI reviews);
- There should be no speculation or attribution of blame. Similarly, the health or social care professional / senior manager communicating the SAI must not criticise or comment on matters outside their own experience;
- A written record of the discussion is kept and shared with the service user / family;
- All queries are responded to appropriately and in a timely way.

4.5 Stage 5 – Process Completion

4.5.1 Communicating findings of review / sharing review report

Feedback should take the form most acceptable to the service user / family. Communication should include:

- a repeated apology / expression of regret for the harm / distress suffered;
- the chronology of clinical and other relevant factors that contributed to the incident;
- details of the service users / families concerns;
- information on learning and outcomes from the review
- Service user / family should be assured that lines of communication will be kept open should further questions arise at a later stage and a single point of contact is identified.

It is expected that in most cases there will be a complete discussion of the findings of the review and that the final review report will be shared with

the service user / family. In some cases however, information may be withheld or restricted, for example:

- Where communicating information will adversely affect the health of the service user / family;
- Where specific legal/coroner requirements preclude disclosure for specific purposes;
- If the deceased service users health record includes a note at their request that he/she did not wish access to be given to his/her family.

Clarification on the above issues should be sought from Legal Services.

There may also be instances where the service user / family does not agree with the information provided, in these instances Appendix 1 (section 1.8) will provide additional assistance.

In order to respond to the timescales as set out in the Procedure for the Reporting and Follow up of SAIs (November 2016) organisations may not have completed stage 5 of the engagement process prior to submission of the review report to HSCB. In these instances, organisations must indicate on the SAI review checklist, submitted with the final review report to the HSCB, the scheduled date to meet with the service user / family to communicate findings of review / share review report.

4.5.2 Communicating Changes to Staff

It is important that outcomes / learning is communicated to all staff involved and to the wider organisation as appropriate.

4.6 Documentation

Throughout the above stages it is important that discussions with the service user / family are documented and should be shared with the individuals involved.

Documenting the process is essential to ensure continuity and consistency in relation to the information that has been relayed to the service user / family.

Documentation which has been produced in response to a SAI may have to be disclosed later in legal proceedings or in response to a freedom of information application. It is important that care is taken in all communications and documents stating fact only.

Appendix 4 provides a checklist which organisations may find useful as an aide memoire to ensure a professional and standardised approach.

5.0 Supporting Information and Tools

In addition to this guidance, supporting tools have been developed to assist HSC organisations with implementing the actions of the NPSA's Being Open Patient Safety Alert.

Training on being open is freely available through an e-learning tool for all HSC organisations.

Information on all these supporting tools can be found at: www.npsa.nhs.uk/beingopen and www.nrls.npsa.nhs.uk/beingopen/.

Guidance on sudden death and the role of bereavement co-ordinators in Trusts can be found at:

<http://webarchive.prni.gov.uk/20120830110704/http://www.dhsspsni.gov.uk/sudden-death-guidance.pdf>

List of Acronyms and Abbreviations

FPS	-	Family Practitioner Services
GMC	-	General Medical Council
HSC	-	Health and Social Care
HSCB	-	Health and Social Care Board
HSE	-	Health Service Executive
MDU	-	Medical Defence Union
MPS	-	Medical Protection Society
NIASW	-	Northern Ireland Association for Social Work
NISCC	-	Northern Ireland Social Care Council
NMC	-	Nursing and Midwifery Council
NPSA	-	National Patient Safety Agency
PCC	-	Patient Client Council
PHA	-	Public Health Agency
RC	-	Royal colleges
RCA	-	Root Cause Analysis
RQIA	-	Regulation and Quality Improvement Authority
SAI	-	Serious Adverse Incident
SEA	-	Significant Event Audit

Particular Service user Circumstances

The approach to how an organisation communicates with a service user / family may need to be modified according to the service user's personal circumstances.

The following gives guidance on how to manage different categories of service user circumstances.

1.1 When a service user dies

When a SAI has resulted in a service users death, the communication should be sensitive, empathetic and open. It is important to consider the emotional state of bereaved relatives or carers and to involve them in deciding when it is appropriate to discuss what has happened.

1.2 Children

The legal age of maturity for giving consent to treatment is 16 years old. However, it is still considered good practice to encourage young people of this age to involve their families in decision making.

The courts have stated that younger children who understand fully what is involved in the proposed procedure can also give consent. Where a child is judged to have the cognitive ability and the emotional maturity to understand the information provided, he/she should be involved directly in the communication process after a SAI.

