

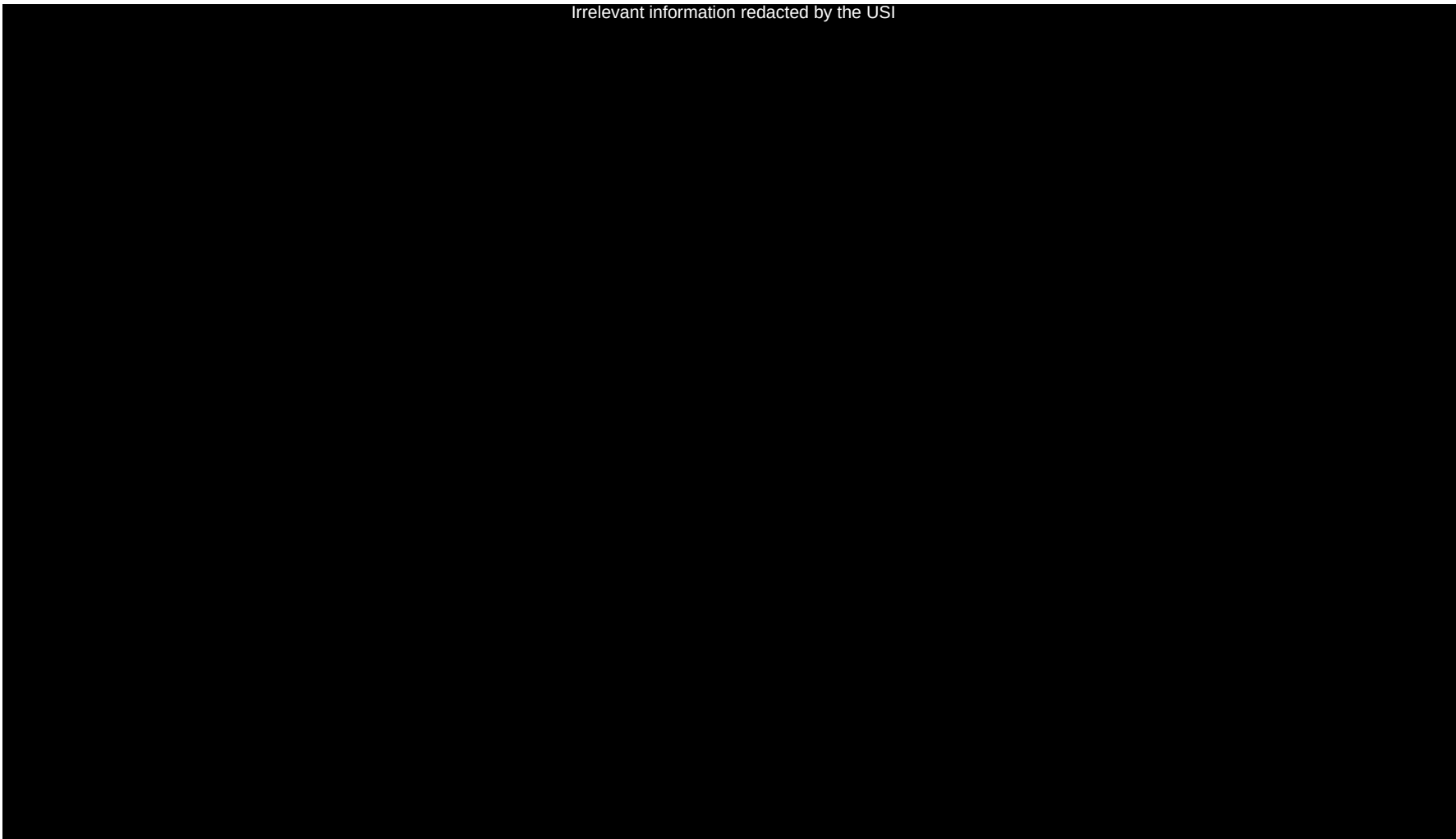
Date	Source	Time Line	Comments
Irrelevant information redacted by the USI			

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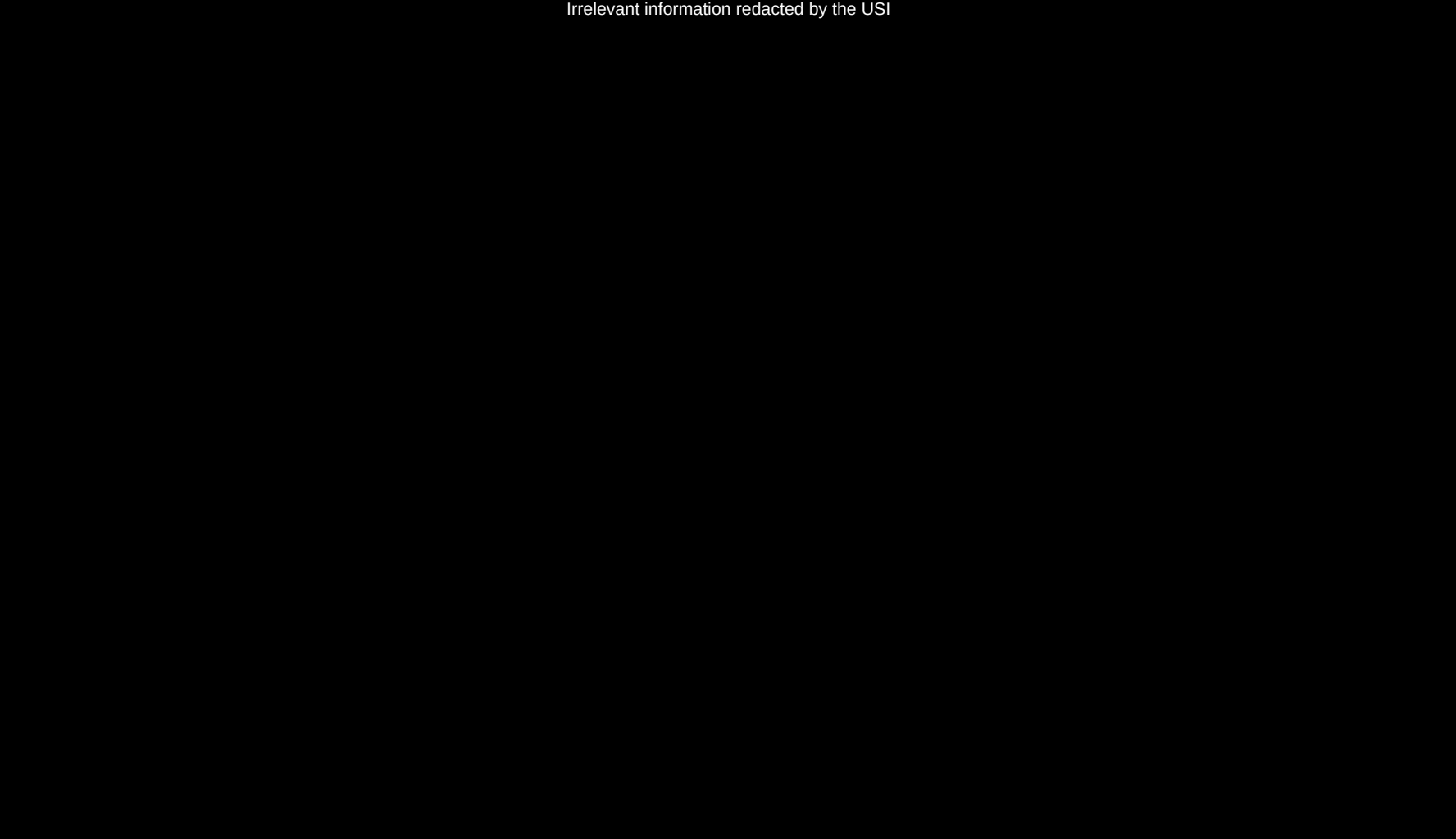
Appendix2:-

Irrelevant information redacted by the USI

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Irrelevant information redacted by the USI



Appendix 3**MANAGEMENT OF POINT OF CARE TESTING (POCT) DEVICES POLICY**

Version 2.0

February 2010

*Southern Health and Social Care Trust**Management of Point of Care Testing Devices Policy V 2.0 February 2010**Page 2 of 11***Policy Checklist**

Name of Policy:

Management of Point of Care Testing Devices

Purpose of Policy: To manage POCT effectively and limit risk associated with its use.

Directorate responsible for

Policy

Acute Services Directorate

Name & Title of Author: Dr Peter Sharpe Consultant Chemical Pathologist, Chairperson POCT Committee

Dr Derek McKillop, Principal Clinical Scientist, POCT Co-ordinator.

Does this meet criteria of a

Policy?

Yes

Staff side consultation? Yes

Equality Screened by: POCT committee members

Date Policy submitted to Policy

Scrutiny Committee

1st March 2010

Members of Policy Scrutiny Committee in attendance: Kieran Donaghy, Stephen McNally, Siobhan Hanna,

John Graham, Dawn Connolly, Danny McKeivitt, Vivienne Toal.

Policy Approved/Rejected/

Amended

Implementation Plan requested; Sent and full policy approved by

Scrutiny Committee on 14/6/10

Communication Plan required? The POCT Policy will be communicated to all Trust Staff through

(a) The Staff Newsletters – Up2date and Staff Ebriefing

(b) POCT device specific training

(c) POCT web site

(d) POCT application process

Training Plan required? As stated on the POCT training SOP, All Staff involved in POCT

will be provided device training that will include an overview of the

Trust POCT policy and how to locate the policy and other relevant documentation.

Training provision will be advertised by Global email, POCT web

site and through Staff Newsletters – Up2date and Ebriefing.

Implementation Plan required? Coordinated by the POCT committee

Any other comments:

Date presented to SMT 23/06/10

Director Responsible

Dr Gillian Rankin

SMT Approved/Rejected/Amended Approved

SMT Comments Additional comment added to 6.1.1

Date returned to Directorate Lead for

implementation (Board Secretary)

Date received by Office Manager (HQ)

for database/Intranet

Date for further review 2 year default

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Circulation List:

POLICY DOCUMENT – VERSION CONTROL SHEET

Title Management of Point of Care Testing devices

Version: 2_0

Reference number/document name:

Supersedes Supersedes:

Description of Amendments(s)/Previous Policy or Version:

Legacy Trust policies related to the management of Point of Care Testing devices

Originator Dr Peter Sharpe Consultant Chemical Pathologist, Chairperson POCT Committee

Dr Derek McKillop, Principal Clinical Scientist, POCT Co-ordinator.

Policy Scrutiny Committee &

SMT approval

Referred for approval by:

Date of Referral:

Policy Scrutiny Committee Approval (Date)

SMT approval (Date)

Circulation Issue Date:

Circulated By:

Issued To: As per circulation List (details below)

Review Review Date:

Responsibility of (Name): Dr Peter Sharpe

Title: Consultant Chemical Pathologist, Chairperson POCT Committee

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1.0 Introduction

1.1 The appropriate use of POCT as an alternative to central laboratory testing should be considered as a clinical governance^{1,2} issue and therefore be subject to examination of clinical effectiveness. Where possible, analytical investigations should be performed in clinical laboratories or other suitable environments by suitably trained and registered laboratory staff³. Before deciding whether to implement POCT it is essential for potential users to establish a clinical need, including an

examination as to whether reconfiguration of a central laboratory service would be a viable option. The clinical need should be evidence based clearly identifying the risks and benefits of introducing a POCT service.

1.2 This document specifically applies to the use of POCT in secondary care and community services. General practitioners, pharmacists and other primary sector users are recommended to adopt the practices outlined in this policy and referenced guidelines, including close liaison with the relevant Pathology Department. This approach facilitates the production of 'quality' results and appropriate management of the many associated risks.

2.0 Definitions

2.1 Point of Care Testing⁴ (POCT) refers to analytical tests undertaken by non-laboratory staff outside a recognised diagnostic laboratory. These range from disposable hand-held strip readers to desktop analysers.

3.0 Purpose and Aims

3.1 To manage POCT effectively and limit the risks associated with its use.

4.0 Policy Statement

4.1 The Trust promotes an open and positive approach to Point of Care Testing devices and management.

4.2 An effective quality management system must be set up to ensure that POCT is carried out according to applicable National and International guidelines⁴⁻¹¹, Clinical Pathology Accreditation (UK) Ltd (CPA) standards¹²⁻¹³ and Health & Safety policies¹⁴⁻¹⁶.

4.3 The Trust management of POCT should be assessed as part of the Pathology accreditation process as carried out by Clinical Pathology Accreditation (UK) Ltd (CPA).

4.4 A multidisciplinary POCT Committee must be formed within the Southern Health and Social Care Trust with representatives from the laboratory disciplines holding key positions. This committee should have the authority to regulate and oversee the POCT quality management system.

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The Trust Committee should consist of representatives from the main POCT users and stakeholders, and should meet no fewer than 3 times a year. This committee should be positioned within the Trust's management structure and report as such. A representative of the Trust's committee should attend and report to any Regional POCT and Northern Ireland Pathology Network POCT meetings.

4.5 The core of any Trust's quality management system should be based upon key personnel (with suitable protected time allocation) tasked with implementing and monitoring same (see responsibilities).

4.6 The Trust should appoint a senior laboratory professional to provide Clinical and Professional leadership of the POCT service. This individual must hold FRCPATH or equivalent.

4.7 All requests for future POCT equipment must be submitted to the POCT committee for approval with details of clinical need and assessment of outcomes including costs. The POCT committee should decide on the appropriateness of any request, the reliability and robustness of the equipment available, the interfacing requirements, the risk-benefit and cost-benefit analyses, quality assessment and compliance with Trust

policies including infection control^{15,16} and COSHH¹⁷. Where necessary advice should be sought from the Trust's Infection Control Team and POCT departmental leads. The Trust's Supplies Department should not allow purchase of POCT devices without prior approval by the POCT committee. POCT devices must be procured according to the Trust's Standing Financial Instructions.

4.8 POCT must not be considered where a laboratory can provide a result in a timely manner appropriate to clinical need

4.9 All POCT devices adopted should:

- ☐ Be evaluated and procured in collaboration with Trust POCT committee and the POCT departmental leads of the appropriate laboratory department to ensure satisfactory standards of performance and safety and also conform to the requirements of the In Vitro Diagnostics Directive¹⁸.
- ☐ Align with laboratory-based methods, where possible and practical, in current practice in the Trust.
- ☐ Where possible IT Connectivity should be made available and resourced to appropriate specification to allow central management of POCT devices and documentation of results in accordance with robust quality management
- ☐ Be used in accordance with manufacturer's or suppliers instructions.
- ☐ Be subject to regular maintenance as specified by the supplying manufacturer or supplier.
- ☐ Details of maintenance performed, faults and corrective action taken, should be documented as per CPA.
- ☐ Only be used for the purpose it has been evaluated for.

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4.10 Device specific Standard Operating Procedures must be developed, implemented and made available to all POCT users.

4.11 Regular Audit of POCT must form an integral part of any quality management system.

4.12 Appropriate External Quality Assurance and Internal Quality Control programmes must be established for all POCT.

4.13 Where possible and practical, electronic devices rather than devices requiring a subjective visual read by the user should be used. (It is recommended that where such visual read devices are in use, the results are checked by at least two trained members of staff)

4.14 Only trained, certified and competent staff should use POCT equipment. Where possible such equipment should be password-protected and only accessible to trained / certified users.

4.15 All patient and quality control testing results must be recorded. Patient results must be recorded in such detail as to allow unequivocal identification of the patient, the actual result, date and time of analysis, reagent lot/expiry date and the name of the analyst. This record must be in addition to records made in the patient notes, and where available should be electronic. Such records should be kept according to guidelines issued by the RCPATH¹⁹

4.16 All adverse events relating to POCT must be reported back to the POCT

committee which must have the authority to withdraw or suspend service in the event of a safety-related or performance issue or lack of clinical or cost effectiveness.

4.17 All staff who recommend the use of POCT systems or devices for use by patients must ensure that the devices have been approved by the Trust's or NI Regional POCT committee.

4.18 Management arrangements between the Trust Pathology Laboratory and POCT users, outside of those stated in this document must be agreed and documented in a service level agreement

5.0 Scope of the Policy

5.1 The policy is applicable to all of **Southern HSC Trust** sites and staff performing POCT.

6.0 Responsibilities

6.1 All Staff involved in the provision of POCT should be aware of their individual role and responsibilities under clinical governance as outlined below.

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6.1.1 Trust's Chief Executive

The Trust's Chief Executive as "*Accountable Officer*" has overall responsibility for ensuring the aims of this policy are met. The POCT Chairperson reports to the Chief Executive through the Director of Acute Services

6.1.2 Multidisciplinary POCT Committee

The aims and objectives of the committee are

- ☐ To ensure that the Trust is compliant with national and local POCT policies
- ☐ To evaluate new applications for POCT devices.
- ☐ To regulate and oversee the POCT quality management system.

6.1.3 Point of Care Testing Chairperson:

The POCT Chairperson is responsible for coordinating the activities of the POCT committee. The POCT Chairperson is engaged to provide reports on POCT activity to the Director of Acute Services and ensure that the POCT Committee remit is performed effectively. The Chair would normally be expected to be an experienced laboratory professional.

6.1.4 Point of Care Testing Departmental Leads:

POCT Departmental Leads should be identified to provide specialist knowledge and advice to the POCT Committee, POCT staff and users of POCT devices.

6.1.5 Point of Care Testing Coordinator

The POCT Coordinator is immediately responsible for the daily coordination of POCT provision within the Trust. The Coordinator is engaged to provide the POCT chair with assurance of the proper running of the POCT quality management system.

6.1.6 Managers

All Trust Directors, Assistant Directors, Heads of Service and Managers have responsibility for the management of POCT devices and equipment within the areas of their remit and control,

and for ensuring that processes are fully implemented as part of the Trust's integrated governance requirements.

6.1.7 Clinicians

Clinicians are responsible for identifying areas of clinical need where the introduction of POCT could be appropriate and submit an application to the chairperson of the POCT committee for approval prior to procurement. They can only undertake POCT testing themselves after adequate training and certification. They need to be familiar with the information provided by the manufacturer and in local SOPs, particularly in relation to the shortcomings of the POCT results that they use for their patient management.

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6.1.8 Link Nurse/ Person

Link nurses will be drawn from ward and departmental staff and will have sufficient clinical experience and standing to have authority with colleagues and managers. The POCT Link Nurse/Person is directly accountable to the Ward or Area Manager for overseeing the daily operation of defined POCT devices in a specified area. The Link Nurse/Person will liaise with the POCT co-ordinator and ensure that staff performing POCT in their area are informed and aware of the Trust policies and procedures.

6.1.9 Users

The Health and Safety at Work Act legislates that all staff are responsible for ensuring that their acts and omissions do not put themselves or others at risk. Healthcare Professionals are also bound by their Code of Ethics and Scope of Professional Practice which emphasise the individual's responsibility when using equipment or undertaking actions that they are not trained or competent to perform. Users should therefore undertake POCT only after adequate training and certification and should familiarise themselves with and adhere to all POCT Trust policies and related procedures.

7.0 Legislative Compliance, Relevant Policies, Procedures and Guidance

7.1 All Trusts must develop, implement and enforce a policy for the control of POCT that is consistent with the Health and Safety at Work Act (1987), the Consumer Protection Act (1987), COSHH - COSHH regulations (1989) and Safe Working and the Prevention of Infections in Clinical Laboratories (1991) and ISO 22870:2006 Point of Care Testing (POCT) - Requirements for quality and competence.

8. Equality and Human Rights Considerations

8.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland 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 targeted at them.

8.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. This policy will therefore not

be subject to an equality impact assessment.

8.3 This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.

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8.4 This policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.

8.5 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

9.0 Sources of Advice and Further Information

9.1 Further advice and information regarding this document can be obtained from the Chair of Point of Care Testing committee.

10.0 References

- 1 Department of Health (1999) Clinical Governance: in the New NHS. Department of Health (Health Service Circular: HSC (99) 065), London.
2. Freedman DB. Clinical governance: Implications for point-of-care testing. *Ann Clin Biochem* 2002; 39: 421-423.
3. Health Professions Order 2001 Consolidated text incorporating repeals and amendments made up to 1st July 2009. Available from www.hpcuk.org.
4. Price CP, St John A, Hicks JM. Point of Care Testing, Washington, DC: AACC Press, 2nd edition 2004.
5. Point of Care Testing (Near Patient Testing) – Guidance on the Involvement of the Clinical Laboratory, Institute of Biomedical Science, 2004.
6. MHRA Bulletin DB2010(02) Management and use of IVD point of care test devices, February 2010.
<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CO N071082>
7. Guidelines for point-of-care testing: Haematology. *British Journal of Haematology* 2008; 142: 904–915.
- 8 Guidelines on point-of-care testing. Royal College of Pathologists. 2004.
- 9 Guidelines for Safe and Effective Management and Use of Point of Care Testing. Academy of Medical Laboratory Science, Association of Clinical Biochemists in Ireland, Irish Medicines Board and RCPI Faculty of Pathology. November, 2007.
- 10 BS EN ISO 22870:2006 Point of Care Testing – Requirements for Quality and Competence.
- 11 BS EN ISO 15189:2003 Medical laboratories – Particular requirements for quality and competence.
12. Clinical Pathology Accreditation (UK) Ltd (Version 2.01 March 2009) Standards for the Medical Laboratory. CPA Ltd, Sheffield, UK.
<http://www.cpa-uk.co.uk/>
13. Clinical Pathology Accreditation (UK) Ltd (Version 1.00 Apr 10) Additional Standards for Point-of-Care Testing (POCT) facilities. CPA Ltd, Sheffield, UK, <http://www.cpa-uk.co.uk/>
14. Health and Safety at Work Act 1987.
15. Department of Health Advisory Committee on Dangerous Pathogens

(2003) Infection at work controlling the risk. Department of Health, London.

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16. Health Services Advisory Committee (2003) Safe working and the prevention of infection in clinical laboratories and similar facilities. Health and Safety Executive, HSE Books, Sudbury.

17. Health and Safety Executive, Control of Substances Hazardous to Health (COSHH) 2002 ISBN 0 11 042919 2.

18. In-vitro Diagnostics Medical Devices Directive 98/79/EC.

19. Royal College of Pathologists and Institute of Biomedical Science. The Retention and Storage of Pathological Records and Archives, 4th edition (2009).

Checklist for Engagement / Communication with Service User¹/ Family/ Carer following a Serious Adverse Incident

(This checklist should be completed in full and submitted to the HSCB along with the completed SAI Review Report
for all levels of SAI reviews)

Reporting Organisation SAI Ref Number:	Personal information	HSCB Ref Number:	Personal information
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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, a number of service users or if the SAI relates only to a HSC Child Death notification (SAI criterion 4.2.2) Please select as appropriate (✓)	Single Service User	✓	Multiple Service Users*	HSC Child Death Notification only
Comment: <i>*If multiple service users involved please indicate the number involved</i>				
2) Was the Service User ¹ / Family / Carer informed the incident was being investigated as a SAI? Please select as appropriate (✓)	YES		NO	
If YES , insert date informed : 8.9.15				
If NO , please select only one rationale from below, for NOT INFORMING the Service User / Family / Carer that the incident was being investigated 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:				
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				
<i>(complete this section where the Service User / Family / Carer has been informed the incident was being investigated as a SAI)</i>				
3) 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 <i>(if you select this option please also complete 'I' below)</i>				
d) No contact or Next of Kin or Unable to contact				
e) No response to correspondence				
Continued overleaf				

¹Service User or their nominated representative

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 investigated as a SAI)*

	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 CORONER'S 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 at the time of death? Please select as appropriate (✓)	YES		NO	
	If YES, insert date informed :			
	If NO, please provide details:			
2) Following or during the review of the SAI was there a Statutory Duty to notify the Coroner? Please select as appropriate (✓)	YES		NO	
	If YES, insert date informed :			
	If NO, please provide details:			
3) If you have selected 'YES' to any of the above '1' or '2' 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:			

DATE CHECKLIST COMPLETED¹Service User or their nominated representative**This checklist should be completed in line with the HSCB Procedure for the reporting and follow up of SAIs October 2013****and the HSC Guidance for staff on engagement/communication with Service Users¹ / Families/Carers following a SAI**

Received from Trudy Reid on 16/05/2023. Annotated by the Urology Services Inquiry.

Directorate of Acute Services - Formal Complaints
1 April 2017 to 31 May 2017

Ref	Date Received (Complainants - All dates)	Division	Site	Loc (Exact)	Subjects (Subjects)	Staff types (Subjects)	Description	Outcome	Action taken (Investigation)	Replied done (Complainants - All dates)	Response time
AS01.17/18	03/04/2017	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Environmental	Non Staff	Irrelevant information redacted by the USI		No action plan	08/05/2017	22
AS02.17/18	03/04/2017	IMWH	Craigavon Area Hospital	Antenatal Clinic	Communication/Information	Medical and Dental					0
AS03.17/18	03/04/2017	IMWH	Craigavon Area Hospital	Admissions/Assessment Unit	Quality of Treatment & Care	Nursing and Midwifery					0
AS03.17/18	03/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Communication/Information	Nursing and Midwifery					0
AS03.17/18	03/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Records/Record Keeping	Nursing and Midwifery					0
AS04.17/18	03/04/2017	IMWH	Craigavon Area Hospital	Delivery Suite, CAH	Quality of Treatment & Care	Medical and Dental					0
AS04.17/18	03/04/2017	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Communication/Information	Medical and Dental					0
AS04.17/18	03/04/2017	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Quality of Treatment & Care	Medical and Dental					0
AS04.17/18	03/04/2017	IMWH	Craigavon Area Hospital	ICU (HDU)	Communication/Information	Medical and Dental					0
AS05.17/18	04/04/2017	CCS	Lurgan Hospital	Breast Screening Unit	Staff Attitude/Behaviour	Professional and Technical (AHPs)			No action plan	08/05/2017	21
AS05.17/18	04/04/2017	CCS	Lurgan Hospital	Breast Screening Unit	Privacy/Dignity	Professional and Technical (AHPs)			No action plan	08/05/2017	21
AS06.17/18	04/04/2017	MUC	Daisy Hill Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental			After reviewing patient experience, an audit of the assessment and management of pain has been initiated in the ED department at DHH. The audit findings will be used to improve the assessment and management of pain for all patients.	10/05/2017	23
AS07.17/18	05/04/2017	SEC	Craigavon Area Hospital	Breast Screening Unit	Waiting List, Delay/Cancellation Outpatient Appointments	Non Staff					0
AS08.17/18	05/04/2017	FSS	Daisy Hill Hospital	Car Park	Access to Premises	Non Staff			Ongoing review of car parking	28/04/2017	13
AS20.17/18	05/04/2017	MUC	Banbridge Polyclinic	Cardiology Clinic	Staff Attitude/Behaviour	Medical and Dental			no action plan	18/05/2017	28
AS09.17/18	06/04/2017	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Confidentiality	Administrative and Clerical			Processes and systems within Maternity to be reviewed. Staff reminded to check documentation before handing to patient.	15/05/2017	24
AS10.17/18	10/04/2017	IMWH	Craigavon Area Hospital	Delivery Suite, CAH	Staff Attitude/Behaviour	Medical and Dental					0
AS10.17/18	10/04/2017	IMWH	Craigavon Area Hospital	Delivery Suite, CAH	Quality of Treatment & Care	Medical and Dental					0
AS11.17/18	10/04/2017	MUC	Craigavon Area Hospital	Dietetic Clinic	Waiting List, Delay/Cancellation Outpatient Appointments	Non Staff				16/05/2017	22
AS12.17/18	10/04/2017	MUC	Craigavon Area Hospital	Sleep Lab	Staff Attitude/Behaviour	Administrative and Clerical			no action plan	04/05/2017	15
AS13.17/18	10/04/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental			no action plan	16/05/2017	23

Ref	Date Received (Complainants - All dates)	Division	Site	Loc (Exact)	Subjects (Subjects)	Staff types (Subjects)	Description	Outcome	Action taken (Investigation)	Replied done (Complainants - All dates)	Response time
AS13.17/18	10/04/2017	MUC	Craigavon Area Hospital	Ramone Ward	Quality of Treatment & Care	Nursing and Midwifery	Irrelevant information redacted by the USI		no action plan	16/05/2017	23
AS13.17/18	10/04/2017	MUC	Craigavon Area Hospital	Ramone Ward	Professional Assessment of Need	Medical and Dental			no action plan	16/05/2017	23
AS14.17/18	11/04/2017	FSS	Craigavon Area Hospital	Booking Centre	Waiting List, Delay/Cancellation Outpatient Appointments	Administrative and Clerical			No action plan	15/05/2017	21
AS16.16/17	11/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Environmental	Non Staff			Water filters removed and water to be monitored for presence of bacteria.	08/05/2017	16
AS17.17/18	11/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Environmental	Non Staff			Water filters removed and ongoing tests will be carried out for presence of bacteria.	08/05/2017	16
AS18.17/18	11/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Environmental	Non Staff			Filters removed from bath taps, shower heads and birthing pools. Water safety to be monitored	08/05/2017	16
AS19.17/18	12/04/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental				18/05/2017	23
AS22.17/18	13/04/2017	MUC	Craigavon Area Hospital	1 South Medical	Quality of Treatment & Care	Nursing and Midwifery					0
AS22.17/18	13/04/2017	MUC	Craigavon Area Hospital	Trauma Ward	Discharge/Transfer Arrangements	Non Staff					0
AS23.17/18	13/04/2017	SEC	Craigavon Area Hospital	3 South	Discharge/Transfer Arrangements	Non Staff					0
AS21.17/18	14/04/2017	FSS	Craigavon Area Hospital	Sterile Services Dept	Staff Attitude/Behaviour	Professional and Technical (AHPs)			HOS to speak with person concerned.	04/05/2017	11
AS24.17/18	14/04/2017	SEC	Craigavon Area Hospital	Trauma Ward	Quality of Treatment & Care	Nursing and Midwifery					0
AS24.17/18	14/04/2017	SEC	Craigavon Area Hospital	Trauma Ward	Discharge/Transfer Arrangements	Nursing and Midwifery					0
AS25.17/18	14/04/2017	MUC	Daisy Hill Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental			no action plan	04/05/2017	11

Ref	Date Received (Complainants - All dates)	Division	Site	Loc (Exact)	Subjects (Subjects)	Staff types (Subjects)	Description	Outcome	Action taken (Investigation)	Replied done (Complainants - All dates)	Response time
AS26.17/18	19/04/2017	MUC	Daisy Hill Hospital	Emergency Department	Professional Assessment of Need	Nursing and Midwifery	Irrelevant information redacted by the USI		no action plan	08/05/2017	12
AS27.16/17	19/04/2017	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Environmental	Non Staff			Filters removed and water will be monitored for bacteria	08/05/2017	12
AS28.17/18	19/04/2017	SEC	Craigavon Area Hospital	4 South	Property/Expenses/Finances	Non Staff					0
AS29.17/18	19/04/2017	MUC	Craigavon Area Hospital	Emergency Department	Staff Attitude/Behaviour	Nursing and Midwifery			no action plan	22/05/2017	22
AS30.17/18	19/04/2017	CCS	Craigavon Area Hospital	X-ray Dept (Radiology)	Quality of Treatment & Care	Professional and Technical (AHPs)				15/05/2017	17
AS31.17/18	20/04/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental			no action plan	11/05/2017	14
AS31.17/18	20/04/2017	MUC	Craigavon Area Hospital	Emergency Department	Quality of Treatment & Care	Nursing and Midwifery			no action plan	11/05/2017	14
AS31.17/18	20/04/2017	MUC	Craigavon Area Hospital	4 North	Quality of Treatment & Care	Nursing and Midwifery			no action plan	11/05/2017	14
AS32.17/18	20/04/2017	SEC	Craigavon Area Hospital	Orthopaedic Ward	Waiting List, Delay/Cancellation Planned Admission to Hospital	Non Staff			no action plan	25/04/2017	3
AS35.17/18	20/04/2017	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Communication/Information	Nursing and Midwifery					0
AS35.17/18	20/04/2017	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Staff Attitude/Behaviour	Nursing and Midwifery					0
AS36.17/18	20/04/2017	CCS	Community	X-ray Dept (Radiology)	Staff Attitude/Behaviour	Professional and Technical (AHPs)			Poster designed in order to provide information to patients.	22/05/2017	21
AS33.17/18	21/04/2017	SEC	Craigavon Area Hospital	4 North	Discharge/Transfer Arrangements	Medical and Dental				10/05/2017	12
AS34.17/18	21/04/2017	MUC	Daisy Hill Hospital	General Medicine Clinic	Waiting Times, Outpatient Departments	Non Staff			no action plan	16/05/2017	16
AS37.17/18	21/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Environmental	Non Staff			Water filters removed and water to be monitored for presence of bacteria.	08/05/2017	10
AS38.17/18	21/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Environmental	Non Staff			Water filters removed and water will be tested to ensure safety.	08/05/2017	10
AS39.17/18	24/04/2017	IMWH	Craigavon Area Hospital	Gynae Clinic	Quality of Treatment & Care	Medical and Dental					0
AS40.17/18	25/04/2017	CCS	Craigavon Area Hospital	Breast Clinic	Professional Assessment of Need	Medical and Dental					0
AS41.17/18	25/04/2017	CCS	Craigavon Area Hospital	X-ray Dept (Radiology)	Waiting Times, Outpatient Departments	Non Staff				12/05/2017	12
AS42.17/18	25/04/2017	MUC	Craigavon Area Hospital	1 South Medical	Quality of Treatment & Care	Nursing and Midwifery					0
AS42.17/18	25/04/2017	MUC	Craigavon Area Hospital	1 South Medical	Communication/Information	Medical and Dental					0

Ref	Date Received (Complainants - All dates)	Division	Site	Loc (Exact)	Subjects (Subjects)	Staff types (Subjects)	Description	Outcome	Action taken (Investigation)	Replied done (Complainants - All dates)	Response time
AS43.17/18	25/04/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Environmental	Non Staff	Irrelevant information redacted by the USI		Water filters removed and water to be monitored for presence of bacteria.	10/05/2017	9
AS45.17/18	25/04/2017	FSS	Craigavon Area Hospital	Paediatric Ward	Environmental	Non Staff				17/05/2017	15
AS44.17/18	26/04/2017	MUC	Craigavon Area Hospital	Emergency Department	Waiting Times, A&E Departments	Non Staff				18/05/2017	15
AS46.17/18	26/04/2017	IMWH	Craigavon Area Hospital		Professional Assessment of Need	Medical and Dental					0
AS46.17/18	26/04/2017	IMWH	Craigavon Area Hospital		Professional Assessment of Need	Medical and Dental					0
AS51.17/18	28/04/2017	FSS	Craigavon Area Hospital	Car Park	Access to Premises	Non Staff			No action plan	23/05/2017	16
AS47.17/18	02/05/2017	SEC	Craigavon Area Hospital	ENT Clinic	Waiting List, Delay/Cancellation Planned Admission to Hospital	Non Staff			redirected to Belfast Trust	05/05/2017	3
AS48.17/18	02/05/2017	SEC	Craigavon Area Hospital	Ophthalmology Clinic	Waiting Times, Outpatient Departments	Non Staff					0
AS49.17/18	02/05/2017	SEC	Daisy Hill Hospital	Fracture Clinic	Records/Record Keeping	Medical and Dental					0
AS50.17/18	02/05/2017	CCS	Craigavon Area Hospital	X-ray Dept (Radiology)	Quality of Treatment & Care	Professional and Technical (AHPs)			No action plan	22/05/2017	14
AS53.17/18	03/05/2017	FSS	Craigavon Area Hospital	Car Park	Staff Attitude/Behaviour	Ancillary and General					0
AS54.17/18	03/05/2017	MUC	Craigavon Area Hospital	Winter Pressures Ward(Ramone)	Professional Assessment of Need	Medical and Dental					0
AS54.17/18	03/05/2017	MUC	Craigavon Area Hospital	1 South Medical	Professional Assessment of Need	Medical and Dental					0
AS55.17/18	03/05/2017	IMWH	Craigavon Area Hospital	2 East Midwifery Led Unit	Environmental	Non Staff			Water filters removed and water to be monitored for presence of bacteria	10/05/2017	5
AS56.17/18	03/05/2017	SEC	Craigavon Area Hospital		Communication/Information	Administrative and Clerical				09/05/2017	4
AS57.17/18	03/05/2017	MUC	Daisy Hill Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental					0
AS58.17/18	03/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Nursing and Midwifery					0
AS60.17/18	03/05/2017	FSS	Craigavon Area Hospital	Car Park	Access to Premises	Non Staff			No action plan	17/05/2017	8

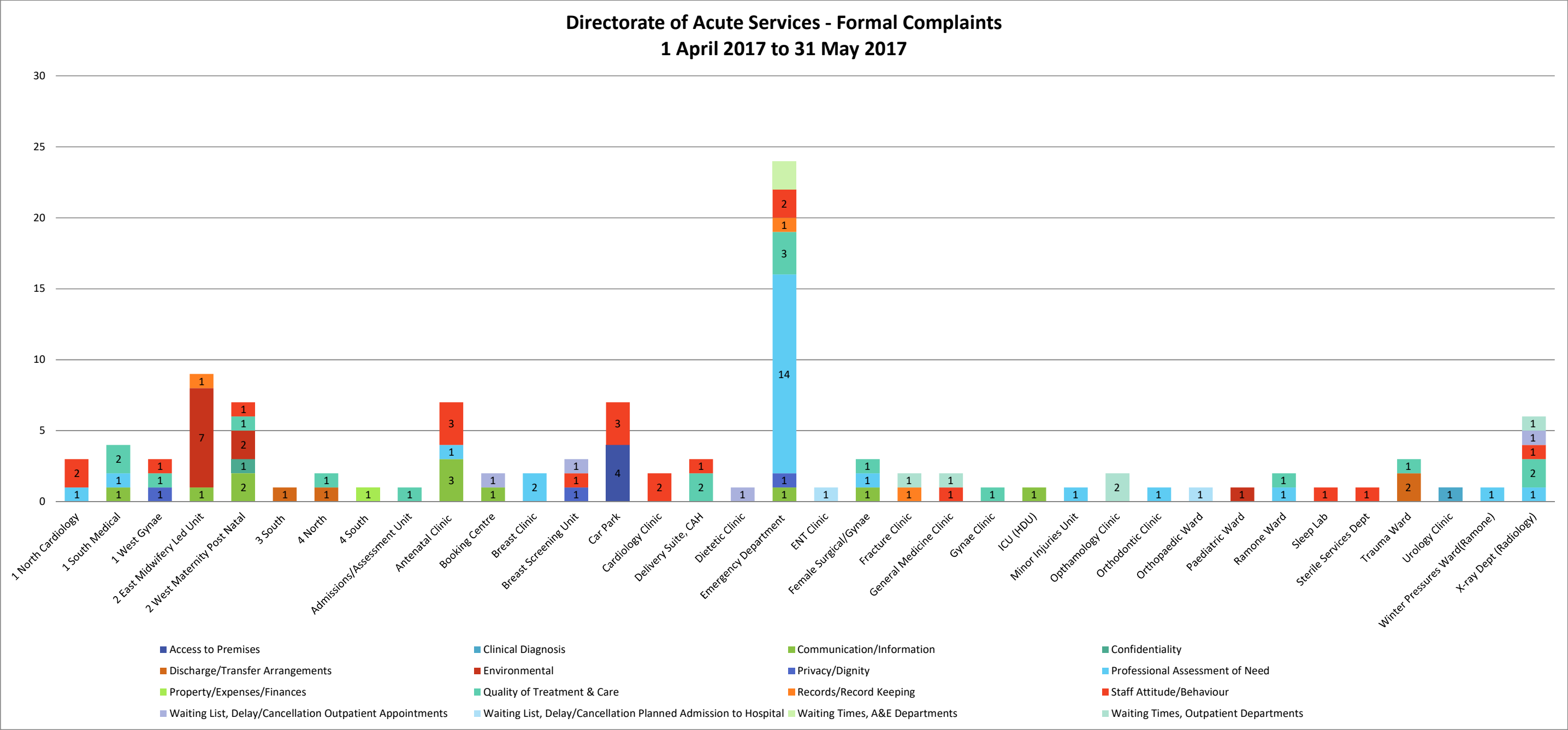
Ref	Date Received (Complainants - All dates)	Division	Site	Loc (Exact)	Subjects (Subjects)	Staff types (Subjects)	Description	Outcome	Action taken (Investigation)	Replied done (Complainants - All dates)	Response time
AS61.17/18	03/05/2017	CCS	Craigavon Area Hospital	X-ray Dept (Radiology)	Waiting List, Delay/Cancellation Outpatient Appointments	Non Staff			No action plan	15/05/2017	8
AS52.17/18	04/05/2017	SEC	Daisy Hill Hospital	Female Surgical/Gynae	Communication/Information	Medical and Dental					0
AS52.17/18	04/05/2017	SEC	Daisy Hill Hospital	Female Surgical/Gynae	Professional Assessment of Need	Medical and Dental					0
AS52.17/18	04/05/2017	SEC	Daisy Hill Hospital	Female Surgical/Gynae	Quality of Treatment & Care	Nursing and Midwifery					0
AS59.17/18	04/05/2017	SEC	Craigavon Area Hospital	Orthodontic Clinic	Professional Assessment of Need	Medical and Dental					0
AS53.17/18	05/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Waiting Times, A&E Departments	Non Staff					0
AS53.17/18	05/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental					0
AS62.17/18	08/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental					0
AS62.17/18	08/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Communication/Information	Medical and Dental					0
AS63.17/18	10/05/2017	MUC	Daisy Hill Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental					0
AS64.17/18	10/05/2017	FSS	Craigavon Area Hospital	Booking Centre	Communication/Information	Administrative and Clerical			No action plan	17/05/2017	5
AS65.17/18	10/05/2017	FSS	Craigavon Area Hospital	Car Park	Staff Attitude/Behaviour	Ancillary and General					0
AS66.17/18	10/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental					0
AS72.17/18	10/05/2017	MUC	Craigavon Area Hospital	1 North Cardiology	Professional Assessment of Need	Medical and Dental					0
AS72.17/18	10/05/2017	MUC	Craigavon Area Hospital	1 North Cardiology	Staff Attitude/Behaviour	Medical and Dental					0
AS67.17/18	11/05/2017	FSS	Craigavon Area Hospital	Car Park	Access to Premises	Non Staff			Ongoing review of car parking. Signage to be updated	31/05/2017	13

Ref	Date Received (Complainants - All dates)	Division	Site	Loc (Exact)	Subjects (Subjects)	Staff types (Subjects)	Description	Outcome	Action taken (Investigation)	Replied done (Complainants - All dates)	Response time
AS68.17/18	11/05/2017	IMWH	Craigavon Area Hospital	1 West Gynae	Privacy/Dignity	Nursing and Midwifery	Irrelevant information redacted by the USI				0
AS68.17/18	11/05/2017	IMWH	Craigavon Area Hospital	1 West Gynae	Quality of Treatment & Care	Nursing and Midwifery					0
AS69.17/18	11/05/2017	IMWH	Craigavon Area Hospital								0
AS70.17/18	12/05/2017	IMWH	Craigavon Area Hospital	Antenatal Clinic	Staff Attitude/Behaviour	Medical and Dental					0
AS70.17/18	12/05/2017	IMWH	Craigavon Area Hospital	Antenatal Clinic	Professional Assessment of Need	Medical and Dental					0
AS71.17/18	15/05/2017	MUC	Daisy Hill Hospital	Emergency Department	Quality of Treatment & Care	Nursing and Midwifery					0
AS73.17/18	16/05/2017	IMWH	Craigavon Area Hospital	Antenatal Clinic	Staff Attitude/Behaviour	Nursing and Midwifery					0
AS73.17/18	16/05/2017	IMWH	Craigavon Area Hospital	Antenatal Clinic	Communication/Information	Nursing and Midwifery					0
AS74.17/18	17/05/2017	SEC	Craigavon Area Hospital	Fracture Clinic	Waiting Times, Outpatient Departments	Non Staff					0
AS76.17/18	17/05/2017	SEC	Daisy Hill Hospital	Ophthamology Clinic	Waiting Times, Outpatient Departments	Non Staff					0
AS77.17/18	17/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Records/Record Keeping	Medical and Dental					0
AS80.17/18	17/05/2017	IMWH	Craigavon Area Hospital	1 West Gynae	Staff Attitude/Behaviour	Nursing and Midwifery					0
AS81.17/18	17/05/2017	FSS	Craigavon Area Hospital	Emergency Department	Staff Attitude/Behaviour	Administrative and Clerical					0
AS78.17/18	19/05/2017	MUC	Craigavon Area Hospital	Cardiology Clinic	Staff Attitude/Behaviour	Nursing and Midwifery					0
AS82.17/18	19/05/2017	FSS	Craigavon Area Hospital	Car Park	Staff Attitude/Behaviour	Ancillary and General				26/05/2017	5
AS79.17/18	22/05/2017	MUC	Daisy Hill Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental					0
AS83.17/18	22/05/2017	MUC	Craigavon Area Hospital	1 North Cardiology	Staff Attitude/Behaviour	Nursing and Midwifery					0
AS84.17/18	22/05/2017	IMWH	Craigavon Area Hospital	Antenatal Clinic	Communication/Information	Medical and Dental					0
AS85.17/18	22/05/2017	SEC	Craigavon Area Hospital	Breast Clinic	Professional Assessment of Need	Medical and Dental					0
AS86.17/18	23/05/2017	FSS	Daisy Hill Hospital	General Medicine Clinic	Staff Attitude/Behaviour	Administrative and Clerical					0
AS87.17/18	23/05/2017	IMWH	Craigavon Area Hospital	Antenatal Clinic	Staff Attitude/Behaviour	Medical and Dental					0
AS88.17/18	24/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Quality of Treatment & Care	Nursing and Midwifery					0
AS88.17/18	24/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Professional Assessment of Need	Medical and Dental					0
AS88.17/18	24/05/2017	MUC	Craigavon Area Hospital	Emergency Department	Privacy/Dignity	Non Staff					0
AS91.17/18	26/05/2017	CCS	Daisy Hill Hospital	X-ray Dept (Radiology)	Professional Assessment of Need	Professional and Technical (AHPs)					0
AS89.17/18	30/05/2017	SEC	Craigavon Area Hospital	Urology Clinic	Clinical Diagnosis	Medical and Dental	Complainant unhappy that he has not been provided with a firm diagnosis despite having attended for treatment over a long period of time.				0

Ref	Date Received (Complainants - All dates)	Division	Site	Loc (Exact)	Subjects (Subjects)	Staff types (Subjects)	Description	Outcome	Action taken (Investigation)	Replied done (Complainants - All dates)	Response time
AS90.17/18	30/05/2017	MUC	South Tyrone Hospital	Minor Injuries Unit	Professional Assessment of Need	Nursing and Midwifery	Irrelevant information redacted by the USI				0

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Row Labels	Access to P	Clinical Dia	Communic. Confidentiali	Discharge/ Environme	Privacy/Di	Profession	Property/E	Quality of T	Records/R	Staff Attitu	Waiting Lis	Waiting Lis	Waiting Tir	Waiting Times, Outpatient Departments
1 North Cardiology						1				2				
1 South Medical		1				1		2						
1 West Gynae					1			1		1				
2 East Midwifery Led Unit		1		7					1					
2 West Maternity Post Natal		2	1	2				1		1				
3 South				1										
4 North				1				1						
4 South							1							
Admissions/Assessment Unit								1						
Antenatal Clinic		3				1				3				
Booking Centre		1									1			
Breast Clinic						2								
Breast Screening Unit					1					1	1			
Car Park	4									3				
Cardiology Clinic										2				
Delivery Suite, CAH								2		1				
Dietetic Clinic											1			
Emergency Department		1			1	14		3	1	2			2	
ENT Clinic												1		
Female Surgical/Gynae		1				1		1						
Fracture Clinic									1					1
General Medicine Clinic										1				1
Gynae Clinic								1						
ICU (HDU)		1												
Minor Injuries Unit						1								
Opthamology Clinic														2
Orthodontic Clinic						1								
Orthopaedic Ward												1		
Paediatric Ward				1										
Ramone Ward						1		1						
Sleep Lab										1				
Sterile Services Dept										1				
Trauma Ward				2				1						
Urology Clinic		1												
Winter Pressures Ward(Ramone)						1								
X-ray Dept (Radiology)						1		2		1	1			1



Directorate of Acute Services
Complaints and Enquiries/Informals

Month	Total No 2011/12		Total No 2012/13		Total No 2013/14		Total No 2014/15		Total No 2015/16		Total No 2016/17		Total No 2017/18	
Type	Complaints	Enquiries / MLA / Informal	Complaints	Enquiries / MLA / Informal	Complaints	Enquiries / MLA / Informal	Complaints	Enquiries / MLA / Informal	Complaints	Enquiries / MLA / Informal	Complaints	Enquiries / MLA / Informal	Complaints	Enquiries / MLA / Informal
Apr	34	13	36	18	55	17	58	11	53	23	45	21	62	26
May	46	10	57	16	66	23	44	16	28	25	39	29	54	18
Jun	70	9	27	15	40	25	51	14	48	39	58	30		
Jul	33	9	31	13	41	27	43	9	51	25	28	11		
Aug	25	10	41	18	32	15	45	12	27	25	69	27		
Sep	34	9	33	12	35	12	50	16	36	20	61	28		
Oct	35	17	47	12	61	20	38	19	49	14	30	24		
Nov	30	15	40	15	37	7	42	23	35	11	51	18		
Dec	44	11	27	13	32	7	30	6	39	10	40	32		
Jan	33	9	44	18	53	14	38	19	64	19	58	21		
Feb	24	10	43	19	58	9	61	18	58	23	56	19		
Mar	49	11	57	16	49	12	57	22	67	18	37	18		
Total	457	133	483	185	559	188	557	185	555	252	572	278	116	44

DIRECTORATE OF ACUTE SERVICES
Weekly Report on Formal Complaints - 7 June 2017

Ref	Record name	Div	Loc (Exact)	Date Received	Investigation due	Reply due	Current Stage	Handler
Personal Information redacted by the USI		MUC/SEC	ED/4 North	10/01/2017	24/01/2017	07/02/2017	Being discussed at Surgical PSM May 2017.	DC
		MUC	Emergency Department	19/01/2017	02/02/2017	16/02/2017	To Anne McVey for approval 09.03.17.	DC
		IMWH	Delivery Suite, CAH	30/01/2017	13/02/2017	27/02/2017	P McStay and Dr Boggs to come back with suitable date for meeting.	VK
		IMWH	1 East	21/03/2017	04/04/2017	18/04/2017	Reminder to Wendy Clarke drafting response.	VK
		IMWH	1 East	27/03/2017	10/04/2017	24/04/2017	Response being drafted.	VK
		MUC	1 South	28/04/2017	11/04/2017	27/04/2017	To Anne McVey for approval 28.04.17.	DC
		IMWH	Antenatal Clinic	03/04/2017	19/04/2017	04/05/2017	Awaiting response from Dr Al-Sebai - P McStay following up with Dr Hogan	VK
		IMWH	Delivery suite/ICU/2 West	03/04/2017	19/04/2017	04/05/2017	P McStay finalizing response	VK
		SEC	Breast Clinic	05/04/2017	21/04/2017	08/05/2017	Awaiting response from Amie Nelson.	VK
		IMWH	Del Suite, CAH	10/04/2017	26/04/2017	11/05/2017	Awaiting response from Dr Al-Sebai - P McStay following up with Dr Hogan	VK
		CCS	ICU	12/04/2017	28/04/2017	15/05/2017	Awaiting response from Chris Clarke and Helena Murray.	DC
		MUC/SEC	1 South/ Trauma Ward	13/04/2017	02/05/2017	16/05/2017	Awaiting response from B Kelly and ICS team	DC
		SEC	3 South	13/04/2017	02/05/2017	16/05/2017	Awaiting approval from Ronan.	DC
		SEC	Trauma Ward	14/04/2017	03/05/2017	17/05/2017	Awaiting response from A Nelson and B Kelly.	DC
		SEC	4 South	19/04/2017	04/05/2017	18/05/2017	To Esther Gishkori for signature 05/06/17	DC
		IMWH	2 West	20/04/2017	05/05/2017	19/05/2017	Meeting held 31 May 2017. Notes being drafted	VK
		IMWH	Gynae OPD	24/04/2017	09/05/2017	23/05/2017	Awaiting response from Dr Finnegan	VK
		CCS	Breast Clinic / Oncology	25/04/2017	10/05/2017	24/05/2017	Awaiting response from Belfast Trust (via Fiona Reddick)	VK
		IMWH / CYP	MLU	26/04/2017	11/05/2017	25/05/2017	P McStay seeking clarity from Dr Hogan.	VK
		SEC	Ophthalmology Clinic	02/05/2017	16/05/2017	31/05/2017	To Esther Giskori for signature 05.06.17.	DC
		SEC	Fracture Clinic	02/05/2017	16/05/2017	31/05/2017	Awaiting response from B Kelly/Mr Alam?	DC
		SEC	Female Surgical	03/05/2017	17/05/2017	01/06/2017	Awaiting response from J Matthews	DC
		MUC	2North Winter Pressures/1South	03/05/2017	17/05/2017	01/06/2017	Awaiting response from Dr Gibbons, Dr McNeilly and Dr John	DC
		MUC	ED	03/05/2017	17/05/2017	01/06/2017	To Esther Gishkori for signature 22/5/17	DC
		MUC	ED	03/05/2017	17/05/2017	01/06/2017	Awaiting response from Mr Holmes, P Smith and S Holmes.	DC
		SEC	Orthodontics	04/05/2017	18/05/2017	02/06/2017	Awaiting response from A Nelson.	DC
		MUC	ED	05/05/2017	19/05/2017	05/06/2017	Awaiting response from G Hampton	DC
		MUC	ED	08/05/2017	22/05/2017	06/06/2017	Awaiting response from G Nicholson	DC
		MUC	ED	10/05/2017	24/05/2017	08/06/2017	Awaiting response from G Hampton	DC
		MUC	ED	10/05/2017	24/05/2017	08/06/2017	Awaiting response from Dr Hampton, P Smith and S Holmes	DC
		MUC	1 North	10/05/2017	24/05/2017	08/06/2017	Under Investigation	DC
		IMWH	1 West / Theatres	11/05/2017	25/05/2017	09/06/2017	Awaiting response from Dr Shahid	VK
		IMWH	1 East	11/05/2017	25/05/2017	09/06/2017	Awaiting response from Dr Currie and Dr Boggs	VK
		IMWH	Diabetic Antenatal Clinic	12/05/2017	26/06/2017	10/06/2017	Awaiting response from P McStay, Donna Jackson, Dr Sidhu and Dr Shahid	VK
		MUC	Emergency Department	15/05/2017	30/05/2017	13/06/2017	Awaiting response from Dr Hampton, P Smith and P Sheridan	DC
		IMWH	Antenatal Clinic	16/05/2017	31/05/2017	14/06/2017	Awaiting response from Wendy Clarke and Lois McClurg	VK
		SEC	Fracture Clinic	17/05/2017	01/06/2017	15/06/2017	Under Investigation	DC
		SEC	Ophthalmology Clinic	17/05/2017	01/06/2017	15/06/2017	Under Investigation	DC
		MUC	ED	17/05/2017	01/06/2017	15/06/2017	Under Investigation	DC
		IMWH	1 West / EAW	17/05/2017	01/06/2017	15/06/2017	Under Investigation	VK
		FSS	ED	17/05/2017	01/06/2017	15/06/2017	Under Investigation	VK
		SEC	Trauma Ward	19/05/2017	05/06/2017	19/06/2017	Under Investigation	DC
		MUC	Cardiology Clinic	19/05/2017	05/06/2017	19/06/2017	Under Investigation	DC
		MUC	ED	22/05/2017	05/06/2017	19/06/2017	Under Investigation	DC
		MUC	Cardiology	22/05/2017	05/06/2017	19/06/2017	Under Investigation	DC
		IMWH	Antenatal Clinic	22/05/2017	06/06/2017	20/06/2017	Under Investigation	VK
		SEC	Breast Clinic	22/05/2017	06/06/2017	20/06/2017	Under Investigation	VK
		FSS	General Medical Clinic (secretary)	23/05/2017	07/06/2017	21/06/2017	Under Investigation	VK
		IMWH	Antenatal Clinic	23/05/2017	07/06/2017	21/06/2017	Under Investigation	VK

Ref	Record name	Div	Loc (Exact)	Date Received	Investigation due	Reply due	Current Stage	Handler
Personal Information redacted by the USI		MUC	ED	24/05/2017	08/06/2017	22/06/2017	Under Investigation	DC
		CCS	X-Ray Department	26/05/2017	12/06/2017	24/06/2017	Under Investigation	VK
		MUC	Respiratory Clinic	26/05/2017	12/06/2017	26/06/2017	Under Investigation	DC
		SEC	Urology Clinic	30/05/2017	13/06/2017	27/06/2017	Under Investigation	DC
		MUC	Minor Injuries Department	30/05/2017	13/06/2017	27/06/2017	Under Investigation	DC
		FSS	Carpark	30/05/2017	13/06/2017	27/06/2017	Under Investigation	VK
		MUC/FSS	ED	31/05/2017	14/06/2017	28/06/2017	Under Investigation	DC
		FSS	Switchboard	31/05/2017	14/06/2017	28/06/2017	Under Investigation	VK
		IMWH	MLU / Theatres / 2 West	31/05/2017	14/06/2017	28/06/2017	Under Investigation	VK
		MUC	AMU	31/05/2017	14/06/2017	28/06/2017	Under Investigation	DC
		SEC	Breast clinic	02/06/2017	16/06/2017	30/06/2017	Under Investigation	VK
		FSS	Car park	02/06/2017	16/06/2017	30/06/2017	Under Investigation	VK
		MUC	1North	02/06/2017	16/06/2017	30/06/2017	Under Investigation	DC
		CCS	Oncology	05/06/2017	19/06/2017	03/07/2017	Under Investigation	VK

DIRECTORATE OF ACUTE SERVICES
Report on Re-Opened Complaints - 05 June 2017

Ref	Record name	Div	Loc (Exact)	Re-Opened	Current Stage	Handler
Personal Information redacted by the USI		MUC	ED	10.04.17	Awaiting response from Sr Holmes and Mary Burke	DC
		MUC	1 North		Awaiting confirmation of reimbursement from Director of Finance	DC
		MUC	ED/AMU	08.02.17	Awaiting response from Dr Forbes and Dr Murray	DC
		MUC	ED	24.03.17	Awaiting further correspondence from Complainant	DC
		MUC	ED	19.04.17	Awaiting response from G Hampton, R McKeown, B Kelly and M Burke	DC
		MUC	ED	24.02.17	Meeting held with family 11.05.17. Notes being drafted	DC
		MUC	Male Medical	28.04.17	Meeting held on 02.06.17. Notes being drafted.	DC
		MUC	ED		Awaiting confirmation of reimbursement from Director of Finance	DC
		SEC	General Surgery	30.11.16	Meeting held with family 03.04.17. Notes drafted awaiting approval.	DC
		SEC	Trauma	14.03.17	Meeting held on 01.06.17. Notes being drafted.	DC
		SEC	Urology	15.05.17	Awaiting response from Martina Corrigan and Mr O'Brien.	DC
		MUC	ED	18.05.17	Awaiting photograph from family.	DC
		MUC	Cardiology	07.05.17	Awaiting response from Kay Carroll	DC
		MUC	AMU 1 North	05.06.17	To Anne McVey, Mary Burke and Kay Carroll for advice.	DC
		SEC	3 South	05.06.17	Meeting being organised.	DC
		MUC	ED	02.05.17	Meeting held on 26.05.17. Notes being drafted.	DC

Trust Ref	NIPSO Ref	Patient	Div	Date Trust Received	Date Acute Received	Date Due Ombudsman	Progress	Head of Service	Handler
Personal Information redacted by the USI			MUC	06.02.17	10.02.17	28.06.17	Action Plan being populated.	Kay Carroll	David Cardwell
			MUC				Apology issued and closed.	Kay Carroll	David Cardwell
			MUC				Ongoing	Louise Devlin	David Cardwell
			MUC	08.03.17	09.03.17		Closed Case - Trust to consider making payment of Personal Information	Kay Carroll	David Cardwell
			MUC	14.02.17	16.02.17		Closed Case - Trust to consider making payment of Personal Information	Louise Devlin	David Cardwell
			MUC	28.02.17	01.03.17		Closed Case - Trust to consider making payment of Personal Information	Mary Burke	David Cardwell
			MUC	16.05.17	18.05.17	06.06.17	Response being drafted	Mary Burke	David Cardwell
			MUC				Ongoing	Mary Burke	David Cardwell
			MUC/CCS				Ongoing	Kay Carroll & Fiona Reddick	David Cardwell
			MUC				Ongoing	Ruth Donaldson	David Cardwell
			SEC	23.05.17	24.05.17	07.06.17	Draft report received for checking of factual accuracy.	Amie Nelson	David Cardwell
			MUC				Ongoing	Mary Burke	David Cardwell
			MUC	14.02.17	14.02.17	ASAP	Ongoing	A McVey	Vivienne Kerr
			MUC	14.02.17	14.02.17	ASAP	With HOS for response Re Chaperone policy	Amie Nelson	Vivienne Kerr
			SEC	11.04.17	24.04.17	ASAP	Draft response with AD for approval	Ronan Carroll	Vivienne Kerr
			FSS/MUC	22.03.17		ASAP	Draft response with AD for approval	Anne McVey Anita Carroll	Vivienne Kerr
			MUC/SEC				Timeline to Ombudsman 10.05.17	Ronan Carroll Anne McVey	Vivienne Kerr
			MUC/CCS				Ongoing	Heather Trouton Anne McVey	Vivienne Kerr
			IMWH	10.04.17		ASAP	Draft Action Plan to Ombuds 15.05.17. Ombuds requesting update Re the Trust making payment of Personal Information	Heather Trouton	Vivienne Kerr

2017

Our Ref: AS106.16/17

Your Ref:

Private & Confidential

Dear

I refer to your complaint in respect of.

Thank you for taking the time to highlight your concerns and for providing me with the opportunity to address them.

SUBSTANCE OF RESPONSE TO BE DETAILED HERE.

****Please ensure that your response is accurate, answers the questions / issues raised and is worded as you wish it to appear in the final response with no abbreviations or medical jargon. Consider the emotional tone of the letter of complaint and ensure that your response does not contain personal disagreements or criticisms.****

Key Considerations

Consider each area against the following and incorporate as appropriate into the response:

- a) What was expected?
- b) What was provided?
- c) What actually happened?
- d) Is there a difference between a) and b)? If the answer is yes, why?
- e) What was the impact of d)?
- f) Have you ensured staff have been spoken to & a note made of your findings?
- g) Is an apology appropriate and who should make this?

Learning

- a) What should be done to put things right?
- b) What should be done to avoid a recurrence?
- c) Detail the learning from the complaint.

I hope that you will find this response has addressed the issues that you raised. However, if you are unhappy with any aspect of this response you should contact a member of our Clinical & Social Care Governance Team on 028 3756 1056 or email: AcutePatient.ClientLiaison@southerntrust.hscni.net within 3 months of the date on this letter so that we can attempt to resolve any outstanding issues.

Should you remain dissatisfied at the end of the complaints process, you can then refer your complaint to the NI Public Services Ombudsman at the following address, "Freepost

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

NIPSO", Freephone: 0800 34 34 24 or email nipso@nipso.org.uk within 6 months of the completion of the Trust's internal complaints process. Further information on the role of the NI Public Services Ombudsman can be found at www.nipso.org.uk. Please note that the Ombudsman will not normally accept your complaint until the complaints process with the Trust has been exhausted.

Yours sincerely

ESTHER GISHKORI (Mrs)
Director of Acute Services

for Mr Francis Rice, Chief Executive (Interim)

Recommendation	Action Required	Designated Person	Timescale	Date Completed (with evidence)

DIRECTORATE OF ACUTE SERVICES**Incident Position, 1 January 2014 to 1 June 2017**

	Awaiting Review	In Review	Finally Approved	Grand Total
ATICS	4	61	1825	1894
CCS	21	31	574	628
FSS	37	53	1823	1915
IMWH	0	275	3097	3373
MUC	76	254	7431	7765
PHARM	11	7	210	228
SEC	42	170	3007	3229
Grand Total	197	852	17969	19041

Directorate of Acute Services - ATICS

Incident Position, 1 January 2014 to 1 June 2017

	Awaiting Review	In Review	Finally Approved	Total
Anaesthetics, Theatres and IC Services	4	61	1825	1894
1 West Gynae			5	5
2 East Midwifery Led Unit			1	1
4 North			2	2
4 South			2	2
Admissions/Assessment Unit			1	1
CEAW			5	5
Cellular Pathology Lab			1	1
Corridor/Stairs			2	2
CT Scanner		1		1
Day Hospital			1	1
Day Procedure/Day Surgery Unit	3	23	270	299
DEAW			3	3
Delivery Suite, CAH			7	7
Delivery Suite, DHH			3	3
Discharge Lounge			1	1
ECT Suite			1	1
ED Majors			1	1
ED Resus			11	11
ENT Clinic			2	2
Female Medical, Level 5			1	1
Female Surgical/Gynae			4	4
General Outpatients Treatment Room			1	1
ICU (HDU)		4	524	528
Male Surgical/HDU			1	1
MRI Unit			2	2
Orthopaedic Ward			1	1
Pain Management Clinic			1	1
Pre-operative Assessment Clinic			7	7
Recovery Unit		2	102	104
Switchboard			1	1
Theatre		27	684	712
Trauma Ward			3	3
Trauma/Orthopaedic Theatre		2	164	166
Urology Clinic			1	1
X-ray Dept (Radiology)	1	2	9	12

Directorate of Acute Services - CCS

Incident Position, 1 January 2014 to 1 June 2017

	Awaiting Review	In Review	Finally Approved	Total
Acute Directorate AHP's	21	31	574	628
2 North Resp/Medical			1	1
2 South Medical			2	2
4 North			1	1
4 South			1	1
Admissions/Assessment Unit			1	1
Basement			1	1
C Floor			1	1
Canteen/Dining Room			1	1
CEAW			1	1
Corridor/Stairs			2	2
ED Resus			1	1
ENT Clinic			1	1
General Male Medical, Level 5			1	1
General OutpatientsTreatment Room			1	1
Health Records			1	1
John Mitchel Place, HSSC			1	1
Male Surgical/HDU			1	1
MAU			2	2
Occupational Therapy Dept			2	2
Orthopaedic Ward			2	2
Physiotherapy Outpatients Department			2	2
Reception/Waiting Area			1	1
Recovery Unit			1	1
Rheumatology Clinic			1	1
Speech Therapy Outpatients Department			1	1
Stroke / Rehab			2	2
Trauma Ward			2	2
Breast Clinic			6	6
Breast Screening Unit		2		2
Car Park/Grounds		1	1	2
Cardiology Clinic			1	1
Corridor/Stairs			1	1
Day Hospital			1	1
ED Majors			1	1
Emergency Department			1	1
ENT Clinic			1	1
Entrance/Exit			1	1
General Outpatients Reception/Waiting Area			1	1
General OutpatientsTreatment Room		1		1
General Surgery Clinic			2	2
Gynae Clinic			1	1
Haematology Clinic		5	21	26
Home of client			1	1
Kitchen			1	1
Laboratory				1
Lung Clinic, Mandeville Unit			3	3
MEC			1	1
Non Trust premises		1		1
Oncology Clinic, Mandeville Unit	1	4	64	69
X-ray Dept (Radiology)		1		1
1 South Medical			1	1
2 North Resp/Medical			1	1
Audiology Clinic			5	5
Breast Clinic			9	9

Breast Screening Unit			20	20
Coronary Care Ward, Level 5		1		1
Corridor/Stairs			1	1
CT Scanner	1	1	48	50
Day Procedure/Day Surgery Unit			6	6
Delivery Suite, CAH			1	1
ED Clinical Decisions Unit			2	2
ED Majors			4	4
ED Minors			1	1
ED X-ray			35	35
EEG Clinic			3	3
ENT Clinic			1	1
Entrance/Exit		1	1	2
Fracture Clinic			1	1
General Male Medical, Level 5			1	1
General Outpatients Reception/Waiting Area			3	3
General Surgery Clinic			1	1
ICU (HDU)			1	1
MRI Unit		2	68	70
Oncology Clinic, Mandeville Unit		1	1	2
Portadown HSSC		1	2	3
Public Toilets			1	1
Reception/Waiting Area			2	2
The Maples			1	1
Theatre			3	3
Ulster Independant Clinic			1	1
X-ray Dept (Radiology)		3	129	133
1 West Gynae			1	1
2 North Resp/Medical			1	1
2 South Medical			1	1
4 North			1	1
Antenatal Clinic			1	1
Bio-chemistry Lab	4	1	11	16
Blood Transfusion Lab			6	6
Car Park/Grounds	1		1	2
Cellular Pathology Lab	12		10	22
Day Procedure/Day Surgery Unit			1	1
Delivery Suite, CAH			2	2
ED Clinical Decisions Unit			1	1
Emergency Department			5	5
General Male Medical, Level 5			1	1
General OutpatientsTreatment Room			1	1
Haematology Lab		1	6	7
ICU (HDU)			2	2
Laboratory	2	1	9	12
Male Surgical/HDU			1	1
Maternity Ward			1	1
MAU			1	1
Microbiology Lab		2	3	5
Mortuary		1	2	3
Oncology Clinic, Mandeville Unit			1	1
Pre-operative Assessment Clinic			1	1
Stroke / Rehab			1	1
Theatre			4	4

Directorate of Acute Services - FSS

Incident Position, 1 January 2014 to 1 June 2017

	Awaiting Review	In Review	Finally Approved	Total
Functional Support Services	37	53	1823	1915
1 East Maternity Antenatal		1	2	3
1 North Cardiology			9	9
1 South Medical			47	47
1 West Gynae			4	4
2 East Midwifery Led Unit			6	6
2 Medical			1	1
2 North Haematology			6	6
2 North Resp/Medical		1	15	16
2 South Medical			15	15
2 South Stroke			23	23
2 West Maternity Post Natal			6	6
3 South		1	23	24
4 North		1	35	36
4 NORTH STOMA CLINIC			1	1
4 South			16	16
Admissions/Assessment Unit			2	2
Antenatal Clinic			5	5
B Floor			1	1
Basement		1	17	18
Blood Transfusion Lab			7	7
Bluestone Day Hospital	3		1	4
Boiler House			1	1
Booking Centre			2	3
Breast Clinic			2	2
Breast Screening Unit			2	2
Bronte Ward			3	3
Brownlow HSSC, Legahorry Centre			4	4
Canteen/Dining Room		1	8	9
Car Park/Grounds	3	3	116	122
Cardiology Clinic			1	1
Carepoint			2	2
CEAW			7	7
Cellular Pathology Lab			2	2
Cloughmore Ward	1		3	4
College of Nursing/ST Headquarters			3	3
Coronary Care Ward, Level 5		2	24	26
Coronation Building	1		1	2
Corridor/Stairs		4	29	33
CT Scanner			3	3
CYP A&E			1	1
Daisy Hill Resource Centre			2	2
Day Clinical Centre			5	5
Day Hospital	1		2	3
Day Procedure/Day Surgery Unit		10	19	29
DEAW			1	1
Delivery Suite, CAH	2		7	9
Delivery Suite, DHH	1		2	3
Dermatology Clinic			3	3
Doctors Accommodation			8	8
E Floor			1	1
ED Clinical Decisions Unit			22	22
ED Majors			145	145
ED Minors	1		34	35
ED Resus		1	42	43

ED X-ray			2	2
Emergency Department			62	62
ENT Clinic			2	2
Entrance/Exit	1		33	34
Female Medical, Level 5	1		17	18
Female Surgical/Gynae			11	11
Ferns Resource Centre			1	1
Finance Department			2	2
Finance Dept			1	1
Firbank House			2	2
Fracture Clinic			4	4
General Male Medical, Level 5			42	42
General Medicine Clinic	1		1	2
General Outpatients Reception/Waiting Area	1		9	10
General Outpatients Treatment Room			2	2
General Surgery Clinic			2	2
Gilford Health Clinic			2	2
Gillis Memory Centre			1	1
Gynae Clinic			1	1
Haematology Lab		1	2	3
Health Records			7	7
Hill Building			2	2
ICU (HDU)		1	11	12
John Mitchel Place, HSSC	1		3	4
Kilkeel Health Centre			1	1
Kitchen	2	2	57	61
Laboratory			12	12
Laundry Room			84	84
Lift	1		8	9
Male Surgical/HDU		1	29	30
Maternity Ward			3	3
MAU			147	147
Meadow View			1	1
MEC			3	3
Memory Service Clinic			1	1
Minor Injuries Unit			1	1
Mortuary		1		1
Mourne House			1	1
Neonatal Unit/SCBU		1	1	2
Non Trust premises			1	1
Nurses Home			7	7
Occupational Therapy Dept			1	1
Oncology Clinic, Mandeville Unit		1	2	3
Ophthalmology Clinic			6	6
Orthopaedic Ward			7	7
Paediatric Ward			5	5
Patient Flow Team			2	2
Physiotherapy Outpatients Department			3	3
Pinewood Villas, Longstone Site			1	1
Portadown HSSC			2	2
Post Room			2	2
Public Toilets			6	6
Ramone Building	1	2	6	9
Ramone Day Clinical			1	1
Ramone Ward			1	1
Reception/Waiting Area	1	3	28	33
Recovery Unit	1		13	14
Rehabilitation, Level 4			6	6
Renal Unit			2	2

Rheumatology Clinic			1	1
Rosebrook			1	1
Rosedale	1			1
Silverwood Ward			4	4
Staff accommodation			40	40
Sterile Services Dept	6	3	139	148
Stroke / Rehab			14	14
Switchboard			110	110
The Bungalow, Lurgan Hosp Site (Equality Assurance Unit)			1	1
The Elms			3	3
The Maples			1	1
The Oaks			1	1
The Rowans			1	1
Theatre		6	22	28
Thorndale Unit			1	1
Tower Block			1	1
Trauma Ward	1		11	12
Trauma/Orthopaedic Theatre		3	13	16
Ulster Independant Clinic			2	2
Urology Clinic			3	3
Ward 1, Assessment & Rehabilitation			2	2
Ward 1, Stroke			1	1
Ward 2, Assessment and Rehabilitation			1	1
Ward 3, Assessment and Rehabilitation			4	4
Warrenpoint Health Centre		1	1	2
Waste Transfer Station	2		6	8
Willowbank			3	3
Willows Ward	3		1	4
Winter Pressures Ward(Ramone)			12	12
X-ray Dept (Radiology)		1	1	2

Directorate of Acute Services - IMWH
Incident Position, 1 January 2014 to 1 June 2017

	Awaiting Review	In Review	Finally Approved	Total
Integrated Maternity and Womens Health		275	3097	3373
1 East Maternity Antenatal		1	22	23
1 West Gynae		19	256	275
2 East Midwifery Led Unit		7	109	116
2 West Maternity Post Natal		56	409	465
3 South			1	1
Admissions/Assessment Unit		8	78	86
Antenatal Clinic		22	145	167
Armagh Community Clinic			1	1
Banbridge HSSC		1	2	3
Bio-chemistry Lab			6	6
Brownlow HSSC, Legahorry Centre			1	1
C Floor		2		2
Car Park/Grounds			2	2
CEAW			4	4
Cellular Pathology Lab			1	1
Clanrye Surgery		1		1
Colposcopy Clinic		1	32	33
Corridor/Stairs			3	3
Crossmaglen Health Centre		1		1
Day Hospital		1	2	3
Day Obstetric Unit			3	3
Day Procedure/Day Surgery Unit		1	14	15
Delivery Suite, CAH		79	872	951
Delivery Suite, DHH		23	424	448
Dietetic Clinic		1		1
Discharge Lounge			3	3
Early Pregnancy Problem Clinic		1	15	16
ED Clinical Decisions Unit		1	3	4
ED Majors			1	1
ED Minors			2	2
ED Resus			2	2
Emergency Department			2	2
Entrance/Exit		1	2	3
Female Medical, Level 5			1	1
Female Surgical/Gynae			84	84
Fertility Clinic			1	1
General Outpatients Reception/Waiting Area		1	2	3
General Outpatients Treatment Room		1	5	6
Gynae Clinic		4	35	39
Home of client		18	135	153
John Mitchel Place, HSSC		1	3	4
Kilkeel Health Centre			6	6
Lift			4	4
Male Surgical/HDU			1	1
Maternity Ward		17	315	332
Menopause Clinic			1	1
Non Trust premises			3	3
OOH SW Service			1	1
Patient Flow Team			1	1
Patient Support Office			1	1
Physical Disability Team, Manse View, Newry			1	1
Portadown HSSC		1	3	4
Public place		1	2	3
Public Toilets			1	1

Reception/Waiting Area		1	1
Recovery Unit		5	5
SAUCS (GPOOH) Armagh		1	1
SAUCS (GPOOH) Craigavon		5	5
SAUCS (GPOOH) Dungannon	1		1
SAUCS (GPOOH) Newry		1	1
Theatre	2	58	60
Trust transport		1	1
X-ray Dept (Radiology)	1	2	3

Directorate of Acute Services - MUC

Incident Position, 1 January 2014 to 1 June 2017

	Awaiting Review	In Review	Finally Approved	Total
Medicine and Unscheduled Care	76	254	7431	7765
1 East Maternity Antenatal			1	1
1 North Cardiology		30	427	457
1 South Medical	3	30	788	821
1 West Gynae	2	1	3	6
2 Medical	1		67	68
2 North Haematology		5	272	277
2 North Resp/Medical		3	390	393
2 South Medical	4	10	458	472
2 South Stroke	1	5	326	332
2 West Maternity Post Natal	1			1
3 South	1	6	8	15
4 North			9	9
4 South			4	4
Admissions/Assessment Unit	1	4	7	12
Air (Respiratory) Lab	1			1
Antenatal Clinic		1		1
Basement			1	1
Canteen/Dining Room	1			1
Car Park/Grounds	5	2	14	21
Cardiac Catheterisation Lab			59	59
Cardiology Clinic			6	6
Cardiology Research			7	7
CEAW			3	3
Chest Clinic			2	2
Collegelands Nursing Home		1		1
Coronary Care Ward, Level 5		8	56	64
Corridor/Stairs	1	2	4	7
CT Scanner	1			1
CYP A&E			1	1
Day Clinical Centre		1	64	66
Day Hospital	1	2		3
Day Procedure/Day Surgery Unit		3	2	5
DEAW		2	2	4
Dermatology Clinic		3	84	87
Dermatology Ward		1	5	6
Diabetology Clinic	1		2	3
Discharge Lounge	1	1	4	6
ECG Clinic			9	9
ED Clinical Decisions Unit		2	298	300
ED Majors	2	15	858	875
ED Minors	1	10	244	255
ED Resus	1	8	161	170
ED X-ray		5	2	7
Emergency Dental Clinic			1	1
Emergency Department		9	304	314
Entrance/Exit	6	1	8	15
Female Medical, Level 5	4		408	412
Female Surgical/Gynae			10	10
Gastroenterology Clinic			1	1
General Male Medical, Level 5	1	8	280	289
General Medicine Clinic	4		3	7
General Outpatients Reception/Waiting Area	4			4
General Outpatients Treatment Room	1		1	2
Heart Failure Clinic		1	1	2

Home of client	3	4	2	9
ICU (HDU)		1	4	5
Kitchen			1	1
Lift	1			1
Male Surgical/HDU		3	22	25
MAU	5	10	981	997
Minor Injuries Unit		1	24	25
MRI Unit		1	1	2
Neurology Clinic			3	3
Non Trust premises	3			3
Orthopaedic Ward			1	1
Patient Flow Team	2	7	10	19
Patient Support Office		1		1
Physiotherapy Outpatients Department			2	2
Public Toilets			1	1
Ramone Building	1			1
Ramone Day Clinical		3	10	13
Ramone Ward		2	34	36
Reception/Waiting Area	1	1	5	7
Recovery Unit			1	1
Rehabilitation, Level 4		10	25	35
Renal Clinic			5	5
Renal Unit			32	32
Rheumatology Clinic	5		1	6
Stroke / Rehab	2	24	384	410
Theatre	1		15	16
Tower Block			1	1
Trauma Ward			2	2
Trauma/Orthopaedic Theatre			1	1
Ward 1, Assessment & Rehabilitation		2		2
Ward 1, Stroke			2	2
Ward 2, Assessment and Rehabilitation	1			1
Ward 3, Assessment and Rehabilitation			1	1
Winter Pressures Ward(Ramone)		3	194	198
X-ray Dept (Radiology)	1	1	1	3

Directorate of Acute Services - Pharmacy
Incident Position, 1 January 2014 to 1 June 2017

	Awaiting Review	In Review	Finally Approved	Total
Pharmacy	11	7	210	228
1 North Cardiology			1	1
2 North Resp/Medical			2	2
2 South Medical			2	2
4 South			1	1
Admissions/Assessment Unit			1	1
Basement			1	1
Canteen/Dining Room		1		1
Car Park/Grounds			4	4
Cardiac Catheterisation Lab			1	1
Corridor/Stairs			1	1
Day Clinical Centre			1	1
Day Hospital			1	1
Day Procedure/Day Surgery Unit		1	1	2
Dietetics Outpatients Department			1	1
ED Clinical Decisions Unit			1	1
ED Majors			1	1
General Male Medical, Level 5			1	1
Haematology Clinic		1		1
Home of client			2	2
ICU (HDU)		1		1
MAU			4	4
Non Trust premises			1	1
Oncology Clinic, Mandeville Unit	1		2	3
Orthopaedic Ward			1	1
Pharmacy Aseptic Unit	9		24	33
Pharmacy Dispensary	1		122	123
Pharmacy Production			1	1
Pharmacy Stores / Distribution		2	14	16
Portadown HSSC			1	1
Reception/Waiting Area			1	1
Recovery Unit			1	1
Stroke / Rehab		1	1	2
Switchboard			1	1
Thorndale Unit			1	1
Ward 1, Assessment & Rehabilitation			1	1
Ward 1, Stroke			6	6
Ward 2, Assessment & Rehabilitation			2	2
Ward 2, Assessment and Rehabilitation			1	1
Waste Transfer Station			1	1
Willows Ward			1	1

Directorate of Acute Services - SEC

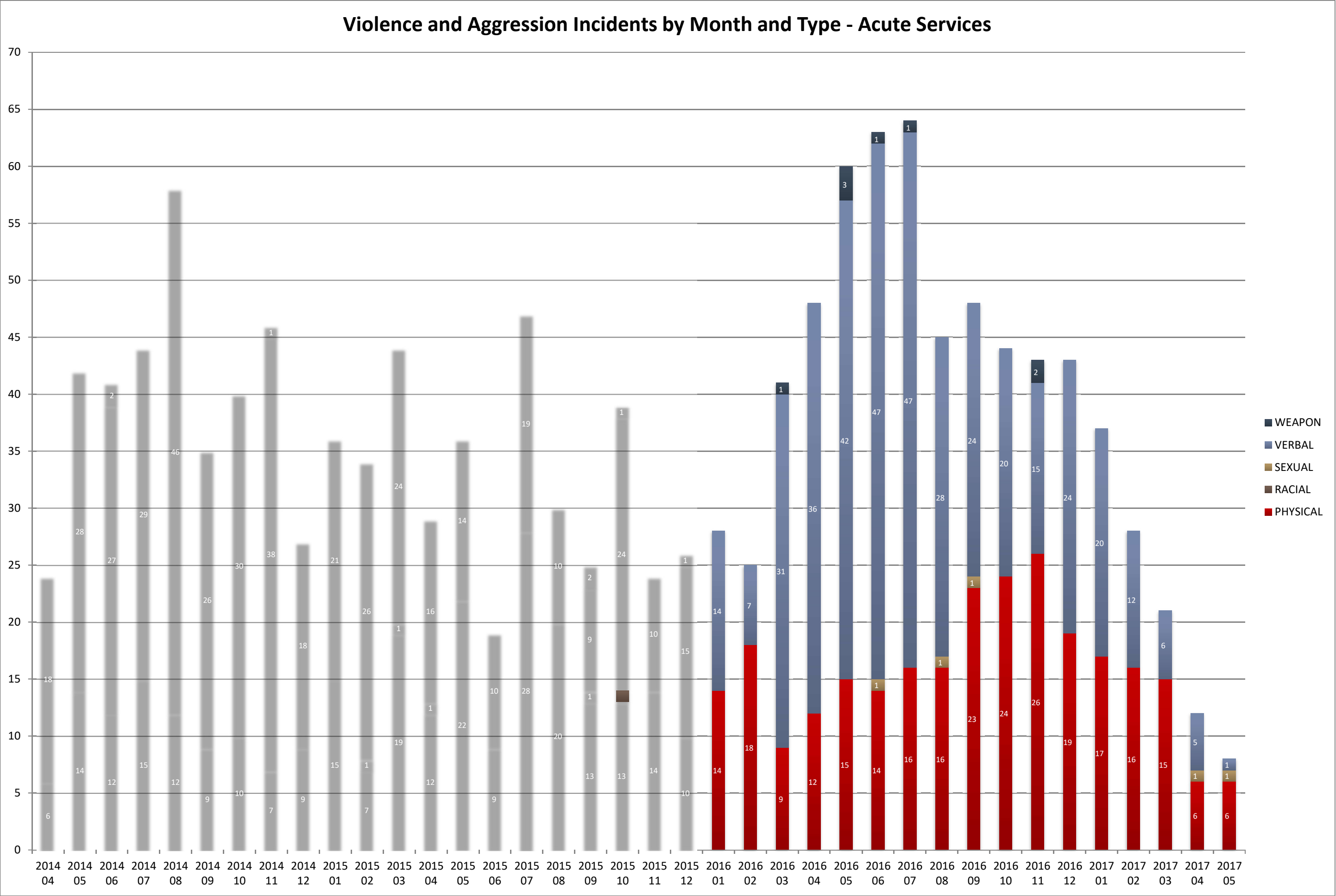
Incident Position, 1 January 2014 to 1 June 2017

	Awaiting Review	In Review	Finally Approved	Total
Surgery and Elective Care	42	170	3007	3229
1 South Medical			1	1
1 West Gynae	2	2	6	10
3 South	3	67	440	512
4 North	1	2	426	433
4 NORTH STOMA CLINIC	1		3	4
4 South		1	339	340
Admissions/Assessment Unit			2	2
Car Park/Grounds	1		6	7
CEAW			190	191
Colposcopy Clinic			1	1
Corridor/Stairs			1	1
CT Scanner			1	1
Day Procedure/Day Surgery Unit	4	31	85	120
DEAW			27	28
Dermatology Clinic			1	1
Diabetology Clinic			2	2
Dietetic Clinic			1	1
Discharge Lounge			1	1
ED Clinical Decisions Unit			11	11
ED Majors	1		4	5
ED Minors			4	4
Emergency Department			3	3
ENT Clinic		1	19	20
Entrance/Exit	2	1	5	8
Female Surgical/Gynae		5	190	196
Firbank House			1	1
Fracture Clinic	1	2	32	35
Gastroenterology Clinic			1	1
General Medicine Clinic			3	3
General Outpatients Reception/Waiting Area			15	15
General Outpatients Treatment Room	1	4	17	22
General Surgery Clinic			15	15
Health Records			1	1
Home of client	1		7	8
ICU (HDU)		1		1
Laboratory			1	1
Male Surgical/HDU	2	9	260	271
Minor Injuries Unit			2	2
MRI Unit			1	1
Oncology Clinic, Mandeville Unit		2		2
Ophthalmology Clinic			5	5
Orthopaedic Clinic			3	3
Orthopaedic Ward		3	204	207
Paediatric Ward	1	2	16	19
Patient Flow Team			2	2
Pharmacy Dispensary			2	2
Physiotherapy Outpatients Department			1	1
Portadown HSSC	1			1
Pre-operative Assessment Clinic		1	11	12
Public Toilets			2	2
Reception/Waiting Area	1	1		2
Recovery Unit		2	9	11
Rehabilitation, Level 4			1	1
Rheumatology Clinic			1	1
Sleep Lab			1	1
Stroke / Rehab		1		1
Surgical Assessment Unit	2	1	6	9
Theatre	10	18	120	149
Thorndale Unit			8	8
Tower Block	1			1
Trauma Ward	1	8	436	445
Trauma/Orthopaedic Theatre		3	32	35
Urology Clinic	5	1	15	21
Ward 1, Stroke			1	1
Waste Transfer Station			1	1
X-ray Dept (Radiology)		1	5	6

Acute Services Directorate
Major and Catastrophic Incidents - May 2017

ID	Incident date	Full name	Division	Site	Loc (Exact)	Severity	Description	Action taken	Handler	Approval status
68775	01/05/2017	Personal Information redacted by the USI	MUC	Daisy Hill Hospital	ED Majors	Major	Irrelevant information redacted by the USI	notes to be reviewed b Dr Chada and feedback to CD		INREV
69210	04/05/2017	Personal Information redacted by the USI	SEC	Daisy Hill Hospital	Theatre	Major				AWAREV
69128	04/05/2017	Personal Information redacted by the USI	SEC	Craigavon Area Hospital	Urology Clinic	Major	Patient Personal - HCN Personal Information redacted by the USI was referred to Urology Outpatients on 28 July 2016 for assessment and advice elevated PSA. referral was marked urgent by the GP. Referral was not triaged on receipt. As a result of a look-back exercise the referral was upgraded to red flag and patient was seen in clinic on day 217, on day 270 the patient had a confirmed cancer diagnosis			AWAREV
68928	05/05/2017	Personal Information redacted by the USI	MUC	Craigavon Area Hospital	1 South Medical	Major	Irrelevant information redacted by the USI			AWAREV
69018	09/05/2017	Personal Information redacted by the USI	MUC	Craigavon Area Hospital	3 South	Major				AWAREV
69078	10/05/2017	Personal Information redacted by the USI	MUC	Craigavon Area Hospital	Winter Pressures Ward(Ramone)	Major		dealt with by pharmacy		FA
69106	11/05/2017	Personal Information redacted by the USI	MUC	Craigavon Area Hospital	ED Resus	Major		Son informed of fall Security asked to check cameras for CCTV footage of fall - unable to see as curtains obscured view. Patient transferred to spinal at RVH as emergency	Sharon Holmes	INREV

ID	Incident date	Full name	Division	Site	Loc (Exact)	Severity	Description	Action taken	Handler	Approval status
69149	12/05/2017	Personal Information redacted by the USI	MUC	South Tyrone Hospital	Minor Injuries Unit	Major	Irrelevant information redacted by the USI	Personal Information : acute governance asked to hand over to NIAS for investigation and feedback to MIUas a near miss.	Acute Governance	INREV
69178	13/05/2017	Personal Information redacted by the USI	MUC	Craigavon Area Hospital	Emergency Department	Major		To be shared with NIAS please	Sharon Holmes	INREV
69193	13/05/2017	Personal Information	CCS	Daisy Hill Hospital	Day Procedure/Day Surgery Unit	Major				INREV
69263	16/05/2017	Personal Information redacted by the USI	IMWH	Craigavon Area Hospital	2 West Maternity Post Natal	Major		Staff member already aware of incident, parallel process enacted within midwifery. Staff member not dispensing any medicines at present until other processes completed.	Donna King	INREV
69361	18/05/2017	Personal Information redacted by the USI	CCS	Daisy Hill Hospital	Theatre	Major		Personal Information LEAD Nurse for ATICS informed. Staff spoken to by Personal Information and a timeline of events documented by staff. Personal Information took timeline of events to MR Carroll A/D to discuss events. awaiting response from meeting.		INREV
69410	22/05/2017	Personal Information redacted by the USI	IMWH	Daisy Hill Hospital	Delivery Suite, DHH	Major			Donna King	INREV
69564	25/05/2017	Personal Information redacted by the USI	CCS	Craigavon Area Hospital	X-ray Dept (Radiology)	Major				INREV
69610	25/05/2017	Personal Information redacted by the USI	IMWH	Community	SAUCS (GPOOH) Dungannon	Major			Donna King	INREV
69640	27/05/2017	Personal Information	IMWH	Daisy Hill Hospital	Delivery Suite, DHH	Major			Donna King	INREV
69716	30/05/2017	Personal Information redacted by the USI	MUC	Daisy Hill Hospital	Reception/Waiting Area	Major				AWAREV



Incidents by Incident date and Detail. (Month and Year)

	PHYSICAL	RACIAL	SEXUAL	VERBAL	WEAPON	Total
2014 04	6			18		24
2014 05	14			28		42
2014 06	12			27	2	41
2014 07	15			29		44
2014 08	12			46		58
2014 09	9			26		35
2014 10	10			30		40
2014 11	7			38	1	46
2014 12	9			18		27
2015 01	15			21		36
2015 02	7		1	26		34
2015 03	19		1	24		44
2015 04	12		1	16		29
2015 05	22			14		36
2015 06	9			10		19
2015 07	28			19		47
2015 08	20			10		30
2015 09	13		1	9	2	25
2015 10	13	1		24	1	39
2015 11	14			10		24
2015 12	10			15	1	26
2016 01	14			14		28
2016 02	18			7		25
2016 03	9			31	1	41
2016 04	12			36		48
2016 05	15			42	3	60
2016 06	14		1	47	1	63
2016 07	16			47	1	64
2016 08	16		1	28		45
2016 09	23		1	24		48

2016 10	24			20		44
2016 11	26			15	2	43
2016 12	19			24		43
2017 01	17			20		37
2017 02	16			12		28
2017 03	15			6		21
2017 04	6		1	5		12
2017 05	6		1	1		8
Totals:	542	1	9	837	15	1404

ID	Incident date	Director ate	Division	Site	Loc (Exact)	Description	Drug administer ed	Correct drug	Action taken	Sub Category	Detail.	Conseq uence	DHSSPS impact	DHSSPS potential	DHSSPS likelihoo d	DHSSPS risk rating
83622	01/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	Ramone Day Clinical Centre	Prescription came to pharmacy for Nitrofurantoin. No allergy status stated. When contacting the ward to get allergy status of patient, nurse informed me that patient was allergic to Nitrofurantoin. Asked Nurse to check with Doctor. Specialist Nurse came on phone and told me patient had reaction to nitrofurantoin in the past and Doctor to issue new prescription.	Nitrofuran toin		Informed Staff Nurse at Day Clinical Centre.	Medicatio n error during the prescripti on process	Undocum ented/ unclear/ incorrect allergy status or known allergen prescribe d	Minor	insignific ant	catastrop hic	possible	extreme
83966	08/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	1 North Cardiolog y	I realized that myself Personal Information and S/N Personal Information had miscalculated the dose of Ketamine that we had made up in syringe driver for a palliative patient 500mg instead of 300mg	Ketamine	Ketamin e	Stopped syringe driver which had been infusing for 40 mins. Spoke with palliative pharmacist who assured us that it was likely very little if any drug was infused as the line was already primed. syringe contents was discarded and new prescription made up.	Administr ation or supply of a medicine from a clinical area	Wrong method of preparatio n or supply	Insignifi cant	insignific ant	major	possible	high
83984	09/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Daisy Hill Hospital	Maternity Ward	Patient with DVT for IOL. Clexane was deferred for 2 days in view of this but was administered 8/6/18. Patient was in D/S when this was highlighted. Seen by Consultant and IOL deferred until this evening as requesting epidural	Enoxapari n	Enoxapa rin	IR1 completed. IOL deferred	Administr ation or supply of a medicine from a clinical area	Unknown	Minor	insignific ant	major	possible	high
84521	21/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/G ynae	patient had high blood pressure, spoke to F1 oncall Personal Information she reviewed patient and suggest a stat of amlodipine 5mg. same was given to patient however patient had a sensitivity to amlodipine spoke with f1 she reviewed patient showed no signs of reaction to medication. observations stable to monitor patient.	Amlodipin e		was reviewed by medical F1 oncall Personal Information , vital signs taken same were normal. no obvious sign of allergic reation, patient not feeling any different when asked to continue to monitor patient.	Medicatio n error during the prescripti on process	Undocum ented/ unclear/ incorrect allergy status or known allergen prescribe d	Minor	minor	major	possible	high
84686	25/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	AMU	Pt weighs 83.4 Kg commenced on enoxaparin 120mg BD treatment dose for PE. Received 4 doses. guidelines suggest 80mg BD	enoxapari n		Medical team informed pt changed to 80mg BD	Medicatio n error during the prescripti on process	Dose or strength was wrong or unclear		insignific ant	major	unlikely	high
84733	25/06/2018	Acute Services	Surgery and Elective Care	Craigavo n Area Hospital	General Outpatien ts Reception /Waiting Area	Personal Information admitted on 25/06/18 for gynae surgery was not informed to stop warfarin prior to surgery therefore surgery was cancelled	Warfain		contacted pre-op who stated that they had followed instructions from medical team as per Pre Op management of warfarin. Patient given new date for surgery 02/07/18 and pre-op team to contact her regarding warfarin.	Advice	Verbal direction to patient was wrong or omitted	Minor	minor	moderat e	possible	high