The opportunity for parents / guardians to be involved should still be provided unless the child expresses a wish for them not to be present. Where children are deemed not to have sufficient maturity or ability to understand, consideration needs to be given to whether information is provided to the parents / guardians alone or in the presence of the child. In these instances the parents' / guardians' views on the issue should be sought.

1.3 Service users with mental health issues

Communication with service users with mental health issues should follow normal procedures unless the service user also has cognitive impairment (see 1.4 Service users with cognitive impairments).

The only circumstances in which it is appropriate to withhold SAI information from a service user with mental health issues is when advised to do so by a senior clinician who feels it would cause adverse psychological harm to the service user. However, such circumstances are rare and a second opinion may be required to justify withholding information from the service user.

In most circumstances, it is not appropriate to discuss SAI information with a carer or relative without the permission of the service user, unless in the public interest and / or for the protection of third parties.

1.4 Service users with cognitive impairment

Some individuals have conditions that limit their ability to understand what is happening to them.

In these cases communication would be conducted with the carer / family as appropriate. Where there is no such person, the clinicians may act in the service users best interest in deciding who the appropriate person is to discuss the SAI with.

1.5 Service users with learning disabilities

Where a service user / family has difficulties in expressing their opinion verbally, every effort should be made to ensure they can use or be facilitated to use a communication method of their choice. An advocate / supporter, agreed on in consultation with the service user, should also be identified. Appropriate advocates / supporters may include carer/s, family or friends of the service user or a representative from the Patient Client Council (PCC).

1.6 Service users with different language or cultural considerations

The need for translation and advocacy services and consideration of special cultural needs must be taken into account when planning to discuss SAI information. Avoid using 'unofficial translators' and / or the service users family or friends as they may distort information by editing what is communicated.

1.7 Service users with different communication needs

Service users who have communication needs such as hearing impaired, reduced vision may need additional support.

1.8 Service users who do not agree with the information provided

Sometimes, despite the best efforts the service user/family/carer may remain dissatisfied with the information provided. In these circumstances, the following strategies may assist:

- Facilitate discussion as soon as possible;
- Write a comprehensive list of the points that the service user / family disagree with and where appropriate reassure them you will follow up these issues.
- Ensure the service user / family has access to support services;
- Offer the service user / family another contact person with whom they may feel more comfortable.
- Use an acceptable service user advocate e.g. PCC or HSC layperson to help identify the issues between the HSC organisation and the service user / family and to achieve a mutually agreeable solution;

There may be occasions despite the above efforts the service user/family/carer remain dissatisfied with the HSC organisation's attempts to resolve their concerns. In these exceptional circumstances, the service user/family/carer through the agreed contact person, should be advised of their right to approach the Northern Ireland Public Services Ombudsman (NIPSO). In doing so, the service user/family requires to be advised by the HSC organisation that the internal procedure has concluded (within two weeks of this process having been concluded), and that the service user/family should approach the NIPSO within six months of this notification.

The contact details for the NIPSO are: Freephone 0800 34 34 34 or Progressive House, 33 Wellington Place, Belfast, BT1 6HN.

1.9 Service Users who do not wish to participate in the engagement process

It should be documented if the service user does not wish to participate in the engagement process.

What I need to know about a Serious Adverse Incident

**Information for
Service Users,
Family Members and
Carers**

Insert Name of Organisation

This leaflet is written for people who use Health and Social Care (HSC) services and their families.

**The phrase service user / family member and carer is used throughout this document in order to take account of all types of engagement scenarios. However, when a service user has capacity, communication should always (in the first instance) be with them.*

Introduction

Events which are reported as Serious Adverse Incidents (SAIs) help identify learning even when it is not clear something went wrong with treatment or care provided.

When things do go wrong in health and social care it is important that we identify this, explain what has happened to those affected and learn lessons to ensure the same thing does not happen again. SAIs are an important means to do this. Areas of good practice may also be highlighted and shared, where appropriate.

What is a Serious Adverse Incident?

A SAI is an incident or event that must be reported to the Health and Social Care Board (HSCB) by the organisation where the SAI has occurred. It may be:

- an incident resulting in serious harm;
- an unexpected or unexplained death;
- a suspected suicide of a service user who has a mental illness or disorder;
- an unexpected serious risk to wellbeing or safety, for example an outbreak of infection in hospital;

A SAI may affect services users, members of the public or staff.