84906	28/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	Patient with an intracerebral bleed on high dose enoxaparin. Protamine given to reverse the effects of the enoxaparin. Around 10 minutes following the administration the patient had an episode of blood pressure and bradycardia. Treated as a PEA cardiac arrest but resolved quickly with adrenaline and one cycle of CPR. Patient returned to previous state following the event. It appears that I gave the protamine over a few minutes as a slow IV push rather than the infusion which may have triggered the event. The patient had also received Labetalol 10 minutes prior to the protamine also to manage the ICH.	Protamine Sulphate		Discussed with consultant (Person). I also explained the events to family (sister Personal Information redacted by the UST Personal Information redacted by the UST).	Administration or supply of a medicine from a clinical area	Dose or strength was wrong or unclear	Moderate	moderate	major	possible	high
85042	29/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavon Area Hospital	1 East Maternity /Gynae	patient on warfarin heavy bleeding from infected LLETZ rosette given metronidazole INR increase to 5-8	Metronidazole	Warfarin	warfarin stopped input from haematology warfarin reversed with vitamin K	Medication error during the prescription process	Contraindication to the use of the medication		moderate	major	possible	high
83853	06/06/2018	Acute Services	Pharmacy	Craigavon Area Hospital	Pharmacy Aseptic Unit	A box of imatinib 400mg was dispensed instead of a box of gefitinib 250mg tablets. The error was picked up at the final check stage and was re-dispensed according to the prescription.	Imatinib	Gefitinib	Informed the dispenser who was then able to re-dispense.	Preparation of medicines / dispensing in pharmacy	Wrong/unclear drug/medicine		insignificant	moderate	possible	medium
84125	07/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	1 South Medical	Patient did not receive daily dose of metformin m/r 1g for 6 days in a row. Not documented held by medical staff. Reason for non-administration not documented.	Metformin		Highlighted to medical staff. Reviewed patient - to restart metformin. They will monitor.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	insignificant	moderate	possible	medium
84172	13/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	patient transferred from yellow area to CDU at approx 10am and at handover I was told that patient was awaiting physio and OT and if happy pt was medically fit for discharge back to the acute care at home team who had previously been looking after her. patient had been prescribed IV antibiotics and oral meds and same was missed.	Aztreonam	Aztreonam	Acute care at home made aware of omission and they will give medications as prescribed. Patients son contacted and advised which oral medications need given and I apologized for omission.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	minor	moderate	possible	medium
84347	18/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	3 South	Noted on patients kardex paracetamol in regular section and prn section. Noted 6x doses of paracetamol given on 17/6/18	Paracetamol	Paracetamol	Informed ward manager. Informed clinical sister. Urology team informed. FY1 informed patient. Toxicity bloods sent. PRN paracetamol stopped. Regular paracetamol on hold the rest of the day until bloods back. For neuro obs until bloods back.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	minor	moderate	possible	medium

84380	18/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Patient on the Trauma ward with a history of parkinsons, prescribed co benaldopa 6 times a day. Pharmacy technician noticed on 18/06/18 that the co benaldopa in the patients medicine drawer was controlled realease. Patient had received the controlled release co benaldopa at the 10am dose on 18/06/18 and has potentially been receiving this for the previous 3 days that she has been on the ward.	Co-Beneldopa	Co-Beneldopa	nurse in charge and ward sister informed of incident. ward pharmacist also informed. SHO on ward informed. ward pharmacist has documented the potential side effects of overdose of the drug in the medical notes. SHO on ward reviewed patient and thankfully she has not experienced any of the side effects associated with overdosing on the controlled realease co benaldopa. Correct medication ordered from pharmacy promptly and placed in patients medicine drawer.	Administration or supply of a medicine from a clinical area	Formulation of medication was wrong	Minor	minor	moderate	possible	medium
84528	13/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	General Male Medical,	-Discharge letter with patient name Person appeared on ECM. -Pharmacist A proceeded to check discharge letter as had been expecting a discharge letter for patient Person, a patient on MMW. -Upon beginning to clinically check the discharge letter pharmacist A noticed the patient was prescribed diabetic medications however patient Person was not a diabetic patient. -Pharmacist B was in the room at the same time and from looking at the letter recognised medication and clinical information documented in the letter belonged to patient Person, had completed the drug history for patient Person and was aware Person was to be discharged and was awaiting his discharge letter. Person was a patient in CCU ward. -The discharge letter had patient name Person however the clinical information and medication prescribed was for patient Person.			-Contacted the prescriber via switchboard through their mobile. -Alerted the prescriber of the incident. -Prescriber returned to ward and corrected the error and completed the appropriate information for patient Person's discharge letter. Another prescriber amended and completed discharge letter for patient Person.	Medication error during the prescription process	Mismatch between patient and medicine	Moderate	insignificant	moderate	possible	medium

84585	22/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Day Procedure /Day Surgery Unit	Patient had attempted colonoscopy performed today, however the procedure could not be fully completed due to poor bowel prep. This patient was scheduled for this procedure but was not sent out via post his bowel prep or any advise on his diet leading up to this procedure. He eventually started his bowel prep later than he should have and went on to attend his appointment today. This is the second time this has happened to this patient so the consultant that performed his attempted procedure today wanted an datix completed to highlight this issue.	Macrogols		Patient had an attempted procedure and is now awaiting further investigations	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose		minor	moderate	possible	medium
84638	24/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	pt missed 3 x IV ABX's in CDU,	Flucloxacillin		Doctor informed, pharmacy informed in AM, sister in charge made aware. reminder to staff re; importance of checking kardexes	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose	Insignificant	insignificant	moderate	possible	medium
84644	23/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	When administering a patients 10am morning medication at 09:30 I had noticed that the 07:30 dose of the patients Parkinson medication (Rasagiline) had not been signed for. The medication had also not been signed for on three other mornings.	Rasagiline	Rasagiline	I informed the Sister in charge of the ward. I informed the FY1 who stated that we needed to clarify if the dose had definitely been given or not. I contacted the staff nurse who was responsible for the patient at the time and she clarified that the medication had not been given. A stat dose of the medication was prescribed and administered at 09:30	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose	Minor	minor	moderate	possible	medium
84682	25/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	AMU	Pt prescribed Tazocin 1.2 g TID, pt received 6 doses. see attached Kardex	Tazocin	tazocin	Spoke to dr on medical team. Tazocin changed to 4.5 g	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	minor	moderate	possible	medium
84787	25/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	1 South Medical	Staff nurse on duty from 13.30-20.30 omitted medications for three patients at 14.00hrs and 18.00hrs. One patient developed hyperglycaemia after missing 18.00 hrs medication.	Gliclazide	Gliclazide	Bank made aware as Staff Nurse was agency. Nurse Bank record of concern completed and forwarded to Nurse Bank. Ward Manager aware and Lead Nurse aware.	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose	Minor	minor	moderate	possible	medium
84789	27/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	Female Medical	Patient prescribed and an of furosemide over 24 hours. Night nurse heard machine bleep in the middle of the night, the bag was empty. She checked fluid balance/prescription as she felt it had finished too early and she realized it had been running at double the rate	Furosemide	Furosemide	Infusion was stopped, bed manager made aware, f1 informed, clinical obs stable, patient to be informed. No reaction was noted at the time.	Administration or supply of a medicine from a clinical area	Formulation of medication was wrong	Minor	minor	moderate	possible	medium

84920	29/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavon Area Hospital	2 West Maternity Post Natal	Infant of a GDM was on hypoglycemic policy. First BM was 2.3 and needed glucogel treatment. next BM was 2.9. 3rd BM was 1.9 requiring its second glucogel treatment. Its 4th BM was 3.1. at this stage the care was handed over to nightstaff. it was clearly documented in notes by day staff that more bms were required and it is the policy. No BMs were carried out over night.			Day staff came on and restarted the hypoglycemia policy as it had not been completed. 1st BM was 2.6. 2nd BM is 2.2 needing more glucogel treatment. Paediatric staff asked to review infant. ongoing treatment and continuing policy at present.	Monitoring or follow up of medicine use	Delay or failure to monitor	Minor	minor	moderate	possible	medium
84988	30/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	Female Medical	Morning insulin omitted in error	Insulins	Insulin	MO informed. BM checked, Stat insulin prescribed and given, BM rechecked	Medication error during the prescription process	Omitted/delayed medicine or dose	Minor	minor	moderate	possible	medium
85126	29/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	General Male Medical,	Oncall pharmacist called in as told a prescription had not been delivered to them. Explained it had been completed before I left pharmacy at 5:20pm and it was done, that it should have come up.			Oncall pharmacist came in to get signature of who signed for prescription. Took signature sheet up to, S.N [redacted] and Sister [redacted], to show prescription was signed for. Staff then realized that they had given the prescription out to a different patient. See wards IR1 incident form to see what the action was taken thereafter.	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Minor	insignificant	moderate	possible	medium
83628	01/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	2 North Medical	Discharge letter done on 31/5/18. Final checked on ward with patient's PODs placed in bag. Patient didn't go home 31/5/18. Nursing staff used patient's meds out of checked green discharge bag. Patient to go home 1/6/18. When checked bag patient stated that sertraline 100mg, salbutamol inhaler and baclofen 5mg not in bag and these had been her PODs. These PODs had been checked and put in bag on 31/5/18. Patient had been moved from side room to a different bed. Also, 8 amitriptyline tablets put in discharge bag checked, yet on 1/6/18, only 2 tablets in bag (should have been 7 with dose used at night.) Checked patient's locker and locker in side room, unable to establish whereabouts of medications.			Had to re-supply these medications for patient going home. Had been checked 31/5/18, had to be issued again.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	insignificant	minor	possible	low

83723	04/06/2018	Acute Services	Pharmacy	Craigavon Area Hospital	Pharmacy Stores / Distribution	Sodium Valproate 200mg/5ml S/F Liquid requested on electronic order, Sodium Valproate 400mg/4ml IV Injection charged out and dispensed	Sodium Valproate	Sodium Valproate	Informed staff member charging and staff member picking of incorrect medication dose and form. Also explained to the picker to check the label against the script before picking and not to pick from label. Incorrect medication returned and correct medication charged out and picked.	Preparation of medicines / dispensing in pharmacy	Formulation of medication was wrong	Minor	insignificant	insignificant	possible	low
83836	05/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	PATIENT IN RESUS WITH DKA WEIGHING 46.6KG RECIEVED 930MG OF PARACETAMOL INTRAVENOUSLY. DOSE OF PARACETAMOL INCORRECTLY CALCULATED AND ADMINISTERED. PATIENT SHOULD HAVE RECIEVED 699MG (15MG/KG). ERROR NOTED AFTER PATIENT HAD BEEN TRANSFERRED TO THE WARD.	Paracetamol	Paracetamol	NURSING STAFF ON WARD INFORMED MEDICAL TEAM INFORMED	Administration or supply of a medicine from a clinical area	Dose or strength was wrong or unclear	Minor	insignificant	minor	possible	low
83932	07/06/2018	Acute Services	Surgery and Elective Care	South Tyrone Hospital	Pre-operative Assessment Clinic	Patient attended for OGD and Colonoscopy on 07/06/2018. There was a letter on NICER informing patient to Stop his Apixaban on Wednesday 06/06/2018 last dose PM. The patient was on Rivaroxaban not Apixaban.	apixaban	rivaroxaban	The patient had stopped his Rivaroxaban for 48 hours appropriately. Wrong information letter on NIECR.	Advice	Patient information on leaflet wrong or omitted	Minor	insignificant	insignificant	possible	low
84221	14/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	ICU (HDU)	I give patient Quetiapine 25mg tablet accidentally I did not confirm patients name on computer screen This medication was p.rescribed for a different patient I reported this to nurse in charge and consultant in charge .	Quetiapine		Patient vital signs monitored closely.	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Moderate	minor	minor	possible	low
84233	14/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	ICU (HDU)	Paracetamol administered to patient via intravenous route when prescribed as an oral prescription	Paracetamol	Paracetamol	Dr. [Personal Information redacted by the UST] informed Patient assessed Nurse in charge (myself) informed	Administration or supply of a medicine from a clinical area	Wrong route for administration of medication	Minor	insignificant	insignificant	possible	low
84316	17/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	4 North	Monthly medication IM not given whilst inpatient Levprorelin 3.75mg	Leuprorelin		Patient discharged early sunday morning pharmacy not open to order DN informed that medication not given previous day and will need administered in community by DN as always administered	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose	Minor	insignificant	minor	possible	low
84330	16/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Daisy Hill Hospital	Maternity Ward	weekly top up of drugs from Pharmacy left in store room on Thursday until I was moving boxes on Sat morning			drugs removed to Prep room and locked in appropriate cupboards	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Insignificant	insignificant	minor	possible	low

84384	18/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Client discharged from Trauma Ward CAH with incomplete medication supply Patient dispensed new and changed medicines only	Atenolol	Atenolol	Contacted Trauma Ward, discussed with Nursing staff. Staff tried to arrange for supply to be transported to Personal Information but later advised that this was not possible. NOK elderly and unable to facilitate same.	Preparation of medicines / dispensing in pharmacy	Omitted/delayed medicine or dose	Insignificant	insignificant	minor	possible	low
84392	19/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Recovery Unit	Patient was given 2 doses Hyoscine Butylbromide 20mg was administered at 02:15 and further dose administered at 06:15	Hyoscine Butylbromide		Nurse in charge made aware, Surgical JHO contacted, Patient informed	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Insignificant	insignificant	insignificant	possible	low
84399	15/06/2018	Acute Services	Surgery and Elective Care	South Tyrone Hospital	Pre-operative Assessment Clinic	Patient was due to attend Pre-endo clinic, OPD, STH to receive bowel prep for colonoscopy. Called OPD STH to say he had taken his bowel prep as he thought he was getting his colonoscopy carried out that morning. Patient had already received bowel prep. How did he get this? why was he scheduled to attend a clinic to receive bowel prep?	Picolax		Email sent to Consultant Gastroenterologist, Lead Nurse for Endoscopy, and sister of DSU CAH asking for their help in accommodating this patient to have their colonoscopy done on that day. Consultant agreed to carry out this procedure before his list at 13:15/13:30. Cardiac physiology were arranged to attend DSU CAH to switch off his ICD at 13:00. Spoke to patients wife and confirmed that he would have his colonoscopy carried out and to attend DSU at 12:30. Communication with clerical and Nursing staff re admission, to be added to TMS and have a new pack made up so he could be admitted as soon as he arrived, and to ensure nursing staff would be available. Patient's wife confirmed via telephone that the patient had stopped their Rivaroxaban for 48 hours and taken all 3 Picolax.	Administration or supply of a medicine from a clinical area	Unknown		minor	minor	possible	low
84428	19/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	AMU	PATIENT MEDICINES NOT MOVED WITH PATIENT WHEN BEING TRANSFERRED TO OTHER WARD.			PATIENT LOCATED IN D/C LOUNGE; MEDICINES RETURNED VIA DISPENSARY	Administration or supply of a medicine from a clinical area	Medication incorrectly stored		insignificant	minor	possible	low

84432	19/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Emergency Department CAH	Patient admitted from Majors (accident and emergency dept) to 3 south under the care of urology. On arrival it was noticed that patient had a bag of sodium chloride 0.9% (intravenous infusion)(lot 18D27T3H EXP 03/2021) attached to 3 way irrigation giving set and through a 3 way catheter. Hand over given was that patient had 3000mls irrigation via 3 way src and was having ivf.	Sodium Chloride	Sodium Chloride	same discontinued and removed and new 3 giving set and irrigation fluids commenced as patient was in clot retention.	Administration or supply of a medicine from a clinical area	Wrong route for administration of medication	Insignificant	insignificant	insignificant	possible	low
84435	18/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	2 South Medical	ON 18/06/2018 [Personal Information redacted by the USI] was discharged home to [Personal Information redacted by the USI]. according to NH staff, he arrived with them at 19.50. He did not arrive with two meds missing. Lorazepam and soluble paracetamol. Lorazepam to reduce anxiety and agitation. Only new medicine (enoxaparin) dispensed on discharge Nurse in [Personal Information redacted by the USI] received t/c from hospital at 12am to advise he was discharging that day. Nurse was advised he required assistance of 2 and a hoist. no assessments re same. [Personal Information redacted by the USI]'s main carer and sister [Personal Information redacted by the USI] went to visit him last night and he had been discharged to the care home. She had not been called. Nurse said she had called her mobile twice. [Personal Information redacted by the USI] has no record of same on her mobile. Staff in the home recorded that not long after his return from the home [Personal Information redacted by the USI] physically assaulted a staff member. So injuries sustained. And this morning, he hit out at a staff member in the NH. [Personal Information redacted by the USI]'s sister [Personal Information redacted by the USI] said when she then went to the [Personal Information redacted by the USI] NH to visit [Personal Information redacted by the USI] last night, she saw that the hospital has failed to remove a cannula from his right arm.	Lorazepam	Lorazepam	staff in NH did not have any lorazepam or soluble paracetamol. Staff called GP sec today to ask if script for same could be faxed to them Not possible. I contacted GP practice re same. Was agreed the script for necessary meds would be left and collected by [Personal Information redacted by the USI] Chemist driver. This would then be faxed down to [Personal Information redacted by the USI] and [Personal Information redacted by the USI] meds delivered upon delivery.	Preparation of medicines / dispensing in pharmacy	Omitted medicine or ingredient	Minor	insignificant	minor	possible	low
84446	19/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavon Area Hospital	2 West Maternity Post Natal	[Personal Information redacted by the USI] Patient had immunity to rubella but another member of staff indicated verbally they were not immune. Immune status was not checked, MMR vaccine was prescribed and administered.	Mmr Vaccine		Registrar and SHO made aware no action required patient informed of error IR1 completed	Medication error during the prescription process	Wrong/unclear drug/medicine	Insignificant	insignificant	minor	possible	low
84639	24/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	Prednisolone held on Kardex, but nurse (deliberately)allowed patient to self-administer medications without supervision. Pt took prednisolone, necessitating a change in treatment plan for patient (IV hydrocortisone to be discontinued as directed by Dr [Personal Information redacted by the USI]).	Prednisolone		I saw pt working with his medications out of his own bag, alerted the nurse who informed me of what the patient was doing. I informed nurse that pt had taken prednisolone. I then informed Dr [Personal Information redacted by the USI] in AMU of what had happened. I completed a datix.	Administration or supply of a medicine from a clinical area	Unknown	insignificant	minor	possible	low	

84790	26/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	2 North Respiratory	Anakinra dispensed for patient on 2 North resp. Sent from pharmacy to 2 North Resp. Patient later transferred to 1 South without medications. Pharmacy team approached the next day to source Anakinra. SNs on 2 North Resp stated Anakinra was to be sent straight from pharmacy to 1 South, however it was found to be signed for by SN on 2 North Resp and put in the wrong patients locker. Anakinra is a fridge item and had to be destroyed as it was stored out of the fridge for more than 12 hours.	anakinra		Ward pharmacist on 1 South contacted Red List who will issue a new supply of Anakinra for patient. Pharmacist will personally deliver to ward to ensure no further doses are missed.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Moderate	insignificant	minor	possible	low
84837	28/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Male Surgical/HDU	AT AROUND 1 AM NOTICED THAT IV FLUIDS INFUSING AT 83ML/H ALTHOUGH PRESCRIPTION WAS FOR OVER 24 HOURS	Potassium Chloride And Sodium Chloride	Potassium Chloride And Sodium Chloride	CLINICAL COORDINATOR INFORMED,FELLOW NURSES INFORMED,CLINICAL OBSERVATIONS MONITORED,IV FLUIDS STOPPED AS PER CLINICAL COORDINATORS INSTRUCTIONS .	Inadequate maintenance of fluids	Delay or failure to monitor	Insignificant	minor	minor	possible	low
84854	27/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/Gynaecology	Patient prescribed Vensir XL at 10:00 am. Nurse administered Vensir XL 150MG and Vensir 75mg but was not XL.	Venlafaxine	Venlafaxine XL	Ward pharmacist contacted and nurse in charge informed.	Administration or supply of a medicine from a clinical area	Wrong/unclear drug/medicine	Insignificant	insignificant	minor	possible	low
84867	28/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/Gynaecology	Patient prescribed VENSIR xl 225MG, same not available on ward and patient administered vensir xl 150mg and 75mgs vensir. Error that Vensir 75mgs not xl	Venlafaxine	Venlafaxine XL	dr informed- nil ordered pharmacist informed - nil ordered vensir xl dosages available on ward	Medication error during the prescription process	Wrong/unclear drug/medicine	Insignificant	insignificant	insignificant	possible	low
84941	29/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Patient was prescribed a Fentanyl Patch, 12 micrograms. This was applied to the patients Right arm at 10:00, the Patient then went for a shower and said it had fell off when they came back into the room. The patient had set the patch on their bed. The Patients cannula had also come dislodged. When I went to check on the patient as I had been made aware 10 minutes prior that they were looking me, the patient voiced that the patch had went missing, and they could not find it.	Fentanyl		Nurse in Charge informed, FY1 informed, Pharmacist on ward informed. Advised to do a full sweep of the room. Same completed, Fentanyl Patch found in the bin, Nurse in Charge and Pharmacist informed. Advised to discard this patch and reapply a new one. Same completed and tegaderm dressing applied over the top of the patch for added protection. Advised by Pharmacist to complete Datix.	Administration or supply of a medicine from a clinical area	Unknown	Insignificant	insignificant	minor	possible	low
85139	19/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	4 South	Patient ([REDACTED]) transferred from 4 south CAH to STH with medicine kardex that had not been rewritten and Staff Nurses had been signing for drugs outside of the margins for three days			Doctor on call at time of admission had to rewrite the Kardex	Medication error during the prescription process			insignificant	insignificant	possible	low

83749	04/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Discharge Lounge	Two Fentanyl 25micograms patches found in controlled cupboard signed into controlled book but not signed out to Patient on discharge, three patches issued. One patch administered in Discharge lounge.	Fentanyl		Reported to ward sister	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	Controlled Drugs			
83772	02/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	ICU (HDU)	Personal information Patient died from multiple organ failure on ICU on the 2nd June as a result of chronic constipation and acute-on-chronic renal failure. The chronic constipation was contributed to by long-standing clozapine use, prescribed for schizophrenia. This is a known side effect and the patient had had previous hospital admissions with same. While still a patient on the medical ward (admitted with recurrent falls), clozapine levels were taken on the 23rd May following a review by psychiatry. As clozapine is a named medication, prescribed only by psychiatry, levels are monitored commercially by a lab in England and results communicated (as I understand it) directly to psychiatry. Following a second psychiatry review on 1/6, these levels were noted to be high indicating a possible 'clozapine toxicity'. Said levels were not communicated to medicine or ICU. We currently have no method of obtaining these ourselves – and I've checked with Richard, the ICU pharmacist and he is unaware of a current mechanism by which we can do this. I don't know if they were ever phoned through to psychiatry or whether checking the results requires contact to the company. Not knowing the clozapine levels did	Clozapine	Clozapine	Psych reg filled out an IR1. She has asked me to do a Datix as well hence this form. Coroner contacted, as well as medical advisor to coroner. Happy for unsigned death cert and no PM. Happy 'toxicity' not a cause of death.	Possible delay or failure to Monitor	Delay or failure to monitor	Catastrophic	duplicate of 83750			
84215	14/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	ICU (HDU)	Staff Nurse 1 responsible for patient in bed space 1. Staff Nurse 2 responsible for patient in SW3 (I) Staff Nurse 2 logged onto the patient in SW3 and observed that the 2pm dose drug of Quetiapine 25mg had been signed for by Staff Nurse 1. Further investigation found that the Patient in Bed space 1 (cared for by Staff Nurse 1) received the Quetiapine dose in error. The patient in SW 3 had not received her 2pm dose at 2pm and then receiving this at 15.20 when all facts were established that she had not received her dose and that there was a medications error occurred.	Quetiapine	None	Staff Nurse 2 made Staff Nurse 1 aware of this error she had made	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Moderate	duplicate of 84221			

84415	14/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	Midazolam (epistatus)5mls buccal solution unaccounted for in the controlled drug cupboard in resus area.	Midazolam		Pharmacist, sister in charge and head of service informed. CD register and checking procedure reviewed. Staff spoke to. Currently under investigation. Shared at safety brief.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	Controlled Drugs			
84565	22/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavon Area Hospital	Oncology Clinic, Mandeville Unit	when staff nurse was administering a bolus syringe of iv cyclophosphamide, it leaked 4mls from a crack in the syringe. also noted on a second syringe there was a visible crack in it too.	Cyclophosphamide		stopped administering medication. Informed patient straight away and nurse in charge informed area cleaned as per protocol. Contacted pharmacy who advised us to dispose of medication on ward appropriately and they will dispense further chemo	Preparation of medicines / dispensing in pharmacy	Wrong method of preparation or supply		substandard product			
84596	22/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavon Area Hospital	2 West Maternity Post Natal	NO KNOWN DRUG ALLERGIES previous to admission. admitted for IVAB-took allergic reaction to coamoxiclav antibiotic on ward.	Co-Amoxiclav		sho on ward and reviewed ASAP. antibiotic stopped, obs and anaphylaxis kit obtained- iv hydrocortisone and chlorphenamine administered, obs.allergy documented in notes and on kardex.	Patient's reaction to Medication	Adverse reaction when drug used as intended		adverse drug reaction			
84688	25/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	1 South Medical	Whilst carrying out a drug history on patient, I noted that patient's apixaban dose had been reduced to 2.5mg twice daily on recent discharge 1/6/18. Phoned daughter and she stated patient should be on 2.5mg twice daily and son-in-law had notified GP and community pharmacy of this but this had not been updated on GP records. NIECR states 5mg twice daily and on 14/6/18, patient received 5mg twice daily from community pharmacy. Patient should be on 2.5mg twice daily as Cr>133 and >80 years. Patient's oramorph dose had also decreased and patient had commenced amlodipine 5mg, linagliptin 5mg and senna 7.5mg. However none of this had been updated or changed by the GP.	apixaban		I contacted practice pharmacist and informed him that patient had been receiving apixaban 5mg twice daily when it should be 2.5mg twice daily as per recent hospital discharge. I also advised about other changes that were not reflected by NIECR. Practice pharmacist stated he would notify the GP regarding this.	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	GP incident			
85779	28/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/Gynaecology	Patient prescribed VENSIR XL 225MG, patient received VENSIR XL 150mg AND VENSIR 75mg which was not XL.	Venlafaxine	Venlafaxine	fy1 contacted, ward pharmacist contacted and nurse in charge.	Administration or supply of a medicine from a clinical area	Wrong/unclear drug/medicine	Minor	duplicate of 84867			

ID	Incident date	Director ate	Division	Site	Loc (Exact)	Description	Drug administer ed	Correct drug	Action taken	Sub Category	Detail.	Conseq uence	DHSSPS impact	DHSSPS potential	DHSSPS likelihoo d	DHSSPS risk rating
83622	01/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	Ramone Day Clinical Centre	Prescription came to pharmacy for Nitrofurantoin. No allergy status stated. When contacting the ward to get allergy status of patient, nurse informed me that patient was allergic to Nitrofurantoin. Asked Nurse to check with Doctor. Specialist Nurse came on phone and told me patient had reaction to nitrofurantoin in the past and Doctor to issue new prescription.	Nitrofuran toin		Informed Staff Nurse at Day Clinical Centre.	Medicatio n error during the prescripti on process	Undocum ented/ unclear/ incorrect allergy status or known allergen prescribe d	Minor	insignific ant	catastrop hic	possible	extreme
83966	08/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	1 North Cardiolog y	I realized that myself Sr [Personal Information] and S/N [Personal Information] had miscalculated the dose of Ketamine that we had made up in syringe driver for a palliative patient 500mg instead of 300mg	Ketamine	Ketamin e	Stopped syringe driver which had been infusing for 40 mins. Spoke with palliative pharmacist who assured us that it was likely very little if any drug was infused as the line was already primed. syringe contents was discarded and new prescription made up.	Administr ation or supply of a medicine from a clinical area	Wrong method of preparatio n or supply	Insignif icant	insignific ant	major	possible	high
84686	25/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	AMU	Pt weighs 83.4 Kg commenced on enoxaparin 120mg BD treatment dose for PE. Received 4 doses. guidelines suggest 80mg BD	enoxapari n		Medical team informed pt changed to 80mg BD	Medicatio n error during the prescripti on process	Dose or strength was wrong or unclear		insignific ant	major	unlikely	high
84906	28/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	Emergenc y Departme nt CAH	Patient with an intracerebral bleed on high dose enoxaparin. Protamine given to reverse the effects of the enoxaparin. Around 10 minutes following the administration the patient had an episode of blood pressure and bradycardia. Treated as a PEA cardiac arrest but resolved quickly with adrenaline and one cycle of CPR. Patient returned to previous state following the event. It appears that I gave the protamine over a few minutes as a slow IV push rather than the infusion which may have triggered the event. The patient had also received Labetalol 10 minutes prior to the protamine also to manage the ICH.	Protamine Sulphate		Discussed with consultant (Dr [Personal Information]) I also explained the events to [Personal Information]'s family (sister [Personal Information]).	Administr ation or supply of a medicine from a clinical area	Dose or strength was wrong or unclear	Moder ate	moderat e	major	possible	high
84125	07/06/2018	Acute Services	Medicine and Unschedul ed Care	Craigavo n Area Hospital	1 South Medical	Patient did not receive daily dose of metformin m/r 1g for 6 days in a row. Not documented held by medical staff. Reason for non-administration not documented.	Metformi n		Highlighted to medical staff. Reviewed patient - to restart metformin. They will monitor.	Administr ation or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose	Minor	insignific ant	moderat e	possible	medium

84172	13/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	patient transferred from yellow area to CDU at approx 10am and at handover I was told that patient was awaiting physio and OT and if happy pt was medically fit for discharge back to the acute care at home team who had previously been looking after her. patient had been prescribed IV antibiotics and oral meds and same was missed.	Aztreonam	Aztreonam	Acute care at home made aware of omission and they will give medications as prescribed. Patients son contacted and advised which oral medications need given and I apologized for omission.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	minor	moderate	possible	medium
84528	13/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	General Male Medical,	-Discharge letter with patient name Person appeared on ECM. -Pharmacist A proceeded to check discharge letter as had been expecting a discharge letter for patient Person, a patient on MMW. -Upon beginning to clinically check the discharge letter pharmacist A noticed the patient was prescribed diabetic medications however patient Person was not a diabetic patient. -Pharmacist B was in the room at the same time and from looking at the letter recognised medication and clinical information documented in the letter belonged to patient Person, had completed the drug history for patient Person and was aware Person was to be discharged and was awaiting his discharge letter. Person was a patient in CCU ward. -The discharge letter had patient name Person however the clinical information and medication prescribed was for patient Person.			-Contacted the prescriber via switchboard through their mobile. -Alerted the prescriber of the incident. -Prescriber returned to ward and corrected the error and completed the appropriate information for patient Person's discharge letter. Another prescriber amended and completed discharge letter for patient Person.	Medication error during the prescription process	Mismatch between patient and medicine	Moderate	insignificant	moderate	possible	medium
84638	24/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	pt missed 3 x IV ABX's in CDU,	Flucloxacillin		Doctor informed, pharmacy informed in AM, sister in charge made aware. reminder to staff re; importance of checking kardexes	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	insignificant	moderate	possible	medium
84682	25/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	AMU	Pt prescribed Tazocin 1.2 g TID, pt received 6 doses. see attached Kardex	Tazocin	tazocin	Spoke to dr on medical team. Tazocin changed to 4.5 g	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	minor	moderate	possible	medium
84787	25/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	1 South Medical	Staff nurse on duty from 13.30-20.30 omitted medications for three patients at 14.00hrs and 18.00hrs. One patient developed hyperglycaemia after missing 18.00 hrs medication.	Gliclazide	Gliclazide	Bank made aware as Staff Nurse was agency. Nurse Bank record of concern completed and forwarded to Nurse Bank. Ward Manager aware and Lead Nurse aware.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	minor	moderate	possible	medium

84789	27/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	Female Medical	Patient prescribed and an of furosemide over 24 hours. Night nurse heard machine bleep in the middle of the night, the bag was empty. She checked fluid balance/prescription as she felt it had finished too early and she realized it had been running at double the rate	Furosemide	Furosemide	Infusion was stopped, bed manager made aware, f1 informed, clinical obs stable, patient to be informed. No reaction was noted at the time.	Administration or supply of a medicine from a clinical area	Formulation of medication was wrong	Minor	minor	moderate	possible	medium
84988	30/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	Female Medical	Morning insulin omitted in error	Insulins	Insulin	MO informed. BM checked, Stat insulin prescribed and given, BM rechecked	Medication error during the prescription process	Omitted/delayed medicine or dose	Minor	minor	moderate	possible	medium
85126	29/06/2018	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	General Male Medical,	Oncall pharmacist called in as told a prescription had not been delivered to them. Explained it had been completed before I left pharmacy at 5:20pm and it was done, that it should have come up.			Oncall pharmacist came in to get signature of who signed for prescription. Took signature sheet up to, S.N [Personal Information redacted by the USI] and Sister [Personal Information redacted by the USI], to show prescription was signed for. Staff then realized that they had given the prescription out to a different patient. See wards IR1 incident form to see what the action was taken thereafter.	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Minor	insignificant	moderate	possible	medium
83628	01/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	2 North Medical	Discharge letter done on 31/5/18. Final checked on ward with patient's PODs placed in bag. Patient didn't go home 31/5/18. Nursing staff used patient's meds out of checked green discharge bag. Patient to go home 1/6/18. When checked bag patient stated that sertraline 100mg, salbutamol inhaler and baclofen 5mg not in bag and these had been her PODs. These PODs had been checked and put in bag on 31/5/18. Patient had been moved from side room to a different bed. Also, 8 amitriptyline tablets put in discharge bag checked, yet on 1/6/18, only 2 tablets in bag (should have been 7 with dose used at night.) Checked patient's locker and locker in side room, unable to establish whereabouts of medications.			Had to re-supply these medications for patient going home. Had been checked 31/5/18, had to be issued again.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	insignificant	minor	possible	low
83836	05/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	PATIENT IN RESUS WITH DKA WEIGHING 46.6KG RECEIVED 930MG OF PARACETAMOL INTRAVENOUSLY. DOSE OF PARACETAMOL INCORRECTLY CALCULATED AND ADMINISTERED. PATIENT SHOULD HAVE RECEIVED 699MG (15MG/KG). ERROR NOTED AFTER PATIENT HAD BEEN TRANSFERRED TO THE WARD.	Paracetamol	Paracetamol	NURSING STAFF ON WARD INFORMED MEDICAL TEAM INFORMED	Administration or supply of a medicine from a clinical area	Dose or strength was wrong or unclear	Minor	insignificant	minor	possible	low

84428	19/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	AMU	PATIENT MEDICINES NOT MOVED WITH PATIENT WHEN BEING TRANSFERRED TO OTHER WARD.			PATIENT LOCATED IN D/C LOUNGE; MEDICINES RETURNED VIA DISPENSARY	Administration or supply of a medicine from a clinical area	Medication incorrectly stored		insignificant	minor	possible	low
84435	18/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	2 South Medical	ON 18/06/2018 [Personal Information redacted by the UJS] was discharged home to [Personal Information redacted by the UJS] in [Personal Information redacted by the UJS] according to NH staff, he arrived with them at 19.50. He did not arrive with two meds missing. Lorazepam and soluble paracetamol. Lorazepam to reduce anxiety and agitation. Only new medicine (enoxaparin) dispensed on discharge Nurse in Orchard Centre received t/c from hospital at 12am to advise he was discharging that day. Nurse was advised he required assistance of 2 and a hoist. no assessments re same. [Personal Information redacted by the UJS]'s main carer and sister [Personal Information redacted by the UJS] went to visit him last night and he had been discharged to the care home. She had not been called. Nurse said she had called her mobile twice. [Personal Information redacted by the UJS] has no record of same on her mobile. Staff in the home recorded that not long after his return from the home Owen physically assaulted a staff member. So injuries sustained. And this morning, he hit out at a staff member in the NH. [Personal Information redacted by the UJS]'s sister [Personal Information redacted by the UJS] said when she then went to the [Personal Information redacted by the UJS] NH to visit [Personal Information redacted by the UJS] last night, she saw that the hospital has failed to remove a cannula from his right arm.	Lorazepam	Lorazepam	[Personal Information redacted by the UJS] and [Personal Information redacted by the UJS] meds delivered upon delivery.	Preparation of medicines / dispensing in pharmacy	Omitted medicine or ingredient	Minor	insignificant	minor	possible	low
84639	24/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	Prednisolone held on Kardex, but nurse (deliberately)allowed patient to self-administer medications without supervision. Pt took prednisolone, necessitating a change in treatment plan for patient (IV hydrocortisone to be discontinued as directed by Dr [Personal Information redacted by the UJS]).	Prednisolone		I saw pt working with his medications out of his own bag, alerted the nurse who informed me of what the patient was doing. I informed nurse that pt had taken prednisolone. I then informed Dr [Personal Information redacted by the UJS] in AMU of what had happened. I completed a datix.	Administration or supply of a medicine from a clinical area	Unknown		insignificant	minor	possible	low

84790	26/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	2 North Respiratory	Anakinra dispensed for patient on 2 North resp. Sent from pharmacy to 2 North Resp. Patient later transferred to 1 South without medications. Pharmacy team approached the next day to source Anakinra. SNs on 2 North Resp stated Anakinra was to be sent straight from pharmacy to 1 South, however it was found to be signed for by SN on 2 North Resp and put in the wrong patients locker. Anakinra is a fridge item and had to be destroyed as it was stored out of the fridge for more than 12 hours.	anakinra		Ward pharmacist on 1 South contacted Red List who will issue a new supply of Anakinra for patient. Pharmacist will personally deliver to ward to ensure no further doses are missed.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Moderate	insignificant	minor	possible	low
83749	04/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Discharge Lounge	Two Fentanyl 25micograms patches found in controlled cupboard signed into controlled book but not signed out to Patient on discharge, three patches issued. One patch administered in Discharge lounge.	Fentanyl		Reported to ward sister	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	Controlled Drugs			
83772	02/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	ICU (HDU)	Patient died from multiple organ failure on ICU on the 26/06/2018 as a result of chronic constipation and acute-on-chronic renal failure. The chronic constipation was contributed to by long-standing clozapine use, prescribed for schizophrenia. This is a known side effect and the patient had had previous hospital admissions with same. While still a patient on the medical ward (admitted with recurrent falls), clozapine levels were taken on the 23rd May following a review by psychiatry. As clozapine is a named medication, prescribed only by psychiatry, levels are monitored commercially by a lab in England and results communicated (as I understand it) directly to psychiatry. Following a second psychiatry review on 1/6, these levels were noted to be high indicating a possible 'clozapine toxicity'. Said levels were not communicated to medicine or ICU. We currently have no method of obtaining these ourselves – and I’ve checked with Richard, the ICU pharmacist and he is unaware of a current mechanism by which we can do this. I don't know if they were ever phoned through to psychiatry or whether checking the results requires contact to the company. Not knowing the clozapine levels did	Clozapine	Clozapine	Psych reg filled out an IR1. She has asked me to do a Datix as well hence this form. Coroner contacted, as well as medical advisor to coroner. Happy for unsigned death cert and no PM. Happy 'toxicity' not a cause of death.	Possible delay or failure to Monitor	Delay or failure to monitor	Catastrophic	duplicate of 83750			
84415	14/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	Emergency Department CAH	Midazolam (epistatus)5mls buccal solution unaccounted for in the controlled drug cupboard in resus area.	Midazolam		Pharmacist, sister in charge and head of service informed. CD register and checking procedure reviewed. Staff spoke to. Currently under investigation. Shared at safety brief.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	Controlled Drugs			

84688	25/06/2018	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	1 South Medical	Whilst carrying out a drug history on patient, I noted that patient's apixaban dose had been reduced to 2.5mg twice daily on recent discharge 1/6/18. Phoned daughter and she stated patient should be on 2.5mg twice daily and son-in-law had notified GP and community pharmacy of this but this had not been updated on GP records. NIECR states 5mg twice daily and on 14/6/18, patient received 5mg twice daily from community pharmacy. Patient should be on 2.5mg twice daily as Cr>133 and >80 years. Patient's oramorph dose had also decreased and patient had commenced amlodipine 5mg, linagliptin 5mg and senna 7.5mg. However none of this had been updated or changed by the GP.	apixaban	I contacted practice pharmacist and informed him that patient had been receiving apixaban 5mg twice daily when it should be 2.5mg twice daily as per recent hospital discharge. I also advised about other changes that were not reflected by NIECR. Practice pharmacist stated he would notify the GP regarding this.	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	GP incident			
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ID	Incident date	Director ate	Division	Site	Loc (Exact)	Description	Drug administer ed	Correct drug	Action taken	Sub Category	Detail.	Conseq uence	DHSSPS impact	DHSSPS potential	DHSSPS likelihoo d	DHSSPS risk rating
84521	21/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/G ynae	patient had high blood pressure, spoke to F1 oncall [Personal Information] she reviewed patient and suggest a stat of amlodipine 5mg. same was given to patient however patient had a sensitivity to amlodipine spoke with f1 she reviewed patient showed no signs of reaction to medication. observations stable to monitor patient.	Amlodipin e		was reviewed by medical F1 oncall [Personal Information] ,vital signs taken same were normal. no obvious sign of allergic reation, patient not feeling any different when asked to continue to monitor patient.	Medicatio n error during the prescripti on process	Undocum ented/ unclear/ incorrect allergy status or known allergen prescribe d	Minor	minor	major	possible	high
84733	25/06/2018	Acute Services	Surgery and Elective Care	Craigavo n Area Hospital	General Outpatien ts Reception /Waiting Area	[Personal Information] admitted on 25/06/18 for gynae surgery was not informed to stop warfarin prior to surgery therefore surgery was cancelled	Warfain		contacted pre-op who stated that they had followed instructions from medical team as per Pre Op management of warfarin. Patient given new date for surgery 02/07/18 and pre-op team to contact her regarding warfarin.	Advice	Verbal direction to patient was wrong or omitted	Minor	minor	moderat e	possible	high
84347	18/06/2018	Acute Services	Surgery and Elective Care	Craigavo n Area Hospital	3 South	Noted on patients kardex paracetamol in regular section and prn section. Noted 6x doses of paracetamol given on 17/6/18	Paracetam ol	Paraceta mol	Informed ward manager. Informed clinical sister. Urology team informed. FY1 informed patient. Toxicity bloods sent. PRN paracetmol stopped. Regular paracetmol on hold the rest of the day until bloods back. For neuro obs until bloods back.	Administr ation or supply of a medicine from a clinical area	Wrong/ unclear frequency	Minor	minor	moderat e	possible	medium
84380	18/06/2018	Acute Services	Surgery and Elective Care	Craigavo n Area Hospital	Trauma Ward	Patient on the Trauma ward with a history of parkinsons, prescribed co benaldopa 6 times a day. Pharmacy technician noticed on 18/06/18 that the co benaldopa in the patients medicine drawer was controlled realease. Patient had received the controlled release co benaldopa at the 10am dose on 18/06/18 and has potentially been receiving this for the previous 3 days that she has been on the ward.	Co- Beneldopa	Co- Beneldo pa	nurse in charge and ward sister informed of incident. ward pharmacist also informed. SHO on ward informed. ward pharmacist has documented the potential side effects of overdose of the drug in the medical notes. SHO on ward reviewed patient and thankfully she has not experienced any of the side effects associated with overdosing on the controlled realease co benaldopa. Correct medication ordered from pharmacy promptly and placed in patients medicine drawer.	Administr ation or supply of a medicine from a clinical area	Formulati on of medicatio n was wrong	Minor	minor	moderat e	possible	medium

84585	22/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Day Procedure /Day Surgery Unit	Patient had attempted colonoscopy performed today, however the procedure could not be fully completed due to poor bowel prep. This patient was scheduled for this procedure but was not sent out via post his bowel prep or any advise on his diet leading up to this procedure. He eventually started his bowel prep later than he should have and went on to attend his appointment today. This is the second time this has happened to this patient so the consultant that performed his attempted procedure today wanted an datix completed to highlight this issue.	Macrogols		Patient had an attempted procedure and is now awaiting further investigations	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose		minor	moderate	possible	medium
84644	23/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	When administering a patients 10am morning medication at 09:30 I had noticed that the 07:30 dose of the patients Parkinson medication (Rasagiline) had not been signed for. The medication had also not been signed for on three other mornings.	Rasagiline	Rasagiline	I informed the Sister in charge of the ward. I informed the FY1 who stated that we needed to clarify if the dose had definitely been given or not. I contacted the staff nurse who was responsible for the patient at the time and she clarified that the medication had not been given. A stat dose of the medication was prescribed and administered at 09:30	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose	Minor	minor	moderate	possible	medium
83932	07/06/2018	Acute Services	Surgery and Elective Care	South Tyrone Hospital	Pre-operative Assessment Clinic	Patient attended for OGD and Colonoscopy on 07/06/2018. There was a letter on NICER informing patient to Stop his Apixaban on Wednesday 06/06/2018 last dose PM. The patient was on Rivaroxaban not Apixaban.	apixaban	rivaroxaban	The patient had stopped his Rivaroxaban for 48 hours appropriately. Wrong information letter on NIECR.	Advice	Patient information leaflet wrong or omitted	Minor	insignificant	insignificant	possible	low
84221	14/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	ICU (HDU)	I give patient Quetiapine 25mg tablet accidentally I did not confirm patients name on computer screen This medication was p.rescribed for a different patient I reported this to nurse in charge and consultant in charge .	Quetiapine		Patient vital signs monitored closely.	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Moderate	minor	minor	possible	low
84233	14/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	ICU (HDU)	Paracetamol administered to patient via intravenous route when prescribed as an oral prescription	Paracetamol	Paracetamol	Dr. Raymond McKee informed Patient assessed Nurse in charge (myself) informed	Administration or supply of a medicine from a clinical area	Wrong route for administration of medication	Minor	insignificant	insignificant	possible	low
84316	17/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	4 North	Monthly medication IM not given whilst inpatient Levprorelin 3.75mg	Leuprorelin		Patient discharged early sunday morning pharmacy not open to order DN informed that medication not given previous day and will need administered in community by DN as always administered	Administration or supply of a medicine from a clinical area	Omitted/ delayed medicine or dose	Minor	insignificant	minor	possible	low

84384	18/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Client discharged from Trauma Ward CAH with incomplete medication supply Patient dispensed new and changed medicines only	Atenolol	Atenolol	Contacted Trauma Ward, discussed with Nursing staff. Staff tried to arrange for supply to be transported to Personal Information but later advised that this was not possible. NOK elderly and unable to facilitate same.	Preparation of medicines / dispensing in pharmacy	Omitted/delayed medicine or dose	Insignificant	insignificant	minor	possible	low
84392	19/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Recovery Unit	Patient was given 2 doses Hyoscine Butylbromide 20mg was administered at 02:15 and further dose administered at 06:15	Hyoscine Butylbromide		Nurse in charge made aware, Surgical JHO contacted, Patient informed	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Insignificant	insignificant	insignificant	possible	low
84399	15/06/2018	Acute Services	Surgery and Elective Care	South Tyrone Hospital	Pre-operative Assessment Clinic	Patient was due to attend Pre-endo clinic, OPD, STH to receive bowel prep for colonoscopy. Called OPD STH to say he had taken his bowel prep as he thought he was getting his colonoscopy carried out that morning. Patient had already received bowel prep. How did he get this? why was he scheduled to attend a clinic to receive bowel prep?	Picolax		Email sent to Consultant Gastroenterologist, Lead Nurse for Endoscopy, and sister of DSU CAH asking for their help in accommodating this patient to have their colonoscopy done on that day. Consultant agreed to carry out this procedure before his list at 13:15/13:30. Cardiac physiology were arranged to attend DSU CAH to switch off his ICD at 13:00. Spoke to patients wife and confirmed that he would have his colonoscopy carried out and to attend DSU at 12:30. Communication with clerical and Nursing staff re admission, to be added to TMS and have a new pack made up so he could be admitted as soon as he arrived, and to ensure nursing staff would be available. Patient's wife confirmed via telephone that the patient had stopped their Rivaroxaban for 48 hours and taken all 3 Picolax.	Administration or supply of a medicine from a clinical area	Unknown		minor	minor	possible	low
84432	19/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Emergency Department CAH	Patient admitted from Majors (accident and emergency dept) to 3 south under the care of urology. On arrival it was noticed that patient had a bag of sodium chloride 0.9% (intravenous infusion)(lot 18D27T3H EXP 03/2021) attached to 3 way irrigation giving set and through a 3 way catheter. Hand over given was that patient had 3000mls irrigation via 3 way src and was having ivf.	Sodium Chloride	Sodium Chloride	same discontinued and removed and new 3 giving set and irrigation fluids commenced as patient was in clot retention.	Administration or supply of a medicine from a clinical area	Wrong route for administration of medication	Insignificant	insignificant	insignificant	possible	low

84837	28/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Male Surgical/H DU	AT AROUND 1 AM NOTICED THAT IV FLUIDS INFUSING AT 83ML/H ALTHOUGH PRESCRIPTION WAS FOR OVER 24 HOURS	Potassium Chloride And Sodium Chloride	Potassium Chloride And Sodium Chloride	CLINICAL COORDINATOR INFORMED,FELLOW NURSES INFORMED,CLINICAL OBSERVATIONS MONITORED,IV FLUIDS STOPPED AS PER CLINICAL COORDINATORS INSTRUCTIONS .	Inadequate maintenance of fluids	Delay or failure to monitor	Insignificant	minor	minor	possible	low
84854	27/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/Gynaecology	Patient prescribed Vensir XL at 10:00 am. Nurse administered Vensir XL 150MG and Vensir 75mg but was not XL.	Venlafaxine	Venlafaxine XL	Ward pharmacist contacted and nurse in charge informed.	Administration or supply of a medicine from a clinical area	Wrong/unclear drug/medicine	Insignificant	insignificant	minor	possible	low
84867	28/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/Gynaecology	Patient prescribed VENSIR xl 225MG, same not available on ward and patient administered vensir xl 150mg and 75mgs vensir. Error that Vensir 75mgs not xl	Venlafaxine	Venlafaxine XL	Dr informed- nil ordered pharmacist informed - nil ordered vensir xl dosages available on ward	Medication error during the prescription process	Wrong/unclear drug/medicine	Insignificant	insignificant	insignificant	possible	low
84941	29/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Patient was prescribed a Fentanyl Patch, 12 micrograms. This was applied to the patient's Right arm at 10:00, the Patient then went for a shower and said it had fallen off when they came back into the room. The patient had set the patch on their bed. The Patient's cannula had also come dislodged. When I went to check on the patient as I had been made aware 10 minutes prior that they were looking me, the patient voiced that the patch had went missing, and they could not find it.	Fentanyl		Nurse in Charge informed, FY1 informed, Pharmacist on ward informed. Advised to do a full sweep of the room. Same completed, Fentanyl Patch found in the bin, Nurse in Charge and Pharmacist informed. Advised to discard this patch and reapply a new one. Same completed and Tegaderm dressing applied over the top of the patch for added protection. Advised by Pharmacist to complete Datix.	Administration or supply of a medicine from a clinical area	Unknown	Insignificant	insignificant	minor	possible	low
85139	19/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	4 South	Patient (Personal Information) transferred from 4 South CAH to STH with medicine kardex that had not been rewritten and Staff Nurses had been signing for drugs outside of the margins for three days			Doctor on call at time of admission had to rewrite the Kardex	Medication error during the prescription process			insignificant	insignificant	possible	low

84215	14/06/2018	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	ICU (HDU)	Staff Nurse 1 responsible for patient in bed space 1. Staff Nurse 2 responsible for patient in SW3 (I) Staff Nurse 2 logged onto the patient in SW3 and observed that the 2pm dose drug of Quetiapine 25mg had been signed for by Staff Nurse 1. Further investigation found that the Patient in Bed space 1 (cared for by Staff Nurse 1) received the Quetiapine dose in error. The patient in SW 3 had not received her 2pm dose at 2pm and then receiving this at 15.20 when all facts were established that she had not received her dose and that there was a medications error occurred.	Quetiapine	None	Staff Nurse 2 made Staff Nurse 1 aware of this error she had made Nurse In Charge was informed Consultant in Charge informed	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Moderate	duplicate of 84221			
85779	28/06/2018	Acute Services	Surgery and Elective Care	Daisy Hill Hospital	Female Surgical/Gynaecology	Patient prescribed VENSIR XL 225MG, patient received VENSIR XL 150mg AND VENSIR 75mg which was not XL.	Venlafaxine	Venlafaxine	Pharmacy1 contacted, ward pharmacist contacted and nurse in charge.	Administration or supply of a medicine from a clinical area	Wrong/unclear drug/medicine	Minor	duplicate of 84867			

ID	Incident date	Director ate	Division	Site	Loc (Exact)	Description	Drug administer ed	Correct drug	Action taken	Sub Category	Detail.	Conseq uence	DHSSPS impact	DHSSPS potential	DHSSPS likelihoo d	DHSSPS risk rating
83984	09/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Daisy Hill Hospital	Maternity Ward	Patient with DVT for IOL. Clexane was deferred for 2 days in view of this but was administered 8/6/18. Patient was in D/S when this was highlighted. Seen by Consultant and IOL deferred until this evening as requesting epidural	Enoxapari n	Enoxapa rin	IR1 completed. IOL deferred	Administr ation or supply of a medicine from a clinical area	Unknown	Minor	insignific ant	major	possible	high
85042	29/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavo n Area Hospital	1 East Maternity /Gynae	patient on warfarin heavy bleeding from infected LLETZ rosette given metronidazole INR increase to 5-8	Metronida zole	Warfain	warfarin stopped input from haematology warfarin reversed with vitamin K	Medicatio n error during the prescripti on process	Contra- indication to the use of the medicatio n		moderat e	major	possible	high
84920	29/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavo n Area Hospital	2 West Maternity Post Natal	Infant of a GDM was on hypoglycemic policy. First BM was 2.3 and needed glucogel treatment. next BM was 2.9. 3rd BM was 1.9 requiring its second glucogel treatment. Its 4th BM was 3.1. at this stage the care was handed over to nightstaff. it was clearly documented in notes by day staff that more bms were required and it is the policy. No BMs were carried out over night.			Day staff came on and restarted the hypoglycemia policy as it had not been completed. 1st BM was 2.6. 2nd BM is 2.2 needing more glucogel treatment. Paediatric staff asked to review infant. ongoing treatment and continuing policy at present.	Monitorin g or follow up of medicine use	Delay or failure to monitor	Minor	minor	moderat e	possible	medium
84330	16/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Daisy Hill Hospital	Maternity Ward	weekly top up of drugs from Pharmacy left in store room on Thursday until I was moving boxes on Sat morning			drugs removed to Prep room and locked in appropriate cupboards	Administr ation or supply of a medicine from a clinical area	Medicatio n incorrectl y stored	Insignif icant	insignific ant	minor	possible	low
84446	19/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavo n Area Hospital	2 West Maternity Post Natal	Personal Information Patient had immunity to rubella but another member of staff indicated verbally they were not immune. Immune status was not checked, MMR vaccine was prescribed and administered.	Mmr Vaccine		Registrar and SHO made aware no action required patient informed of error IR1 completed	Medicatio n error during the prescripti on process	Wrong/ unclear drug/med icine	Insignif icant	insignific ant	minor	possible	low
84565	22/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavo n Area Hospital	Oncology Clinic, Mandevill e Unit	when staff nurse was administering a bolus syringe of iv cyclophosphamide, it leaked 4mls from a crack in the syringe. also noted on a second syringe there was a visible crack in it too.	Cyclophos phamide		stopped administering medication. Informed patient straight away and nurse in charge informed area cleaned as per protocol. Contacted pharmacy who advised us to dispose of medication on ward appropriately and they will dispense further chemo	Preparati on of medicines / dispensin g in pharmacy	Wrong method of preparatio n or supply		substand ard product			

84596	22/06/2018	Acute Services	IMWH - Cancer and Clinical Services	Craigavon Area Hospital	2 West Maternity Post Natal	NO KNOWN DRUG ALLERGIES previous to admission. admitted for IVAB-took allergic reaction to coamoxiclav antibiotic on ward.	Co-Amoxiclav		sho on ward and reviewed ASAP. antibiotic stopped, obs and anaphylaxis kit obtained-iv hydrocortisone and chlorphenamine administered, obs.allergy documented in notes and on kardex.	Patient's reaction to Medication	Adverse reaction when drug used as intended		adverse drug reaction			
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Medication incidents

ID	Incident date	Director ate	Division	Site	Loc (Exact)	Description	Drug administer ed	Correct drug	Action taken	Sub Category	Detail.	Conseq uence	DHSSPS impact	DHSSPS potential	DHSSPS likelihoo d	DHSSPS risk rating
83853	06/06/2018	Acute Services	Pharmacy	Craigavo n Area Hospital	Pharmacy Aseptic Unit	A box of imatinib 400mg was dispensed instead of a box of gefitinib 250mg tablets. The error was picked up at the final check stage and was re-dispensed according to the prescription.	Imatinib	Gefitinab	Informed the dispenser who was then able to re-dispense.	Preparati on of medicines / dispensin g in pharmacy	Wrong/ unclear drug/med icine		insignific ant	moderat e	possible	medium
83723	04/06/2018	Acute Services	Pharmacy	Craigavo n Area Hospital	Pharmacy Stores / Distributio n	Sodium Valproate 200mg/5ml S/F Liquid requested on electronic order, Sodium Valproate 400mg/4ml IV Injection charged out and dispensed	Sodium Valproate	Sodium Valproat e	Informed staff member charging and staff member picking of incorrect medication dose and form. Also explained to the picker to check the label against the script before picking and not to pick from label. Incorrect medication returned and correct medication charged out and picked.	Preparati on of medicines / dispensin g in pharmacy	Formulati on of medicatio n was wrong	Minor	insignific ant	insignific ant	possible	low

Absconding Incidents - Acute Services (01.04.14 - 31.05.17)

	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
Craigavon Area Hospital	41	38	34	23	50	69	41	44	36	57	38	31	23
1 North Cardiology	0	0	0	0	0	0	1	0	1	2	1	0	0
1 South Medical	1	0	0	1	1	2	1	0	0	0	0	0	0
1 West Gynae	0	0	1	0	0	0	0	0	0	0	0	0	0
2 North Haematology	1	0	0	0	0	0	0	0	0	0	0	0	0
2 North Resp/Medical	0	0	0	1	0	0	0	0	0	0	0	0	0
2 South Medical	0	0	0	0	0	2	0	0	0	0	0	0	0
2 South Stroke	0	0	0	0	1	1	0	0	0	0	1	0	0
3 South	0	0	1	0	5	2	1	0	3	1	1	0	0
4 North	0	0	1	0	1	1	1	0	1	0	5	5	1
4 South	0	0	0	0	1	0	0	0	0	0	0	0	2
Emergency Department	32	34	27	18	34	49	33	41	26	43	26	21	19
Car Park/Grounds	0	0	0	0	1	2	0	0	0	1	0	0	0
MAU	6	4	3	3	6	9	3	3	5	10	4	5	1
Physiotherapy Outpatients Department	0	0	0	0	0	0	1	0	0	0	0	0	0
Reception/Waiting Area	1	0	0	0	0	0	0	0	0	0	0	0	0
Trauma/Orthopaedic Theatre	0	0	0	0	0	1	0	0	0	0	0	0	0
Winter Pressures Ward(Ramone)	0	0	1	0	0	0	0	0	0	0	0	0	0
Daisy Hill Hospital	9	25	19	15	21	10	19	18	26	33	28	32	15
Emergency Department	7	20	16	11	19	4	17	17	22	27	25	28	15
Day Clinical Centre	0	0	1	0	0	0	0	0	0	0	0	0	0
Entrance/Exit	0	0	0	2	0	0	0	0	0	0	0	0	0
Female Medical, Level 5	0	0	1	0	0	0	0	1	1	1	0	1	0
Female Surgical/Gynae	0	0	0	0	0	0	1	0	0	1	0	0	0
General Male Medical, Level 5	2	4	0	1	0	2	0	0	0	3	2	0	0
Male Surgical/HDU	0	0	1	0	1	4	1	0	3	1	0	0	0
Reception/Waiting Area	0	0	0	0	1	0	0	0	0	0	0	0	0
Rehabilitation, Level 4	0	0	0	1	0	0	0	0	0	0	0	0	0
Stroke / Rehab	0	1	0	0	0	0	0	0	0	0	1	0	0
South Tyrone Hospital	0	1	0	0	0	1	0	0	0	0	0	0	0
Day Procedure/Day Surgery Unit	0	0	0	0	0	1	0	0	0	0	0	0	0
Theatre	0	1	0	0	0	0	0	0	0	0	0	0	0
Totals:	50	64	53	38	71	80	60	62	62	90	66	63	38

Total
502
5
6
1
1
1
2
3
14
15
1
384
4
61
1
1
1
1
255
216
1
2
5
2
14
11
1
1
2
2
1
1
759

Absconding Incidents - Acute Services (01.04.14 - 31.05.17)

ID	Incident date	Time	Site	Division	Loc (Exact)	Severity	Description	Action taken	Lessons learned	Approval	Closed
29641	06/04/2014	1320	Craigavon Area Hospital	MUC	MAU	Minor	Irrelevant information redacted by the USI		Shared with staff as evidence of good practice.	Approved	09/04/2014
29832	09/04/2014	2200	Craigavon Area Hospital	FSS	Emergency Department	Minor			None.	Approved	14/04/2014
29781	10/04/2014	0200	Craigavon Area Hospital	MUC	Emergency Department	Minor			absconder	Approved	20/05/2014
29782	10/04/2014	0200	Craigavon Area Hospital	MUC	ED Majors	Minor			absconder	Approved	22/05/2014
29783	10/04/2014	0730	Craigavon Area Hospital	MUC	ED Majors	Moderate			absconder	Approved	23/04/2014
29837	11/04/2014	0640	Craigavon Area Hospital	MUC	ED Majors	Minor			absconder	Approved	23/04/2014
29836	11/04/2014	0300	Craigavon Area Hospital	MUC	ED Majors	Minor			no absconding procedure in notes, sister that reported incident Irrelevant information informed of this.	Approved	23/04/2014
29841	11/04/2014	0700	Craigavon Area Hospital	MUC	ED Majors	Minor			absconder	Approved	
30138	19/04/2014	0920	Craigavon Area Hospital	MUC	ED Minors	Insignificant			absconder	Approved	23/04/2014
30181	21/04/2014	1600	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor			absconder	Approved	
30267	24/04/2014	1500	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate			absconder who left ward to collect his prescription drugs in boots then returned to ward	Approved	25/04/2014
30316	26/04/2014	0645	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate			absconder	Approved	12/08/2014
30347	27/04/2014	1415	Craigavon Area Hospital	MUC	ED Majors	Minor			absconder	Approved	27/05/2014
30360	28/04/2014	0850	Daisy Hill Hospital	MUC	ED Majors	Moderate			absconder	Approved	12/05/2014
30649	06/05/2014	1915	Daisy Hill Hospital	MUC	Emergency Department	Moderate			absconder	Approved	13/01/2015
30654	07/05/2014	0505	Craigavon Area Hospital	MUC	ED Majors	Moderate			absconder	Approved	27/05/2014

30657	07/05/2014	0540	Craigavon Area Hospital	MUC	1 South Medical	Insignificant	Irrelevant information redacted by the USI	none, protocol followed.	Approved	09/05/2014
30653	07/05/2014	0200	Daisy Hill Hospital	MUC	Emergency Department	Moderate		absconder	Approved	29/05/2014
30759	09/05/2014	0620	Craigavon Area Hospital	MUC	Emergency Department	Moderate		missing data and absconder	Approved	12/05/2014
30755	09/05/2014	0105	Craigavon Area Hospital	MUC	Emergency Department	Moderate		missing data	Approved	12/05/2014
30843	12/05/2014	1215	Craigavon Area Hospital	MUC	2 North Haematology	Minor		Patient aggressive and absconded did not come to any harm	Approved	11/07/2014
30850	12/05/2014	2145	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	29/05/2014
30853	12/05/2014	2030	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Insignificant		absconder	Approved	27/05/2014
31112	20/05/2014	0305	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	29/05/2014
31154	21/05/2014	0210	Craigavon Area Hospital	MUC	ED Majors	Minor		asconder	Approved	29/05/2014
31245	22/05/2014	1750	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	12/08/2014
31258	23/05/2014	0750	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		absconder	Approved	29/05/2014
31317	24/05/2014	2000	Daisy Hill Hospital	FSS	ED Majors	Moderate		NONE	Approved	
31373	24/05/2014	1320	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Insignificant		/	Approved	09/09/2014
31323	25/05/2014	0600	Craigavon Area Hospital	MUC	Emergency Department	Minor		Referred to ED- protocol adherred to	Approved	28/02/2016
31363	27/05/2014	0100	Daisy Hill Hospital	MUC	Emergency Department	Moderate		under reviw delay in investigation as reporter did not input name	Approved	07/11/2014
31564	01/06/2014	0130	Craigavon Area Hospital	MUC	Reception/Waiting Area	Moderate		absconder	Approved	07/06/2014
31696	04/06/2014	1610	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	07/06/2014
31780	07/06/2014	0150	Craigavon Area Hospital	MUC	MAU	Insignificant		None	Approved	03/10/2014
31815	08/06/2014	1430	Craigavon Area Hospital	MUC	Emergency Department	Minor		absconder	Approved	12/06/2014

32068	14/06/2014	0230	Craigavon Area Hospital	MUC	ED Majors	Moderate	Irrelevant information redacted by the USI	absconder	Approved	19/06/2014
32072	14/06/2014	0910	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	12/08/2014
32066	14/06/2014	0230	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	23/07/2014
32088	15/06/2014	0210	Craigavon Area Hospital	MUC	MAU	Minor		above	Approved	10/10/2014
32090	15/06/2014	0330	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	23/07/2014
32146	16/06/2014	1200	Craigavon Area Hospital	MUC	MAU	Minor		Protocol for Absconding patient followed and good practice shared with staff.	Approved	10/10/2014
32271	18/06/2014	1730	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	20/06/2014
32315	19/06/2014	1850	Craigavon Area Hospital	MUC	ED Minors	Minor		absconder	Approved	20/06/2014
32327	20/06/2014	0800	Craigavon Area Hospital	MUC	ED Majors	Moderate		no	Approved	23/07/2014
32397	21/06/2014	1740	Craigavon Area Hospital	MUC	MAU	Minor		as above	Approved	13/10/2014
32421	21/06/2014	1051	Craigavon Area Hospital	MUC	MAU	Moderate		absconder	Approved	21/07/2014
32432	23/06/2014	0535	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	21/07/2014
32619	25/06/2014	2306	Daisy Hill Hospital	FSS	General Male Medical, Level 5	Minor		none	Approved	15/07/2014
32724	28/06/2014	2015	Daisy Hill Hospital	MUC	Emergency Department	Moderate		absconder	Approved	22/07/2014

32748	29/06/2014	0900	Craigavon Area Hospital	MUC	Emergency Department	Moderate	Irrelevant information redacted by the USI	absconder	Approved	30/07/2014
32935	03/07/2014	0030	Craigavon Area Hospital	MUC	Emergency Department	Moderate		mabye not need for datex as patient with capacity left and refused to come back when phoned	Approved	23/07/2014
33030	04/07/2014	1730	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	22/07/2014
33043	05/07/2014	1520	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		absconder	Approved	22/07/2014
33035	05/07/2014	0410	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconders	Approved	22/07/2014
33071	06/07/2014	2245	Daisy Hill Hospital	MUC	Emergency Department	Minor		absconder	Approved	22/07/2014
33171	09/07/2014	0745	Craigavon Area Hospital	MUC	ED Majors	Minor		incident only came into my investigation box monday 18/08/14, HOS informed and [Personal Information] and [Personal Information], incident had been in someones elses list for months,i moved it from CSG to MUSC to allow me to handle it	Approved	22/08/2014
33211	09/07/2014	1945	Daisy Hill Hospital	MUC	ED Majors	Minor		absconder	Approved	26/07/2014
33213	10/07/2014	0030	Craigavon Area Hospital	MUC	ED Minors	Minor		absconder	Approved	22/07/2014
33317	12/07/2014	1110	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Insignificant		/	Approved	09/09/2014
33399	15/07/2014	1911	Craigavon Area Hospital	MUC	ED Majors	Moderate		abconder	Approved	22/07/2014
33378	15/07/2014	0430	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	22/07/2014
33537	20/07/2014	0330	Craigavon Area Hospital	MUC	Emergency Department	Minor		ABSCONDER	Approved	21/07/2014
33554	21/07/2014	0429	Daisy Hill Hospital	MUC	ED Majors	Moderate		ward manager [Personal Information] asked by lead nurse to reenforce that absconding performas are completed	Approved	23/07/2014
33601	22/07/2014	0314	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	24/07/2014
33619	22/07/2014	1405	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	23/07/2014
33639	22/07/2014	1845	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	24/07/2014
33646	23/07/2014	0145	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Insignificant		absconder	Approved	24/07/2014
33750	24/07/2014	2030	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	05/08/2014
33756	25/07/2014	0225	Craigavon Area Hospital	MUC	Emergency Department	Minor		absconder	Approved	07/10/2014

33754	25/07/2014	0540	Daisy Hill Hospital	MUC	ED Majors	Moderate	Irrelevant information redacted by the USI	absconder	Approved	05/08/2014
33890	29/07/2014	0700	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	29/07/2014
33889	29/07/2014	0330	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	29/07/2014
33936	30/07/2014	0125	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	30/07/2014
33980	31/07/2014	0630	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	31/07/2014
33978	31/07/2014	0520	Craigavon Area Hospital	MUC	ED Majors	Moderate		inappropriate use of absconding procedure	Approved	31/07/2014
34084	02/08/2014	1220	Craigavon Area Hospital	MUC	MAU	Minor		as above	Approved	13/10/2014
34085	02/08/2014	1520	Craigavon Area Hospital	MUC	MAU	Minor		above	Approved	13/10/2014
34155	02/08/2014	2230	Craigavon Area Hospital	MUC	MAU	Minor		as above	Approved	13/10/2014
34079	02/08/2014	0245	Craigavon Area Hospital	MUC	ED Minors	Moderate		absconder	Approved	04/08/2014
34147	04/08/2014	1700	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	05/08/2014
34123	04/08/2014	0930	South Tyrone Hospital	CCS	Theatre	Insignificant		As above	Approved	30/10/2014
34152	04/08/2014	2120	Daisy Hill Hospital	MUC	ED Majors	Minor		Personal Information advised to pass on to Personal Information (completed form) record and fill all relevent boxes	Approved	05/08/2014
34326	11/08/2014	0430	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	12/08/2014
34424	13/08/2014	1920	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		nO LESSON TO BE LEARNED	Approved	25/08/2014
34517	15/08/2014	2300	Craigavon Area Hospital	MUC	ED Majors	Insignificant		none	Approved	18/08/2014
34651	20/08/2014	1500	Daisy Hill Hospital	MUC	Stroke / Rehab	Minor		/	Approved	09/09/2014

34762	22/08/2014	2100	Daisy Hill Hospital	FSS	ED Majors	Minor	Irrelevant information redacted by the USI	none	Approved	01/09/2014
34768	23/08/2014	2300	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		as above	Approved	10/12/2014
34775	24/08/2014	0915	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		absconding procedure followed	Approved	11/12/2014
34771	24/08/2014	0515	Daisy Hill Hospital	MUC	ED Majors	Moderate		none	Approved	29/08/2014
34957	29/08/2014	1500	Craigavon Area Hospital	MUC	ED Majors	Minor		yes absconder.	Approved	15/09/2014
34953	29/08/2014	1254	Daisy Hill Hospital	MUC	ED Majors	Minor		absconding performa completed well. delay in escalation to ward manager that suicidal patient had absconded, this was addressed with staff nurse in triage at the time	Approved	09/10/2014
35038	01/09/2014	1503	Armagh Community Hospital	MUC	Car Park/Grounds	Moderate		absconding performa complete	Approved	15/09/2014
35220	06/09/2014	2330	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	15/09/2014
35227	07/09/2014	1515	Craigavon Area Hospital	MUC	Emergency Department	Minor		absconder	Approved	15/09/2014
35333	09/09/2014	2100	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconding perform did not need completed as not self harm or vunerable adult. PSNI should not have been contacted to return patient. community team should have been contacted to remove cannula	Approved	09/10/2014
35329	09/09/2014	1855	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	09/10/2014
35336	10/09/2014	0215	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	16/09/2014
35458	11/09/2014	1425	Craigavon Area Hospital	MUC	MAU	Minor		Protocol for patients who abscond was followed.	Approved	03/10/2014
35535	14/09/2014	2055	Daisy Hill Hospital	FSS	ED Majors	Minor		none	Approved	29/09/2014
35513	14/09/2014	0231	Daisy Hill Hospital	MUC	Emergency Department	Minor		absconder old absconding procedure form used by reporter, [Personal Information] informed to address	Approved	07/11/2014
35538	14/09/2014	2100	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder no name inputted by reporter caused delay in investigation and ineefeiент use of resources.	Approved	07/11/2014
35723	19/09/2014	1310	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		none	Approved	07/10/2014
35740	20/09/2014	0555	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	02/10/2014
35784	22/09/2014	0045	Daisy Hill Hospital	MUC	Emergency Department	Moderate		not sure PSNI needed contacted as he had being discharged	Approved	09/10/2014
35782	22/09/2014	0040	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	03/10/2014

35812	23/09/2014	0825	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor	Irrelevant information redacted by the USI	absconder	Approved	02/10/2014
35815	23/09/2014	0830	Daisy Hill Hospital	MUC	ED Majors	Minor		absconding form completed was old one and not proper one issued the absconding form was poorly completed with no staff signature or times recorded on it	Approved	13/10/2014
35865	24/09/2014	0100	Craigavon Area Hospital	MUC	Emergency Department	Minor		absconder	Approved	02/10/2014
35893	24/09/2014	1535	Craigavon Area Hospital	MUC	ED Minors	Minor		absconder	Approved	03/10/2014
35997	26/09/2014	2210	Daisy Hill Hospital	MUC	Emergency Department	Moderate		name not inputted by reporter initially	Approved	13/01/2015
35994	26/09/2014	1530	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	03/10/2014
36042	28/09/2014	2030	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	07/10/2014
36022	28/09/2014	0445	Daisy Hill Hospital	MUC	ED Majors	Minor		absconding performa completed excellently, Personal Information asked to commend staff at safety briefing	Approved	09/10/2014
36034	28/09/2014	1230	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		absconder	Approved	13/01/2015
36165	03/10/2014	0040	Daisy Hill Hospital	MUC	ED Majors	Moderate		patient attended with chest pain and was not an absconder (vulnerable patient) but rather someone who decided to leave. absconding performa did not need completed PSNI did not need contacted (PSNI have stated at interface meetings they their role is n	Approved	06/10/2014
36205	04/10/2014	0030	Craigavon Area Hospital	SEC	4 North	Minor		as above	Approved	08/10/2015
36209	04/10/2014	1100	Craigavon Area Hospital	MUC	MAU	Minor		absconder	Approved	13/10/2014
36295	07/10/2014	1115	Craigavon Area Hospital	SEC	3 South	Minor		as above	Approved	07/10/2014
36361	09/10/2014	0725	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	09/10/2014
36413	10/10/2014	0500	Craigavon Area Hospital	MUC	ED Majors	Moderate		see notes from below, ED has passed to community GP for foloow up	Approved	13/10/2014
36725	17/10/2014	2200	Daisy Hill Hospital	FSS	ED Minors	Minor		none	Approved	27/10/2014
36751	19/10/2014	1400	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	20/10/2014
36770	19/10/2014	0905	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		nurse that completed datex did not complete datix, (same done retrospectively) ward manager aware	Approved	20/10/2014
36746	19/10/2014	1640	Craigavon Area Hospital	MUC	ED Minors	Minor		absconder reporter did not populate patients name	Approved	20/10/2014

37041	24/10/2014	2200	Craigavon Area Hospital	MUC	Emergency Department	Minor	Irrelevant information redacted by the USI	as above	Approved	27/10/2014
37053	24/10/2014	2115	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		as above	Approved	21/07/2015
37042	25/10/2014	0300	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	27/10/2014
37348	01/11/2014	1530	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	04/11/2014
37352	01/11/2014	2240	Craigavon Area Hospital	MUC	ED Minors	Minor		absconder	Approved	03/11/2014
37339	01/11/2014	0350	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	03/11/2014
37355	02/11/2014	0920	Daisy Hill Hospital	MUC	ED Majors	Minor		absconder	Approved	04/11/2014
37374	03/11/2014	0600	Craigavon Area Hospital	MUC	ED Majors	Moderate		RN [Personal Information] did not completed datex properly, she assigned datex to CSCG when it should have been MUSC	Approved	03/11/2014
37526	05/11/2014	0530	Craigavon Area Hospital	IMWH	1 West Gynae	Insignificant		NONE	Approved	27/11/2014
37558	06/11/2014	1500	Craigavon Area Hospital	MUC	ED Minors	Moderate		no	Approved	07/11/2014
37570	07/11/2014	0250	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	10/11/2014
37589	07/11/2014	0810	Daisy Hill Hospital	SEC	Male Surgical/HDU	Minor		as above	Approved	17/11/2014
37572	07/11/2014	0045	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		no	Approved	07/11/2014
37624	08/11/2014	0800	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	19/11/2014
37626	08/11/2014	1020	Daisy Hill Hospital	MUC	ED Resus	Moderate		absconder but no slf harm (chest pain)	Approved	19/11/2014
37628	08/11/2014	1015	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		absconder	Approved	10/11/2014
37619	08/11/2014	0035	Daisy Hill Hospital	MUC	ED Majors	Minor		old absconding form 2012 version used, details sent to [Personal Information] ward manager.	Approved	19/11/2014
37646	09/11/2014	0400	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	10/11/2014
37938	15/11/2014	0130	Daisy Hill Hospital	MUC	ED Majors	Minor		absconder	Approved	19/11/2014

37958	16/11/2014	0445	Craigavon Area Hospital	MUC	ED Majors	Moderate	Irrelevant information redacted by the USI	absconder	Approved	17/11/2014
38217	21/11/2014	0930	Craigavon Area Hospital	MUC	MAU	Insignificant		as above	Approved	10/07/2015
38270	22/11/2014	0250	Daisy Hill Hospital	MUC	ED Majors	Minor		good follow up by staff after patiuent absconded.	Approved	26/11/2014
38283	22/11/2014	1900	Craigavon Area Hospital	MUC	ED Minors	Moderate		procedure completed	Approved	24/11/2014
38327	24/11/2014	0900	Craigavon Area Hospital	MUC	MAU	Moderate		.	Approved	18/03/2015
38355	24/11/2014	2100	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconding performa not completed fully, no record on page 2. ward manager Personal Information informed to address with staff	Approved	26/11/2014
38466	27/11/2014	0940	Daisy Hill Hospital	MUC	ED Majors	Moderate		as above	Approved	28/11/2014
38517	28/11/2014	0330	Craigavon Area Hospital	MUC	Winter Pressures Ward(Ramone)	Insignificant		discussed with ward manager, falls careplan needs completed as epsidoe confusion	Approved	01/12/2014
38561	29/11/2014	0150	Craigavon Area Hospital	MUC	Emergency Department	Moderate		absconder	Approved	01/12/2014
38685	02/12/2014	1400	Daisy Hill Hospital	MUC	Female Medical, Level 5	Moderate		as above	Approved	10/12/2014
38811	07/12/2014	1630	Craigavon Area Hospital	MUC	ED Minors	Minor		absconded	Approved	08/12/2014
39045	12/12/2014	1920	Craigavon Area Hospital	MUC	ED Minors	Minor		patients do not need to wait to go through triage after returning from absconding.	Approved	19/12/2014
39066	13/12/2014	2110	Craigavon Area Hospital	MUC	ED Minors	Minor		absconder	Approved	22/12/2014
39086	14/12/2014	0920	Craigavon Area Hospital	MUC	ED Majors	Minor		.	Approved	19/12/2014
39125	15/12/2014	1045	Daisy Hill Hospital	MUC	Day Clinical Centre	Moderate		161214cc-d/w Per Son ED Manager clarified that the ward was notified that patient had been seen by Psyc and was deemed fit for discharge. Family contacted and were not accepting the decision. Agreement that Home Care was to see patient later in the day. Hence	Approved	16/12/2014
39184	17/12/2014	0310	Craigavon Area Hospital	MUC	ED Majors	Minor		.	Approved	19/12/2014
39263	18/12/2014	1930	Daisy Hill Hospital	MUC	ED Majors	Minor		.	Approved	04/06/2015
39309	19/12/2014	2315	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		absconder	Approved	22/12/2014

39270	19/12/2014	0440	Craigavon Area Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	.	Approved	19/12/2014
39308	19/12/2014	2130	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder that was returned to ED and subsequently admitted psychiatry	Approved	22/12/2014
39339	21/12/2014	1950	Daisy Hill Hospital	MUC	ED Majors	Moderate		asconder who had capacity	Approved	23/12/2014
39345	22/12/2014	0200	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder that was returned by PSNI	Approved	23/12/2014
39459	26/12/2014	0815	Daisy Hill Hospital	MUC	ED Minors	Minor		absconder	Approved	30/12/2014
39480	27/12/2014	0140	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder, found with family, refusing return	Approved	30/12/2014
39665	01/01/2015	1520	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	23/02/2015
39778	04/01/2015	2240	Craigavon Area Hospital	MUC	2 North Resp/Medical	Moderate		absconder	Approved	05/01/2015
39831	06/01/2015	0130	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	06/01/2015
39900	07/01/2015	1745	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	13/01/2015
39985	09/01/2015	1630	Daisy Hill Hospital	MUC	ED Majors	Moderate		no clinical observations recorded on flimsey, ward manager infomed to investigate and manage this variation	Approved	13/01/2015
40162	15/01/2015	0650	Craigavon Area Hospital	MUC	MAU	Minor		absconder	Approved	21/01/2015
40258	17/01/2015	1900	Daisy Hill Hospital	MUC	ED Majors	Minor		maybe absconding performa did not need to be completed	Approved	20/01/2015
40794	02/02/2015	1310	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	16/06/2015
40869	03/02/2015	1200	Craigavon Area Hospital	MUC	MAU	Minor		absconder	Approved	06/02/2015
40969	05/02/2015	1220	Craigavon Area Hospital	MUC	MAU	Minor		absconder that was re admittedto ward	Approved	06/02/2015
41012	06/02/2015	1540	Daisy Hill Hospital	MUC	ED Majors	Minor		absconder	Approved	12/02/2015
41034	07/02/2015	0115	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	11/02/2015

41156	10/02/2015	2130	Daisy Hill Hospital	MUC	ED Minors	Minor	Irrelevant information redacted by the USI	.	Approved	13/02/2015
41140	10/02/2015	1500	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		.	Approved	13/02/2015
41352	14/02/2015	0430	Daisy Hill Hospital	MUC	ED Majors	Moderate		.	Approved	18/02/2015
41506	18/02/2015	1110	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	23/02/2015
41529	18/02/2015	1820	Daisy Hill Hospital	MUC	Rehabilitation, Level 4	Moderate		.	Approved	03/09/2015
41625	20/02/2015	2233	Craigavon Area Hospital	MUC	ED Majors	Moderate		.	Approved	23/02/2015
41624	21/02/2015	0230	Craigavon Area Hospital	MUC	ED Majors	Minor		.	Approved	23/02/2015
41846	27/02/2015	1710	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		await feedback from Cloughmore	Approved	11/03/2015
41912	02/03/2015	2235	Daisy Hill Hospital	MUC	ED Resus	Minor		as above	Approved	15/04/2015
41891	02/03/2015	0130	Craigavon Area Hospital	MUC	Emergency Department	Moderate		absconder	Approved	11/03/2015
41943	03/03/2015	1515	Daisy Hill Hospital	MUC	Entrance/Exit	Minor		absconder	Approved	11/03/2015
42101	06/03/2015	2130	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	20/03/2015
42109	07/03/2015	0355	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	27/04/2015
42115	07/03/2015	1245	Daisy Hill Hospital	MUC	ED Majors	Minor		absconder	Approved	11/03/2015
42236	11/03/2015	0639	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder that returned	Approved	12/03/2015
42233	11/03/2015	0120	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	12/03/2015
42311	13/03/2015	1430	Craigavon Area Hospital	MUC	1 South Medical	Minor		absconder	Approved	08/04/2015
42344	15/03/2015	0700	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	19/03/2015
42409	17/03/2015	2100	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Moderate		.	Approved	15/04/2015

42400	17/03/2015	2100	Daisy Hill Hospital	FSS	Entrance/Exit	Moderate	Irrelevant information redacted by the USI	none	Approved	23/03/2015
42436	19/03/2015	0620	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconding procedure completed	Approved	19/03/2015
42501	20/03/2015	1745	Craigavon Area Hospital	MUC	ED Minors	Moderate		absconder	Approved	23/03/2015
42521	22/03/2015	0600	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	27/03/2015
42563	24/03/2015	0645	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	27/03/2015
42784	31/03/2015	0300	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	17/06/2015
42819	31/03/2015	2145	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		High Risk patient Proocol put in place	Approved	28/07/2015
42893	03/04/2015	0730	Daisy Hill Hospital	MUC	Male Surgical/HDU	Moderate		absconder who was reteurned to ED	Approved	28/04/2015
42953	04/04/2015	1750	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	15/04/2015
42971	05/04/2015	2145	Daisy Hill Hospital	MUC	ED Majors	Moderate		as above	Approved	25/06/2015
42995	06/04/2015	2330	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	28/04/2015
42984	06/04/2015	1510	Daisy Hill Hospital	MUC	Emergency Department	Moderate		as above	Approved	10/04/2015
43008	07/04/2015	1220	Craigavon Area Hospital	MUC	MAU	Minor		no record of absconding performa in notes	Approved	27/05/2015
43028	08/04/2015	1315	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	28/04/2015
43044	09/04/2015	0310	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	28/04/2015
43121	11/04/2015	1945	Craigavon Area Hospital	SEC	3 South	Minor		Absconding policy not completed although patient returned to ward within the hour. patient came to no harm.	Approved	12/08/2015
43177	14/04/2015	0520	Craigavon Area Hospital	SEC	3 South	Minor		absconder	Approved	24/09/2015
43176	14/04/2015	0010	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	20/04/2015
43230	16/04/2015	0000	Craigavon Area Hospital	MUC	Emergency Department	Insignificant		absconder	Approved	24/04/2015
43271	17/04/2015	0540	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder on several occasions	Approved	20/04/2015
43356	20/04/2015	1440	Craigavon Area Hospital	MUC	MAU	Minor		absconder	Approved	21/04/2015

43396	21/04/2015	1830	Craigavon Area Hospital	SEC	3 South	Minor	Irrelevant information redacted by the USI	absconding proforma not completed however patient was returned to ward within the hour.	Approved	12/08/2015
43364	21/04/2015	0340	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	01/06/2015
43405	22/04/2015	0505	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	27/04/2015
43435	23/04/2015	0445	Craigavon Area Hospital	MUC	Emergency Department	Minor		absconder	Approved	26/05/2015
43482	24/04/2015	0300	Craigavon Area Hospital	MUC	ED Resus	Major		await SAI	Approved	01/06/2015
43506	25/04/2015	1315	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	29/04/2015
43510	25/04/2015	1405	Craigavon Area Hospital	MUC	ED Minors	Minor		abnsconder	Approved	17/06/2015
43588	27/04/2015	1730	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	11/05/2015
43624	28/04/2015	1930	Daisy Hill Hospital	FSS	ED Majors	Minor		none	Approved	06/05/2015
43668	29/04/2015	1250	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	11/05/2015
43753	01/05/2015	2020	Craigavon Area Hospital	MUC	Car Park/Grounds	Moderate		returned to 4 north for follow up	Approved	01/06/2015
43749	02/05/2015	0510	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	11/05/2015
43778	03/05/2015	1420	Craigavon Area Hospital	MUC	Emergency Department	Moderate		.	Approved	19/05/2015
43771	03/05/2015	0240	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	11/05/2015
43916	06/05/2015	2120	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	02/06/2015
44020	10/05/2015	0640	Daisy Hill Hospital	MUC	Emergency Department	Minor		absconder/child 16 years, for CAHms follow up	Approved	11/05/2015
44095	12/05/2015	0800	Craigavon Area Hospital	MUC	ED Majors	Minor		.	Approved	19/05/2015
44091	12/05/2015	0315	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	22/05/2015
44123	13/05/2015	0115	Craigavon Area Hospital	MUC	MAU	Minor		absconder no record of medical notes post absconding stating thay did not want patient returned.	Approved	27/05/2015
44259	15/05/2015	2105	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	22/05/2015

44249	15/05/2015	1400	Craigavon Area Hospital	SEC	3 South	Minor	Irrelevant information redacted by the USI		Approved	25/05/2015
44430	20/05/2015	1200	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		High Risk patient	Approved	21/07/2015
44435	20/05/2015	1405	Craigavon Area Hospital	MUC	2 South Stroke	Minor		case reviewed on ward 22/05/15,	Approved	22/05/2015
44527	23/05/2015	0930	Daisy Hill Hospital	FSS	Reception/Waiting Area	Minor		none	Approved	26/05/2015
44544	24/05/2015	0255	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	31/05/2015
44567	24/05/2015	1930	Daisy Hill Hospital	MUC	ED Majors	Moderate		appears to have been taken frm ED by female	Approved	31/05/2015
44592	25/05/2015	2300	Craigavon Area Hospital	MUC	ED Minors	Minor		absconder	Approved	16/06/2015
44569	25/05/2015	0415	Craigavon Area Hospital	SEC	4 South	Minor		advise patients to inform staff when leaving ward area	Approved	25/05/2015
44593	26/05/2015	0415	Daisy Hill Hospital	MUC	ED Minors	Moderate		absconder	Approved	31/05/2015
44764	28/05/2015	0245	Daisy Hill Hospital	MUC	ED Minors	Moderate		absconder	Approved	04/06/2015
44833	28/05/2015	0655	Craigavon Area Hospital	MUC	ED Majors	Insignificant		absconder	Approved	15/06/2015
44863	29/05/2015	0930	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		absconder	Approved	29/06/2015
44933	30/05/2015	1830	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	16/06/2015
44953	31/05/2015	2135	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	16/06/2015
45001	01/06/2015	2057	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconder	Approved	04/06/2015
45150	04/06/2015	1710	Craigavon Area Hospital	MUC	ED Majors	Minor		none	Approved	28/07/2015
45220	06/06/2015	1645	Craigavon Area Hospital	SEC	3 South	Minor		for follow up S services. inpatient team did not feel patient needed returned to ward.	Approved	03/08/2015
45291	09/06/2015	0632	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	16/06/2015