Never events are serious patient safety incidents that should not occur if the appropriate preventative measures have been implemented by healthcare providers. A small number of SAIs may be categorised as never events based on the Department of Health Never Events list.

SAIs, including never events, occurring within the HSC system are reported to the HSCB. You, as a service user / family member / carer, will be informed where a SAI and/or never event has occurred relating to treatment and care provided to you by the HSC.

Can a complaint become a SAI?

Yes, if during the follow up of a complaint the **(insert name of organisation)** identifies that a SAI has occurred it will be reported to the HSCB. You, as a service user / family member and carer will be informed of this and updated on progress regularly.

How is a SAI reviewed?

Depending on the circumstance of the SAI a review will be undertaken. This will take between 8 to 12 weeks depending on the complexity of the case. If more time is required you will be kept informed of the reasons.

The **(insert name of organisation)** will discuss with you how the SAI will be reviewed and who will be involved. The **(insert name of organisation)** will welcome your involvement if you wish to contribute.

Our goal is to find out what happened, why it happened and what can be done to prevent it from happening again and to explain this to those involved.

How is the service user or their family/carers involved in the review?

An individual will be identified to act as your link person throughout the review process. This person will ensure as soon as possible that you:

- Are made aware of the incident, the review process through meetings / telephone calls;
- Have the opportunity to express any concerns;
- Know how you can contribute to the review, for example share your experiences;
- Are updated and advised if there are any delays so that you are always aware of the status of the review;
- Are offered the opportunity to meet and discuss the review findings;
- Are offered a copy of the review report;

- Are offered advice in the event that the media make contact.

What happens once the review is complete?

The findings of the review will be shared with you. This will be done in a way that meets your needs and can include a meeting facilitated by **(insert name of organisation)** staff that is acceptable to you.

How will learning be used to improve safety?

By reviewing a SAI we aim to find out what happened, how and why. By doing this we aim to identify appropriate actions which will prevent similar circumstances occurring again.

We believe that this process will help to restore the confidence of those affected by a SAI.

For each completed review:

- Recommendations may be identified and included within an action plan;
- Any action plan will be reviewed to ensure real improvement and learning.

We will always preserve your confidentiality while also ensuring that opportunities to do things better are shared throughout our organisation and the wider health and social care system. Therefore as part of our process to improve quality and share learning, we may share the anonymised content of the SAI report with other HSC organisations'

Do families get a copy of the report?

Yes, a copy of the review report will be shared with service users and/or families with the service user's consent.

If the service user has died, families/carers will be provided with a copy of the report and invited to meet with senior staff.

Who else gets a copy of the report?

The report is shared with the Health and Social Care Board (HSCB) and Public Health Agency (PHA). Where appropriate it is also shared with the Coroner.

The Regulation and Quality Improvement Authority (RQIA) have a statutory obligation to review some incidents that are also reported under the SAI procedure. In order to avoid duplication of incident notification and review, RQIA work in conjunction with the HSCB / PHA with regard to the review of certain categories of SAI including the following:

- All mental health and learning disability SAIs reportable to RQIA under Article 86.2 of the Mental Health (NI) Order 1986.
- Any SAI that occurs within the regulated sector for example a nursing, residential or children's home (whether statutory or independent) for a service that has been commissioned / funded by a HSC organisation.

In both instances the names and personal details that might identify the individual are removed from the report. The relevant organisations monitor the **(insert name of organisation)** to ensure that the recommendations have been implemented. The family may wish to have follow up / briefing after implementation and if they do this can be arranged by their link person within the **(insert name of organisation)**.

All those who attended the review meeting are given a copy of the anonymised report. Any learning from the review will be shared as appropriate with relevant staff/groups within the wider HSC organisations.

Further Information

If you require further information or have comments regarding this process you should contact the nominated link person - name and contact details below:

Your link person is

Your link person's job title is.....

Contact number

Hours of work.....

Prior to any meetings or telephone call you may wish to consider the following:

Think about what questions and fears/concerns you have in relation to:

- (a) What has happened?
- (b) Your condition / family member condition
- (c) On-going care

You could also:

- Write down any questions or concerns you have;
- Think about who you would like to have present with you at the meeting as a support person;
- Think about what things may assist you going forward;
- Think about which healthcare staff you feel should be in attendance at the meeting.