45339	11/06/2015	0045	Craigavon Area Hospital	MUC	ED Majors	Insignificant	Pt presented to A+E triage with lacerations to both wrists from self harm. Pt declined to wait to be seen by a Doctor and stated he would walk home. Pt left department and was seen walking towards main road. Absconding protocol completed. Pt then repr	Absconding protocol completed	absconder	Approved	16/06/2015
45482	13/06/2015	2100	Craigavon Area Hospital	MUC	ED Majors	Moderate	PT PRESENTED TO ED AT 18.47HRS FEELING DEPRESSED AND SUICIDAL WITH ALCOHOL. ACCORDING TO DAY STAFF PT WAS IN CUB 1 IN MAJORS 1. PT NOT SEEN IN DEPT AT 2100HRS.	PORTERS CHESCKED AREAS. PT PHONED AND NO ANSWER. PSNI CONTACTED. ABSCONDED POLICY ADHERED TO AS PER PROTOCOL. PT FOUND AT HOME ASLEEP REFUSING TO COME BACK TO ED. SON WITH PT WHO WILL OBSERVE PT OVERNIGHT.	absconder apparently at home refusing to return	Approved	15/06/2015
45483	14/06/2015	0415	Craigavon Area Hospital	MUC	ED Majors	Moderate	PT ATTENDED ED TONIGHT WITH HIS MOTHER FEELING DEPRESSED AND SUICIDAL. NO ALCOHOL. PT HAS HX MENTAL HEALTH ILLNESS. PT SEEN BY DR AND FOR PSYCHIATRIC ASSESSMENT. PT OBSERVED SHOUTING AND LEAVING DEPT AT 04.15 HRS.	NURSING AND PORTERING STAFF SEARCHED AREA. ABSCONDED PROTOCOL FOLLOWED. PSNI CONTACTED AND BROUGHT PT BACK TO ED AT 05.15HRS. PT ADMITTED TO CDU AND PSNI IN ATTENDANCE.NEXT OF KIN ..PTS MOTHER AWARE.DR AWARE.	absconder that returned	Approved	15/06/2015
45489	14/06/2015	0900	Craigavon Area Hospital	MUC	ED Majors	Insignificant	PATIENT PRESENTED TO ED WITH SUICIDAL THOUGHTS, ALCOHOL TAKEN. WAITING TO BE SEEN BY DOCTOR + FOUND MISSING AT 9AM. ABSCONDING PROTOCOL COMPLETED.	ABSCONDING FORM/PROTOCOL COMPLETED	absconder	Approved	16/06/2015
45500	14/06/2015	1915	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor	Patient brought round to CDU after taking a OD and alcohol on board. Absconded before to being discharged with cannula insitu. PSNI contacted.	Looked around hospital and department. Nok contacted. Phoned patients mobile. Doctor Alan Lavery (Locum Consultant) aware of same and wanted patient brought back. Nurse in charge aware of same. PSNI contacted on 101 PSNI attended department for in	absconder	Approved	16/06/2015
45527	15/06/2015	1030	Craigavon Area Hospital	MUC	MAU	Insignificant	PATIENT NOTED TO BE MISSING FROM HIS BEDSIDE AT 10.30.	WARD AND OUTSIDE FRONT OF HOSIPTAL SEARCHED. PATIENT'S OWN PHONE AND NOK ATTEMTPED TO BE CONTACTED NO ANSWER. SPOKE WITH PSYCHIATRY LIAISON WHO STATES PATIENT MUST BE BROUGHT BACK TO FINISH ASSESSMENT. PSNI CONTACTED AND INFORMATION GIVEN. PATIENT RETURNE	absconding policy adherred to	Approved	10/07/2015
45722	19/06/2015	0245	Craigavon Area Hospital	MUC	ED Majors	Minor	pt absconded from department	absconding policy commenced, psni contacted, pt at home safe with responsible adult	satff not completing patient details on datix ward sr to address	Approved	22/07/2015
45723	19/06/2015	0630	Craigavon Area Hospital	MUC	ED Majors	Minor	pt absconded from department at risk to self as suicidal	absconding protocol commenced	staff are not completing patient details on datix ward sr to remind staff staff not advising off outcome of protocol activation	Approved	22/07/2015
45776	19/06/2015	2020	Craigavon Area Hospital	MUC	ED Minors	Minor	patient Renaldas Steponaitis was called several times and did not wait to be seen. waiting area was searched.	porters were contacted with description. sister informed. contacted consultant in charge, who advised to contact psni. who were also informed.	Protocol followedby staff	Approved	27/07/2015
45775	20/06/2015	0930	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor	PATIENT FOUND TO BE MISSING FROM CDU - PRESENTED TO ED THE DAY BEFORE WITH FEELINGS OF DEPRESSION AND ALCOHOL INTOXICATION. LEFT DEPARTMENT WITH IV CANNULA INSITU.	ED CONSULTANT INFORMED, ABSCONDING PROTOCOL INITIATED, DATIX COMPLETED	absconder	Approved	01/07/2015
45790	21/06/2015	0720	Craigavon Area Hospital	MUC	MAU	Minor	Patient left ward when they were not medically fit and with a cannula insitu	Security phoned to bring patient back to ward	protocl adherred to pt returned to ward	Approved	17/07/2015
45795	21/06/2015	1050	Craigavon Area Hospital	MUC	MAU	Minor	patient came in to MAU with overdose of Cocodamol x 30 tablets, few minutes later, she decided to leave the ward MAU, then went to the front foyer, securuty porters were contacted, stayed with the patient, patient stated thoughts of selfharm; patient not	sister Pauline Cooper in mau aware; bed manager Paula was informed;PSNI were informed of events; mother Ann Slevin contacted; mother Ann contacted Shambles taxi, patient was dropped off at Armagh Mall.	as above	Approved	17/07/2015
45999	25/06/2015	1230	Craigavon Area Hospital	MUC	1 South Medical	Minor	Patient left ward and got taxi home.Staff unaware	ALL STAFF ALERTED FAMILY INFORMED POLICE INFORMED	.	Approved	03/07/2015
46000	25/06/2015	1915	Craigavon Area Hospital	MUC	ED Majors	Minor	Patient absconded from ambulance triage in majors1. history of mental illness and alcohol on board. may have taken overdose this evening.	consultant informed. absconding protcol follwed and psni phoned. area of hospital checked and porters informed.	Ward Sr to address with staff importance of providing patient details when completing dtaix	Approved	27/07/2015
45996	25/06/2015	1900	Daisy Hill Hospital	FSS	Emergency Department	Minor	PUBLIC TOILET WINDOW IN ED DEPARTMENT FORCED OPEN BY A PATIENT AND THE PATIENT ABSCONDED.	PATIENT WAS RETURNED TO THE ED DEPARTMENT. WINDOW WAS EXAMINED BY MYSELF AND SUPERVISOR AND CLOSED .REPORTED TO ENGINEER ON CALL	none	Approved	26/06/2015
46003	25/06/2015	2015	Craigavon Area Hospital	MUC	ED Majors	Minor	Patient absconded from majors2 whilst awaiting to see doctor. patient had self harmed and had a laceration to l wrist. he also has a history of haemophillia.	Porters informed. Area searched. Absconding protocol completed. Psni informed.	Ward Staff need to ensure patient details are submitted on datix	Approved	27/07/2015
46062	27/06/2015	1300	Craigavon Area Hospital	SEC	4 North	Moderate	Patient left ward against medical advise. said he was getting a taxi home, advised to wait for repeat ct scan and to speak with docotr. Ignored advise and left the ward. Security phoned to stop patient and jho bleeped and both tried to reason with patient	security phoned, reg phoned, jho phoned, nok phoned. All informed.	as above	Approved	29/04/2016
46089	29/06/2015	0200	Daisy Hill Hospital	MUC	ED Majors	Moderate	patient absconded from department against advice of nursing staff.	protocol followed. psni contacted bed manager aware	NIL	Approved	06/07/2015
46177	30/06/2015	1820	Craigavon Area Hospital	MUC	ED Majors	Moderate	Patient absconded from ED prior to medical assessment following an overdose. Patient has a history of self harm & previous overdoses.	Sister & Consultant of ED informed who advised to commence Absent without Leave Procedure & inform PSNI to search & return patient to ED for further assessment.	High Risk Patient Protocol put in place	Approved	21/07/2015

46352	06/07/2015	2230	Craigavon Area Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	Nil	Approved	21/07/2015
46351	06/07/2015	2140	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		No Issues	Approved	21/07/2015
46354	07/07/2015	0350	Craigavon Area Hospital	MUC	MAU	Moderate		proper proctocl adherred to - patient came to no harm.	Approved	10/07/2015
46358	07/07/2015	0350	Craigavon Area Hospital	MUC	MAU	Minor		as above	Approved	10/07/2015
46378	07/07/2015	2355	Craigavon Area Hospital	MUC	Emergency Department	Minor		nil	Approved	21/07/2015
46384	08/07/2015	0030	Craigavon Area Hospital	MUC	ED Minors	Insignificant		nil regular ED attender	Approved	21/07/2015
46418	09/07/2015	0115	Craigavon Area Hospital	MUC	ED Minors	Minor		nil	Approved	21/07/2015
46480	10/07/2015	1845	Craigavon Area Hospital	MUC	ED Minors	Moderate		Is Regualr ED attender	Approved	21/07/2015
46486	11/07/2015	0115	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		very ill to do if patient indicates staff not needed	Approved	15/07/2015
46487	11/07/2015	0655	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		nil very difficult to accomoadte very aggressive patient	Approved	15/07/2015
46655	16/07/2015	2315	Craigavon Area Hospital	MUC	Car Park/Grounds	Insignificant		ABSCONDING PATIENT	Approved	01/10/2015
46712	18/07/2015	2235	Craigavon Area Hospital	MUC	ED Majors	Moderate		NIL	Approved	21/07/2015
46766	20/07/2015	2200	Craigavon Area Hospital	MUC	Emergency Department	Insignificant		NIL	Approved	21/07/2015
46788	20/07/2015	2130	Craigavon Area Hospital	MUC	Emergency Department	Minor		nil	Approved	22/07/2015
46825	22/07/2015	1500	Craigavon Area Hospital	MUC	Emergency Department	Moderate		Protocol followed by staff	Approved	27/07/2015
46802	22/07/2015	0705	Craigavon Area Hospital	MUC	Emergency Department	Minor		Staff need to complete patient information on form not include HCC in the body of report	Approved	28/07/2015

46902	24/07/2015	1425	Craigavon Area Hospital	MUC	ED Minors	Minor	Irrelevant information redacted by the USI	High Risk aptient with Frequent attendnace at ED	Approved	27/07/2015
47043	28/07/2015	2030	Craigavon Area Hospital	SEC	3 South	Minor		020915cc-GP contacted 290715-patient left GP practice in 09/2015. Contacted D/N. Mobile line not validated. Pt did not reside at address provided.(validated by PSNI on 300715). Identity not confirmed	Approved	07/09/2015
47137	01/08/2015	1950	Craigavon Area Hospital	MUC	ED Majors	Insignificant		staff adhered to absconding policy	Approved	05/08/2015
47144	02/08/2015	1400	Craigavon Area Hospital	MUC	ED Minors	Moderate		Protocol enacted High risk patient	Approved	05/08/2015
47133	02/08/2015	0300	Craigavon Area Hospital	MUC	MAU	Minor		Security required to assist patient back into hospitl setting	Approved	05/08/2015
47206	04/08/2015	0010	Daisy Hill Hospital	MUC	ED Majors	Moderate		Staff must write patient name in appropraite section not in body of report satff enacted absconding policy	Approved	07/08/2015
47258	05/08/2015	1915	Craigavon Area Hospital	SEC	3 South	Moderate		absconder	Approved	07/08/2015
47269	06/08/2015	0025	Craigavon Area Hospital	MUC	ED Majors	Moderate		Protocol adhered too by staff patient at home with Friend	Approved	06/08/2015
47270	06/08/2015	0250	Craigavon Area Hospital	MUC	ED Minors	Moderate		Protocol enacted by staff patient found at home with relatives	Approved	06/08/2015
47302	06/08/2015	2025	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		protocol followed	Approved	27/08/2015
47310	07/08/2015	1240	South Tyrone Hospital	CCS	Day Procedure/Day Surgery Unit	Minor		none	Approved	02/10/2015
47337	08/08/2015	0350	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		protocol followed	Approved	27/08/2015
47338	08/08/2015	0500	Craigavon Area Hospital	MUC	Emergency Department	Minor		protocol followed	Approved	27/08/2015
47342	08/08/2015	0845	Craigavon Area Hospital	MUC	ED Majors	Moderate		None	Approved	04/09/2015
47372	09/08/2015	1315	Daisy Hill Hospital	SEC	Male Surgical/HDU	Moderate		please see comments from 20/08/15 and 21/08/15 and 14/99/15	Approved	14/09/2015
47411	10/08/2015	1215	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		protocoll followed	Approved	27/08/2015
47421	10/08/2015	1710	Daisy Hill Hospital	SEC	Male Surgical/HDU	Moderate		.	Approved	25/09/2015

47422	10/08/2015	1755	Daisy Hill Hospital	SEC	Male Surgical/HDU	Moderate	Irrelevant information redacted by the USI	.	Approved	25/09/2015
47457	11/08/2015	1315	Daisy Hill Hospital	SEC	Male Surgical/HDU	Minor		.	Approved	25/09/2015
47489	12/08/2015	1030	Craigavon Area Hospital	MUC	ED Majors	Moderate		None	Approved	04/09/2015
47596	15/08/2015	0710	Daisy Hill Hospital	MUC	ED Majors	Major		procedure followed	Approved	24/08/2015
47622	16/08/2015	0645	Craigavon Area Hospital	MUC	ED Majors	Minor		None	Approved	04/09/2015
47632	16/08/2015	1630	Craigavon Area Hospital	MUC	MAU	Minor		None	Approved	17/08/2015
47644	16/08/2015	2100	Craigavon Area Hospital	MUC	ED Minors	Moderate		None	Approved	04/09/2015
47634	16/08/2015	1800	Craigavon Area Hospital	MUC	MAU	Minor		None	Approved	14/09/2015
47679	17/08/2015	2215	Craigavon Area Hospital	MUC	2 South Medical	Minor		/	Approved	13/05/2016
47653	17/08/2015	0040	Craigavon Area Hospital	FSS	Emergency Department	Minor		None	Approved	
47647	17/08/2015	0015	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		None	Approved	03/09/2015
47718	19/08/2015	0530	Craigavon Area Hospital	MUC	ED Minors	Insignificant		None	Approved	03/09/2015
47790	20/08/2015	1920	Daisy Hill Hospital	MUC	ED Majors	Moderate		nil	Approved	24/08/2015
47763	20/08/2015	0825	Craigavon Area Hospital	MUC	Emergency Department	Minor		None	Approved	03/09/2015
47799	21/08/2015	0920	Craigavon Area Hospital	MUC	MAU	Minor		await 03/09/2015 Pe - spoke to Sr Personal - 21/08/15 - PSNI contacted ward to say patient was at home. Doctor told PSNI to bring patient back to ED to be seen by Psych and Neurology. 030915cc-ward recontacted dept. This patient has been admitted seve	Approved	03/09/2015
47888	24/08/2015	1159	Craigavon Area Hospital	MUC	ED Majors	Minor		None	Approved	03/09/2015
47877	24/08/2015	0630	Craigavon Area Hospital	MUC	2 South Stroke	Minor		.	Approved	25/08/2015
47925	25/08/2015	2100	Craigavon Area Hospital	MUC	ED Majors	Moderate		None	Approved	03/09/2015

47962	26/08/2015	1835	Craigavon Area Hospital	MUC	ED Minors	Minor	Irrelevant information redacted by the USI	None	Approved	03/09/2015
47963	26/08/2015	0900	Craigavon Area Hospital	MUC	Car Park/Grounds	Minor		27/08/15 [Redacted] - absconding guidelines not completed - copy given to staff nurse. sister [Redacted] will raise at PSB	Approved	02/09/2015
48004	27/08/2015	2100	Craigavon Area Hospital	MUC	ED Majors	Moderate		None	Approved	03/09/2015
48005	28/08/2015	0315	Craigavon Area Hospital	MUC	ED Majors	Moderate		DATIX not needed	Approved	03/09/2015
48043	29/08/2015	0500	Craigavon Area Hospital	MUC	MAU	Minor		continue to follow absconding procedures.close observation of patients required	Approved	30/09/2015
48073	30/08/2015	1010	Craigavon Area Hospital	MUC	1 South Medical	Minor		01/09/15 [Redacted] - spoke with Sr [Redacted] and [Redacted] staffing levels down on 30/08/15 - side A SN X 2 and NA x 1 Long Day. patient was found quickly and came to no harm. Ward Manager to raise with HOS re staffing levels on ward.	Approved	02/09/2015
48085	31/08/2015	0030	Craigavon Area Hospital	MUC	ED Majors	Moderate		None	Approved	04/09/2015
48109	31/08/2015	1540	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		None	Approved	04/09/2015
48162	02/09/2015	0820	Craigavon Area Hospital	CCS	Trauma/Orthopaedic Theatre	Insignificant		none	Approved	15/09/2015
48188	03/09/2015	1230	Craigavon Area Hospital	MUC	2 South Medical	Minor		clear record of risk ,document need for supervision of patient at all times and efforts made to obtain cover. Urgent assessment and transfer of this gentleman out of the acute setting as soon as medically fit would be the ideal both for him and his fellow	Approved	10/09/2015
48263	05/09/2015	1700	Craigavon Area Hospital	MUC	Emergency Department	Minor		send staff if available to go with patient as she attends for smoke	Approved	14/09/2015
48276	06/09/2015	0950	Craigavon Area Hospital	MUC	ED Minors	Minor		none	Approved	05/10/2015
48272	06/09/2015	0050	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	08/09/2015
48307	07/09/2015	1415	Craigavon Area Hospital	MUC	MAU	Minor		all staff followed protocol	Approved	30/09/2015
48495	11/09/2015	1420	Craigavon Area Hospital	MUC	Emergency Department	Minor		NONE	Approved	15/09/2015
48507	12/09/2015	0840	Craigavon Area Hospital	MUC	ED Majors	Major		none	Approved	15/09/2015
48697	16/09/2015	2230	Craigavon Area Hospital	MUC	ED Majors	Minor		none	Approved	21/09/2015
48729	17/09/2015	1410	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		None	Approved	21/09/2015

48796	19/09/2015	1220	Craigavon Area Hospital	MUC	1 South Medical	Insignificant	Irrelevant information redacted by the USI	None	Approved	22/09/2015
48824	20/09/2015	1500	Craigavon Area Hospital	MUC	ED Majors	Minor		none	Approved	21/09/2015
48833	20/09/2015	1900	Craigavon Area Hospital	MUC	ED Majors	Minor		none	Approved	21/09/2015
48888	21/09/2015	2155	Craigavon Area Hospital	MUC	ED Majors	Insignificant		none	Approved	29/09/2015
48887	22/09/2015	0250	Craigavon Area Hospital	MUC	ED Minors	Insignificant		NONE	Approved	05/10/2015
48988	23/09/2015	0900	Craigavon Area Hospital	MUC	ED Minors	Insignificant		none	Approved	05/10/2015
48966	23/09/2015	0630	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		Clarity over need for Datix	Approved	05/10/2015
49041	24/09/2015	0850	Craigavon Area Hospital	MUC	MAU	Minor		absconding patient.	Approved	28/09/2015
49185	26/09/2015	1020	Craigavon Area Hospital	SEC	4 North	Minor		.	Approved	08/10/2015
49239	29/09/2015	0105	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		NONE	Approved	12/10/2015
49293	29/09/2015	2000	Craigavon Area Hospital	MUC	ED Resus	Minor		none	Approved	12/10/2015
49573	07/10/2015	0110	Daisy Hill Hospital	MUC	ED Majors	Minor		AWOL procedure followed	Approved	08/10/2015
49671	08/10/2015	1345	Daisy Hill Hospital	SEC	Male Surgical/HDU	Minor		all protocol followed	Approved	06/01/2016
49693	09/10/2015	0910	Daisy Hill Hospital	MUC	ED Majors	Moderate		procedure followed	Approved	12/10/2015
49739	10/10/2015	0125	Craigavon Area Hospital	MUC	ED Majors	Insignificant		none	Approved	12/10/2015
49788	12/10/2015	0430	Craigavon Area Hospital	MUC	ED Minors	Insignificant		as above	Approved	24/04/2016
49868	13/10/2015	2305	Craigavon Area Hospital	MUC	Emergency Department	Minor		none	Approved	14/10/2015

49918	14/10/2015	1750	Craigavon Area Hospital	MUC	1 South Medical	Minor	Irrelevant information redacted by the USI	ensure ward doors are locked to prevent patient absconding Awaitinf Psch review	Approved	11/11/2015
49943	15/10/2015	0930	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		none	Approved	20/10/2015
50005	16/10/2015	1830	Craigavon Area Hospital	MUC	ED Minors	Moderate		NONE	Approved	20/10/2015
50033	18/10/2015	0440	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	20/10/2015
50034	18/10/2015	0525	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	20/10/2015
50111	20/10/2015	1025	Daisy Hill Hospital	MUC	ED Majors	Moderate		Protocol followed.	Approved	06/11/2015
50659	22/10/2015	1810	Craigavon Area Hospital	MUC	1 North Cardiology	Minor		high risk patient who wandered off the ward main doors to ward are easy to aces.	Approved	05/11/2015
50303	23/10/2015	1515	Craigavon Area Hospital	MUC	Physiotherapy Outpatients Department	Minor		none	Approved	17/05/2016
50349	25/10/2015	2250	Craigavon Area Hospital	MUC	ED Resus	Major		Performa to be followed by all staff	Approved	03/12/2015
50347	25/10/2015	2225	Daisy Hill Hospital	MUC	ED Majors	Minor		Awol procedure followed	Approved	06/11/2015
50408	27/10/2015	0100	Craigavon Area Hospital	MUC	Emergency Department	Minor		as above	Approved	14/12/2015
50458	28/10/2015	0110	Craigavon Area Hospital	MUC	ED Majors	Insignificant		policy followed patient came to no harm	Approved	10/11/2015
50510	29/10/2015	1230	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		none	Approved	10/11/2015
50540	30/10/2015	1100	Craigavon Area Hospital	MUC	MAU	Minor		policy adherred to	Approved	20/12/2015
50577	31/10/2015	0930	Craigavon Area Hospital	MUC	MAU	Moderate		protocol adhered to	Approved	28/03/2016

50595	01/11/2015	0145	Craigavon Area Hospital	SEC	3 South	Moderate	Irrelevant information redacted by the USI	protocol followed in this incident	Approved	11/11/2015
50683	04/11/2015	1145	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	14/12/2015
50803	07/11/2015	2110	Craigavon Area Hospital	MUC	Emergency Department	Minor		as above	Approved	14/12/2015
50920	11/11/2015	0800	Daisy Hill Hospital	MUC	ED Majors	Minor		AWOL performa followed	Approved	20/11/2015
51104	14/11/2015	2325	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	14/12/2015
51086	14/11/2015	0620	Daisy Hill Hospital	MUC	ED Majors	Minor		AWOL PROCEDURE COMPLETED	Approved	20/11/2015
51384	21/11/2015	0530	Craigavon Area Hospital	SEC	4 North	Minor		continue to monitor patients likly to absond closely at ward level	Approved	02/12/2015
51524	25/11/2015	0010	Craigavon Area Hospital	MUC	ED Majors	Insignificant		none	Approved	02/12/2015
51594	28/11/2015	0725	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	03/12/2015
51613	29/11/2015	0115	Daisy Hill Hospital	MUC	ED Majors	Minor		PROCEDURE FOLLOWED	Approved	02/12/2015
51656	30/11/2015	2200	Craigavon Area Hospital	MUC	ED Minors	Minor		NONE	Approved	14/12/2015
51627	30/11/2015	0300	Craigavon Area Hospital	MUC	ED Majors	Minor		none	Approved	30/11/2015
51674	01/12/2015	0830	Craigavon Area Hospital	MUC	ED Majors	Minor		non	Approved	14/12/2015
51673	01/12/2015	0830	Craigavon Area Hospital	MUC	ED Majors	Minor		NONE	Approved	14/12/2015
51660	01/12/2015	0200	Craigavon Area Hospital	MUC	ED Minors	Minor		none	Approved	14/12/2015
51751	04/12/2015	0300	Craigavon Area Hospital	MUC	ED Majors	Moderate		NONE	Approved	14/12/2015
51795	05/12/2015	1100	Craigavon Area Hospital	MUC	Emergency Department	Minor		NONE	Approved	14/12/2015
51806	06/12/2015	0945	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		shared at pt safety meeting	Approved	14/12/2015
51812	06/12/2015	1800	Craigavon Area Hospital	MUC	MAU	Minor		/	Approved	21/04/2016

51821	07/12/2015	0430	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	AWOL PROCEDURE FOLLOWED	Approved	09/12/2015
51856	07/12/2015	2300	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		NONE	Approved	14/12/2015
51858	08/12/2015	0030	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	14/12/2015
51890	08/12/2015	1555	Craigavon Area Hospital	MUC	ED Majors	Minor		none	Approved	14/12/2015
51901	09/12/2015	0515	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	14/12/2015
51915	09/12/2015	0900	Daisy Hill Hospital	SEC	Female Surgical/Gynae	Moderate		as above	Approved	26/04/2016
51955	10/12/2015	0655	Daisy Hill Hospital	MUC	Emergency Department	Minor		as above	Approved	17/12/2015
51984	11/12/2015	0100	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	14/12/2015
52040	12/12/2015	2200	Craigavon Area Hospital	MUC	Emergency Department	Moderate		none	Approved	17/12/2015
52018	12/12/2015	0430	Daisy Hill Hospital	MUC	ED Majors	Minor		as above	Approved	17/12/2015
52025	12/12/2015	0930	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		none	Approved	17/12/2015
52154	16/12/2015	1645	Craigavon Area Hospital	MUC	ED Majors	Minor		NONE	Approved	20/12/2015
52423	25/12/2015	0015	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	07/01/2016
52424	25/12/2015	0130	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	07/01/2016
52447	27/12/2015	0330	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Insignificant		protocol adherred to	Approved	30/12/2015
52464	28/12/2015	0650	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adherred to	Approved	30/12/2015
52467	28/12/2015	0230	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	07/01/2016
52537	30/12/2015	1630	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	10/01/2016
52543	31/12/2015	0715	Daisy Hill Hospital	MUC	ED Majors	Minor		as above	Approved	07/01/2016

52545	31/12/2015	0710	Daisy Hill Hospital	MUC	ED Majors	Insignificant	Irrelevant information redacted by the USI	nil	Approved	07/01/2016
52602	01/01/2016	1430	Craigavon Area Hospital	MUC	MAU	Moderate		Patient CTMA self andnow bck in scotland according to sister Ptotocol adhered to for absconding patient	Approved	05/01/2016
52578	01/01/2016	0600	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	07/01/2016
52641	03/01/2016	2120	Craigavon Area Hospital	MUC	ED Minors	Minor		PROPER PROCEDURE ADHERRED TO	Approved	10/01/2016
52835	09/01/2016	0715	Craigavon Area Hospital	MUC	ED Majors	Minor		shared at pt safety	Approved	07/02/2016
52865	11/01/2016	0352	Craigavon Area Hospital	MUC	ED Majors	Minor		NONE	Approved	07/02/2016
53095	16/01/2016	1800	Craigavon Area Hospital	MUC	ED Minors	Moderate		PROTOCOL ADHERRED TO	Approved	07/02/2016
53125	17/01/2016	2230	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	19/01/2016
53107	17/01/2016	0815	Craigavon Area Hospital	MUC	MAU	Moderate		all appropriate action completed on this incident Absconding policy followed	Approved	21/01/2016
53122	18/01/2016	0036	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2016
53123	18/01/2016	0152	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2016
53284	21/01/2016	1600	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	07/02/2016
53292	22/01/2016	0550	Craigavon Area Hospital	MUC	ED Majors	Minor		PROTOCOL ADHERRED TO	Approved	07/02/2016
53329	23/01/2016	1750	Craigavon Area Hospital	MUC	ED Majors	Major		protocol followed	Approved	07/02/2016
53399	24/01/2016	0020	Craigavon Area Hospital	MUC	ED Minors	Insignificant		PROPER PROCEDURE ADHERRED TO	Approved	07/02/2016
53602	29/01/2016	2310	Craigavon Area Hospital	MUC	ED Majors	Moderate		PROPER PROTOCOL FOLLOWED SHARED AT PT SAFETY BRIEFING	Approved	07/02/2016
53633	31/01/2016	2020	Craigavon Area Hospital	MUC	ED Minors	Minor		proper procedure adherred to	Approved	07/02/2016
53732	03/02/2016	1716	Daisy Hill Hospital	MUC	ED Majors	Minor		as above	Approved	05/02/2016

53786	04/02/2016	1810	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	NIL - protocol adherred to	Approved	05/02/2016
53845	06/02/2016	1700	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as ab ove	Approved	10/02/2016
53833	06/02/2016	0215	Craigavon Area Hospital	MUC	ED Majors	Minor		as abover	Approved	08/02/2016
53867	07/02/2016	1547	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	08/02/2016
53890	08/02/2016	0930	Craigavon Area Hospital	MUC	MAU	Minor		None	Approved	28/04/2016
54002	11/02/2016	0545	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		shared at pt safety briefing	Approved	28/02/2016
54003	11/02/2016	0545	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	28/02/2016
54033	12/02/2016	0340	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	19/02/2016
54075	13/02/2016	0005	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adherred to	Approved	16/02/2016
54092	14/02/2016	0645	Craigavon Area Hospital	MUC	ED Majors	Major		protocol finished	Approved	16/02/2016
54159	15/02/2016	2145	Craigavon Area Hospital	MUC	ED Majors	Moderate		as above	Approved	28/02/2016
54151	15/02/2016	1900	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	28/02/2016
54155	15/02/2016	2115	Daisy Hill Hospital	MUC	Female Medical, Level 5	Moderate		all procedures followed	Approved	22/02/2016
54372	21/02/2016	2100	Craigavon Area Hospital	MUC	ED Resus	Moderate		as above	Approved	28/02/2016
54447	24/02/2016	0445	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	06/03/2016
54468	24/02/2016	1342	Daisy Hill Hospital	MUC	Emergency Department	Minor		NIL	Approved	28/02/2016
54495	24/02/2016	1945	Craigavon Area Hospital	MUC	Emergency Department	Minor		as above	Approved	10/03/2016
54546	26/02/2016	1100	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		protocol adhered to	Approved	06/03/2016

54597	27/02/2016	2205	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	as above	Approved	14/03/2016
54596	28/02/2016	0310	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	14/03/2016
54616	29/02/2016	0239	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	14/03/2016
54649	29/02/2016	2325	Craigavon Area Hospital	MUC	Emergency Department	Minor		AS ABOVE	Approved	02/03/2016
54721	02/03/2016	1045	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	14/03/2016
54757	03/03/2016	2100	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	14/03/2016
54789	05/03/2016	0445	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	14/03/2016
54874	08/03/2016	0750	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered to	Approved	14/03/2016
54968	09/03/2016	2300	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	14/03/2016
54933	09/03/2016	0940	Craigavon Area Hospital	MUC	ED Majors	Minor		as above protocol followed	Approved	14/03/2016
55013	09/03/2016	1915	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	14/03/2016
55019	10/03/2016	2355	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	14/03/2016
55032	11/03/2016	1030	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	14/03/2016
55017	11/03/2016	0010	Daisy Hill Hospital	MUC	Emergency Department	Minor		NIL	Approved	14/03/2016
55057	12/03/2016	0400	Craigavon Area Hospital	MUC	ED Majors	Moderate		as above	Approved	14/03/2016
55075	12/03/2016	2125	Daisy Hill Hospital	MUC	ED Resus	Minor		NIUL	Approved	14/03/2016
55134	15/03/2016	0530	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	28/03/2016
55301	20/03/2016	0040	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	28/03/2016
55389	21/03/2016	1815	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	28/03/2016

55441	22/03/2016	2330	Craigavon Area Hospital	MUC	ED Majors	Moderate	Irrelevant information redacted by the USI	protocol adhered to	Approved	28/03/2016
55500	24/03/2016	1815	Craigavon Area Hospital	MUC	ED Majors	Moderate		PROTOCOL ADHERED TO	Approved	28/03/2016
55475	24/03/2016	0330	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	28/03/2016
55510	25/03/2016	0510	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered to	Approved	28/03/2016
55534	25/03/2016	1230	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	28/03/2016
55537	25/03/2016	1650	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		as above	Approved	24/04/2016
55621	29/03/2016	0040	Craigavon Area Hospital	MUC	ED Majors	Minor		shared at pt safety brief pt came to no harm	Approved	03/04/2016
55632	29/03/2016	1350	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	01/04/2016
55746	02/04/2016	0600	Daisy Hill Hospital	MUC	Emergency Department	Minor		NIL	Approved	11/04/2016
55893	06/04/2016	0900	Craigavon Area Hospital	MUC	MAU	Minor		proper protocol followed	Approved	11/04/2016
55870	06/04/2016	0300	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	12/04/2016
55898	06/04/2016	2255	Craigavon Area Hospital	MUC	ED Minors	Minor		as above pt came to no harm	Approved	11/04/2016
55948	08/04/2016	0725	Daisy Hill Hospital	MUC	ED Majors	Moderate		AWOL followed	Approved	11/04/2016
55946	08/04/2016	0230	Craigavon Area Hospital	MUC	ED Minors	Minor		SHARED AT PT SAFETY BRIEFING	Approved	28/04/2016
56023	10/04/2016	1310	Daisy Hill Hospital	SEC	Male Surgical/HDU	Moderate		as above	Approved	19/04/2016
56028	10/04/2016	1935	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	12/04/2016
56051	11/04/2016	1300	Craigavon Area Hospital	SEC	3 South	Minor		None	Approved	26/04/2016
56206	13/04/2016	2215	Craigavon Area Hospital	FSS	Emergency Department	Minor		NONE	Approved	31/05/2016
56198	15/04/2016	2235	Craigavon Area Hospital	MUC	ED Minors	Moderate		shared at pt safety briefing	Approved	28/04/2016
56214	16/04/2016	1200	Craigavon Area Hospital	SEC	4 North	Moderate		As above.	Approved	18/04/2016
56451	22/04/2016	1700	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		shared at pt safety briefing	Approved	28/04/2016

56500	24/04/2016	1950	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	NIL	Approved	28/04/2016
56622	28/04/2016	0645	Daisy Hill Hospital	SEC	Male Surgical/HDU	Minor		none	Approved	16/05/2016
56694	30/04/2016	0400	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	12/05/2016
56698	30/04/2016	0945	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	12/05/2016
56837	04/05/2016	1415	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	17/05/2016
56869	05/05/2016	1320	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	12/05/2016
56935	07/05/2016	1430	Craigavon Area Hospital	MUC	MAU	Minor		/	Approved	10/05/2016
57028	10/05/2016	1915	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		protocol adhered to	Approved	15/05/2016
57057	11/05/2016	1800	Craigavon Area Hospital	MUC	ED Minors	Minor		protocol adhered to	Approved	15/05/2016
57072	12/05/2016	0550	Craigavon Area Hospital	MUC	ED Minors	Moderate		as above	Approved	15/05/2016
57155	13/05/2016	2355	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	17/05/2016
57157	13/05/2016	2120	Craigavon Area Hospital	MUC	ED Majors	Major		protocol adhered to	Approved	25/05/2016
57359	19/05/2016	2115	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	05/06/2016
57319	19/05/2016	0625	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	25/05/2016
57430	22/05/2016	1920	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	25/05/2016
57489	23/05/2016	2225	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	25/05/2016
57659	28/05/2016	0240	Craigavon Area Hospital	MUC	Emergency Department	Minor		as above	Approved	08/06/2016
57678	29/05/2016	0630	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	08/06/2016
57692	29/05/2016	1820	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	08/06/2016
57696	29/05/2016	1815	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered pt came to no harm	Approved	08/06/2016
57717	30/05/2016	1915	Daisy Hill Hospital	SEC	Male Surgical/HDU	Minor		as above	Approved	22/06/2016

57720	30/05/2016	1500	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Insignificant	Irrelevant information redacted by the USI	as above	Approved	08/06/2016
57767	31/05/2016	2245	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	08/06/2016
57800	01/06/2016	1800	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	08/06/2016
57816	02/06/2016	0220	Craigavon Area Hospital	MUC	ED Minors	Insignificant		AS ABOVE	Approved	08/06/2016
57811	02/06/2016	0300	Daisy Hill Hospital	MUC	ED Majors	Moderate		NIL	Approved	08/06/2016
57985	06/06/2016	1610	Craigavon Area Hospital	SEC	3 South	Minor		none	Approved	08/06/2016
57951	06/06/2016	0220	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	15/06/2016
58113	08/06/2016	1700	Craigavon Area Hospital	MUC	Emergency Department	Major		pt came to no harm	Approved	15/06/2016
58129	09/06/2016	1930	Craigavon Area Hospital	MUC	1 North Cardiology	Insignificant		difficulty supervising patients at all times	Approved	18/07/2016
58138	09/06/2016	2200	Craigavon Area Hospital	MUC	MAU	Minor		/	Approved	17/06/2016
58162	09/06/2016	1930	Craigavon Area Hospital	MUC	Emergency Department	Major		patient came to no harm	Approved	15/06/2016
58139	10/06/2016	0020	Craigavon Area Hospital	MUC	MAU	Minor		ABSCONDING PATIENT PROTOCOL FOLLOWED	Approved	17/06/2016
58210	12/06/2016	1155	Craigavon Area Hospital	MUC	ED Minors	Minor		protocol adhered to	Approved	16/06/2016
58230	12/06/2016	2300	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	15/06/2016
58233	13/06/2016	0230	Craigavon Area Hospital	MUC	ED Majors	Moderate		as abov	Approved	16/06/2016
58302	14/06/2016	1955	Craigavon Area Hospital	MUC	ED Minors	Moderate		as above	Approved	16/06/2016

58372	16/06/2016	1700	Craigavon Area Hospital	SEC	3 South	Minor	Irrelevant information redacted by the USI	none	Approved	20/06/2016
58375	17/06/2016	0250	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	17/06/2016
58426	18/06/2016	1240	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		protocol adhered to	Approved	27/06/2016
58532	22/06/2016	0725	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	30/06/2016
58637	24/06/2016	1805	Craigavon Area Hospital	MUC	Emergency Department	Minor		absconded	Approved	28/06/2016
58654	25/06/2016	2313	Craigavon Area Hospital	MUC	ED Minors	Minor		pt came to no harm	Approved	13/07/2016
58671	26/06/2016	2100	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	30/06/2016
58672	27/06/2016	0440	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	28/06/2016
58674	27/06/2016	0915	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	29/06/2016
58754	29/06/2016	0400	Craigavon Area Hospital	MUC	MAU	Minor		Absconder performa completed, god evidence of staff following Protocol.	Approved	
58796	29/06/2016	2045	Daisy Hill Hospital	MUC	Female Medical, Level 5	Minor		monitoring of patients	Approved	06/07/2016
58797	29/06/2016	2310	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		protocol adhered to	Approved	13/07/2016
58891	02/07/2016	2005	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	13/07/2016
58921	03/07/2016	2310	Craigavon Area Hospital	MUC	ED Majors	Moderate		absconder	Approved	04/07/2016
58920	03/07/2016	2330	Craigavon Area Hospital	MUC	ED Minors	Minor		protocol adhered to	Approved	13/07/2016
58917	03/07/2016	2155	Craigavon Area Hospital	MUC	MAU	Moderate		absconder	Approved	04/07/2016
58925	04/07/2016	0600	Craigavon Area Hospital	MUC	MAU	Minor		absconder	Approved	04/07/2016

58955	05/07/2016	0340	Daisy Hill Hospital	MUC	Emergency Department	Minor	Irrelevant information redacted by the USI	NIL	Approved	08/07/2016
58961	05/07/2016	0755	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	08/07/2016
58993	06/07/2016	0105	Daisy Hill Hospital	MUC	ED Majors	Minor		absconding procedure reviewed by [Personal Information] and completed	Approved	08/07/2016
59198	12/07/2016	1600	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	13/07/2016
59212	13/07/2016	0725	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/07/2016
59276	14/07/2016	1530	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		staff reminded re importance of completing patient details at time of incident	Approved	14/11/2016
59318	15/07/2016	2230	Daisy Hill Hospital	MUC	ED Majors	Minor		see previous datix 15/07/16, located at home and refused to return, referred to home treatment team	Approved	22/07/2016
59325	16/07/2016	0725	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/07/2016
59326	16/07/2016	0805	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	22/07/2016
59337	17/07/2016	0325	Daisy Hill Hospital	MUC	ED Majors	Major		none	Approved	19/07/2016
59359	18/07/2016	0135	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	19/07/2016
59360	18/07/2016	0350	Craigavon Area Hospital	MUC	Emergency Department	Moderate		procedured adhered to	Approved	18/07/2016
59427	19/07/2016	2050	Craigavon Area Hospital	MUC	ED Minors	Moderate		to be reviewed	Approved	29/07/2016
59439	20/07/2016	1500	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		spoke with all nursing staff to ensure that [Personal Information] does not leave the ward	Approved	22/07/2016

59485	21/07/2016	1925	Craigavon Area Hospital	MUC	ED Minors	Moderate	Irrelevant information redacted by the USI	Performa adhered to- patient came to no harm	Approved	03/08/2016
59645	26/07/2016	2230	Craigavon Area Hospital	MUC	ED Minors	Moderate		none	Approved	29/07/2016
59607	26/07/2016	0815	Daisy Hill Hospital	MUC	ED Majors	Minor		as above	Approved	11/08/2016
59727	26/07/2016	1300	Daisy Hill Hospital	FSS	General Male Medical, Level 5	Minor		/	Approved	29/07/2016
59673	27/07/2016	2215	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		none	Approved	02/08/2016
59714	28/07/2016	2330	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	29/07/2016
59718	28/07/2016	2340	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	01/08/2016
59684	28/07/2016	0920	Craigavon Area Hospital	MUC	MAU	Minor		absconding performa not completed.	Approved	28/07/2016
59693	28/07/2016	1200	Daisy Hill Hospital	SEC	Male Surgical/HDU	Minor		as above	Approved	11/08/2016
59791	30/07/2016	2122	Daisy Hill Hospital	MUC	ED Minors	Minor		none	Approved	02/08/2016
59794	31/07/2016	0025	Craigavon Area Hospital	MUC	ED Minors	Minor		still missing, no record of PSNI feedback on absconding form	Approved	02/08/2016
59882	03/08/2016	0140	Craigavon Area Hospital	SEC	3 South	Minor		To utilize obsconding policy Ensure appropriate measures are taken to avoid alcohol withdrawl	Approved	31/08/2016
60005	06/08/2016	0455	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	16/08/2016
60023	06/08/2016	0930	Daisy Hill Hospital	SEC	Female Surgical/Gynae	Minor		none	Approved	08/11/2016
60154	10/08/2016	2255	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		protocol followed	Approved	16/08/2016
60232	13/08/2016	1830	Craigavon Area Hospital	MUC	Emergency Department	Moderate		PROTOCOL FOLLOWED	Approved	16/08/2016
60242	14/08/2016	0945	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	23/08/2016

60661	14/08/2016	2236	Craigavon Area Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	as above	Approved	28/08/2016
60252	14/08/2016	1700	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	23/08/2016
60330	16/08/2016	2015	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		Need to follow up with GP any absconded pts who do not return.	Approved	19/08/2016
60304	16/08/2016	0400	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	23/08/2016
60329	16/08/2016	2015	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	23/08/2016
60490	20/08/2016	2130	Craigavon Area Hospital	MUC	MAU	Minor		absconder	Approved	22/08/2016
60466	20/08/2016	2140	Craigavon Area Hospital	MUC	Car Park/Grounds	Moderate			Being reviewed	
60461	20/08/2016	1545	Daisy Hill Hospital	MUC	Female Medical, Level 5	Minor			Approved	14/09/2016
60487	21/08/2016	2345	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	28/08/2016
60561	24/08/2016	0115	Craigavon Area Hospital	MUC	ED Minors	Minor		no issues	Approved	24/08/2016
60579	24/08/2016	1430	Craigavon Area Hospital	MUC	Emergency Department	Moderate		protocol followed	Approved	28/08/2016
60589	24/08/2016	1430	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	28/08/2016
60613	25/08/2016	1130	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	28/08/2016
60597	25/08/2016	0440	Craigavon Area Hospital	MUC	ED Majors	Moderate		PROTOCOL ADHERRED TO	Approved	26/09/2016
60699	27/08/2016	2150	Daisy Hill Hospital	MUC	ED Majors	Major		NIL	Approved	08/09/2016
60696	28/08/2016	0600	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol adhered to	Approved	31/08/2016

60730	29/08/2016	1400	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	NIL	Approved	31/08/2016
60825	01/09/2016	0605	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	08/09/2016
60909	03/09/2016	2200	Craigavon Area Hospital	MUC	1 North Cardiology	Minor		Patient very aggressive and agitated This was due to out of hospital arrest and Hypoxia	Approved	22/09/2016
60901	03/09/2016	1320	Craigavon Area Hospital	MUC	ED Majors	Minor		PROTOCOL ADHERRED TO	Approved	26/09/2016
60934	04/09/2016	1800	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	08/09/2016
60959	05/09/2016	1430	Craigavon Area Hospital	MUC	MAU	Minor		Bluestone should provide staff for 1:1 clinical observation if a detained patient is transferred to a clinical ward CAH	Approved	05/09/2016
60980	06/09/2016	0915	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		protocol adhered to	Approved	26/09/2016
61047	07/09/2016	1900	Craigavon Area Hospital	MUC	ED Resus	Moderate		protocol adhered to	Approved	26/09/2016
61014	07/09/2016	0655	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		protocol adhered to	Approved	26/09/2016
61068	08/09/2016	1140	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	26/09/2016
61119	09/09/2016	2030	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	20/09/2016
61115	09/09/2016	1815	Craigavon Area Hospital	MUC	MAU	Moderate		nil	Approved	22/09/2016
61134	10/09/2016	1310	Craigavon Area Hospital	MUC	MAU	Minor		none	Approved	12/09/2016
61141	11/09/2016	0615	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	26/09/2016
61173	12/09/2016	1300	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	26/09/2016
61191	12/09/2016	1430	Craigavon Area Hospital	MUC	ED Majors	Minor		none	Approved	26/09/2016
61175	12/09/2016	1300	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	26/09/2016
61194	12/09/2016	0900	Craigavon Area Hospital	MUC	ED Majors	Moderate		none	Approved	26/09/2016

61303	14/09/2016	1700	Craigavon Area Hospital	MUC	ED Resus	Major	Irrelevant information redacted by the USI	protocol adhered to	Approved	26/09/2016
61284	14/09/2016	2140	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	20/09/2016
61292	15/09/2016	0805	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	20/09/2016
61336	16/09/2016	0600	Craigavon Area Hospital	MUC	ED Majors	Moderate		AS ABOBE	Approved	26/09/2016
61340	16/09/2016	1040	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	20/09/2016
61385	17/09/2016	1620	Craigavon Area Hospital	MUC	MAU	Minor		nil	Approved	29/09/2016
61510	20/09/2016	0300	Craigavon Area Hospital	MUC	ED Majors	Moderate		as above	Approved	26/09/2016
61506	20/09/2016	2340	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered to	Approved	26/09/2016
61546	22/09/2016	0630	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered to	Approved	17/10/2016
61555	22/09/2016	1150	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	26/09/2016
61541	22/09/2016	0110	Craigavon Area Hospital	MUC	ED Resus	Moderate		protocol adhered to	Approved	26/09/2016
61603	23/09/2016	1325	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		Protocol ahderred to	Approved	26/09/2016
61625	24/09/2016	1020	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	27/09/2016
61645	25/09/2016	0910	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	
61690	26/09/2016	2035	Craigavon Area Hospital	MUC	Emergency Department	Insignificant		AS ABOVE	Approved	
61666	26/09/2016	0700	Craigavon Area Hospital	MUC	1 North Cardiology	Minor		all avenues were covered by staff.	Approved	26/09/2016
61724	27/09/2016	1300	Craigavon Area Hospital	MUC	MAU	Minor		nil	Approved	29/09/2016

61725	27/09/2016	1700	Craigavon Area Hospital	MUC	MAU	Moderate	Irrelevant information redacted by the USI	nil	Approved	29/09/2016
61718	27/09/2016	0702	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered to	Approved	12/10/2016
61749	28/09/2016	0600	Craigavon Area Hospital	MUC	ED Majors	Moderate		patient came to home harm	Approved	30/09/2016
61881	01/10/2016	2215	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered to	Approved	12/10/2016
61880	02/10/2016	0600	Craigavon Area Hospital	MUC	ED Majors	Insignificant		protocol adhered to	Approved	12/10/2016
61904	02/10/2016	0450	Craigavon Area Hospital	MUC	Emergency Department	Moderate		protocol adhered to dr aware ofsame	Approved	06/10/2016
61943	03/10/2016	2120	Craigavon Area Hospital	MUC	2 South Stroke	Minor		/	Approved	04/10/2016
62013	05/10/2016	1410	Craigavon Area Hospital	MUC	1 North Cardiology	Minor		protocol adhered too	Approved	07/10/2016
61975	05/10/2016	0300	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	06/10/2016
62054	06/10/2016	1950	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		patient came to no harm.	Approved	12/10/2016
62059	07/10/2016	0040	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	11/10/2016
62120	09/10/2016	0151	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	11/10/2016
62186	10/10/2016	2300	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	11/10/2016
62317	14/10/2016	0640	Daisy Hill Hospital	MUC	Stroke / Rehab	Minor		/	Approved	14/10/2016
62350	14/10/2016	2355	Craigavon Area Hospital	MUC	ED Majors	Minor		patient came to no harm	Approved	17/10/2016
62433	17/10/2016	2000	Craigavon Area Hospital	SEC	3 South	Minor		good communication	Approved	19/10/2016
62470	18/10/2016	2040	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	01/11/2016
62537	20/10/2016	2130	Craigavon Area Hospital	MUC	ED Majors	Minor		proper protocol adhered to	Approved	27/10/2016

62572	21/10/2016	2250	Craigavon Area Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	Protocol adhered to	Approved	27/10/2016
62590	23/10/2016	0100	Craigavon Area Hospital	MUC	ED Majors	Minor		protocol adhered to	Approved	01/11/2016
62591	23/10/2016	0600	Craigavon Area Hospital	MUC	Emergency Department	Minor		absconder protocol adhered to	Approved	02/11/2016
62607	23/10/2016	1815	Craigavon Area Hospital	MUC	MAU	Minor		as above	Approved	01/11/2016
62718	24/10/2016	1950	Craigavon Area Hospital	SEC	4 North	Moderate		as above	Approved	27/10/2016
62618	24/10/2016	0705	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	27/10/2016
62765	27/10/2016	1815	Craigavon Area Hospital	MUC	MAU	Insignificant		nil	Approved	28/10/2016
62807	29/10/2016	0605	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	01/11/2016
62851	30/10/2016	2215	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	03/11/2016
62855	31/10/2016	0110	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	03/11/2016
62906	01/11/2016	0600	Daisy Hill Hospital	MUC	ED Majors	Minor		as above protocol adhered to	Approved	03/11/2016
63069	05/11/2016	0845	Craigavon Area Hospital	MUC	MAU	Minor		None	Approved	18/11/2016
63064	05/11/2016	0140	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	08/12/2016
63135	08/11/2016	0005	Daisy Hill Hospital	MUC	ED Majors	Minor		AS ABOVE	Approved	08/11/2016
63365	14/11/2016	1400	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	17/11/2016
63400	15/11/2016	1530	Craigavon Area Hospital	MUC	ED Majors	Minor		AS ABOVE	Approved	17/11/2016
63401	15/11/2016	2110	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	17/11/2016

63430	16/11/2016	1900	Craigavon Area Hospital	SEC	4 North	Minor	Irrelevant information redacted by the USI	As above	Approved	18/11/2016
63470	17/11/2016	1630	Craigavon Area Hospital	MUC	ED Majors	Major		SHARED AT PT SAFETY BRIEFING	Approved	25/11/2016
63455	17/11/2016	0930	Craigavon Area Hospital	MUC	MAU	Minor		none	Approved	18/11/2016
63655	23/11/2016	1730	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	04/12/2016
63624	23/11/2016	0205	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	25/11/2016
63661	24/11/2016	0150	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	25/11/2016
63698	24/11/2016	1520	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Moderate		Patient has history KORSKOFF Syndrome and wanders constantly about ward. Can be very aggressive towards staff requiring 1:1 Continues to express inappropriate behaviour both verbally and physically	Approved	28/11/2016
63788	27/11/2016	2300	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	29/11/2016
63773	27/11/2016	1030	Craigavon Area Hospital	MUC	ED Majors	Minor		absconder	Approved	30/11/2016
63849	29/11/2016	1600	Craigavon Area Hospital	SEC	4 North	Minor		as above.	Approved	02/12/2016
63869	30/11/2016	1430	Daisy Hill Hospital	MUC	General Male Medical, Level 5	Minor		None	Approved	29/01/2017
63905	01/12/2016	1400	Craigavon Area Hospital	MUC	ED Majors	Major		None	Approved	12/01/2017
63933	02/12/2016	0950	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	08/12/2016
63992	03/12/2016	2310	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	13/12/2016
64038	05/12/2016	2100	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	26/01/2017

64068	06/12/2016	1750	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	nil	Approved	
64045	06/12/2016	0100	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	13/12/2016
64090	07/12/2016	0515	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2017
64091	07/12/2016	0420	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	12/12/2016
64173	09/12/2016	0615	Craigavon Area Hospital	MUC	ED Minors	Moderate		None	Approved	12/01/2017
64207	09/12/2016	2147	Daisy Hill Hospital	MUC	ED Minors	Minor		NIL	Approved	12/12/2016
64224	10/12/2016	1030	Daisy Hill Hospital	MUC	ED Majors	Minor		as above	Approved	12/12/2016
64215	10/12/2016	0630	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	12/12/2016
64254	11/12/2016	0000	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	13/12/2016
64304	12/12/2016	2345	Craigavon Area Hospital	MUC	ED Majors	Moderate		protocol followed	Approved	13/12/2016
64315	12/12/2016	0635	Craigavon Area Hospital	MUC	ED Majors	Minor		None	Approved	12/01/2017
64531	18/12/2016	2315	Daisy Hill Hospital	MUC	ED Majors	Minor		none	Approved	19/01/2017
64509	18/12/2016	1050	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2017
64506	18/12/2016	0950	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2017
64748	27/12/2016	1500	Craigavon Area Hospital	SEC	4 North	Moderate		as above.	Approved	23/01/2017
64749	27/12/2016	2055	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2017
64727	27/12/2016	0250	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2017

64811	29/12/2016	1100	Craigavon Area Hospital	SEC	4 North	Moderate	Irrelevant information redacted by the USI	as above.	Approved	23/01/2017
64826	30/12/2016	0345	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	26/01/2017
64916	01/01/2017	2355	Daisy Hill Hospital	MUC	ED Majors	Minor		AS ABOVE	Approved	19/01/2017
64906	01/01/2017	2000	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	19/01/2017
64934	02/01/2017	1300	Daisy Hill Hospital	MUC	ED Majors	Minor		AS ABOVE	Approved	19/01/2017
64940	03/01/2017	0117	Daisy Hill Hospital	MUC	Emergency Department	Minor		AS ABOVE	Approved	19/01/2017
65033	04/01/2017	1830	Craigavon Area Hospital	MUC	ED Minors	Minor		Protocol followed	Approved	12/01/2017
65120	07/01/2017	0455	Craigavon Area Hospital	MUC	ED Minors	Minor		none	Approved	12/01/2017
65147	08/01/2017	2020	Craigavon Area Hospital	MUC	MAU	Minor		Protocol for Absconding Patient not fully followed as Absconding form not completed at time of incident. Same raised by Sister with staff involved in incident.	Approved	28/01/2017
65195	09/01/2017	2215	Daisy Hill Hospital	MUC	Emergency Department	Minor		nil	Approved	19/01/2017
65182	09/01/2017	1700	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	19/01/2017
65205	10/01/2017	0710	Daisy Hill Hospital	MUC	ED Majors	Moderate		absconding	Approved	19/01/2017
65211	10/01/2017	0815	Craigavon Area Hospital	SEC	4 North	Minor		as above	Approved	10/01/2017
65234	10/01/2017	2000	Daisy Hill Hospital	MUC	ED Minors	Minor		NIL	Approved	19/01/2017
65385	15/01/2017	1800	Craigavon Area Hospital	SEC	4 North	Insignificant		as above.	Approved	23/01/2017
65373	15/01/2017	0655	Craigavon Area Hospital	MUC	Emergency Department	Moderate		as above	Approved	26/01/2017
65420	16/01/2017	1730	Craigavon Area Hospital	MUC	ED Minors	Minor		pt came to no harm	Approved	08/02/2017
65423	17/01/2017	0225	Daisy Hill Hospital	MUC	ED Majors	Minor		none	Approved	19/01/2017
65459	18/01/2017	0145	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	08/02/2017
65538	20/01/2017	0200	Daisy Hill Hospital	MUC	ED Majors	Minor		as above	Approved	26/01/2017
65571	21/01/2017	0815	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Insignificant		as above	Approved	28/01/2017

65583	21/01/2017	1320	Craigavon Area Hospital	MUC	Emergency Department	Major	Irrelevant information redacted by the USI	protocol followed	Approved	08/02/2017
65598	23/01/2017	0330	Craigavon Area Hospital	MUC	ED Majors	Minor		as above	Approved	28/01/2017
65639	23/01/2017	1705	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		as above	Approved	09/02/2017
65658	24/01/2017	1115	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Moderate		protocol adhered to	Approved	26/01/2017
65684	25/01/2017	0300	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	26/01/2017
65758	27/01/2017	0140	Daisy Hill Hospital	MUC	ED Majors	Minor		as above	Approved	02/02/2017
65816	28/01/2017	2225	Craigavon Area Hospital	MUC	MAU	Minor		absconder that was brought back	Approved	30/01/2017
65837	30/01/2017	0515	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	02/02/2017
65901	01/02/2017	545	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	02/02/2017
66034	03/02/2017	2310	Daisy Hill Hospital	MUC	ED Majors	Minor		REINFORCE ABSCONDING PROTOCOL. USE OF MENTAL HEALTH FORM TO DETERMINE HIGH RISK ABSCONDING PATIENTS AND APPROPRIATE USE OF SECURITY PSNI.	Approved	17/02/2017
66101	06/02/2017	1803	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	16/02/2017
66237	10/02/2017	2125	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	17/02/2017
66271	12/02/2017	1120	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	17/02/2017
66352	14/02/2017	2230	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	20/02/2017
66393	16/02/2017	810	Craigavon Area Hospital	MUC	MAU	Insignificant		as above	Approved	11/04/2017
66384	16/02/2017	300	Craigavon Area Hospital	MUC	MAU	Minor		as above	Approved	11/04/2017

66495	19/02/2017	245	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	nil	Approved	20/02/2017
66549	21/02/2017	510	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	21/02/2017
66584	22/02/2017	130	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	23/02/2017
66719	25/02/2017	2045	Craigavon Area Hospital	MUC	ED Minors	Minor		as above pt came to no harm	Approved	12/03/2017
66702	25/02/2017	5	Daisy Hill Hospital	MUC	Female Medical, Level 5	Minor		Information not clear if patient CTMA or absconded and if absconded was patient found by PSNI	Approved	05/03/2017
66747	27/02/2017	840	Daisy Hill Hospital	MUC	ED Minors	Minor		NIL	Approved	02/03/2017
66868	02/03/2017	1420	Craigavon Area Hospital	SEC	4 North	Minor		As above	Approved	06/03/2017
66920	03/03/2017	1920	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	30/03/2017
66970	06/03/2017	230	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	10/03/2017
67157	10/03/2017	1846	Craigavon Area Hospital	MUC	ED Minors	Moderate		as above	Approved	16/03/2017
67120	10/03/2017	330	Craigavon Area Hospital	MUC	MAU	Minor		as above	Approved	11/04/2017
67214	12/03/2017	45	Craigavon Area Hospital	MUC	ED Minors	Minor		patient came to no harm	Approved	16/03/2017
67205	12/03/2017	1930	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Approved	16/03/2017
67184	12/03/2017	0	Craigavon Area Hospital	MUC	ED Minors	Insignificant		as above	Approved	27/03/2017

67215	13/03/2017	615	Craigavon Area Hospital	SEC	4 North	Moderate	Irrelevant information redacted by the USI	as above	Approved	13/03/2017
67699	13/03/2017	615	Craigavon Area Hospital	FSS	4 North	Minor		Personal Information to close off.	Approved	
67318	15/03/2017	1705	Daisy Hill Hospital	MUC	ED Majors	Minor		AS Irrelevant Information	Approved	16/03/2017
67304	15/03/2017	1105	Daisy Hill Hospital	MUC	ED Majors	Minor		AS ABOVE	Approved	26/03/2017
67331	15/03/2017	2010	Craigavon Area Hospital	MUC	Emergency Department	Minor		as above	Approved	16/03/2017
67525	23/03/2017	20	Craigavon Area Hospital	MUC	ED Majors	Moderate		as above	Approved	23/03/2017
67564	24/03/2017	100	Daisy Hill Hospital	MUC	ED Majors	Minor		AS ABOVE	Approved	30/03/2017
67565	24/03/2017	300	Daisy Hill Hospital	MUC	ED Majors	Minor		SEE DATIX Irrelevant information	Approved	30/03/2017
67640	26/03/2017	1755	Craigavon Area Hospital	MUC	ED Minors	Moderate		as above	Approved	30/03/2017
67631	26/03/2017	1215	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		as above	Approved	30/03/2017
67721	28/03/2017	1800	Craigavon Area Hospital	MUC	ED Majors	Moderate		as above	Approved	31/03/2017

67728	29/03/2017	830	Daisy Hill Hospital	MUC	ED Majors	Minor	patient attended with abdo pain, then said she was suicidal. awaiting mental health assessment patient absconded at 08:30	absent without leave procedure completed psni contacted dept 09:45 patient refusing to return psni unable to return patient mental health team informed, patient to be followed up in community by cpn today	NIL	Approved	30/03/2017
67730	29/03/2017	827	Daisy Hill Hospital	MUC	ED Resus	Minor	PATIENT OBSCONDED FROM ED RESUS.	CONTACTED MED SHO. PT MUST RETURN AS WAS CONFUSED EARLIER IN NIGHT. SECURITY INFORMED. PSNI INFORMED. PROTOCOL FOLLOWED. NEXT OF KIN INFORMED. PT AT HOME, ASKED TO RETURN BUT REFUSED. INFORMED PSNI WILL ESCORT BACK TO ED.	NIL	Approved	30/03/2017
67800	30/03/2017	2300	Craigavon Area Hospital	MUC	Emergency Department	Minor	NIAS brought patient into majors corridor at 22:00 with suicidal thoughts and an overdose of Quetiapine. Accompanied by x4 PSNI officers. No cubicles free in majors to assess. Patient refusing observations with NIAS. Spoke to patient in corridor. sitting up in chair, GCS 15/15. Sent to front triage with x2 NIAS crew and PSNI officers for initial assessment and bloods/ECG @22:15. Triage nurse phoned and made aware of plan. Patient left alone in waiting room and then absconded @ 23:30, witnessed by reception staff.	DR made aware, SR in charge made aware, absconding protocol commenced, PSNI contacted. Tried to phone mobile numbers on system. No answer.	as above	Approved	09/04/2017
67862	02/04/2017	1020	Craigavon Area Hospital	MUC	Emergency Department	Minor	PATIENT PRESENTED TO ED WITH SUICIDAL + PARANOID THOUGHTS. LEFT ED BEFORE BEING SEEN BY DOCTOR - HAD BEEN SITTING IN XRAY CORRIDOR WITH PARTNER.	ABSCONDING PROTOCOL INITIATED + PSNI CONTACTED.	as above	Approved	09/04/2017
67933	04/04/2017	1855	Craigavon Area Hospital	MUC	ED Minors	Minor	pt attended ed with self harm and suicidal ideation. pt was seen by a dr but left the department against medical advice.	I tried to go after patient but had seen him walk down the hill, security alerted but pt left patient grounds, mum was in the department and stated he wouldn't come back with her if she went to get him. nurse in charge, bed manager and consultant all informed. psni have been phoned and I have stated pt needs to be brought back as he is at risk of self harm		Being reviewed	
67936	04/04/2017	2230	Daisy Hill Hospital	MUC	ED Majors	Minor	MENTAL HEALTH PATIENT SUICIDAL AND TOOK MIXED OD.	CONTACED PSNI SEARCHED HOSPITAL,CONTACTED PT. COMPLETED ALL RELEVANT DOCUMENTATION	NIL	Approved	09/04/2017
67975	05/04/2017	2015	Craigavon Area Hospital	MUC	Emergency Department	Minor	12 YEAR OLD GIRL ABSCONDED FROM THE EMERGENCY DEPARTMENT JUST BEFORE NURSING HAND OVER TIME. HER MOTHER AND OTHER FAMILY MEMBERS WHERE PRESENT IN THE DEPARTMENT. SHE ATTENDED THE EMERGENCY DEPARTMENT AS SHE HAS ONGOING ANGER ISSUES AND TRIED TO HARM HER CAT WITH A KNIFE.	ABSCONDING PROTOCOL ADHERED TO: SR IN CHARGE AWARE-JULIE ANN CURTIS/ ERIN MCARDLE DOCTOR AWARE - LUCINDA ROBINSON AND PAEDS SHO PORTERS CONTACTED PSNI CONTACTED	as above	Approved	
68101	10/04/2017	0730	Craigavon Area Hospital	MUC	ED Majors	Moderate	Patient presented to ED with self harm and suicidal ideation. Patient absconded from Majors area prior to assessment by ED Dr.	Absent Without Leave Procedure commenced. ED Consultant Dr Perry informed and wanted patient returned to ED for assessment. Unable to contact NOK Site Manager Serina McCordick informed PSNI informed. Patient allocated at an address in Lurgan refusing to return to ED for assessment.PSNI stated he was in 'good form' and not expressing any suicidal thoughts.	as above	Approved	03/05/2017
68122	10/04/2017	2200	Daisy Hill Hospital	MUC	ED Majors	Minor	PATIENT OBSCONDED. ALCOHOLIC DRINKING HEAVILY TODAY CLAIMS TO BE PREGNANT. ATTENDED GP TODAY CLAIMS TO BE SUICIDAL.	SEARCHED HOSPITAL CONTACTED PSNI COMPLETED RELEVANT DOCUMENTATION	NIL	Approved	11/04/2017
68120	10/04/2017	1300	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor	Patient was awaiting psych assessment after an overdose. However he absconded from CDU at 13:00 approximately. The patient returned accompanied by friends at 15:00.	Absconding protocol was completed including the PSNI being contacted.	protocol followed	Approved	03/05/2017
68182	12/04/2017	0955	Craigavon Area Hospital	MUC	ED Minors	Minor	PATIENT PRESENTED TO ED WITH SUICIDAL IDEATION - WAITING TO BE SEEN BY PSYCH LIASON. NOTICED TO MISSING AT 09:55 FROM CUBICLE 4 IN MINORS.	ABSCONDING PROTOCOL INITIATED + PSNI INFORMED	as above	Approved	03/05/2017
68172	12/04/2017	2155	Daisy Hill Hospital	MUC	ED Majors	Minor	PATIENT PRESENTED TO ED FOLOOWING OVERDOSE OF PARACETAMOL. LEFT DEPARTMENT BEFORE BEING SEEN BY DOCTOR	PT CONTACTED ON PHONE, NO ANSWER. REPORTED TO PSNI ASKED TO RETURN PATIENT TO DEPARTMENT FOR FURTHER TREATMENT	NIL	Approved	03/05/2017
68259	14/04/2017	2205	Craigavon Area Hospital	MUC	ED Minors	Major	62 year old male absconded from ED department. Pt having low mood, thoughts of self harm, ? took parctamol overdose.	Absconding protocol commenced. Department searched by nursing staff. Hospital Porters contacted to search hospital grounds. PSNI contacted to search for patient. No next of kin details available, voicemail left on patients own mobile.		Being reviewed	
68285	16/04/2017	0830	Craigavon Area Hospital	MUC	ED Majors	Major	Patient attended ED overdose and suicidal. he left department. Brought back by PSNI for own safety.	PSNI contacted for patient safety. Dr Perry consultant SR Cuthbert and Sr Hunter informed. Absconding protocol followed.	as above	Approved	03/05/2017

68364	17/04/2017	1115	Craigavon Area Hospital	SEC	4 South	Minor	Irrelevant information redacted by the USI	as above	Approved	19/04/2017
68304	17/04/2017	0430	Daisy Hill Hospital	MUC	ED Majors	Minor		To ensure that hourly observations are completed on head injury patients.	Approved	20/04/2017
68377	20/04/2017	0445	Daisy Hill Hospital	MUC	ED Minors	Minor		DW HEAD OF SERVICE MAINTNCE TO SECURE WINDOWS IN ED TO PREVENT EXTRACTION	Approved	08/05/2017
68401	20/04/2017	0900	Craigavon Area Hospital	SEC	4 South	Minor		as above	Approved	12/05/2017
68406	20/04/2017	1855	Daisy Hill Hospital	MUC	ED Majors	Minor		Nil	Approved	27/04/2017
68441	21/04/2017	1750	Craigavon Area Hospital	MUC	Emergency Department	Minor		as above	Approved	11/05/2017
68464	22/04/2017	1958	Daisy Hill Hospital	MUC	ED Majors	Minor		Will speak to s/nurse when she returns on duty re:communication with patients. spoke to s/n Personal Information on 26/04/17. She has reflected on the incident and regrets same. She will be mindful of her communication skills in the future.	Approved	27/04/2017
68470	22/04/2017	2020	Daisy Hill Hospital	MUC	ED Majors	Minor		none	Approved	27/04/2017
68483	23/04/2017	1200	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Minor		none	Approved	28/04/2017
68503	23/04/2017	0110	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	03/05/2017
68591	25/04/2017	2030	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	18/05/2017
68828	03/05/2017	1800	Craigavon Area Hospital	SEC	4 North	Minor		As above	Approved	09/05/2017
68834	03/05/2017	2150	Daisy Hill Hospital	MUC	ED Majors	Minor		none	Approved	08/05/2017
68825	03/05/2017	1445	Craigavon Area Hospital	MUC	ED Clinical Decisions Unit	Insignificant		AS ABOVE	Approved	18/05/2017
68916	06/05/2017	0135	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	08/05/2017
69026	09/05/2017	1700	Craigavon Area Hospital	MUC	Emergency Department	Minor		nil	Approved	11/05/2017
69055	10/05/2017	2025	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	31/05/2017

69091	11/05/2017	1700	Daisy Hill Hospital	MUC	ED Majors	Minor	Irrelevant information redacted by the USI	NIL	Approved	31/05/2017
69219	15/05/2017	1645	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Being reviewed	23/05/2017
69227	15/05/2017	1900	Craigavon Area Hospital	MUC	MAU	Minor		absconder	Approved	26/05/2017
69289	17/05/2017	1940	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	22/05/2017
69292	18/05/2017	0010	Daisy Hill Hospital	MUC	ED Majors	Minor		NIL	Being reviewed	
69386	20/05/2017	0805	Craigavon Area Hospital	MUC	ED Minors	Moderate			Being reviewed	
69666	25/05/2017	2300	Craigavon Area Hospital	MUC	ED Resus	Moderate		as above	Approved	31/05/2017
69584	25/05/2017	2130	Daisy Hill Hospital	MUC	ED Majors	Minor		nil	Approved	31/05/2017
69706	30/05/2017	1020	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	31/05/2017
69688	30/05/2017	0415	Craigavon Area Hospital	MUC	ED Minors	Minor		as above	Approved	31/05/2017

Acute Services - Falls Incidents (Moderate and above) - May 2017

ID	Incident date	Time	Site	Division	Loc (Exact)	Adverse event	Severity	Description	Action taken	Lessons learned	Approval status	Closed	Minimum Data Set
68955	07/05/2017	1030	Daisy Hill Hospital	SEC	Male Surgical/HDU	Fall on level ground	Moderate	Irrelevant information redacted by the USI		.	Being reviewed		Not completed
69106	11/05/2017	2115	Craigavon Area Hospital	MUC	ED Resus	Fall from a height, bed or chair	Major				Being reviewed		Not completed
69126	12/05/2017	1055	Craigavon Area Hospital	MUC	2 North Resp/Medical	Fall from a height, bed or chair	Moderate			NIL- ACCIDENT	Approved	12/05/2017	Not completed
69162	13/05/2017	1030	Craigavon Area Hospital	MUC	Winter Pressures Ward(Ramone)	Fall on level ground	Moderate			all carried out as per protocol	Approved	22/05/2017	Not completed
69531	24/05/2017	1615	Craigavon Area Hospital	SEC	Trauma Ward	Fall from a height, bed or chair	Moderate			Staff acted appropriately in ensuring patient was supervised with a special. Staff asked family to notify if they were leaving to ensuring special could be allocated in their absence. Families should be updated regarding the risk of removing bedrails.	Being reviewed		Not completed

Medication incidents

ID	Incident date	Directorate	Division	Site	Loc (Exact)	Description	Drug administered	Correct drug	Action taken	Sub Category	Detail.	Consequence	DHSSPS impact	DHSSPS potential	DHSSPS likelihood	DHSSPS Risk rating
68516	24/04/2017	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Resus	PATIENT HAS A DOCUMENTED ALLERGY/SENSITIVITY TO PENICILLINS on NIECR, BUT PRESCRIBED PIPERACILLIN/TAZOBACTAM FOR ONE DOSE ON ED BLUE FLIMSY. When I discovered this, 'Penicillins' were not specifically detailed as sources of potential sensitivity reactions. Stated on blue flimsy as co-amoxiclav. 'Penicillins' subsequently added to blue flimsy at approx. 10:00.	Tazocin		Nurse currently looking after patient informed (Personal Information). This was not the nurse administering the medication. Datix completed. I asked nurse to pass on this information to 3 North when pt went to ward. I also advised close monitoring.	Administration or supply of a medicine from a clinical area	Undocumented/unclear/incorrect allergy status or known allergen prescribed	Minor	minor	catastrophic	possible	extreme
68787	28/04/2017	Acute Services	Pharmacy	Craigavon Area Hospital	Pharmacy Dispensary	Outpatient prescription for enoxaparin 100mg bd. Prescription was labeled and dispensed as enoxaparin 120mg once daily. Picked up at the final check.	Enoxaparin	Enoxaparin	Prescription was returned for redispensing. For the correct strength and directions enoxaparin 100mg bd.	Preparation of medicines / dispensing in pharmacy	Dose or strength was wrong or unclear		insignificant	major	possible	high

68389	14/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	Day before bank holiday weekend - Insulin dependent diabetic discharged from hospital with incorrect/inappropriate doses and times of insulin prescribed on authorization sheet. Nurse in charge of ward telephoned to say that patient was to receive Novomix insulin 18units in am and 10 units at tea time each day. Authorisation on discharge stated 4-10 units at breakfast and dinner and omit if blood sugar below 4mmols. The nurse in charge had been told on the phone that sliding scale doses could not be administered by community nurses. The patient also stated that her blood sugars were not stabilized prior to discharge and that her insulin had to be omitted several times over past few days. Patient had already self-administered Novomix 18units at 8.30am prior to my visit, stating this is the dose she was told prior to discharge. Patient has been hypoglycaemic since discharge necessitating many calls to the OOH GP and extra calls for a skeleton District Nursing team over a Bank holiday weekend.	Insulins	Low blood sugars continually monitored & treated by District Nursing team and several calls made to OOH GP team over 4 days to reduce and eventually discontinue insulin completely as patient does not require it.	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	minor	major	possible	high
68553	25/04/2017	Acute Service	Medicine and Unscheduled Care	Daisy Hill Hospital	Male Surgical/H DU	patient 61kg prescribed therapeutic enoxaparin 120mg (instead of 91.5mg)for bilateral PEs. got 6 doses as loading dose, which were higher than needed. This was then highlighted to medical staff who agreed to omit 7th loading dose and start apixaban from tomorrow. However, enoxaparin was not cancelled and was prescribed at 6am which patient then got 7th dose ON 25/4/17 as well as being prescribed/started on apixaban 5mg bd. Risk as patient 90yrs old and had been admitted with ? coffee grounds although bleeding was outruled during admission.	Enoxaparin	Dr informed and evening dose of apixaban was then held for 25/4/17and to start on 5mg bd from 26/4/17	Medication error during the prescription process	Dose or strength was wrong or unclear	Moderate	insignificant	major	possible	high

67967	05/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	Cardiac Catheterisation Lab	patient transferred from 1 north to the cath lab for angio +/- on examination of the kardex it was noted that ticagrelor had only been prescribed and administered once a day instead of twice.	ticagrelor	ticagrelor	spoke with DR [Personal Information] regarding doses and he re prescribed correct doses and a stat dose before going into theatre. Patient informed of reasons for extra dose and Sr [Personal Information] informed..	Medication error during the prescription process	Wrong/unclear frequency	Minor	insignificant	major	unlikely	high
67903	03/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	Cardiac Catheterisation Lab	A patient admitted with chest pain on 30/03/17 was commenced on DAPT. Ticagrelor 90 mg had only been prescribed OD when it should have been BD.	ticagrelor	ticagrelor	This was discovered on the 03.04.17 when checking the patient in for theatre. I informed Dr [Personal Information] who then amended the prescription. I then gave the patient a top up dose of ticagrelor. I then informed the patient of this and also the ward manager.	Medication error during the prescription process	Wrong/unclear frequency	Minor	insignificant	major	possible	high
68732	27/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Orthopaedic Ward	Patient post operative total knee replacement had enoxaparin stopped on commencement of warfarinisation. No reason for suspending enoxaparin was recorded in the notes (eg bleeding) Under normal circumstances enoxaparin should have continued until INR was therapeutic. Patient missed 3 days of enoxaparin before the apparent error was noticed.	Enoxaparin		Recommendation of enoxaparin 40mg bd Verbal apology given to patient	Medication error during the prescription process	Omitted/delayed medicine or dose	Moderate	insignificant	major	possible	high
68269	15/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	On starting medication round this morning, it was discovered that patient did not get any 10pm medications last night (14/4/17), including insulin.	Insulins		Nurse in charge of ward this shift made aware of same. Consultant also aware. Nil ordered. Blood sugars under observation and all care documented. Venous blood gas obtained and bloods also sent to labs by MO as requested.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	minor	moderate	likely	medium

68510	20/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	Stroke ward Lurgan contacted me at 10pm (I was the on call pharmacist). A patient had been transferred across from 3S ENT earlier and was taking the anti-epileptic drug lacosamide 50mg nocte. The drug did not transfer with the patient. This is a critical medicine. In addition the on call pharmacist the previous night had been contacted to supply same drug for this patient. This critical medicine should have been transferred with patient	lacosamide	lacosamide	I was on my way back from RVH as the result of an urgent call. I had to go to pharmacy in CAH, obtain drug and then go back to Lurgan to supply.	Administration or supply of a medicine from a clinical area	Omitted /delayed medicine or dose	Insignificant	insignificant	moderate	possible	medium
67926	04/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	Patient was prescribed Co-Careldopa 25/100mg BD and co-careldopa 12.5/50mg BD. Patient received two doses of co-beneldopa 100mg/25mg.	Co-Beneldopa	Co-Careldopa	Reported to sister Personal. SHO informed. New medication ordered. Checked medications against ECR	Administration or supply of a medicine from a clinical area	Wrong/unclear drug/medicine	Minor	insignificant	moderate	possible	medium
67887	03/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Patient A was to have Insulin at 08:00 in the morning. Staff Nurse A did not check the BM at 08:00 and did not check the insulin chart until 13:00, no insulin had been prescribed.	Insulins	Insulins	BM recorded at 13:00, 12.3mmol/L FY1 informed of the missed dose, and prescribed a dose for 17:00. Patient not to have Insulin at moment. Informed to check the patients BM at 15:00. Nurse in charge of Ward also informed.	Medication error during the prescription process	Omitted /delayed medicine or dose	Minor	minor	moderate	likely	medium

67932	03/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	Patient being t/f from ICU to 1 North. Handover on phone patient on iv dobutamine, amiodarone and Airvo. We received a phonecall from ICU nurse saying that infusions were taken down and we were to have a doctor on the ward on arrival to represcribe. On arrival no iv's running and patient on 5L o2. It is documented in the medical notes that these infusions were to continue. ? why did these have to stop for transport as they were critical medications. Also this man was not maintaining saturations off airvo and had to be recommenced throughout the night.	Dobutamine		On arrival to ward we contacted F2 who came to ward and prescribed infusions, same were erected immediately. He also questioned why they were stopped.	Administration or supply of a medicine from a clinical area	Unknown	Minor	minor	moderate	possible	medium
68484	23/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 South Medical	PATIENT PRESCRIBED LEVEMIR 10UNITS AND NOVORAPID 8UNITS FOR 0800AM LEVEMIR GIVEN NOVORAPID MISSED	Insulins		INFORMED REG OF SAME ADVISED RE SAME NO INTERVENTION REQUIRED AT THIS TIME WARD SISTER INFORMED	Administration or supply of a medicine from a clinical area	Omitted /delayed medicine or dose	Minor	insignificant	minor	likely	medium
68196	13/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	Patients family took in PODS from home after recent discharge from 3 south surgical ward CAH, included in bag was a non-click lock bottle of halved Quetiapine tablets, that was for ward stock use only while an inpatient. No patient name or directions on label.	Quetiapine	Quetiapine	Removed from PODS with family permission and disposed off in appropriate burns bin. New supply will be issued on discharge from Pharmacy	Administration or supply of a medicine from a clinical area	Wrong method of preparation or supply		insignificant	moderate	possible	medium

69066	05/04/2017	Acute Service	Pharmacy	Craigavon Area Hospital	Pharmacy Aseptic Unit	Patient collects oral chemotherapy from DHH on a Friday. Patient had been stopped on cyclophosphamide, but when patient came back for appointment he had informed Doctor that he took cyclophosphamide as it was in the bag, knowing it had been stopped upon discussion with doctor.	Cyclophosphamide		Oral sheet pulled and upon checking it, clinical checker had indicated clearly on sheet that cyclophosphamide had been taken out as stopped. Unsure if cyclophosphamide had been removed as no pack to identify. Dr. informed and patient.	Preparation of medicines / dispensing in pharmacy	Wrong/unclear drug/medicine		minor	moderate	possible	medium
68708	29/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Majors	Patient received incorrect morning medications that were meant for another patient. received bisoprolol 1.25mg and aspirin 75mg.	Bisoprolol		I realized my mistake and sister in charge, pharmacist and consultant in department informed. Nil further action required as patient had received nil adverse medications.	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Minor	insignificant	moderate	possible	medium
68133	11/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Clinical Decisions Unit	Patients 10:00 IV Benzylpenicillin, missed dose. Oversight on S/N 's. Miscommunication. No impact on patient as stat prescription was prescribed and administered.	Benzylpenicillin		Doctor informed of incident. Stat prescription prescribed and administered at 12:20 once prepared. Patient informed at time. Sister Personal Information aware. Clinical Sister Personal Information informed and aware.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	insignificant	moderate	possible	medium
68211	13/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Clinical Decisions Unit	Patients dose of iv antibiotics benzylpenicillin and flucloxacillin were omitted for 12mn. Delayed dose prescribed as stat dose and administered at 02.45hrs.	Benzylpenicillin	Benzylpenicillin	When omitted doses were realized by staff, stat doses were prescribed and administered.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	insignificant	moderate	possible	medium

68074	09/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	Patient has not been receiving Tegretol since Kardex was rewritten on the 6th April. The time of dispensing drug had not been circled.	Tegretol	F1 informed , the time of drug prescribed on kardex circled. Datix completed	Medication error during the prescription process	Wrong/unclear frequency	Minor	insignificant	moderate	possible	medium
68577	25/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	MAU	Patient arrived to ward at 13.30 from ED department. Patient is an insulin independent diabetic. Patient was prescribed Humalog 30 60units at 09.00. patient did not receive this insulin. (Additional info: NIECR checked, patient on Humalog Mix 50)		Doctor made aware Pharmacist made aware Blood Sugar checked Insulin ordered from pharmacy asap	Medication error during the prescription process	Wrong/unclear drug/medicine	Moderate	minor	moderate	likely	medium
68384	11/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	MAU	Patient was prescribed and received a dose of Lantus. Told nursing staff this was not her usual insulin. Had a POD of Levemir with her and Levemir on ECR. Confirmed with pt, ECR and community pharmacy that this was her usual insulin. However letters from Diabetic clinic dated 24/3/16 and 9/2/17 state Lantus was evening insulin. Also patient prescribed ramipril 7.5mg/ Had previously been on 1.25mg but this was stopped on 30/3/17 as per d/c letter and had not been restarted yet.	Insulins	Levemir Dr informed to amend medication Diabetic nurse specialist informed	Medication error during the prescription process	Wrong/unclear drug/medicine	Moderate	minor	moderate	possible	medium
68125	08/04/2017	Acute Service	Cancer and Clinical Services / Anaesthetics, Theatres & ICS	Craigavon Area Hospital	Theatre	Anaesthetist came to me with a bottle of Metronidazole. She had ran the product through the appropriate giving set and was about to hang it to connect to the patient when she noticed that it was leaking at the neck of the bottle.	Metronidazole	Metronidazole Not connected to the patient. On examination, it looked like there was a puncture in the neck of the bottle. Product Complaint Form completed. All bottles same Batch and LOT numbers checked in Department with no other issues noted. Batch No: 164248131 Expiry: 09/19 Pharmacy contacted for advice of next step.	Administration or supply of a medicine from a clinical area	Unknown		insignificant	moderate	possible	medium

68139	11/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	4 North	Patient Pers received 10am medications as per drug kardex. One drug not given due to poor handwriting. FY1 asked to review same on NIECR. FY1 then discovered that all the medicines prescribed on the kardex were not medicines that the patient normally takes. Same verified by Pharmacist. Diazepam 2mg, Sertraline 50mg, Amlodipine 5mg, Propranolol, Chlorpromazine, Chlordiazepoxide.	Propranolol		Clinical observations checked regularly and patient nursed beside nurses station for close observation. Patient informed of error made. Pharmacy, FY1 and ward manager aware of the above.	Medication error during the prescription process	Mismatch between patient and medicine	Moderate	insignificant	moderate	possible	medium
68568	25/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Majors	pt Pers in ED majors area was delayed in receiving critical medications. Insulin was prescribed for 1200 and was not noticed to hand over to ward that it was prescribed	Insulins	novorapid	Insulin checked, insulin given, observations recorded sister in charge informed	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Moderate	minor	moderate	likely	medium
68700	28/04/2017	Acute Service	Integrated Maternity and Womens Health	Craigavon Area Hospital	1 East Maternity Antenatal	PATIENT DISCHARGED FROM GYNAE WARD TO Irrelevant information NURSING HOME WITH PRESCRIPTION. FULL PRESCRIPTION NOT ASKED FOR BY MO/ GIVEN BY PHARMACY. SAME NOT PICKED UP PRIOR TO DISCHARGE. MEDICATIONS IN GREEN PHARMACY BAGS SENT WITH PATIENT NOT LABELLED (MEDICATIONS ORIGINALLY FROM HOME) MEDICATIONS NOT GIVEN- ADMISSION DRUGS UNAMENDABLE: ASPIRIN SIMVASTATIN LATANOPROST ESOMEPRAZOLE LEVOTHYROXINE DIGOXIN	Aspirin		NURSE IN CHARGE INFORMED PHARMACY ON CALL PHONED BED MANAGER INFORMED NEW PRESCRIPTION MADE AND TO BE TRANSFERRED OUT BY EMERGENCY TRANSPORT NURSING HOME INFORMED OF SAME	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose		insignificant	minor	possible	low

69220	28/04/2017	Acute Service s	Pharmacy	Craigavon Area Hospital	Pharmacy Dispensary	A and E waiter with a script. Had multiple boxes of medicines on their script. Checked all boxes, handed out medication to patient. Realised after patient left, that 2 boxes had been left out of bag.	Isotretinoin	Isotretinoin	Immediately tried to phone patient from NIECR. Phoned 3 times, went to answering machine. Left message for patient, informing them of what happened.	Preparation of medicines / dispensing in pharmacy	Wrong quantity		insignificant	minor	possible	low
68299	16/04/2017	Acute Service s	Integrated Maternity and Womens Health	Craigavon Area Hospital	2 West Maternity Post Natal	patient with paralytic ileus, on IV paracetamol 5 doses given in 24hrs once error noted no further paracetamol to be given and SHO informed of same	Paracetamol	Paracetamol	IR1 completed, Obstetric SHO informed. No further doses of Paracetamol to be given	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency		insignificant	minor	possible	low
67881	03/04/2017	Acute Service s	Medicine and Unscheduled Care	Daisy Hill Hospital	ED Majors	patient in department was prescribed the wrong dose of insulin by inpatient medical team. the patient was prescribed 12 units of liraglutide instead of 1.2mg. The insulin was not given to the patient.	liraglutide	liraglutide	inpatient medical team informed of prescribing error and asked to review asap. female surgical staff informed of error.	Medication error during the prescription process	Dose or strength was wrong or unclear	Moderate	insignificant	minor	possible	low
68030	07/04/2017	Acute Service s	Cancer and Clinical Services / Anaesthetics, Theatres & ICS	Craigavon Area Hospital	Day Procedure/Day Surgery Unit	Patient attended for PTC from ward 1 south. He did not have his pre procedure antibiotics Ward had been contacted on Thursday evening by SN. Dr had informed ward staff. Male nurse from 1 south rang during ERCP list this morning and I went over the prep again with him.			Patient returned to ward staff told to administer antibiotics and patient to return later for procedure. This causes delays to all patients.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose		insignificant	minor	possible	low

68159	10/04/2017	Acute Service	Medicine and Unscheduled Care	Daisy Hill Hospital	General Male Medical, Level 5	Novorapid prescribed instead of Humalog	Insulins	Insulins	Dr spotted discrepancy 11/4/17 prescribed correct insulin informed myself 12/4/17 and requested IR1 completed	Medication error during the prescription process	Wrong/unclear drug/medicine	Minor	insignificant	minor	possible	low
68638	24/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	MAU	Patient transferred from AMU to Elective Ward at midnight on 26/4/17. On 27/4/17, it was noted that patient was prescribed metformin at 8am and at 6pm however 6pm dose had not been administered for 3 consecutive days on AMU 24-26/4/17.	Metformin		Nurse looking after patient informed to ensure 6pm dose administered 27/4/17. Blood glucose being monitored throughout as patient also on insulin.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	minor	minor	possible	low
67917	04/04/2017	Acute Service	Pharmacy	Craigavon Area Hospital	2 South Medical	I was checking a patients locker and found metformin 500mg tablets in his locker and the kardex stated that the patient was on metformin modified release 500mg tablets. Patient may have been receiving this medication for 4 days.	Metformin	metformin modified release	Medication was removed from the patients locker and the correct medication was put into it. The ward manager was informed.	Administration or supply of a medicine from a clinical area	Formulation of medication was wrong	Minor	insignificant	minor	possible	low

68163	12/04/2017	Acute Service	Surgery and Elective Care	South Tyrone Hospital	Day Procedure/ Day Surgery Unit	PATIENT ATTENDED DAY PROCEDURE ADMISSION WARD THIS AFTERNOON FOR DIAGNOSTIC INVESTIGATION. NO YELLOW BOOKING FORM IN NOTES. REFERRAL LETTER STATED PATIENT TO RECEIVE COLONOSCOPY. PATIENTS DAUGHTER INFORMED BY SCHEDULING TEAM THAT HER MOTHER WAS SCHEDULED TO RECEIVE OGD AND THEREFORE CONSUMPTION OF BOWEL PREPARATION PREVIOUSLY PROVIDED WOULD NOT BE NECESSARY - PATIENT FOLLOWED THIS ADVICE AND DID NOT CONSUME PREPARATION FOR BOWEL. NO PROCEDURE PERFORMED THIS AFTERNOON.		ADMISSION STAFF INFORMED LIST ENDOSCOPIST, ^{Personal Information} ^{redacted by the USI} ASSESSED PATIENTS CLINICAL INDICATIONS AND DECIDED THAT IT WOULD BE INAPPROPRIATE TO CONTINUE WITH OGD TODAY AS COLONOSCOPY WAS INDICATED AS THE MOST APPROPRIATE DIAGNOSTIC TEST TODAY, AS HAD BEEN LISTED ON REFERRAL FORM. ALL MEMBERS OF TEAM INCLUDING LINE MANAGER INFORMED. SAME DISCUSSED WITH PATIENT AND HER DAUGHTER. ^{Personal Information} ^{redacted by the USI} HAS ARRANGED FOR THIS LADY TO BE REBOOKED NEXT AVAILABLE LIST FOR BOTH OGD AND COLONOSCOPY. PATIENT HAPPY WITH SAME ADVICE.	Advice	verbal direction to patient was wrong or omitted		minor	minor	possible	low
68712	29/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	patient transferred from 1 West (Elective) 28/4/17. patient was originally to be discharged to Roxborough House 28/4/17 but no transport available. Patient handed over to 3 South, discharge letter and meds completed. Letter had to be printed, Ambulance booked for 0900 29/4/17. Patient left with ambulance crew at 0910 discharge medications and letter in patients belongings. ^{Irrelevant information redacted by the USI}	Buprenorphine	Nurse from ^{Irrelevant information redacted by the USI} contacted ward, only some medications fortisip, omeprazole. Tried to contact pharmacy. Nurse In charge informed. Fy1 updated letter, medications dispensed at Pharmacy, liase with Bed Manager to arrange Hospital Transport at CD medications. family annoyed at Hospital total disgrace.	Administration or supply of a medicine from a clinical area	Omitted /delayed medicine or dose	Moderate	insignificant	minor	possible	low

68580	17/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	2 North Resp/Medical	morning medications found in patients dressing gown pocket by patients daughter. Patient had been observed taking diabetic medications but failed to observe taking remainder.	apixiban	apixiban	discussed with patient who stated she refused to take tablets as she thought she could get home. JHO informed of omitted dose STAT doses prescribed and same administered to patient.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	insignificant	minor	possible	low
68475	22/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	IV teicoplanin administered 12hours prior to prescription time. Patient already had 3 12 hourly loading doses next dose was prescribed for Sunday 08:00 and was administered by day staff on Saturday at 20:00	Teicoplanin	Teicoplanin	Reported to nurse in charge- Personal Information on Sunday morning when identified.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low
68392	20/04/2017	Acute Service	Medicine and Unscheduled Care	Daisy Hill Hospital	Female Medical, Level 5	patient admitted 19/04/17 prescribed apixaban 5mg with question to clarify dose questioned by nurse on am medicaine round patient also prescribed digoxin 1.25 mcg checked on gp records apixaban 2.5mg bd dose corrected by f1 and then correct dose administered by nurse	apixaban		dr informed of error corrected and subsequently correct dose administered by nurse	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	insignificant	minor	possible	low
68666	27/04/2017	Acute Service	Integrated Maternity and Womens Health	Craigavon Area Hospital	2 West Maternity Post Natal	Noticed on morning of nightshift on 28/04/17 that I had documented incorrectly on drug kardex that Diclofenac 50mg and Omeprazole 20mg were given the previous morning at 0430hrs on 26/04/17 instead of 27/04/17 to patient. This error then led onto Diclofenac and Omeprazole being given again at 0900hrs too soon following last dose.	Diclofenac	Diclofenac	Midwife in chsrge informed. Sister Personal will be informed in am. SHO on call informed- advised me that no harm would come to patient due to either of these errors. Patient to be informed when awake and apologies made.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low

68643	27/04/2017	Acute Service	Integrated Maternity and Womens Health	Craigavon Area Hospital	2 West Maternity Post Natal	Twins were born [Personal Information] noted on following day that vitamin K had not been given; was crossed out on the prescription sheets in each twins notes with the entry "not consented". no evidence that mother had been spoken to by either a midwife or paediatrician stating importance of vitamin K. When Questioned, mother stated that she didn't want the twins to have unnecessary "drugs". When I explained that Vitamin K was a naturally occurring vitamin that babies needed but had not yet produced at birth and was needed to help blood clot mum was happy for babies to have it by IM injection.	Vitamin K		vitamin K administered in 2 West. mother consented and present at administration.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	insignificant	moderate	unlikely	low
68394	19/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	Butrans patch 5mcg/hr not administered same due as per kardex	Buprenorphine		Reported to nurse in charge when identified and IR1 completed	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	insignificant	minor	possible	low
67939	05/04/2017	Acute Service	Integrated Maternity and Womens Health	Craigavon Area Hospital	1 West Gynae	Pt. A.W. requested for analgesia. S/N [Personal Information] gave Paracetamol 1g at 04:45 for 06:00 dose. Paracetamol 1g was already given at 02:00 by S/N [Personal Information] Pt. was admitted on 04/04/2017. Date on drug kardex 05/04/2017.	Paracetamol	Paracetamol	Informed nurse in charge. Omit 12:00 dose. Patient informed.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low

68024	07/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	The patient concerned is on 6am medications. Carbecocisteine 750mgs + Chlorpromazine 10mgs. Today's 6am medications were not signed for and therefore given by day staff. However when looking at patient notes it was noted that the said medications were given by night staff. Night staff contacted and confirmed same.	Carbocisteine	Carbocisteine	Ward manager + medical staff informed of incident.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low
68193	12/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Resus	Patient with known cervical spine injury awaiting transfer to RVH. Required wound closure and important for spinal injury to remain immobilized. Became agitated and decision to give IV sedation. Patient then suffered respiratory arrest and required intubation, repeat CT of head and neck (which were unchanged) and critical care transfer to RICU	Diazepam		Discussed with doctor involved re sedation. We will discuss in more detail and reflect on incident. As a department we will discuss our sedation protocol and who should be involved in sedation	Respiratory factor	Respiratory arrest		Adverse drug reaction			
68225	13/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Clinical Decisions Unit	0000 dose of flucloxacillin and benpen missed for patient with cellulitis of r leg. Medication administered late due to busy ward at the time. Confused wondering patient on ward whom was incontinent with staff. One nurse for 6 patients and a deceased patient with family in the sideroom.	Benzylpenicillin	Benzylpenicillin	error noticed myself @ 0220, medical doctors contacted. Stat dose of medications written up and administered at 0245. medical doctor had no concern to administer ivabx at that time. to continue with 0600 iv abx dose in am. Reported to nurse in charge in CDU in AM and band 7.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	duplicate of 68211			

68703	28/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	2 South Medical	On checking controlled drugs it was noted by staff that one MST 5mg tablet was missing from strip	Morphine	Morphine	Controlled drug cupboard cleared and checked On call pharmacist contacted and stated nothing can be done until Tuesday - staff unhappy with this Ward manager contacted to home and informed of same Spoke with bed manager as clinical coordinator not on shift at time of incident - advised staff to stay on ward and check ward environment, bins, handbags etc Sister [Personal Information] contacted head of service from home. HOS checked with [Personal Information] the AD on call from her home, and then relayed back to the ward that she was satisfied with the explanation and actions that had been followed Staff informed and advised that they could leave the ward	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	Controlled Drugs			
68679	21/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	2 South Medical	Top up order found on Friday morning outside the ward .It was unattended and no lid on one of the boxes which contained various drugs.This trolley had been delivered and signed for on Thursday pm to 2 south.			pharmacy porter brought the trolley back to pharmacy and informed a member of staff who relayed the information to myself. I brought the order to the ward sister and informed her of what had happened. She said her ward was very short staffed that week.the drugs were then placed into the locked cupboards.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	security			