Patient and Client Council

The Patient Client Council offers independent, confidential advice and support to people who have a concern about a HSC Service. This may include help with writing letters, making telephone calls or supporting you at meetings, or if you are unhappy with recommendations / outcomes of the reviews.

Contact details:

Free phone number: 0800 917 0222

Appendix 3

Examples of communication which enhances the effectiveness of being open	
Stage of Process	Sample Phrases
Acknowledgement	<p>"We are here to discuss the harm that you have experienced/the complications with your surgery/treatment"</p> <p>"I realise that this has caused you great pain/distress/anxiety/worry"</p> <p>"I can only imagine how upset you must be"</p> <p>"I appreciate that you are anxious and upset about what happened during your surgery – this must have come as a big shock for you"</p> <p>"I understand that you are angry/disappointed about what has happened"</p> <p>"I think I would feel the same way too"</p>
Sorry	<p>"I am so sorry this has happened to you"</p> <p>"I am very sorry that the procedure was not as straightforward as we expected and that you will have to stay in hospital an extra few days for observation"</p> <p>"I truly regret that you have suffered xxx which is a recognised complication associated with the x procedure/treatment." "I am so sorry about the anxiety this has caused you"</p> <p>"A review of your case has indicated that an error occurred – we are truly sorry about this"</p>
Story	<p>Their Story</p> <p>"Tell me about your understanding of your condition"</p> <p>"Can you tell me what has been happening to you"</p> <p>"What is your understanding of what has been happening to you"</p> <p>Your understanding of their Story: (Summarising)</p> <p>"I understand from what you said that" xxx "and you are very upset and angry about this"</p>

	<p>Is this correct? (i.e. summarise their story and acknowledge any emotions/concerns demonstrated.)</p> <p>“Am I right in saying that you.....”</p> <p>Your Story</p> <p>“Is it ok for me to explain to you the facts known to us at this stage in relation to what has happened and hopefully address some of the concerns you have mentioned?</p> <p>“Do you mind if I tell you what we have been able to establish at this stage?”</p> <p>“We have been able/unable to determine at this stage that.....”</p> <p>“We are not sure at this stage about exactly what happened but we have established that We will remain in contact with you as information unfolds”</p> <p>“You may at a later stage experience xx if this happens you should”</p>
Inquire	<p>“Do you have any questions about what we just discussed?”</p> <p>“How do you feel about this?”</p> <p>“Is there anything we talked about that is not clear to you?”</p>
Solutions	<p>“What do you think should happen now?”</p> <p>“Do you mind if I tell you what I think we should do?”</p> <p>“I have reviewed your case and this is what I think we need to do next”</p> <p>“What do you think about that?”</p> <p>“These are your options now in relation to managing your condition, do you want to have a think about it and I will come back and see you later?”</p> <p>“I have discussed your condition with my colleague Dr x we both think that you would benefit from xx. What do you think about that?”</p>
Progress	<p>“Our service takes this very seriously and we have already started a review into the incident to see if we can find out what caused it to happen”</p> <p>“We will be taking steps to learn from this event so that we can</p>

	<p>try to prevent it happening again in the future”</p> <p>“I will be with you every step of the way as we get through this and this is what I think we need to do now”</p> <p>“We will keep you up to date in relation to our progress with the review and you will receive a report in relation to the findings and recommendations of the review team”</p> <p>“Would you like us to contact you to set up another meeting to discuss our progress with the review?”</p> <p>“I will be seeing you regularly and will see you next in....days/weeks.</p> <p>“You will see me at each appointment”</p> <p>“Please do not hesitate to contact me at any time if you have any questions or if there are further concerns – you can contact me by.....”</p> <p>“If you think of any questions write them down and bring them with you to your next appointment.”</p> <p>“Here are some information leaflets regarding the support services we discussed – we can assist you if you wish to access any of these services”</p>
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Organisations may find this checklist useful an aide memoire to ensure a professional and standardised approach

Before, During and After Communication / Engagement Documentation Checklist

BEFORE

Note taking

Service users full name	
Healthcare record number	
Date of birth	
Date of admission	
Diagnosis	
Key HSC professional(s) involved in service user's care	
Date of discharge (if applicable)	
Date of SAI	
Description of SAI	
Outcome of SAI	
Agreed plan for management of SAI	
Agreed professional to act as contact person with the service user / family	