68988	24/04/2017	Acute Service	Cancer and Clinical Services / Anaesthetics, Theatres & ICS	Craigavon Area Hospital	Theatre	Anaphylactic reaction after induction of anaesthesia, possibly related to the administration of TEICOPLANIN (severe bronchospasm, hypotension, tachycardia)	Teicoplanin		Resuscitation as per Trust and National Guidelines. Patient admitted to ICU post op for inotropic and ventilatory support.	Patient's reaction to Medication	Adverse reaction when drug used as intended	Moderate	Adverse drug reaction			
68682	28/04/2017	Acute Service	Medicine and Unscheduled Care	Community	Home of client	Completing med rec on patient on L4 stroke and rehab, NIECR states patient was on Nicorandil 20mg BD, patient's dosette labeled Nicorandil 10mg BD. Contacted chemist (Irrelevant information redacted by the USI) confirmed patient has been getting nicorandil 10mg BD, but prescription from GP was actually for 20mg BD.	Nicorandil	Nicorandil	Made record on kardex. Informed Dr. on ward.	Preparation of medicines / dispensing in pharmacy	Dose or strength was wrong or unclear		community pharmacy			

Medication incidents

ID	Incident date	Directorate	Division	Site	Loc (Exact)	Description	Drug administered	Correct drug	Action taken	Sub Category	Detail.	Consequence	DHSSPS impact	DHSSPS potential	DHSSPS likelihood	DHSSPS Risk rating
68516	24/04/2017	Acute Services	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Resus	PATIENT HAS A DOCUMENTED ALLERGY/SENSITIVITY TO PENICILLINS on NIECR, BUT PRESCRIBED PIPERACILLIN/TAZOBACTAM FOR ONE DOSE ON ED BLUE FLIMSY. When I discovered this, 'Penicillins' were not specifically detailed as sources of potential sensitivity reactions. Stated on blue flimsy as co-amoxiclav. 'Penicillins' subsequently added to blue flimsy at approx. 10:00.	Tazocin		Nurse currently looking after patient informed (Personal Information). This was not the nurse administering the medication. Datix completed. I asked nurse to pass on this information to 3 North when pt went to ward. I also advised close monitoring.	Administration or supply of a medicine from a clinical area	Undocumented/unclear/incorrect allergy status or known allergen prescribed	Minor	minor	catastrophic	possible	extreme
68553	25/04/2017	Acute Services	Medicine and Unscheduled Care	Daisy Hill Hospital	Male Surgical/H DU	patient 61kg prescribed therapeutic enoxaparin 120mg (instead of 91.5mg)for bilateral PEs. got 6 doses as loading dose, which were higher than needed. This was then highlighted to medical staff who agreed to omit 7th loading dose and start apixaban from tomorrow. However, enoxaparin was not cancelled and was prescribed at 6am which patient then got 7th dose ON 25/4/17 as well as being prescribed/started on apixaban 5mg bd. Risk as patient 90yrs old and had been admitted with ? coffee grounds although bleeding was outruled during admission.	Enoxaparin		Dr informed and evening dose of apixaban was then held for 25/4/17and to start on 5mg bd from 26/4/17	Medication error during the prescription process	Dose or strength was wrong or unclear	Moderate	insignificant	major	possible	high

67967	05/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	Cardiac Catheterisation Lab	patient transferred from 1 north to the cath lab for angio +/_.. on examination of the kardex it was noted that ticagrelor had only been prescribed and administered once a day instead of twice.	ticagrelor	ticagrelor	spoke with DR [Personal Information] regarding doses and he re prescribed correct doses and a stat dose before going into theatre. Patient informed of reasons for extra dose and Sr [Personal Information] informed..	Medication error during the prescription process	Wrong/unclear frequency	Minor	insignificant	major	unlikely	high
67903	03/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	Cardiac Catheterisation Lab	A patient admitted with chest pain on 30/03/17 was commenced on DAPT. Ticagrelor 90 mg had only been prescribed OD when it should have been BD.	ticagrelor	ticagrelor	This was discovered on the 03.04.17 when checking the patient in for theatre. I informed Dr [Personal Information] who then amended the prescription. I then gave the patient a top up dose of ticagrelor. I then informed the patient of this and also the ward manager.	Medication error during the prescription process	Wrong/unclear frequency	Minor	insignificant	major	possible	high
68269	15/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	On starting medication round this morning, it was discovered that patient did not get any 10pm medications last night (14/4/17), including insulin.	Insulins		Nurse in charge of ward this shift made aware of same. Consultant also aware. Nil ordered. Blood sugars under observation and all care documented. Venous blood gas obtained and bloods also sent to labs by MO as requested.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	minor	moderate	likely	medium
67926	04/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	Patient was prescribed Co-Careldopa 25/100mg BD and co-careldopa 12.5/50mg BD. Patient received two doses of co-beneldopa 100mg/25mg.	Co-Beneldopa	Co-Careldopa	Reported to sister [Personal Information]. SHO informed. New medication ordered. Checked medications against ECR	Administration or supply of a medicine from a clinical area	Wrong/unclear drug/medicine	Minor	insignificant	moderate	possible	medium

67932	03/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	Patient being t/f from ICU to 1 North. Handover on phone patient on iv dobutamine, amiodarone and Airvo. We received a phonecall from ICU nurse saying that infusions were taken down and we were to have a doctor on the ward on arrival to represcribe. On arrival no iv's running and patient on 5L o2. It is documented in the medical notes that these infusions were to continue. ? why did these have to stop for transport as they were critical medications. Also this man was not maintaining saturations off airvo and had to be recommenced throughout the night.	Dobutamine	On arrival to ward we contacted F2 who came to ward and prescribed infusions, same were erected immediately. He also questioned why they were stopped.	Administration or supply of a medicine from a clinical area	Unknown	Minor	minor	moderate	possible	medium
68484	23/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 South Medical	PATIENT PRESCRIBED LEVEMIR 10UNITS AND NOVORAPID 8UNITS FOR 0800AM LEVEMIR GIVEN NOVORAPID MISSED	Insulins	INFORMED REG OF SAME ADVISED RE SAME NO INTERVENTION REQUIRED AT THIS TIME WARD SISTER INFORMED	Administration or supply of a medicine from a clinical area	Omitted /delayed medicine or dose	Minor	insignificant	minor	likely	medium
68708	29/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Majors	Patient received incorrect morning medications that were meant for another patient. received bisoprolol 1.25mg and aspirin 75mg.	Bisoprolol	I realized my mistake and sister in charge, pharmacist and consultant in department informed. Nil further action required as patient had received nil adverse medications.	Administration or supply of a medicine from a clinical area	Mismatch between patient and medicine	Minor	insignificant	moderate	possible	medium

68133	11/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Clinical Decisions Unit	Patients 10:00 IV Benzylpenicillin, missed dose. Oversight on S/N 's. Miscommunication. No impact on patient as stat prescription was prescribed and administered.	Benzylpenicillin		Doctor informed of incident. Stat prescription prescribed and administered at 12:20 once prepared. Patient informed at time. Sister Personal Information aware. Clinical Sister Personal Information informed and aware.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	insignificant	moderate	possible	medium
68211	13/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Clinical Decisions Unit	Patients dose of iv antibiotics benzylpenicillin and flucloxacillin were omitted for 12mn. Delayed dose prescribed as stat dose and administered at 02.45hrs.	Benzylpenicillin	Benzylpenicillin	When omitted doses were realized by staff, stat doses were prescribed and administered.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	insignificant	moderate	possible	medium
68074	09/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	1 North Cardiology	Patient has not been receiving Tegretol since Kardex was rewritten on the 6th April. The time of dispensing drug had not been circled.	Tegretol		F1 informed, the time of drug prescribed on kardex circled. Datix completed	Medication error during the prescription process	Wrong/unclear frequency	Minor	insignificant	moderate	possible	medium
68577	25/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	MAU	Patient arrived to ward at 13.30 from ED department. Patient is an insulin independent diabetic. Patient was prescribed Humalog 30 60units at 09.00. patient did not receive this insulin. (Additional info: NIECR checked, patient on Humalog Mix 50)			Doctor made aware Pharmacist made aware Blood Sugar checked Insulin ordered from pharmacy asap	Medication error during the prescription process	Wrong/unclear drug/medicine	Moderate	minor	moderate	likely	medium

68384	11/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	MAU	Patient was prescribed and received a dose of Lantus. Told nursing staff this was not her usual insulin. Had a POD of Levemir with her and Levemir on ECR. Confirmed with pt, ECR and community pharmacy that this was her usual insulin. However letters from Diabetic clinic dated 24/3/16 and 9/2/17 state Lantus was evening insulin. Also patient prescribed ramipril 7.5mg/ Had previously been on 1.25mg but this was stopped on 30/3/17 as per d/c letter and had not been restarted yet.	Insulins	Levemir	Dr informed to amend medication Diabetic nurse specialist informed	Medication error during the prescription process	Wrong/unclear drug/medicine	Moderate	minor	moderate	possible	medium
68568	25/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Majors	pt OW in ed majors area was delayed in receiving critical medications. Insulin was prescribed for 1200 and was not noticed to hand over to ward that it was prescribed	Insulins	Novorapid	bm checked, insulin given, observations recorded sister in charge informed	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Moderate	minor	moderate	likely	medium
67881	03/04/2017	Acute Service	Medicine and Unscheduled Care	Daisy Hill Hospital	ED Majors	patient in department was prescribed the wrong dose of insulin by inpatient medical team. the patient was prescribed 12 units of liraglutide instead of 1.2mg. The insulin was not given to the patient.	liraglutide	liraglutide	inpatient medical team informed of prescribing error and asked to review asap. female surgical staff informed of error.	Medication error during the prescription process	Dose or strength was wrong or unclear	Moderate	insignificant	minor	possible	low
68159	10/04/2017	Acute Service	Medicine and Unscheduled Care	Daisy Hill Hospital	General Male Medical, Level 5	Novorapid prescribed instead of Humalog	Insulins	Insulins	Dr spotted discrepancy 11/4/17 prescribed correct insulin informed myself 12/4/17 and requested IR1 completed	Medication error during the prescription process	Wrong/unclear drug/medicine	Minor	insignificant	minor	possible	low

68638	24/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	MAU	Patient transferred from AMU to Elective Ward at midnight on 26/4/17. On 27/4/17, it was noted that patient was prescribed metformin at 8am and at 6pm however 6pm dose had not been administered for 3 consecutive days on AMU 24-26/4/17.	Metformin		Nurse looking after patient informed to ensure 6pm dose administered 27/4/17. Blood glucose being monitored throughout as patient also on insulin.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	minor	minor	possible	low
68580	17/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	2 North Resp/Medical	morning medications found in patients dressing gown pocket by patients daughter. Patient had been observed taking diabetic medications but failed to observe taking remainder.	apixiban	apixiban	discussed with patient who stated she refused to take tablets as she thought she could get home. JHO informed of omitted dose STAT doses prescribed and same administered to patient.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Minor	insignificant	minor	possible	low
68392	20/04/2017	Acute Service	Medicine and Unscheduled Care	Daisy Hill Hospital	Female Medical, Level 5	patient admitted 19/04/17 prescribed apixaban 5mg with question to clarify dose questioned by nurse on am medicaine round patient also prescribed digoxin 1.25 mcg checked on gp records apixaban 2.5mg bd dose corrected by f1 and then correct dose administered by nutse	apixaban		dr informed of error corrected and subsequently correct dose administered by nurse	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	insignificant	minor	possible	low
68193	12/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Resus	Patient with known cervical spine injury awaiting transfer to RVH. Required wound closure and important for spinal injury to remain immobilized. Became agitated and decision to give IV sedation. Patient then suffered respiratory arrest and required intubation, repeat CT of head and neck (which were unchanged) and critical care transfer to RICU	Diazepam		Discussed with doctor involved re sedation. We will discuss in more detail and reflect on incident. As a department we will discuss our sedation protocol and who should be involved in sedation	Respiratory factor	Respiratory arrest		Adverse drug reaction			

68225	13/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	ED Clinical Decisions Unit	0000 dose of flucloxacillin and benpen missed for patient with cellulitis of r leg. Medication administered late due to busy ward at the time. Confused wondering patient on ward whom was in compliant with staff. One nurse for 6 patients and a deceased patient with family in the sideroom.	Benzylpenicillin	Benzylpenicillin	error noticed my myself @ 0220, medical doctors contacted. Stat dose of medications written up and administered at 0245. medical doctor had no concern to administer ivabx at that time. to continue with 0600 iv abx dose in am. Reported to nurse in charge in CDU in AM and band 7.	Administration or supply of a medicine from a clinical area	Omitted /delayed medicine or dose	Minor	duplicate of 68211			
68703	28/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	2 South Medical	On checking controlled drugs it was noted by staff that one MST 5mg tablet was missing from strip	Morphine	Morphine	Controlled drug cupboard cleared and checked On call pharmacist contacted and stated nothing can be done until Tuesday - staff unhappy with this Ward manager contacted to home and informed of same Spoke with bed manager as clinical coordinator not on shift at time of incident - advised staff to stay on ward and check ward environment, bins, handbags etc Sister Personal Information contacted head of service from home. HOS checked with Person the AD on call from her home, and then relayed back to the ward that she was satisfied with the explanation and actions that had been followed Staff informed and advised that they could leave the ward	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	Controlled Drugs			

68679	21/04/2017	Acute Service	Medicine and Unscheduled Care	Craigavon Area Hospital	2 South Medical	Top up order found on Friday morning outside the ward .It was unattended and no lid on one of the boxes which contained various drugs.This trolley had been delivered and signed for on Thursday pm to 2 south.			pharmacy porter brought the trolley back to pharmacy and informed a member of staff who relayed the information to myself. I brought the order to the ward sister and informed her of what had happened. She said her ward was very short staffed that week.the drugs were then placed into the locked cupboards.	Administration or supply of a medicine from a clinical area	Medication incorrectly stored	Minor	security			
68682	28/04/2017	Acute Service	Medicine and Unscheduled Care	Community	Home of client	Completing med rec on patient on L4 stroke and rehab, NIECR states patient was on Nicorandil 20mg BD, patient's dosette labeled Nicorandil 10mg BD. Contacted chemist (Irrelevant information redacted by the USI) confirmed patient has been getting nicorandil 10mg BD, but prescription from GP was actually for 20mg BD.	Nicorandil	Nicorandil	Made record on kardex. Informed Dr. on ward.	Preparation of medicines / dispensing in pharmacy	Dose or strength was wrong or unclear		community pharmacy			

Medication incidents

ID	Incident date	Directorate	Division	Site	Loc (Exact)	Description	Drug administered	Correct drug	Action taken	Sub Category	Detail.	Consequence	DHSSPS impact	DHSSPS potential	DHSSPS likelihood	DHSSPS Risk rating
68389	14/04/2017	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	3 South	Day before bank holiday weekend - Insulin dependent diabetic discharged from hospital with incorrect/inappropriate doses and times of insulin prescribed on authorization sheet. Nurse in charge of ward telephoned to say that patient was to receive Novomix insulin 18units in am and 10 units at tea time each day. Authorisation on discharge stated 4-10 units at breakfast and dinner and omit if blood sugar below 4mmols. The nurse in charge had been told on the phone that sliding scale doses could not be administered by community nurses. The patient also stated that her blood sugars were not stabilized prior to discharge and that her insulin had to be omitted several times over past few days. Patient had already self-administered Novomix 18units at 8.30am prior to my visit, stating this is the dose she was told prior to discharge. Patient has been hypoglycaemic since discharge necessitating many calls to the OOH GP and extra calls for a skeleton District Nursing team over a Bank holiday weekend.		Insulins	Low blood sugars continually monitored & treated by District Nursing team and several calls made to OOH GP team over 4 days to reduce and eventually discontinue insulin completely as patient does not require it.	Medication error during the prescription process	Dose or strength was wrong or unclear	Minor	minor	major	possible	high
68732	27/04/2017	Acute Services	Surgery and Elective Care	Craigavon Area Hospital	Orthopaedic Ward	Patient post operative total knee replacement had enoxaparin stopped on commencement of warfarinisation. No reason for suspending enoxaparin was recorded in the notes (eg bleeding) Under normal circumstances enoxaparin should have continued until INR was therapeutic. Patient missed 3 days of enoxaparin before the apparent error was noticed.	Enoxaparin		Recommendation of enoxaparin 40mg bd Verbal apology given to patient	Medication error during the prescription process	Omitted/delayed medicine or dose	Moderate	insignificant	major	possible	high

68510	20/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	Stroke ward Lurgan contacted me at 10pm (I was the on call pharmacist). A patient had been transferred across from 3S ENT earlier and was taking the anti-epileptic drug lacosamide 50mg nocte. The drug did not transfer with the patient. This is a critical medicine. In addition the on call pharmacist the previous night had been contacted to supply same drug for this patient. This critical medicine should have been transferred with patient	lacosamide	lacosamide	I was on my way back from RVH as the result of an urgent call. I had to go to pharmacy in CAH, obtain drug and then go back to Lurgan to supply.	Administration or supply of a medicine from a clinical area	Omitted /delayed medicine or dose	Insignificant	insignificant	moderate	possible	medium
68887	03/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	Trauma Ward	Patient A was to have Insulin at 08:00 in the morning. Staff Nurse A did not check the BM at 08:00 and did not check the insulin chart until 13:00, no insulin had been prescribed.	Insulins	Insulins	BM recorded at 13:00, 12.3mmol/L FY1 informed of the missed dose, and prescribed a dose for 17:00. Patient not to have Insulin at moment. Informed to check the patients BM at 15:00. Nurse in charge of Ward also informed.	Medication error during the prescription process	Omitted /delayed medicine or dose	Minor	minor	moderate	likely	medium
68196	13/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	Patients family took in PODS from home after recent discharge from 3 south surgical ward CAH, included in bag was a non-click lock bottle of halved Quetiapine tablets, that was for ward stock use only while an inpatient. No patient name or directions on label.	Quetiapine	Quetiapine	Removed from PODS with family permission and disposed off in appropriate burns bin. New supply will be issued on discharge from Pharmacy	Administration or supply of a medicine from a clinical area	Wrong method of preparation or supply		insignificant	moderate	possible	medium
68139	11/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	4 North	Patient Per [redacted] received 10am medications as per drug kardex. One drug not given due to poor handwriting. FY1 asked to review same on NIECR. FY1 then discovered that all the medicines prescribed on the kardex were not medicines that the patient normally takes. Same verified by Pharmacist. Diazepam 2mg, Sertraline 50mg, Amlodipine 5mg, Propranolol, Chlorpromazine, Chlordiazepoxide.	Propranolol		Clinical observations checked regularly and patient nursed beside nurses station for close observation. Patient informed of error made. Pharmacy, FY1 and ward manager aware of the above.	Medication error during the prescription process	Mismatch between patient and medicine	Moderate	insignificant	moderate	possible	medium

68163	12/04/2017	Acute Service	Surgery and Elective Care	South Tyrone Hospital	Day Procedure/ Day Surgery Unit	PATIENT ATTENDED DAY PROCEDURE ADMISSION WARD THIS AFTERNOON FOR DIAGNOSTIC INVESTIGATION. NO YELLOW BOOKING FORM IN NOTES. REFERRAL LETTER STATED PATIENT TO RECEIVE COLONOSCOPY. PATIENTS DAUGHTER INFORMED BY SCHEDULING TEAM THAT HER MOTHER WAS SCHEDULED TO RECEIVE OGD AND THEREFORE CONSUMPTION OF BOWEL PREPARATION PREVIOUSLY PROVIDED WOULD NOT BE NECESSARY - PATIENT FOLLOWED THIS ADVICE AND DID NOT CONSUME PREPARATION FOR BOWEL. NO PROCEDURE PERFORMED THIS AFTERNOON.		ADMISSION STAFF INFORMED LIST ENDOSCOPIST, MR [Personal Information]. MR [Personal Information] ASSESSED PATIENTS CLINICAL INDICATIONS AND DECIDED THAT IT WOULD BE INAPPROPRIATE TO CONTINUE WITH OGD TODAY AS COLONOSCOPY WAS INDICATED AS THE MOST APPROPRIATE DIAGNOSTIC TEST TODAY, AS HAD BEEN LISTED ON REFERRAL FORM. ALL MEMBERS OF TEAM INCLUDING LINE MANAGER INFORMED. SAME DISCUSSED WITH PATIENT AND HER DAUGHTER. MR [Personal Information] HAS ARRANGED FOR THIS LADY TO BE REBOOKED NEXT AVAILABLE LIST FOR BOTH OGD AND COLONOSCOPY. PATIENT HAPPY WITH SAME ADVICE.	Advice	verbal direction to patient was wrong or omitted		minor	minor	possible	low
68712	29/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	patient transferred from 1 West (Elective) 28/4/17. patient was originally to be discharged to [Irrelevant information redacted by the USI] 28/4/17 but no transport available. Patient handed over to 3 South, discharge letter and meds completed. Letter had to be printed, Ambulance booked for 0900 29/4/17. Patient left with ambulance crew at 0910 discharge medications and letter in patients belonging to [Irrelevant information redacted by the USI]	Buprenorphine	Nurse from [Irrelevant information redacted by the USI] contacted ward, only some medications fortisip, omeprazole. Tried to contact pharmacy. Nurse In charge informed. Fy1 updated letter, medications dispensed at Pharmacy, liase with Bed Manager to arrange Hospital Transport at CD medications. family annoyed at Hospital total disgrace.	Administration or supply of a medicine from a clinical area	Omitted /delayed medicine or dose	Moderate	insignificant	minor	possible	low

68475	22/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	IV teicoplanin administered 12hours prior to prescription time. Patient already had 3 12 hourly loading doses next dose was prescribed for Sunday 08:00 and was administered by day staff on Saturday at 20:00	Teicoplanin	Teicoplanin	Reported to nurse in charge- Personal Information on Sunday morning when identified.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low
68394	19/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	Butrans patch 5mcg/hr not administered same due as per kardex	Buprenorphine		Reported to nurse in charge when identified and IR1 completed	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	insignificant	minor	possible	low
68024	07/04/2017	Acute Service	Surgery and Elective Care	Craigavon Area Hospital	3 South	The patient concerned is on 6am medications. Carbocisteine 750mgs + Chlorpromazine 10mgs. Today's 6am medications were not signed for and therefore given by day staff. However when looking at patient notes it was noted that the said medications were given by night staff. Night staff contacted and confirmed same.	Carbocisteine	Carbocisteine	Ward manager + medical staff informed of incident.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low

Medication incidents

ID	Incident date	Directorate	Division	Site	Loc (Exact)	Description	Drug administered	Correct drug	Action taken	Sub Category	Detail	Consequence	DHSSPS impact	DHSSPS potential	DHSSPS likelihood	DHSSPS Risk rating
68700	28/04/2017	Acute Services	Integrated Maternity and Womens Health	Craigavon Area Hospital	1 East Maternity Antenatal	PATIENT DISCHARGED FROM GYNAE WARD TO Irrelevant information NURSING HOME WITH PRESCRIPTION. FULL PRESCRIPTION NOT ASKED FOR BY MO/ GIVEN BY PHARMACY. SAME NOT PICKED UP PRIOR TO DISCHARGE. MEDICATIONS IN GREEN PHARMACY BAGS SENT WITH PATIENT NOT LABELLED (MEDICATIONS ORIGINALLY FROM HOME) MEDICATIONS NOT GIVEN- ADMISSION DRUGS UNAMENDABLE: ASPIRIN SIMVASTATIN LATANOPROST ESOMEPRAZOLE LEVOTHYROXINE DIGOXIN	Aspirin		NURSE IN CHARGE INFORMED PHARMACY ON CALL PHONED BED MANAGER INFORMED NEW PRESCRIPTION MADE AND TO BE TRANSFERRED OUT BY EMERGENCY TRANSPORT NURSING HOME INFORMED OF SAME	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose		insignificant	minor	possible	low
68299	16/04/2017	Acute Services	Integrated Maternity and Womens Health	Craigavon Area Hospital	2 West Maternity Post Natal	patient with paralytic ileus, on IV paracetamol 5 doses given in 24hrs once error noted no further paracetamol to be given and SHO informed of same	Paracetamol	Paracetamol	IR1 completed, Obstetric SHO informed. No further doses of Paracetamol to be given	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency		insignificant	minor	possible	low

68666	27/04/2017	Acute Service	Integrated Maternity and Womens Health	Craigavon Area Hospital	2 West Maternity Post Natal	Noticed on morning of nightshift on 28/04/17 that I had documented incorrectly on drug kardex that Diclofenac 50mg and Omeprazole 20mg were given the previous morning at 0430hrs on 26/04/17 instead of 27/04/17 to patient. This error then led onto Diclofenac and Omeprazole being given again at 0900hrs too soon following last dose.	Diclofenac	Diclofenac	Midwife in chsrge informed. Sister Portis will be informed in am. SHO on call informed- advised me that no harm would come to patient due to either of these errors. Patient to be informed when awake and apologies made.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low
68643	27/04/2017	Acute Service	Integrated Maternity and Womens Health	Craigavon Area Hospital	2 West Maternity Post Natal	Twins were born [Personal Information], noted on following day that vitamin K had not been given; was crossed out on the prescription sheets in each twins notes with the entry "not consented". no evidence that mother had been spoken to by either a midwife or paediatrician stating importance of vitamin K. When Questioned, mother stated that she didn't want the twins to have unnecessary "drugs". When I explained that Vitamin K was a naturally occurring vitamin that babies needed but had not yet produced at birth and was needed to help blood clot mum was happy for babies to have it by IM injection.	Vitamin K		vitamin K administered in 2 West. mother consented and present at administration.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose	Insignificant	insignificant	moderate	unlikely	low
67939	05/04/2017	Acute Service	Integrated Maternity and Womens Health	Craigavon Area Hospital	1 West Gynae	Pt. A.W. requested for analgesia. S/N [Personal Information] gave Paracetamol 1g at 04:45 for 06:00 dose. Paracetamol 1g was already given at 02:00 by S/N [Personal Information]. Pt. was admitted on 04/04/2017. Date on drug kardex 05/04/2017.	Paracetamol	Paracetamol	Informed nurse in charge. Omit 12:00 dose. Patient informed.	Administration or supply of a medicine from a clinical area	Wrong/unclear frequency	Minor	insignificant	minor	possible	low

Medication incidents

ID	Incident date	Directorate	Division	Site	Loc (Exact)	Description	Drug administered	Correct drug	Action taken	Sub Category	Detail.	Consequence	DHSSPS impact	DHSSPS potential	DHSSPS likelihood	DHSSPS Risk rating
68125	08/04/2017	Acute Services	Cancer and Clinical Services / Anaesthetics, Theatres & ICS	Craigavon Area Hospital	Theatre	Anaesthetist came to me with a bottle of Metronidazole. She had ran the product through the appropriate giving set and was about to hang it to connect to the patient when she noticed that it was leaking at the neck of the bottle.	Metronidazole	Metronidazole	Not connected to the patient. On examination, it looked like there was a puncture in the neck of the bottle. Product Complaint Form completed. All bottles same Batch and LOT numbers checked in Department with no other issues noted. Batch No: 164248131 Expiry: 09/19 Pharmacy contacted for advice of next step.	Administration or supply of a medicine from a clinical area	Unknown		insignificant	moderate	possible	medium
68030	07/04/2017	Acute Services	Cancer and Clinical Services / Anaesthetics, Theatres & ICS	Craigavon Area Hospital	Day Procedure/Day Surgery Unit	Patient attended for PTC from ward 1 south. He did not have his pre procedure antibiotics Ward had been contacted on Thursday evening by SN. Dr had informed ward staff. Male nurse from 1 south rang during ERCP list this morning and I went over the prep again with him.			Patient returned to ward staff told to administer antibiotics and patient to return later for procedure. This causes delays to all patients.	Administration or supply of a medicine from a clinical area	Omitted/delayed medicine or dose		insignificant	minor	possible	low
68988	24/04/2017	Acute Services	Cancer and Clinical Services / Anaesthetics, Theatres & ICS	Craigavon Area Hospital	Theatre	Anaphylactic reaction after induction of anaesthesia, possibly related to the administration of TEICOPLANIN (severe bronchospasm, hypotension, tachycardia)	Teicoplanin		Resuscitation as per Trust and National Guidelines. Patient admitted to ICU post op for inotropic and ventilatory support.	Patient's reaction to Medication	Adverse reaction when drug used as intended	Moderate	Adverse drug reaction			

Medication incidents

ID	Incident date	Directorate	Division	Site	Loc (Exact)	Description	Drug administered	Correct drug	Action taken	Sub Category	Detail	Consequence	DHSSPS impact	DHSSPS potential	DHSSPS likelihood	DHSSPS Risk rating
68787	28/04/2017	Acute Services	Pharmacy	Craigavon Area Hospital	Pharmacy Dispensary	Outpatient prescription for enoxaparin 100mg bd. Prescription was labeled and dispensed as enoxaparin 120mg once daily. Picked up at the final check.	Enoxaparin	Enoxaparin	Prescription was returned for redispensing. For the correct strength and directions enoxaparin 100mg bd.	Preparation of medicines / dispensing in pharmacy	Dose or strength was wrong or unclear		insignificant	major	possible	high
69066	05/04/2017	Acute Services	Pharmacy	Craigavon Area Hospital	Pharmacy Aseptic Unit	Patient collects oral chemotherapy from DHH on a Friday. Patient had been stopped on cyclophosphamide, but when patient came back for appointment he had informed Doctor that he took cyclophosphamide as it was in the bag, knowing it had been stopped upon discussion with doctor.	Cyclophosphamide		Oral sheet pulled and upon checking it, clinical checker had indicated clearly on sheet that cyclophosphamide had been taken out as stopped. Unsure if cyclophosphamide had been removed as no pack to identify. Dr. informed and patient.	Preparation of medicines / dispensing in pharmacy	Wrong/unclear drug/medicine		minor	moderate	possible	medium
69220	28/04/2017	Acute Services	Pharmacy	Craigavon Area Hospital	Pharmacy Dispensary	A and E waiter with a script. Had multiple boxes of medicines on their script. Checked all boxes, handed out medication to patient. Realised after patient left, that 2 boxes had been left out of bag.	Isotretinoin	Isotretinoin	Immediately tried to phone patient from NIECR. Phoned 3 times, went to answering machine. Left message for patient, informing them of what happened.	Preparation of medicines / dispensing in pharmacy	Wrong quantity		insignificant	minor	possible	low

67917	04/04/2017	Acute Service	Pharmacy	Craigavon Area Hospital	2 South Medical	I was checking a patients locker and found metformin 500mg tablets in his locker and the kardex stated that the patient was on metformin modified release 500mg tablets. Patient may have been receiving this medication for 4 days.	Metformin	metformin modified release	Medication was removed from the patients locker and the correct medication was put into it. The ward manager was informed.	Administration or supply of a medicine from a clinical area	Formulation of medication was wrong	Minor	insignificant	minor	possible	low
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ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3726	01/09/2015	Provide safe, high quality care	Anaesthetics, Theatres & Intensive Care Services	Registered nurses assisting during operative procedures	It has come to light that currently there are registered nurses assisted during operative procedures who have not completed nationally recognised training and this role has never been agreed or approved by the Trust. Risk of potential injury to the patient, risk to staff member in undertaking duties out with their role and job description as registered practitioners.	It has been discussed with Interim Director of Acute Services we cannot cease the practice immediately as this would impact adversely on operating lists, thereby resulting in patient cancellations. In order to reduce the risk we have stopped nurses undertaking assisting duties that would be considered a surgical in nature ie tapping on a chisel in ENT and uterine manipulation for gynae patients not having a hysterectomy. The need has been identified for surgical first assistant role, currently the Trust is working to secure funding for these roles. We are also looking at a dual role for a scrub practitioner for very minor cases only. An interim holding position has been discussed and agreed with gynae, with regards to the duties that the nursing staff can undertake until surgical first assistants are in post.	12/6/18, 10.4.18 Ongoing research 28.02.18 Risk remains the same 7.11.17 Funding to be transferred from SEC to ATICS. To research posts before recruitment commenced. 30/5/17 - Money identified for 2 x surgical practitioners. For follow up and recruitment once processes agreed 7.3.17 Unchanged	HIGH	DIV
3765	24/02/2016	Safe, High Quality and Effective Care		Reduced NIMDTA supply and inability to recruit middle grade doctors in all surgical specialties. HAN service also under pressure	Potential risk to patient safety in the OOH period. Reduced elective activity Potential for increased admissions if surgical review unable to take place in ED. Potential gaps in surgical OOH rotas leaving poor medical cover. Potential for delays in medical administration and discharge.	Offer additional locum shifts to core medical staff. Day rotas adjusted to prioritise OOH cover. Outpatient clinics reduced to release staff for core emergency cover. Agency locum approved. International recruitment commenced. NIMDTA lobbied to provide more FY1's same successful with 4 more FY1 doctors starting August 2016. Working with PHA re planning for medical workforce.	12/6/18 No change, continue to struggle to cover on call-shifts, locum shifts being offered. 10.4.18 no change, struggling in particular within urology. Offering locum shifts to cover on-call. 27/2/18 - situation remains the same. Continue to offer locum shifts to cover on-call. 30.5.17 No improvement, national issue. 7.3.17 No improvement or change 2.12.16 No further update. 24.10.16 - CAH retained a GS Middle Grade for an extra 3 months, however will go to 2 vacant middle grade positions at 01/01/17. DHH vacant middle grade positions are still being filled by locums.	HIGH	DIV
3826	19/08/2016	Safe, High Quality and Effective Care		Demand of fracture referrals outweighs fracture capacity.	Fracture patients at risk of late diagnosis and treatment.	The Trust has given permission for "at risk" fracture clinics, however, this still does not meet demand.	12/6/18 Require more non-recurrent funding to meet fracture demand, waiting confirmation of same. 10/4/18 - non-recurrent funding requested for fracture new and review. waiting time approx 4-5weeks due to easter leave 28/2/18 fracture waiting time currently 2-3wks, ongoing additionality for fracture reviews. 30/5/17 - fracture demand continues to increase and waiting time extended to 5wks for fracture clinics. 'At risk' clinics to continue to meet demand 7.3.17 Unchanged	HIGH	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3827	19/08/2016	Safe, High Quality and Effective Care		Due to the move down from level 6 to outpatient department to the current OPD accommodation is not suitable to sustain numbers.	Risk of late diagnosis and treatment. Health and Safety and fire risk to patients and staff.	Reduction in the number of fracture patients that can attend each clinic to be reduced.	12.06.18, 10.4.18 No change 28/2/18 requesting for fund still outstanding. New fracture accommodation is essential. Awaiting outcome. 30/5/17 - requested funding for new fracture accommodation, awaiting outcome	HIGH	DIV
3767	24/02/2016	Organisational and workforce development		Delays / inability to recruit to all vacant posts and the flexing up of surgical beds for winter pressures is causing staffing p	Patients may experience delays in their care provision and outcomes may be affected. Staff morale is reduced due to additional hours and perceived working pressure. This can lead to sickness absence which compounds the problem.	Proactive recruitment and over recruitment at permanent level to attract staff. Use of all bank and agency - outside of contracted agencies. Additional hours / overtime offered. Closely monitored by Heads of Service and and staff reallocated across wards to manage the risk.	12/6/18 RC emailed Directors again re Risk, awaiting feedback. 10/4/18 - ongoing risk and significant pressure on wards due to high volume of vacancy. RC has emailed Directors to escalate risk, highlighting options. Awaiting feedback. 28/2/18 Ongoing international recruitment. Beds are still flexed. Risk ongoing 7.11.17 Monthly workforce international recruitment meetings ongoing 30/5/17 - unchanged, beds still at flexed status. International recruitment of overseas nurses coming into post shortly	HIGH	DIV
3920	13/11/2017	Provide safe, high quality care	Intensive Care Unit	ICU Consultant Workforce	Potential for inability to cover the department with appropriate staff for ICU	Advertisement to replace 2 ICU consultants and also 2 general anaesthetic consultants.	12/6/18 Consultant anaesthetists has been appointed awaitng start date. 10/4/18 - 1 further consultant anaesthetists retirement. Going out for advertisement again closing date Tue 17/4/18. 28/2/18 - 4 consultant anaesthetists have been appointment, waiting checks and commencement date. 7/11/17 - in progress, interviewing in the next few weeks and backfilling with Locums at present.	HIGH	DIV
3801	27/05/2016	Safe, High Quality and Effective Care	Anaesthet ics, Theatres & Intensive Care Services	JAG Accreditation	Due to the waiting times for patients having endoscopy procedures, we cannot achieve timeliness of appointments, and therefore, cannot achieve JAG accreditation. This is a regional issue and JAG are aware of same.	JAG is working with HSCB and the Trusts with regard to the revised JAG standards and the potential for 2 levels of accreditation.	12/6/18 ongoing discussions with HSCB re endoscopy backlog clearance, waiting on confirmation of funding. 2nd endoscopy procedure in DHH ongoing at risk. 10/4/18 - The Trust have a plan to improve endoscopy waiting times, however, still struggling to achieve. 28/2/18 - No change in waiting times, capacity currently for RF and urgent only. Standing agenda at EUG meetings. 30.5.17 No change 7.3.17 Unchanged	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3802	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Nurse Recruitment for Adult and Paed theatres	Risk of being unable to cover all required theatre sessions with appropriately skilled theatre staff, therefore, there is a risk of sessions not being scheduled or being cancelled if insufficient skilled Theatre staff are not available.	We continue to use the Nursing Team in ATICs across all theatre departments. This includes cross site working, to ensure that we make the best use of our resources to cover the core confirmed sessions.	12/6/18 Still only 2 paed nurses trained for new paed theatre. Paediatric nursing ward team are unable to provide 2nd stage recovery in DHH paed recovery. 10/4/18 - Trained 4 and now down to 2 paed nurses. Ongoing risk 28/2/18 - Paeds theatre operational from Mon 5/3/18. Ongoing risk to paed theatre nurses, lost 3 dual trained, to go back out to recruitment. 7.11.17 Authorisation just given from Director to progress with recruitment for the new paed theatre in DHH. Scrutiny form has been forwarded to Dean Faloon, awaiting response before completing e-req. 30/5/17 - ongoing recruitment pressures for theatre staff nurses, this is a regional problem. Continue to go out for bank and agency	MOD	DIV
3803	27/05/2016	Safe, High Quality and Effective Care	Recovery Ward	Post op Surgical Pts in the Recovery Ward	Regularly there are patients kept over night in the recovery ward due to ongoing bed pressures within the Trust. However, this increases the risk within the recovery area due to having post op surgical pts, HDU patients (med or surg), adults male, female and children are all mixed within the area. There are post op pts being fed while pts are still being brought out from theatre intubated and pts that come round from anaesthetic can also be nauseated. Unable to get patients out in a timely manner to the wards the following day which impacts on patients being able to get out of theatres to recovery, which in turn impacts on the operating time available if patients have to be recovered in the Theatre.	ATICs try to ensure as far as possible that a limited number of patients are kept post op in the recovery ward. This is not always adhered to.	12/6/18 - 3 nurses Tues, Wed, Thur on night duty to cope with capacity. Will remain ongoing throughout the year at risk. 10/4/18 - Continues due to bed pressures. 28/2/18 - As below continues over winter period. 7.11.17 Due to winter pressures Tue-Thurs continue to be 3 staff nurses over night for HDU abd post op patients. Post op patients to stay over night in recovery is agreed at the 2 hours bed meetings. 30/5/17 - Currently Tue, Wed and Thur 3 staff nurses for over night HDU post op patients required. Still waiting on draft protocol comments from ADs 7.3.17 Draft protocol has been sent to AD for MUSC and Director for comment.	MOD	DIV
3804	27/05/2016	Safe, High Quality and Effective Care	Outpatient's Dept	Pre Op Assessment	Pre-op assessment is currently under resourced to provide the number of assessments required and deal with the increase in demand to the service	Staffing has been structured within pre-op to cover the key areas ensuring the best use of the limited resources. We are currently proactively working to change the existing pre-op processes to ensure that patients are pre-assessed and passed fit before ever being scheduled for surgery. This impacts on the need for additional staffing as we are working to change the processes while having to continue with existing processes.	12/6/18 - demand continues to exceed capacity. Currently recruiting to 3 postsx Band 6. 10/4/18 - Briefing Paper needs to be reviewed. EJK is meeting with Pre-op. 28/2/18 - Demand still exceeds capacity. Additionality ongoing to end of March 18. 7.11.17 Demand for pre-op continues to exceed capacity, leading to delay in getting patients fit for surgery. Risk continues 30/5/17 - POA suspension protocol discussed at THUGs and declined due to current review backlog at clinics. Continue with Ortho fit pool. 7/3/17 - POA suspension draft protocol to be circulated to THUGs group for consideration. Continuing with orthopaedic fit pool	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3805	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Theatre nursing staff being redeployed during OOH to cover wards, in particularly DHH	Putting at risk the ability to provide an emergency service to theatre and hospital in general	For wards / departments to staff their own areas	12/6/18 Theatre nursing being redeployed during OOH still occurs on all sites, ongoing risk. 10.4.18 Unchanged 28/2/18 - redeployment is still an issue on both sites 7.11.17 - redeployment of theatre staff at night continues, especially on the DHH site at present 30/5/17 - Action plan still to be developed and agreed. Theatre staff still are redeployed at night 7/3/17 - ADs have met with staff side, action plan to be developed and agreed. Future meeting to be arranged	MOD	DIV
3880	07/03/2017	Provide safe, high quality care	Trustwide	Patients requiring review at Breast Family History Clinic	Patients requiring review at Breast Family History Clinic not being seen in a timely manner due to review backlog therefore risk that patients may have delay in diagnosis. Patients may not be seen within appropriate review.	Staff have been offered the opportunity to undertake additional sessions to ensure that the waiting time for patients to be seen is reduced and patients are seen in a timely manner . Plan to recruit and additional admin person to book yearly mammograms as a rolling programme.	12/6/18 - WC met with the BFH, working group has been set up with Breast team to modernise service to cope with capacity. ongoing risk to review patients. 10/4/18 - RC and WC meeting the team Wed 17/3/18 to discuss BFH. 28/2/18 - Recruitment successful and successful applicants commence beginning of April 18. 7.11.17 Recruitment for Breast fail safe with BSO at present, however on hold due to possible redeployment. 6.6.17 Transferred to SEC Risk Register following meeting with HT. Requires update.	MOD	DIV
3930	12/12/2017	Provide safe, high quality careMake the best use of resources	Anaesthetics, Theatres & Intensive Care Services	Discontinuation of guaranteed Service for Drager Oxylog Ventilators	Maintenance Company can no longer guarantee support the Drager Oxylog Ventilator for items that may be required for repair/service. There are no spare machines available to STH.	None in place	12/6/18 -currently on capital list and money has been agreed for 3 ventilators in a rolling programme. 10/4/18 - awaiting information from IMWH. With staffing issues in ATICs, hold off progressing. 28/2/18 - Oxylog Ventilator is on the capital list, awaiting 18/19 allocation	MOD	DIV
3766	24/02/2016	Best use of resources		Despite refurbishment of ward areas this financial year, due to winter pressures all work was not completed	Increased risk of infection due to poor bed spacing / inadequate side room availability and inadequate storage. Increased moving and handling risks.	Some wards have had significant refurbishment with plans for further work in the summer of 2016. Significant minor works request in place and mail box requested for some areas.	12/6/18 4th floor still outstanding. 10/4/18 - 4th floor still outstanding. 28/2/18 - No change 30.5.17 No change 7/3/17 - work goes on a phased basis in conjunction with Estates	MOD	DIV
3727	01/09/2015	Make the best use of resources	Anaesthetics, Theatres & Intensive Care Services	No equipment store available in Day Surgery Unit CAH	Currently there is a 2 bedded side room unable to be used for patients as it stores the equipment for this unit. This can impact on the availability of beds for the daycase list, particularly when lists are occurring simultaneously. Potential for harm; Potential delay of access to day surgery beds. Limited availability of segregation for patients for IPC reasons and also male/female.	Try to maximise the use of the existing 12 bed spaces. Continues to use the 2-bedded side room for equipment as this reduces the risk to patients and staff of equipment being stored in corridors, this would also be a fire hazard.	12.6.18, 10.4.18 , 28.02.18, 7.11.17, 4.7.17 Unchanged 30/5/17 - unchanged. Store is still required. On the minor works list and requires to be prioritised by the Acute Directorate. 7.3.17 Unchanged 2.12.16 On the minor works list and requires to be prioritised by the Acute Directorate	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3800	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Anaesthetic cover for maternity services	We currently fail to meet the standards regard to anaesthetic cover for maternity theatres. There is a risk to the Maternity patients from having inadequate cover. The staff is approximately 2.0wte. The nursing levels do not meet the national guidelines. Risk of failing anaesthetic accreditation, currently do not meet the standards.	A paper is being completed with regard to sorting the deficit in both anaesthetic and nursing cover.	12.6.18 no change 10/4/18 - awaiting information from IMWH. With staffing issues in ATICs, hold off progressing. 28/2/18 - Draft paper to be submitted re ATICS taking over maternity theatre, led by Dr Scullion. 7.11.17 Mr Carroll to discuss with H Trouton IMWH 30.5.17 No change 7/3/17 - Recruited however 1 is for Pain & Anaesthetists, still no nursing to support	MOD	DIV
3746	30/11/2015	Safe, High Quality and Effective Care	3 South ENT	Paediatric Patients treated in 3 South ENT treatment room - cannot guarantee nurses with up to date paediatric training.	Limited paediatric trained staff includes - paediatric trained nurse may not be with patient in the treatment room - clinical outcomes if patient needs specific paediatric nursing care including resuscitation - poor patient experience and safeguarding issues.	Meeting held with Paediatric Head of Service to discuss issues on 27 November to scope the problem. Data has been requested. Further meetings planned with the aim to have a paediatric nurse with paediatric patients or inform paediatric ward of admissions.	12/6/18, 10.4.18, 28/2/18 - No change - further discussions required. 30.5.17 No change 7/3/17 - Paed nurse is required in room when child is getting a procedure, need to resolve. Ronan to discuss with Geraldine Maguire. Approx. 6 pts per week. ENT ward attender report to be run for under 16's to establish volume of occasions Paed nurse is required	LOW	DIV
3772	29/02/2016	Provide safe, high quality care	Trustwide	Use of Hypodermic Needles (not safer sharps) for breast biopsies	Breast biopsies at breast clinic, unsuitable for safer sharps use. The design of the safer sharp interferes with this procedure and patient safety may be compromised. Sharps injuries create potential exposure to hazardous substances as defined in the COSHH Regulations. Cannot comply with Health & Safety (sharp instruments in health care) Regulations (NI) 2013. Non catalogue hypodermic needles to be used.	All staff directly involved to have completed e-learning for sharps awareness. Added to risk register. Key staff to be informed of decision to use original hypodermic needles. Raise awareness of trust policies and procedures in relation to blood, bodily fluids, Health & Safety at work, adverse incident procedure, safe use and disposal of sharps policy. Ensure all staff suitably trained. Staff follow sharps injury flowchart. Practice of re-sheathing needles prohibited. Sharps boxes are readily available in all rooms.	12/6/18 - WC has emailed J Robinson for update, waiting on response before closing. 10.4.18, 28.2.18, 6.6.17 & 24.10.16 J Robinson and F Reddick to provide update or close. 28/2/18 When the newer needles were introduced both radiologists trialled and both found that they were unable to obtain the detail for optimum needle visualisation during FNA, Biopsy procedures.	LOW	DIV
3905	26/07/2017	Provide safe, high quality careMake the best use of resources	4 North Surgical	Oxygen and Suction not central in bay	Patient who is furthest away from O2 and suction ie at entrance of bay. Due to tubing etc being long - implication are that there is a ligature risk and suffocation risk. Call bell system is also at risk of failing due to age and poor condition.	As per email dated 8 July 2017 there are no plans to replace bed heads in 4 North/4 South in the immediate future.	12/06/18 Situation remains the same. 10/4/18, 28/2/18 - no costs at present, to email Estates. Due to ongoing bed pressures unable to close a bay. 26/7/17 Estates need to provide cost, delayed due to winter pressures 15/16	LOW	DIV
750	28/07/2008	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	STH Theatres and Day Procedure Unit requires UPS/IPS syste,	Theatres and Day Procedure Unit at STH currently does not have any form of backup electrical supply other than the emergency generator; in the event of a power failure all power supplies to socket outlets will drop out for approx. 15 seconds until the generator comes on line.	Battery backup exists on the anaesthetic machine only.	12.6.18, 10.4.18, 28.02.18 Risk remains unchanged 6.11.17 remains unchanged, no UPS on anaesthetic machines or any other monitoring equipment in STH Theatres/DPU. 30.5.17 Risk remains unchanged	HIGH	HOS