<p>Service user / family informed incident is being reviewed as a SAI:</p> <ul style="list-style-type: none"> • Date • By Whom • By what means (telephone call / letter / in person) 	
Date of first meeting with the service user / family	
Location of first meeting (other details such as room booking, arrangements to ensure confidentiality if shared ward etc)	
Person to be responsible for note taking identified	
Person Nominated to lead communications identified	
Colleague/s to assist nominated lead	
Other staff identified to attend the disclosure meeting	
Anticipated service user / family concerns queries	
Meeting agenda agreed and circulated	
Additional support required by the service user / family, if any?	
The service user / family has been advised to bring a support person to the meeting?	
The service user consented to the sharing of information with others such as designated family members / support person?	

It has been established that the service user / family requires an interpreter? If yes, provide details of language and arrangements that have been or to be made.	

Signature: _____

Date: _____

DURING**Note taking**

There has been an acknowledgment of the SAI in relation to the service user / family experience.	
An apology / expression of regret provided	
The service user / family was provided with factual information regarding the adverse event	
The service user / family understanding of the SAI was established	
The service user / family was provided with the opportunity to: <ul style="list-style-type: none"> - Tell their story - Voice their concerns and - Ask questions 	
The next steps in relation to the service user's on-going care were agreed and the service user was involved in the decisions made.	
The service user / family was provided with information in relation to the supports available to them.	
Reassurance was provided to the service user / family in relation to the on-going communication of facts when the information has been established and available – continuity provided.	
Next meeting date and location agreed	

Signature: _____

Date: _____

AFTER

Circulate minutes of the meeting to all relevant parties for timely verification.

Follow through on action points agreed.

Continue with the incident review.

Keep the service user included and informed on any progress made – organise further meetings.

Draft report to be provided to the service user in advance of the final report (if agreed within review Terms of Reference that the draft report is to be shared with the service user prior to submission to HSCB/PHA).

Offer a meeting with the service user to discuss the review report and allow for amendments if required.

Follow through on any recommendations made by the incident review team.

Closure of the process is mutually agreed.

When closure / reconciliation was not reached the service user was advised of the alternative courses of action which are open to them i.e the complaints process.

Signature: _____

Date: _____

From the Deputy Chief Medical Officer
Dr Paddy Woods



Reference: HSC (SQSD) 56/16

Date of Issue: 21st October 2016

NEVER EVENTS

For Action:

Chief Executives of HSC Trusts
Chief Executives HSCB and PHA
Chief Executive NIMDTA

Related documents

N/A

Superseded documents

N/A

For Information:

Distribution as listed at the end of this PSA.

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>

Dear Colleagues

NEVER EVENTS

SUMMARY

The purpose of this circular is to advise you of the intention to introduce a Never Events process based on the NHS England list of Never Events and that information relating to these events will be captured as part of the Serious Adverse Incident (SAI) process.

ACTION

Chief Executives of HSC Trusts should:

- Disseminate this alert to all relevant Trust staff for information.

- Ensure that any Never Events are reported to the HSCB/PHA in line with the SAI guidance.

Chief Executives, HSCB and PHA should:

- Disseminate this alert to all relevant HSCB/PHA staff, and through the Directorate of Integrated Care to all GPs, Community Pharmacists, Dentists and Optometrists
- Consider it through the normal HSCB/PHA processes for assuring implementation of safety and quality alerts
- Monitor the reporting of Never Events via the SAI process
- Include information on Never Events in the six-monthly SAI Learning Reports published in the HSCB/PHA internet site (including numbers while adhering to data protection requirements).

Chief Executive, NIMDTA should:

- Disseminate this alert to doctors and dentists in training in all relevant specialities.

BACKGROUND

Sir Liam Donaldson in his report “The Right Time, the Right Place” made a number of recommendations aimed at improving the safety, quality and effectiveness of the delivery of health and social care services in Northern Ireland. Recommendation 6 of the Donaldson report states that the system for Serious Adverse Incident and Adverse Incident reporting should be retained but modified by the creation of a limited list of Never Events.

In his statement to the Assembly on 27 January 2015, the former Health Minister Jim Wells, advised Assembly members that “a Never Events list would be developed for Northern Ireland and, as an interim measure, urgent consideration would be given to the list of Never Events for England to determine its applicability to Northern Ireland”.

NHS England define Never Events as serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are already available at a national level and should have been implemented by all healthcare providers.

Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

Social Care Events

As the NHS England Never Events list does not include any events relating to social care, the HSCB were asked to examine the current SAI data on social care incidents to identify if there were any areas which would be suitable for inclusion in the HSC Never Events list. The HSCB worked with Trusts to seek views on potential areas for inclusion and concluded that the NHS England Never Events list already includes three areas which also refer to social care settings and no further social care specific incidents were identified as suitable for inclusion in the proposed list of HSC Never Events.

It has been decided, therefore, that the Never Events process will be based on the adoption of NHS England Never Event list. A copy of this and details of guidance that has already been issued for each of the Never Events is attached for information (**Annexe 1**).

Modifications to the SAI process

The HSCB and PHA have been asked to take forward modifications to the SAI process to include notification of Never Events as part of that process. A revised version of the SAI Procedure for the Reporting and Follow up of Serious Adverse incidents will be issued by HSCB shortly. A new field has also been set up on the DATIX reporting system which will allow all Never Events to be recorded in line with the current categories listed in the NHS England Never Event list.

Engagement with Service Users, Families, Carers as part of the SAI process.

It is important, in the spirit of honesty and openness, that when staff are engaging with Service Users, Families, Carers as part of the SAI process, that in addition to advising an individual of the SAI, they should also be told if the SAI is a Never Event.

Enquiries:

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

Safety Policy Branch

Department of Health

Room D2.4

Castle Buildings

Stormont

BELFAST

BT4 3SQ

Tel: Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

Dr Paddy Woods

Deputy Chief Medical Officer

Distributed for Information to:

CMO

CNO

CPO

Chief Executive, RQIA

Chief Executive, NIAS

Safety & Quality Alerts Team, HSC Board

Medical Director, PHA

Director of Nursing, PHA

Director of Social Care, HSCB

Director of Integrated Care, HSCB

Director of Performance Management & Service Improvement, HSCB

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
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
Post Graduate Dean, NIMDTA
Staff Tutor of Nursing, Open University
Director, Safety Forum
Clinical Education Centre
NI Royal College of Nursing

NEVER EVENT LIST FOR THE HSC IN NORTHERN IRELAND (Issued October 2016)

Annexe 1

NEVER EVENT (15/16)	RELATED INFORMATION	RELATED NHS/NRLS GUIDANCE	RELATED SAFETY, NICE & NIAIC GUIDANCE
1. Wrong site surgery	<p>A surgical intervention performed on the wrong patient or wrong site (for example wrong knee, wrong eye, wrong limb, wrong tooth or wrong organ); the incident is detected at any time after the start of the procedure.</p> <ul style="list-style-type: none"> Includes wrong level spinal surgery and interventions that are considered surgical but may be done outside of a surgical environment e.g. wrong site block (unless being undertaken as a pain control procedure), biopsy, interventional radiology procedures, cardiology procedures, drain insertion and line insertion e.g. PICC/ Hickman lines. Excludes interventions where the wrong site is selected because of unknown/unexpected abnormalities in the patient's anatomy. This should be documented in the patient's notes. Excludes incidents where the wrong site surgery is due to 	<p>Safer Practice Notice – Standardising Wristbands improves patient safety, 2007, available at http://www.nrls.npsa.nhs.uk/resources/?entryid45=59824</p> <p>Patient Safety Alert – WHO Surgical Safety Checklist, 2009, available at http://www.nrls.npsa.nhs.uk/resources/clinical-specialty/surgery/</p> <p>How to Guide to the five steps to safer surgery', 2010, available at http://www.nrls.npsa.nhs.uk/resources/?EntryId45=92901</p> <p>-Standards for providing a 24 hour interventional radiology service, 2008, The Royal College of Radiologists. Available at http://www.rcr.ac.uk/docs/radiology/pdf/Stand24hr_IR_provision.pdf</p>	<p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%20%29%2016-08.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20SQSD%20Learning%20Communication%2005-09_0.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-18-2009.pdf</p>

NEVER EVENT (15/16)	RELATED INFORMATION	RELATED NHS/NRLS GUIDANCE	RELATED SAFETY, NICE & NIAIC GUIDANCE
	<p>incorrect laboratory reports/ results or incorrect referral letters</p> <p>Setting: All patients receiving NHS funded care.</p>		
2. Wrong implant/prosthesis	<p>Surgical placement of the wrong implant or prosthesis where the implant/prosthesis placed in the patient is other than that specified in the operating plan either prior to or during the procedure. The incident is detected at any time after the implant/prosthesis is placed in the patient and the patient requires further surgery to replace the incorrect implant/prosthesis and/or suffers complications following the surgery.</p> <ul style="list-style-type: none"> • Excludes where the implant/prosthesis placed in the patient is intentionally different from the operating plan, where this is based on clinical judgment at the time of the operation. • Excludes where the implant/prosthesis placed in the patient is intentionally planned and placed but later found to be suboptimal. 	<p>Safer Practice Notice – Standardising Wristbands improves patient safety, 2007, available at http://www.nrls.npsa.nhs.uk/resources/?entryid45=59824</p> <p>Patient Safety Alert – WHO Surgical Safety Checklist, 2009, available at http://www.nrls.npsa.nhs.uk/resources/clinical-specialty/surgery/</p> <p>Safer Surgery Checklist for Cataract Surgery, 2010, available at http://www.rcophth.ac.uk/page.asp?section=365&sectionTitle=Information+</p> <p>How to Guide to the five steps to safer surgery', 2010, available at http://www.nrls.npsa.nhs.uk/resources/?EntryId45=92901</p>	<p>https://www.health-ni.gov.uk/sites/default/files/publications/██████/HSC%20%28SQSD%29%2016-08.pdf</p> <p>https://www.health-ni.██████.uk/sites/default/files/publications/dhssps/HSC%20SQSD%20Learning%20Communication%2005-09_0.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-18-2009.pdf</p>

NEVER EVENT (15/16)	RELATED INFORMATION	RELATED NHS/NRLS GUIDANCE	RELATED SAFETY, NICE & NIAIC GUIDANCE
	Setting: All healthcare premises.		
3. Retained foreign object post-procedure	<p>Retention of a foreign object in a patient after a surgical/invasive procedure.</p> <p>‘Surgical/invasive procedure’ includes interventional radiology, cardiology, interventions related to vaginal birth and interventions performed outside of the surgical environment e.g. central line placement in ward areas</p> <p>‘Foreign object’ includes any items that should be subject to a formal counting /checking process at the commencement of the procedure and a counting /checking process before the procedure is completed (such as swabs, needles, instruments and guide wires) except where:</p> <ul style="list-style-type: none"> Items are inserted any time before the procedure that are not subject to the formal counting/checking process, with the intention of removing them during the procedure Items are inserted during the procedure that are subject to the 	<p>Standards and recommendations for safe perioperative practice, 2011, available at http://www.afpp.org.uk/books-journals/books/book-123</p> <p>Accountable items, swab, instrument and needle counts 2012, available at http://www.afpp.org.uk/careers/Standards-Guidance</p> <p>Patient Safety Alert – WHO Surgical Safety Checklist, 2009, available at http://www.nrls.npsa.nhs.uk/resources/clinical-specialty/surgery/?entryid45=59860&p=3</p> <p>Reducing the risk of retained swabs after vaginal birth and perineal suturing, 2010 available at http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=74113</p> <p>Reducing the risk of retained throat packs after surgery, 2009, available at http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59853</p>	<p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2009-10.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20SQSD%20Learning%20Communication%2006-09.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-18-2009.pdf</p> <p>NICE CG190: Intrapartum care http://www.nice.org.uk/guidance/cg190</p>

NEVER EVENT (15/16)	RELATED INFORMATION	RELATED NHS/NRLS GUIDANCE	RELATED SAFETY, NICE & NIAIC GUIDANCE
	<p>counting/ checking process, but are intentionally retained after completion of the procedure, with removal planned for a later time or date and clearly recorded in the patients notes</p> <ul style="list-style-type: none"> Items are known to be missing prior to the completion of the procedure and may be within the patient (e.g. screw fragments, drill bits) but where further action to locate and/or retrieve would be impossible or be more damaging than retention 		
4. Mis – selection of a strong potassium containing solution	<p>Mis - selection refers to:</p> <ul style="list-style-type: none"> When a patient intravenously receives a strong potassium solution rather than an intended different medication <p>Setting: All patients receiving NHS funded care.</p>	<p>Patient safety alert – Potassium chloride concentrate solutions, 2002 (updated 2003), available at http://www.nrls.npsa.nhs.uk/resources/?entryid45=59882</p>	<p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2034-14.pdf</p> <p>NICE CG174: Intravenous Fluid Therapy in Adults in Hospital (NOTE NI Caveats) http://www.nice.org.uk/guidance/cg174</p> <p>NICE Quality Standard 66: IV Fluid Therapy in Adults</p>

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			http://www.nice.org.uk/guidance/gs66 NICE CG130: Hyperglycaemia in acute coronary syndromes https://www.nice.org.uk/guidance/cg130 NICE CG84: Diarrhoea and vomiting in children http://www.nice.org.uk/guidance/cg84 NICE CG99: Constipation in children and young people http://www.nice.org.uk/guidance/cg99 NICE CG32: Nutritional support in adults http://www.nice.org.uk/guidance/cg32
5. Wrong route administration of medication	The patient receives one of the following: <ul style="list-style-type: none"> • Intravenous chemotherapy administered via the intrathecal route • Oral/enteral medication or feed/flush administered by any parenteral route 	HSC2008/001: Updated national guidance on the safe administration of intrathecal chemotherapy, 2008, available at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_086870	https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2061-08.pdf

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	<ul style="list-style-type: none"> Intravenous administration of a medicine intended to be administered via the epidural route <p>Setting: All patients receiving NHS funded care.</p>	<p>Rapid Response Report NPSA/2008/RRR004 using vinca alkaloid minibags (adult/adolescent units), 2008, available at http://www.nrls.npsa.nhs.uk/resources/?entryid45=59890</p> <p>Minimising Risks of Mismatching Spinal, Epidural and Regional Devices with Incompatible Connectors, 2011, available at http://www.nrls.npsa.nhs.uk/resources/?entryid45=132897</p> <p>Patient safety alert on non-Luer spinal (intrathecal) devices for chemotherapy 2014. available at http://www.england.nhs.uk/2014/02/20/psa-spinal-chemo/</p> <p>Patient Safety Alert NPSA/2007/19 - Promoting safer measurement and administration of liquid medicines via oral and other enteral routes, 2007, available at http://www.nrls.npsa.nhs.uk/resources/?entryid45=59808</p> <p>Patient Safety Alert NPSA/2007/21, Safer practice with epidural injections and infusions, 2007, available at</p>	<p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2085-09.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2085-09%20Addendum.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2006-11.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2050-08_0.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2028-07.pdf</p>

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		http://www.nrls.npsa.nhs.uk/resources/?entryid45=59807	https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2085-09.pdf https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2085-09%20Addendum.pdf https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2006-11.pdf NICE CG55: Intrapartum Care https://www.nice.org.uk/guidance/cg55 NICE Interventional Procedure 249: Ultrasound-guided catheterisation of the epidural space http://www.nice.org.uk/guidance/ippg249

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6. Overdose of Insulin due to abbreviations or incorrect device	<p>Overdose refers to:</p> <ul style="list-style-type: none"> When a patient receives a tenfold or greater overdose of insulin because a prescriber abbreviates the words 'unit' or 'international units', despite the care setting having an electronic prescribing system in place When a health care professional fails to use a specific insulin administration device i.e. does not use an insulin syringe or insulin pen to measure insulin <p>Setting: All patients receiving NHS funded care.</p>	<p>Rapid response report – Safer administration of insulin, 2010, available at http://www.nrls.npsa.nhs.uk/alerts/?entryid45=74287 Diabetes: insulin, use it safely Patient information booklet 03 January 2011 - NHS Diabetes and Kidney Care</p> <p>Available at http://www.nhs.uk/resources/search/publications/nhs-dakc-insulin-use-it-safely.aspx</p> <p>Insulin use safety: Patient Safety Resource Centre The Health Foundation Available at http://patientsafety.health.org.uk/area-of-care/diabetes/insulin-use-safety</p>	<p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2012-10.pdf</p> <p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2003-11.pdf</p>
7. Overdose of methotrexate for non-cancer treatment	<p>Overdose refers to</p> <ul style="list-style-type: none"> When a patient receives methotrexate ,via any route, for non-cancer treatment which results in more than the intended weekly dose being taken, despite the care setting having an electronic prescribing and administration system , or in primary care an electronic prescribing and dispensing system, in place 	<p>Patient safety alert - Improving compliance with oral methotrexate guidelines, 2006, available at http://www.nrls.npsa.nhs.uk/resources/?entryid45=59800</p>	<p>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2007-08.pdf</p>