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
1205	15/08/2008	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Trust facilities for the cleaning, decontamination and storage of endoscopes do not comply with standards	Trust facilities for the cleaning, decontamination and storage of endoscopes do not comply with standards recommended in the Hine Review, increasing the risk of infection transmission.	STH have new fully compliant decontamination facility which is JAG accredited. DHH same opened Jan 2014. CAH day surgery has been refurbished with AERS and drying cabinets and is awaiting the installation of new sinks. Interim decontamination facilities for main theatres, Xray and ENT services are in place. Management of this service has been taken over by CSSD staff. Minor works upgrade to the endoscopy theatre and storage facilities is taking place to comply with JAG.	12.06.18, 10.4.18, 28/02/2018, 6.11.17 & 30.05.17 Remains unchanged. All areas compliant with Hine recommendations now. To remain on Risk Register as not achieving JAG accreditation	LOW	HOS
3299	31/12/2012		Anaesthetics, Theatres & Intensive Care Services	CAH Main Theatre Staffing Risk	Due to increase in sick leave/maternity leave within Main Theatres CAH, this has led to being unable to provide additionally with consequence risk to ENT and Urology access targets.	Avenues explored 1. Cross site working of all staff difficulties, can be stabilised through redeployment of staff nurse from Female Surgical to DPU. 2. Extra hours offered to all staff Trustwide -email to be re-circulated to all ward sisters. 3. Increased hours for parttime staff working within Trust across all sites. 4. Contacted staff on secondment. 5. Contacted staff on Maternity Leave for keeping in touch days. 6. Bank-unfortunately unable to provide the necessary number of requests. 7. Block bookings requested - staff starting who are only out of University and will be under 24 week preceptorship. 8. Staff moved from other areas to fill core sessions in CAH. 9. Escalated to line management.	12.6.8 Unchanged. Recruited only 1 theatre nurse from nursing recruitment fair. Presently trying to secure agency staff. 10.4.18, 28.02.18 Remains unchanged. 7.11.17 monthly staffing meeting with lead nurses identifying e-reqs established. Weekly theatre rota meetings ongoing to ensure cross site working. Bank and agency staff still employed to cover core sessions 30/5/17 - Theatre staff rota meeting offers cross site working. Bank, agency and additionality continue to cover core sessions. E-req has been completed for all vacant posts	LOW	HOS
879	04/08/2008	Safe, High Quality and Effective Care	Day Procedure Unit CAH	Moving and handling risk to staff when having to move equipment around the department due to inadequate storage space	Moving and handling risk to staff when having to move equipment around the department due to inadequate storage space; equipment (hoist/microscope) being stored in changing facility.	All staff trained in moving and handling; all staff aware of where equipment is stored; staff are informed of position of equipment and of precautions to be taken when in this area.	12.06.18 Storage space continues to be an issue. 10.4.18, 28.02.18, 6.11.17 & 30.05.17 Risk remains unchanged 2.02.14 Storage space continues to be an issue. Currently seeking approval under capital works scheme for the provision of additional storage facility in DSU.	LOW	HOS

Pharmacy Division
Divisional, HOS and Team Risk Register - July 2018

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
1135	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	IV drugs reconstituted at ward level; risk of infection; risk of wrong dose, especially if many manipulations	IV drugs reconstituted at ward level; risk of infection; risk of wrong dose, especially if many manipulations.	IV drug manual rolled out through regional MI; FY1 induction training on preparation of intravenous medicines. regional preparation templates being developed for recognised red risk IV medicines - due Jan 2014.	Results of high risks identified fed back to the regional NPSA safety alert implementation group. The Trust is complying with their recommendations as they are being issued to the service. Regional SOP's are being prepared. A regional group of medicines information pharmacists has been set up to action this initiatives.	MOD	DIV
1150	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Discharge medication supplied directly from ward by nursing staff	Discharge medication supplied directly from ward by nursing staff; risk of dispensing error due to untrained and inappropriate staff; labelling - not in line with legislation; incorrect prescription now dispensed; 28 day supply; no clinical check.	Where possible all discharge prescription should be supplied by the pharmacy team; where this is not possible, supply directly from a ward must be carried out in accordance with an agreed procedure. Weekend and weekday opening hours extended to reduce frequency.	17.10.17 Ongoing risk as pharmacy is not open 24/7 so some ward dispensing will still happen. Ongoing monitoring in place and ward staff encouraged to plan discharge in advance so this doesn't happen.	LOW	DIV
1121	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Manual handling risk associated with ward orders/fluids	Manual handling risk associated with ward orders/fluids.	Trained staff in Pharmacy; new ward stock trolleys purchased and being rolled out; rate-limiting step is availability of portering staff; boxes half filled only; risk by transport driver - assessed by Back Care Co-Ordinator; second porter now working in pharmacy; risk assessments done by S Kilpatrick; heavy work shared by technical staff; following injuries some staff on light duties - increased load on other staff; roll cages ordered for ward direct delivery to reduce lifting and handling loads.	16.10.17 Ongoing risk in pharmacy due to the manual nature of some of the work in the stores areas. Ongoing monitoring and staff training in place.	LOW	DIV
1134	13/08/2008		Pharmacy	Security of drugs during transit to other hospitals	Security of drugs during transit to other hospitals; are vans locked when left unattended?; no signatures for receipt of drugs when sent with transport other than pharmacy driver.	Tamper evident seals on all boxed (but not for supplementary orders). Transport manifest now introduced - including signatures for delivery driver and for staff receiving goods on delivery.	17.10.17 Ongoing risk being monitored by the Pharmacy dispensary and store teams	LOW	DIV
1158	14/08/2008	Safe, High Quality and Effective Care	Pharmacy	No formal assessment of competency for clinical checking	No formal assessment of competency for clinical checking.	Trained staff, e.g. pharmacist/registered; department standards issued to all staff; experienced staff; clinical checking guidelines in place. Now part of VT training for band 6's and peer review being considered	Clinical checking procedures need to be developed for pharmacists.	LOW	DIV
3502	14/10/2013			Clinical pharmacy cover for Trust wards	Only 50% of Trust wards have a full clinical service and there is no clinical cover on wards at the weekends. This is resulting in poor drug history taking, no clinical checks of Kardex and/or discharge prescriptions - thus increasing the risk to patient safety as medication incident may go undetected and result in patient harm.	All new IPTs for expanding services have clinical pharmacy support included. Pharmacy skill mix has been reviewed to ensure the maximum service is provided with current staffing. Current maternity leave and recruitment issues have again increased the risk.	16.10.17 Risk remains unchanged	MOD	HOS

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
1119	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Flammable load in pharmacy too high; risk of fire	Flammable load in pharmacy too high; risk of fire.	Discussed with Fire Safety Officer; store as much as possible in flammable cupboards; looked for alternative storage - old store re-proofed and most flammables have been moved out there; flammable cupboards in pharmacy moved to more suitable location.	17.10.17 Old CAH store has been replaced with a modern bunded flammable store remote from the hospital building. Pharmacy staff continue to monitor fire load within both the pharmacies.	LOW	TEAM

Pharmacy Division
Divisional, HOS and Team Risk Register - July 2018

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1135	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	IV drugs reconstituted at ward level; risk of infection; risk of wrong dose, especially if many manipulations	IV drugs reconstituted at ward level; risk of infection; risk of wrong dose, especially if many manipulations.	IV drug manual rolled out through regional MI; FY1 induction training on preparation of intravenous medicines. regional preparation templates being developed for recognised red risk IV medicines - due Jan 2014.	Results of high risks identified fed back to the regional NPSA safety alert implementation group. The Trust is complying with their recommendations as they are being issued to the service. Regional SOP's are being prepared. A regional group of medicines information pharmacists has been set up to action this initiatives.	MOD	DIV
1150	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Discharge medication supplied directly from ward by nursing staff	Discharge medication supplied directly from ward by nursing staff; risk of dispensing error due to untrained and inappropriate staff; labelling - not in line with legislation; incorrect prescription now dispensed; 28 day supply; no clinical check.	Where possible all discharge prescription should be supplied by the pharmacy team; where this is not possible, supply directly from a ward must be carried out in accordance with an agreed procedure. Weekend and weekday opening hours extended to reduce frequency.	17.10.17 Ongoing risk as pharmacy is not open 24/7 so some ward dispensing will still happen. Ongoing monitoring in place and ward staff encouraged to plan discharge in advance so this doesn't happen.	LOW	DIV
1121	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Manual handling risk associated with ward orders/fluids	Manual handling risk associated with ward orders/fluids.	Trained staff in Pharmacy; new ward stock trolleys purchased and being rolled out; rate-limiting step is availability of portering staff; boxes half filled only; risk by transport driver - assessed by Back Care Co-Ordinator; second porter now working in pharmacy; risk assessments done by S Kilpatrick; heavy work shared by technical staff; following injuries some staff on light duties - increased load on other staff; roll cages ordered for ward direct delivery to reduce lifting and handling loads.	16.10.17 Ongoing risk in pharmacy due to the manual nature of some of the work in the stores areas. Ongoing monitoring and staff training in place.	LOW	DIV
1134	13/08/2008		Pharmacy	Security of drugs during transit to other hospitals	Security of drugs during transit to other hospitals; are vans locked when left unattended?; no signatures for receipt of drugs when sent with transport other than pharmacy driver.	Tamper evident seals on all boxed (but not for supplementary orders). Transport manifest now introduced - including signatures for delivery driver and for staff receiving goods on delivery.	17.10.17 Ongoing risk being monitored by the Pharmacy dispensary and store teams	LOW	DIV
1158	14/08/2008	Safe, High Quality and Effective Care	Pharmacy	No formal assessment of competency for clinical checking	No formal assessment of competency for clinical checking.	Trained staff, e.g. pharmacist/registered; department standards issued to all staff; experienced staff; clinical checking guidelines in place. Now part of VT training for band 6's and peer review being considered	Clinical checking procedures need to be developed for pharmacists.	LOW	DIV
3502	14/10/2013			Clinical pharmacy cover for Trust wards	Only 50% of Trust wards have a full clinical service and there is no clinical cover on wards at the weekends. This is resulting in poor drug history taking, no clinical checks of Kardex and/or discharge prescriptions - thus increasing the risk to patient safety as medication incident may go undetected and result in patient harm.	All new IPTs for expanding services have clinical pharmacy support included. Pharmacy skill mix has been reviewed to ensure the maximum service is provided with current staffing. Current maternity leave and recruitment issues have again increased the risk.	16.10.17 Risk remains unchanged	MOD	HOS

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
1119	13/08/2008	Safe, High Quality and Effective Care	Pharmacy	Flammable load in pharmacy too high; risk of fire	Flammable load in pharmacy too high; risk of fire.	Discussed with Fire Safety Officer; store as much as possible in flammable cupboards; looked for alternative storage - old store re-proofed and most flammables have been moved out there; flammable cupboards in pharmacy moved to more suitable location.	17.10.17 Old CAH store has been replaced with a modern bunded flammable store remote from the hospital building. Pharmacy staff continue to monitor fire load within both the pharmacies.	LOW	TEAM

ID	Opened	Principal objectives	Div	Facility	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3726	01/09/2015	Provide safe, high quality care	SEC		Anaesthetic s, Theatres & Intensive Care Services	Registered nurses assisting during operative procedures	It has come to light that currently there are registered nurses assisted during operative procedures who have not completed nationally recognised training and this role has never been agreed or approved by the Trust. Risk of potential injury to the patient, risk to staff member in undertaking duties out with their role and job description as registered practitioners.	It has been discussed with Interim Director of Acute Services we cannot cease the practice immediately as this would impact adversely on operating lists, thereby resulting in patient cancellations. In order to reduce the risk we have stopped nurses undertaking assisting duties that would be considered a surgical in nature ie tapping on a chisel in ENT and uterine manipulation for gynae patients not having a hysterectomy. The need has been identified for surgical first assistant role, currently the Trust is working to secure funding for these roles. We are also looking at a dual role for a scrub practitioner for very minor cases only. An interim holding position has been discussed and agreed with gynae, with regards to the duties that the nursing staff can undertake until surgical first assistants are in post.	30/5/17 - Money identified for 2 x surgical practitioners. For follow up and recruitment once processes agreed 7.3.17 Unchanged 29/11/16 In the process of drafting a Job Des in order to recruit 2.0WTE. 26/10/16 - No further development. Courses have been sourced, waiting on confirmation of funding. 09.08.06 - this has been discussed with the commissioner and agreed to proceed with the recruitment of 2 surgical first assistants. Short paper being written and job description being developed. 25/5/16 - proposal has been put forward to the Director with regard to using funding within Surgery to advance this role, awaiting outcome. Ronan Carroll to re-email Director and AD's	HIGH	DIV
3746	30/11/2015	Safe, High Quality and Effective Care	SEC	CAH	3 South ENT	Paediatric Patients treated in 3 South ENT treatment room - cannot guarantee nurses with upo to date paediatric training.	Limited paediatric trained staff includes - paediatric trained nurse may not be with patient in the treatment room - clinical outcomes if patient needs specific paediatric nursing care including resuscitation - poor patient experience and safeguarding issues.	Meeting held with Paediatric Head of Service to discuss issues on 27 November to scope the problem. Data has been requested. Further meetings planned with the aim to have a paediatric nurse with paediatric patients or inform paediatric ward of admissions.	30/5/17 - Unchanged 7/3/17 - Paed nurse is required in room when child is getting a procedure, need to resolve. Ronan to discuss with Geraldine Maguire. Approx. 6 pts per week. ENT ward attender report to be run for under 16's to establish volume of occasions Paed nurse is required 2.12.16 Still outstanding, Ronan to discuss at HOS for ENTs at next 1:1. 05.08.16 - to discuss with Ronan Carroll at the next 1:1 on 23 August 2016. 12.5.16 - to discuss with Ronan Carroll at the next 1:1, solution required. 23.02.16 - Data received and showed that the demand for paediatric support at ward attender clinic is very ad-hoc. Paediatrics aware of same. Assistant Director of Nursing workforce and Planning also aware. A further meeting to be set up April 2016.	LOW	DIV
3765	24/02/2016	Safe, High Quality and Effective Care	SEC			Reduced NIMDTA supply and inability to recruit middle grade doctors in all surgical specialties. HAN service also under pressure	Potential risk to patient safety in the OOH period. Reduced elective activity Potential for increased admissions if surgical review unable to take place in ED. Potential gaps in surgical OOH rotas leaving poor medical cover. Potential for delays in medical administration and discharge.	Offer additional locum shifts to core medical staff. Day rotas adjusted to prioritise OOH cover. Outpatient clinics reduced to release staff for core emergency cover. Agency locum approved. International recruitment commenced. NIMDTA lobbied to provide more FY1's same successful with 4 more FY1 doctors starting August 2016. Working with PHA re planning for medical workforce.	30/5/17 - no improvement, national issue 7.3.17 No improvement or change 2.12.16 No further update. 24.10.16 - CAH retained a GS Middle Grade for an extra 3 months, however will go to 2 vacant middle grade positions at 01/01/17. DHH vacant middle grade positions are still being filled by locums. 05.08.16 - by end of Oct 16 CAH will have 2 vacant middle grade posts and from start of Aug 16 DHH will have 4 vacant middle grade posts. All vacanices are being filled by ad-hoc and where possible longer term locums. Risk still remains. 26.5.16 - Await August postings, then review position. Medical assistant is patient flow team, and has been recruited to. 23.02.16 - New Risk.	HIGH	DIV

ID	Opened	Principal objectives	Div	Facility	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (cases)	Register Coding
3767	24/02/2016	Organisational and workforce development	SEC			Delays / inability to recruit to all vacant posts and the flexing up of surgical beds for winter pressures is causing staffing p	Patients may experience delays in their care provision and outcomes may be affected. Staff morale is reduced due to additional hours and perceived working pressure. This can lead to sickness absence which compounds the problem.	Proactive recruitment and over recruitment at permanent level to attract staff. Use of all bank and agency - outside of contracted agencies. Additional hours / overtime offered. Closely monitored by Heads of Service and and staff reallocated across wards to manage the risk.	30/5/17 - unchanged, beds still at flexed status. International recruitment of overseas nurses coming into post shortly 7.3.17 Unchanged 2/12/16 - International recruitment for this year finished. started to see Philipino nurses starting in the new year, 1 to 4N and 1 to 4S. Band 5 recruitment day completed Fri 25/11/16. 24/10/16 - International recruitment exercise completed. working through IELTS and OSCES, await outcome and start dates (most likely Dec 16 / Jan 17). 05.08.16 - International recruitment has seen a number of posts being filled, awaiting actual start dates of these nurses and position will be reviewed once nurses in post. 25.5.16 Regional recruitment continues. Regionally international recruitment has commenced. To date currently in the Philippines, feedback is positive with successful recruitment. 12.5.16 - recruitment continues to be a problem, the Trust has recognised this and there are 3 sets of service travelling over seas to recruit Nursing. Regional recruitment continues.	HIGH	DIV
3826	19/08/2016	Safe, High Quality and Effective Care	SEC			Demand of fracture referrals outweighs fracture capacity.	Fracture patients at risk of late diagnosis and treatment.	The Trust has given permission for "at risk" fracture clinics, however, this still does not meet demand.	30/5/17 - fracture demand continues to increase and waiting time extended to 5wks for fracture clinics. 'At risk' clinics to continue to meet demand 7.3.17 Unchanged 2.12.16 No further update Fracture patients waiting approx 5 weeks at present. 24/10/16 - increase in demand continues for the fracture service and ongoing'at risk' clinics. Awaiting still 6 weeks. 18/08/16 - Demand / Capacity issues highlighted with HSCB and Commissioners. Continue with "at risk" clinics.	HIGH	DIV
3827	19/08/2016	Safe, High Quality and Effective Care	SEC			Due to the move down from level 6 to outpatient department to the current OPD accommodation is not suitable to sustain numbers.	Risk of late diagnosis and treatment. Health and Safety and fire risk to patients and staff.	Reduction in the number of fracture patients that can attend each clinic to be reduced.	30/5/17 - requested funding for new fracture accommodation, awaiting outcome 7.3.17 Unchanged 2.12.16 Partial estate works completed. Meeting held on DHH site with Directors. ADs and Surgeons. Interim solution to be sought as temporary is note viable into the future. 24/10/16 Fracture clinic in DHH has transferred to level 3 rather than outpatient. Working through remaining logistics involving estates. The service has had to decrease fracture clinic capacity but will review mid Nov once clinics are established. 18/08/16 - Transfer of fracture clinic to be complete by September and clinics reduced accordingly. Weekly monitoring will take place and numbers will increase/decrease as necessary.	HIGH	DIV

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ID	Opened	Principal objectives	Div	Facility	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (use 3)	Register Coding
3801	27/05/2016	Safe, High Quality and Effective Care	SEC		Anaesthetic s, Theatres & Intensive Care Services	JAG Accreditation	Due to the waiting times for patients having endoscopy procedures, we cannot achieve timeliness of appointments, and therefore, cannot achieve JAG accreditation. This is a regional issue and JAG are aware of same.	JAG is working with HSCB and the Trusts with regard to the revised JAG standards and the potential for 2 levels of accreditation.	30/5/17 - Unchanged 7.3.17 Unchanged 29/11/16 - October census was submitted against the reviewed standards. the outcome was lower for some sections but this was anticipated due to the review of standards. It continues to be discussed at the Endoscopy User Group meeting and the Trust has received and processed the JAG annual fee for all sites. 26/10/16 - October census is due, anticipated no great improvement. Still not achieving waiting times & training. It is also being discussed regionally re benefits of staying within the JAG framework - further discussions required. 09.08.16 - The Trust continues to work towards the new revised standards. Risk area remains within waiting times.	MOD	DIV
3802	27/05/2016	Safe, High Quality and Effective Care	SEC		Anaesthetic s, Theatres & Intensive Care Services	Nurse Recruitment for Adult and Paed theatres	Risk of being unable to cover all required theatre sessions with appropriately skilled theatre staff, therefore, there is a risk of sessions not being scheduled or being cancelled if insufficient skilled Theatre staff are not available.	We continue to use the Nursing Team in ATICs across all theatre departments. This includes cross site working, to ensure that we make the best use of our resources to cover the core confirmed sessions.	30/5/17 - ongoing recruitment pressures for theatre staff nurses, this is a regional problem. Continue to go out for bank and agency 7.3.17 Ongoing recruitment pressures 2.12.16 - this continues to be a service pressure, significant number of resignations received. Replacement of these staff is slow due to lack available nurses. the Trust has gone out to agency and secured 1 agency nurse for theatres in CAH. the Trust continues to use theatre nursing staff across ATICs trustwide. 26/10/16 - Current longstanding vacancies continue within ATICS, awaiting confirmation of numbers of over seas nusring staff 09.08.16 - No change. Region is still out to regional recruitment. 25/5/15 - Current there are longstanding vacancies within ATICs, the region is out to International recruitment at present and some staff have been identified for the Southern Trust approx. 47 staff to date following 1st round of interviews in the Philippines. It is unknown if any of the 47 staff will want to work within a theatre area.	MOD	DIV
3803	27/05/2016	Safe, High Quality and Effective Care	SEC		Recovery Ward	Post op Surgical Pts in the Recovery Ward	Regularly there are patients kept over night in the recovery ward due to ongoing bed pressures within the Trust. However, this increases the risk within the recovery area due to having post op surgical pts, HDU patients (med or surg), adults male, female and children are all mixed within the area. There are post op pts being fed while pts are still being brought out from theatre intubated and pts that come round from anaesthetic can also be nauseated. Unable to get patients out in a timely manner to the wards the following day which impacts on patients being able to get out of theatres to recovery, which in turn impacts on the operating time available if patients have to be recovered in the Theatre.	ATICs try to ensure as far as possible that a limited number of patients are kept post op in the recovery ward. This is not always adhered to.	30/5/17 - Currently Tue, Wed and Thur 3 staff nurses for over night HDU post op patients required. Still waiting on draft protocol comments from ADs 7.3.17 Draft protocol has been sent to AD for MUSC and Director for comment. 2.12.16 - ongoing issue. It appears to be now taken as the norm for recovery to have over night stays. this is putting pressure on the current theatre nursing staff. it is also impacting on theatre sessions due to backlog in recovery and getting patients out plus patients from the day before. 23/10/16 - Patients staying over night in recovery continues, there is a 3rd nurse on Monday - Thursday due to increasing number of HDU and post op patients over night. Protocol in draft, to be confirmed by RC and MMcG. 09.08.16 - Protocol to be reviewed and strengthened. The protocol is currently not being followed. Further discussion and agreement required on the way forward. 25/5/16 - Protocol has been drafted and circulated to comment to Director, AD and HOS's.	MOD	DIV

ID	Opened	Principal objectives	Div	Facility	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3804	27/05/2016	Safe, High Quality and Effective Care	SEC		Outpatients Dept	Pre Op Assessment	Pre-op assessment is currently under resourced to provide the number of assessments required and deal with the increase in demand to the service	Staffing has been structured within pre-op to cover the key areas ensuring the best use of the limited resources. We are currently proactively working to change the existing pre-op processes to ensure that patients are pre-assessed and passed fit before ever being scheduled for surgery. This impacts on the need for additional staffing as we are working to change the processes while having to continue with existing processes.	30/5/17 - POA suspension protocol discussed at THUGs and declined due to current review backlog at clinics. Continue with Ortho fit pool. 7/3/17 - POA suspension draft protocol to be circulated to THUGs group for consideration. Continuing with orthopaedic fit pool 2.12.16 - currently working on the orthopaedic fit pool, weekly meetings continue to streamline process and all patient cancellations are reviewed and discussed, any pre-op issues are highlighted to avoid recurrence however the number of these are minimal. 11.08.16 - 9/8/16 - The 'fit' pool has been created for each consultant and is being sustained on a weekly basis. The Pre-op team met with the T&O Consultants, it was a productive meeting and agreement was reached to standardise practice across the consultants in relation to MRSA swabs, urine analysis results, vaccinations prior to surgery, second site procedures etc. Unable to roll out to any further specialties at present due to nursing vacancy and sickness absence within the pre-op team. 25/5/16 - Created a 'fit' pool in orthopaedics for each of the consultants. ATICs HOS is meeting with the T&O surgeons next week to discuss new pre-op process before a planned roll out to other specialties. Additional resources will be required to do this.	MOD	DIV
3805	27/05/2016	Safe, High Quality and Effective Care	SEC		Anaesthetic s, Theatres & Intensive Care Services	Theatre nursing staff being redeployed during OOH to cover wards, in particularly DHH	Putting at risk the ability to provide an emergency service to theatre and hospital in general	For wards / departments to staff their own areas	30/5/17 - Action plan still to be developed and agreed. Theatre staff still are redeployed at night 7/3/17 - ADs have met with staff side, action plan to be developed and agreed. Future meeting to be arranged 2.12.16 Ongoing issue appears to be an increasing dependance on theatre staff availability during the OOH period. On occasions theatre staff have been used to open beds in the Day clinical centre, and elective admission ward thereby increasing the risk of theatre staff being able to immediately attend to an emergency situation. 26/10/16 - Nursing staff still being re-developed, this is being monitored. 09.08.16 - Draft guidance still be to signed. OOH theatre staff being redeployed to do 1:1 specials with patients and to cover an increase in beds i.e. HDU in DHH continues. Potential to impact on theatre staffs ability to respond immediately as required to an emergency situation. 26/5/16 - A draft guidance document of what theatre staff are permitted to do or not to do.	MOD	DIV
3766	24/02/2016	Best use of resources	SEC			Despite refurbishment of ward areas this financial year, due to winter pressures all work was not completed	Increased risk of infection due to poor bed spacing / inadequate side room availability and inadequate storage. Increased moving and handling risks.	Some wards have had significant refurbishment with plans for further work in the summer of 2016. Significant minor works request in place and mail box requested for some areas.	7/3/17 - work goings on a phased basis in conjunction with Estates 2.12.16 Still ongoing, delay due to bed pressure. 24.10.16 Work on 4N commenced at start of Oct but had to be postponed due to bed pressures. 05.08.16 - ongoing risk and proposal to commence outstanding work on the Surgical floors before the end of the financial year. 12.5.16 - ongoing risk. The Trust has allocated £500k, the refurbishment of inpatient wards for 16/17. Commencing with the Surgical floor and moving down. Mark Bloomer will be liaising with AD/HOS. 23.02.16 - New Risk.	MOD	DIV

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3800	27/05/2016	Safe, High Quality and Effective Care	SEC		Anaesthetic s, Theatres & Intensive Care Services	Anaesthetic cover for maternity services	We currently fail to meet the standards regard to anaesthetic cover for maternity theatres. There is a risk to the Maternity patients from having inadequate cover. The staff is approximately 2.0wte. The nursing levels do not meet the national guidelines. Risk of failing anaesthetic accreditation, currently do not meet the standards.	A paper is being completed with regard to sorting the deficit in both anaesthetic and nursing cover.	30/5/17 - Unchanged 7/3/17 - Recruited however 1 is for Pain & Anaesthetists, still no nursing to support 2.12.16 2 wte Consultant Anaesthetists have been recruited to support the Maternity Theatre (no commencement). However, no nursing to support this service at present. 23/10/16 - No change at present. Keep on risk register 09.08.16 - Paper is with finance for costing. IMWH to take forward. To be kept on risk register until additional anaesthetic and nursing cover is in post. 25/5/16 - Paper is near completion, to ascertain a submission date from the Planning Department.	MOD	DIV
750	28/07/2008	Safe, High Quality and Effective Care	SEC	STH	Anaesthetic s, Theatres & Intensive Care Services	STH Theatres and Day Procedure Unit requires UPS/IPS syste,	Theatres and Day Procedure Unit at STH currently does not have any form of backup electrical supply other than the emergency generator; in the event of a power failure all power supplies to socket outlets will drop out for approx. 15 seconds until the generator comes on line.	Battery backup exists on the anaesthetic machine only.	30/5/17 - risk remains unchanged. 10.05.10 - Risk reviewed by MMcG + BM - risk unchanged. 2 Sep 2011 Reviewed at Divisional Governace Forum deescalated to HOS Register	HIGH	HOS
1205	15/08/2008	Safe, High Quality and Effective Care	SEC		Anaesthetic s, Theatres & Intensive Care Services	Trust facilities for the cleaning, decontamination and storage of endoscopes do not comply with standards	Trust facilities for the cleaning, decontamination and storage of endoscopes do not comply with standards recommended in the Hine Review, increasing the risk of infection transmission.	STH have new fully compliant decontamination facility which is JAG accredited. DHH same opened Jan 2014. CAH day surgery has been refurbished with AERS and drying cabinets and is awaiting the installation of new sinks.Interim decontamination facilities for main theatres, Xray and ENT services are in place. Management of this service has been taken over by CSSD staff. Minor works upgrade to the endoscopy theatre and storage facilities is taking place to comply with JAG.	30/05/2017 - Unchanged	LOW	HOS
799	29/07/2008	Safe, High Quality and Effective Care	SEC	CAH	Recovery Ward	Risk to health and safety of ventilated patients if required to be nursed in recovery ward	Risk to health and safety of ventilated patients if required to be nursed in recovery ward in the event of an intensive care bed not being available; recovery nursing staff are not trained as ICU nurses.	Patients are ventilated in theatre; cancel theatre list; staff from ICU are brought across to help if available; junior medical staff are only available 9am to 5pm leaving out of hours cover very difficult; explore the availability of ICU bed in another hospital.	30/5/17 - escalation policy in draft in accordance with CCaNNI	LOW	HOS
3299	31/12/2012		SEC	CAH	Anaesthetic s, Theatres & Intensive Care Services	CAH Main Theatre Staffing Risk	Due to increase in sick leave/maternity leave within Main Theatres CAH, this has led to being unable to provide additionally with consequence risk to ENT and Urology access targets.	Avenues explored 1. Cross site working of all staff difficulties, can be stabilised through redeployment of staff nurse from Female Surgical to DPU. 2. Extra hours offered to all staff Trustwide -email to be re-circulated to al ward sisters. 3. Increased hours for parttime staff working within Trust across all sites. 4. Contacted staff on secondment. 5. Contacted staff on Maternity Leave for keeping in touch days. 6. Bank-unfortunately unable to provided the necessary number of requests. 7. Block bookings requested - staff starting who are only out of University and will be under 24 week preceptorship. 8. Staff moved from other areas to fill core sessions in CAH. 9. Excalated to line management.	30/5/17 - Theatre staff rota meeting offers cross site working. Bank, agency and additionality continue to cover core sessions. E-req has been completed for all vacant posts 12.02.14 Waiting on posts to be filled, cross site working in operation. Weekly rota meeting to identify shortfall areas. 22/3/13 Moved from Div to HOS RR as per AD. 28/3/13 - Agency staff finish end of February. Bank staff starting to be recruited in and waiting on scrutiny for remaining posts. 31/1/13 - Recruit underway. 1 agency commencement ad-hoc shifts, and 1 agency commencing beginning of Feb 13 7/1/13 - Permission given to recruit agency staff. As of today 7/1/13 only 1 to 2 staff per week has been covered. Another agency member to commence in Feb13. 30.11.12 Briefing paper outlining risks has been forwarded to Dr Rankin for consideration of short term agency contract for 5 staff nurses.	LOW	HOS
795	29/07/2008	Safe, High Quality and Effective Care	SEC	CAH	Pain Clinic	Risk of bolus of morphine being administered when PCA morphine running with concurrent infusions.	Risk of bolus of morphine being administered when PCA morphine running with concurrent infusions.	Patient must have dedicated IV line or non return valve IV connector.		LOW	HOS

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797	29/07/2008	Safe, High Quality and Effective Care	SEC	CAH	Pain Clinic	Risk of tampering with PCA and epidural pump settings	Risk of tampering with PCA and epidural pump settings.	A single lock should be placed on each pump prior to commencement on each new patient.		LOW	HOS
879	04/08/2008	Safe, High Quality and Effective Care	SEC	CAH	Day Procedure Unit CAH	Moving and handling risk to staff when having to move equipment around the department due to inadequate storage space	Moving and handling risk to staff when having to move equipment around the department due to inadequate storage space; equipment (hoist/microscope) being stored in changing facility.	All staff trained in moving and handling; all staff aware of where equipment is stored; staff are informed of position of equipment and of precautions to be taken when in this area.	12.02.14 Storage space continues to be an issue. Currently seeking approval under capital works scheme for the provision of additional storage facility in DSU.	LOW	HOS
846	04/08/2008	Safe, High Quality and Effective Care	SEC		THEATRES	Diathermy hazards - risk of burns to patients	Diathermy hazards - risk of burns to patients.	Training/education of staff; check patient's position to ensure they are not in contact with metal; proper application of diathermy pad.	30/5/17 - continuous training and new staff inducted to equipment training. Competencies signed and records kept	VLOW	TEAM

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ID	Opened	Principal objectives	Division	Facility	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3831	28/09/2016	Provide safe, high quality care	MUC	DHH	Day Clinical Centre	Sluice not fit for purpose	Sluice not fit for purpose due to size and location of flush on sluice and lack of space for commodes.To operationalise the sluice poses an element of risk to staff from an infection control and health and safety stance. Due to the size of the sluice the staff can not manoeuvre around to dispose of wastage. It poses also with the location of the flush lever a stretching motion to carryout task . The Sluice also has lack of storage for the commodes .	The environment is very compact for the sluice poses an element of risk to staff from an infection control and health and safety stance. To date we have had a stool to avoid the stretching.		MOD	HOS
3832	28/09/2016	Provide safe, high quality care	MUC	DHH	Day Clinical Centre	Lack of storage within the DCC in DHH	Capacity for storage will impinge on staff workflow .The Lack of Storage within the units lends itself to overcrowding of stock items essential for the treatment of patients within the DCC.	he environment is very compact for the amount of storage needed in the treatment of the DCC patients. Due to the diversity of the type of patient a lot of different stock has to be stored.		MOD	HOS
2383	22/10/2009	Provide safe, high quality careMake the best use of resources	MUC		Accident & Emergency	Transfer of patients with unstable neck injuries to the Regional Centre in Belfast	Delays in transfer of patients with unstable neck injuries to the Regional Centre in Belfast resulting in: 1. Potential for poor outcome for the patient when they remain in SHSCT ED. 2 Loss of confidence in the organisation. 3. Potential for complaints, litigation for the Trust	Escalation plan within ED for patients in the department 4 hours or greater. Plan includes escalation up to ED consultant on call which facilitates dialogue with Consultant in Regional facility.	22.10.13 - No datix reports of any such incidents within the past year. Discussed with AMD who would like to keep risk on register for a further period of monitoring. 01.02.13 - Reviewed by Heads of Service on both sites. Trauma group established to address further issues, December 2012. 23.01.12 - No delays reported since last review. 01.10.11 Reviewed by P Smyth & M Burke on 27.09.11 on going monitoring of this risk by Nurse Manager & HOS	MOD	HOS
2250	08/09/2009	Provide safe, high quality careSafe, High Quality and Effective CareImproving Health and Wellbeing Effective organisational governance	MUC			Risk to health and safety of patients presenting to the trust with chest pain.	Risk of missed diagnosis in wrongly interpreting a patients ECG by junior medical staff. Patients may not receive timely and effective treatment appropriate to their diagnosis.	Where possible a senior member of medical staff will review ECG and give an opinion. Thrombolytic team should be paged immediately if patient presents with ischemic cardiac pain.	01.06.16 - NICE guidelines currently being reviewed. 01.02.13 Chest pain pathway to be reviewed by clinicians. 25.10.12 - Position remains unchanged from previous report - no adverse incidents reported since. 23.01.12 - Cardiology liaison service commenced 9am - 5pm Monday - Friday. 07.09.09 - a training package has been developed but no dedicated funded personnel to deliver training package to junior medical staff on an ongoing basis has been identified.	LOW	HOS
3508	24/10/2013	Safe, High Quality and Effective Care	MUC		Accident & Emergency	Overcrowding in ED may result in patients coming to harm by delay in assessment and treatment.	Delay in assessment of NIAS patients as no space to off load. Delay in ECG as no space for patient. Delay in resuscitation treatment as Resus overcrowded. Delay in treatment as Majors area overcrowded. Patient may deteriorate in waiting area as no space and delays in getting them to cubicle and doctor. Patients may deteriorate while waiting for admission bed on ward medication errors will increase as nursing staff unable to cope with delayed admissions. Patients basic nursing care may delayed as not enough nursing staff to deliver it in overcrowded ED. Patients may loose confidence in the Trust. Staff may become burnt out and stressed.	Triage (second nurse in triage in intermittent periods when staffing allows. Department escalation plan in place. See and treat pilot with band 6 and ED consultant (pilot finished). Patient flow meetings. 4pm meetings with patient flow.	24.10.13 - There are systems in place to monitor this daily. The problem can fluctuate on certain days and become worse from November to March. Swing ward to be set up by November 2013.	MOD	HOS

ID	Opened	Principal objectives	Division	Facility	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level	Register
1027	07/08/2008	Safe, High Quality and Effective Care	MUC			Risk of spread of infection due to inadequate facilities	Risk of spread of infection due to inadequate facilities, e.g. lack of sidewards, bed space near sinks and sharing of equipment; all wards, CAH.	Endeavor to adhere to current infection control policy; new visiting policy guidance; use of alcohol gel Trust wide; infection control link nurses in each ward; daily monitoring by Infection Control Team; equipment controlling.	01.06.16 - Some work carried out during the last refurbishment. Negative Pressure Room in Ward 2 North Respiratory. 25.09.13 - further development of en suite side rooms planned for CAH 2 South along with work highlighted below in 1 South due to commence October 2013 negative pressure isolation rooms being installed in main block for ill patients who cannot transfer to ramone ward. 27.11.12 - Ramone Ward now operational. Work to commence on Ward 1 South in March 2013. Clear guidance and risk assessments in place. Daily review of all patients in side rooms with input from infection prevention and control team. 01.10.11 Risk reviewed by MB,KC, SB on 27.09.11. Isolation ward opened in June 2011 plans to undertake further work in 1 South to create a new isolation unit in the main Upgrading of 2 North Haem/Resp completed in August 2011. Plan to upgrade all wards in MUSC to create additional ensuite facilities and piped oxygen and airblock due being taken forward by HOs.	LOW	HOS
1044	08/08/2008	Safe, High Quality and Effective Care	MUC		Wards	Safety and wellbeing of patients and staff due to lack of storage space	Space; health, safety and wellbeing of patients and staff due to lack of storage space, lack of bed space, not meeting department guidelines, sanitary facilities, counselling facilities, toilets and showers; lack of space for equipment; all wards, CAH and DHH.	Utilise all available space effectively.	01.06.16 - Storage space still not adequate. Refurbishment has helped but still falls short of appropriate standard. 26.11.14 - AD to write to locality team to raise issue of non-clinical use of clinical space on wards. 25.09.13 - refurbishment on-going. 27.12.12 - Each ward working towards refurbishment programme. 01.10.11 Reviewed 27.09.11 no change in risk. Minor works being identified at ward level to be undertaken to create more storage space.	LOW	HOS
3509	24/10/2013	Safe, High Quality and Effective Care	MUC		Accident & Emergency	Lack of Monitoring Equipment threatens patients safety in Majors in ED	Patients that are placed in the Cubicles in Majors that will require physiological monitoring. Patients may deteriorate in cubicle without warning alarm from monitor. CNS observations delayed due to lack of equipment. Inability to assess and monitor patients that present with illness. Delays in treatments and assessments of patients. Failure to recognise patient deteriorating.	Four new monitors replaced condemned monitors in 2012. This leaves 6 cubicles without monitoring equipment. These measures are effective but require further action. Bids for Capital have been attempted for 6 monitors but have been unsuccessful.	24.10.13 - 6 monitors will cost £30k - £40k. Further bid for capital submitted.	LOW	HOS
2083	21/10/2008	Improving Health and Wellbeing Effective organisational governance	MUC	DHH		Risk of staff ill health due to environmental factors and unsuitability of office accommodation for purpose in Clanrye House DHH	Staff complain of eye irritation, throat irritation, respiratory problems, residual hearing symptoms related to background noise. Two members of staff previously attended Occupational Health in relation to health issues associated with the working environment. Seven members of staff occupy office. Alternative accommodation on site was considered large cost implication e.g relocating to medical records store first floor level - approx cost £28,000. Accommodation request submitted previously	2013 - Ventilation and lighting monitored by estates services. Working environment actively monitored by Acting Senior Social Worker. Staff had been offered prospect of room dividers.	26.02.16 - Health and Safety risk assessment form completed. 2013. New fans provided to allow exchange of air.	LOW	HOS

ID	Opened	Principal objectives	Division	Facility	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level Green Yellow Red	Register Holding
3147	23/04/2012	Provide safe, high quality care	MUC	CAH	Wards	Flushing of Cannula after insertion by a Band 3 Support Worker	The flushing of cannula is a task that registered staff are covered to do therefore this is a risk to the Trust if carried out by non-registered staff. This is a professional and legislative risk to the Trust unless special agreement for the support worker to do this task is made by the Director of Acute Services, Medical Director and Director of Pharmacy. Minimal risk for patient of trauma to the vein from 2 mls of saline being flushed.	Staff trained and deemed competent to undertake this task. Policy from legacy Trust to be updated to formalise cover for band 3 support worker. Saline to be checked by trained staff at all times by trained staff.	01.06.16 - Policy being reviewed. 03.10.13 - Guidance on the Insertion of a peripheral cannulae for Non registered staff is ready for sign off 24.04.12 - The Trust must be willing to cover staff with a policy that incorporates the Band 3 Support Workers are trained and competent to undertake this task.	LOW	HOS
3768	25/02/2016	Safe, High Quality and Effective Care	MUC	CAH	2 South Medical	Inappropriate use of the designated Lysis treatment space in Ward 2 South Stroke.	The designated lysis treatment space in 2 South Stroke is regularly used for patients to relieve bed pressures through out the hospital. If this bed is occupied when a patient requiring lysis is admitted this emergency procedure is either delayed or requiring to be carried out in the Emergency department. Both scenarios are not appropriate. The patient's condition can deteriorate or the post lysis outcome is not optimum if the procedure is not carried out in required timeframe the procedure is carried out in ED the nurse from 2 South Stroke is off the ward for 4-5 hours thereby leaving the ward short and increasing risk for the other patients on the ward.	Produce a guideline for the appropriate use of the Lysis bed and share across the division for clarity of all staff on the ward, working in Patient flow or on call. Work closely with patient flow to ensure this bed is not used unless there are extenuating circumstances and after discussion with the HoS on site or on call.	01.06.16 - New process in place for protected beds. 25.02.16 - New Risk.	MOD	TEAM

Medicine and Unscheduled Care Division
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ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
2382	19/10/2009	Provide safe, high quality careMake the best use of resources	Cath Lab CAH	No contingency plan in place in event of cardiac catheterisation lab failing.	Risk to health and safety of patients is compromised if cardiac catheterisation lab equipment fails :- 1. Whilst the patient is on the table mid procedure 2. Loss of capacity due to failure causing impact on waiting time standards	1. Should failure occur whilst the patient is on the table mid procedure - a n arrangement with radiology permits the short term loan of the portable image intensifier to complete the case and maintain the patients safety. 2. No controls in place	26.02.18 Awaiting update, risk remains unchanged. 1.09.16 IPT developed, Working Group Established. Awaiting confirmation of funding and equipment on NHS supply chain. 01.06.16 - business case for replacement and upgrade of equipment. Use of radiology equipment in the interim when required.	HIGH	DIV
3626	05/12/2014	Safe, High Quality and Effective Care	Accident & Emergency	Reliance of Medical Locums in ED	Sub-optimal care.	Clinical review of work by consultant in charge.		MOD	DIV
3627	05/12/2014	Provide safe, high quality care		Increasing patient dependency impacting upon ward staffing.	Dependency levels and health and safety of patients and staff due to sustained high level of dependency, a rapid throughput and reduced length of stay.		01.06.16 - International recruitment ongoing. 26.11.14 - Normative staffing level submitted and allocation of £1.5 million made to SHSCT. ADs and HOS to raise with Director to prioritise allocation of this funding to wards under most pressure.	MOD	DIV
3624	05/12/2014	Safe, High Quality and Effective Care		Lack of a Biologic Suite	Treatment of patients in facilities which are not designed for this purpose.	Use of isolation ward.	29.02.16 - Plans in place to upgrade Ramone Ward to improve the accommodation when administering biologics.	MOD	DIV
3625	05/12/2014	Safe, High Quality and Effective Care		Clinical mangement of Medical Outliers.	Potential for patients not to be identified correctly and therefore missed by the clinical teams.	Correct use of IMMIX and updating as per protocols by all staff.	01.06.16 - Still ongoing. Review of processes being taken forward. 29.02.16 - Requires directorate focus.	MOD	DIV
3685	08/06/2015	Provide safe, high quality care		Lack of pharmacy cover.	Patients being admitted may wait 3-4 days for Medicine Reconciliation and this can lead to Medication prescribing errors.	Managed on a day to day basis.	01.06.16 - Business case prepared for additional resources.	MOD	DIV
3686	08/06/2015	Provide safe, high quality care		Lack of junior medical cover	High demand for cardiology admissions. Due to cover for night duty, annual leave, reduced number of cardiology staff available at ward level. Delays in Treatments, Discharges.	Continues to be managed	26.02.18 Still gaps in junior medical staff provision from NIMDTA and trust are sourcing this via agency contracts.	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3687	08/06/2015	Provide safe, high quality care		Medical equipment in Cardiac investigations are old and some parts unable to be replaced	Due To the high demand for cardiac investigations across the trust if these equipment break or become obsolete this is risk to cardiology service	No replacement programme in place yet but replacement programme should be in place soon.	01.06.16 - New equipment ordered. Will be delivered June 2016.	MOD	DIV
3688	08/06/2015	Provide safe, high quality care		Decontamination of TOE probe	The current process for decontamination does not meet Best Practice Guidelines	Sourcing the use of a further probe from ICU as a temporary measure. Requisitioning additional probe.	26.02.18 Another ECHO and TOE probe purchased delivery date expected by 31.01.18.	MOD	DIV
3702	21/07/2015	Provide safe, high quality care		Patients that are being outlied from medical wards are regularly not transferred under the correct physician/geriatrician.	There is a risk that patients will not be seen on a daily basis by their doctor. There is a risk that if the patient's condition deteriorates it is not managed properly. This is a delay in treatment and discharge planning.	Person in charge of the receiving ward will check at the end of their shift that the FLOW board is accurate. Person in charge of looking after the patient that has been outlied on the receiving ward must ensure patients are reviewed on a daily basis and escalate when this does not take place to the correct medical team.	01.06.16 - Guidelines sent to patient flow team advising that each evening the patient flow must check and ensure all patients outlied are placed under the correct consultant. Daily check to be carried out for 8.45am bed meeting.	MOD	DIV
3759	26/01/2016	Safe, High Quality and Effective Care	Diabetic Clinic, Surgical Outpatient s	Diabetic Antenatal Clinic Risk	Increase in patients attending, significantly since change in threshold for Gestational Diabetes (IAD and PSG 2010). Difficulties arising due to the increase in numbers of patients who need to be seen at these clinics.. Poor pregnancy and neonatal outcomes.	The old early pregnancy room is vacated request submitted to create an additional clinic room. The clinic is commissioned for 1 Doctor; however, effort to ensure that 2 additional doctors attend. (Currently unfunded and can impact of other duties)A GP with specialist interest covers ad hoc. A Locum Physician with specialist interest covers to provide a second doctor. The Consultant from DHH has provided cover however this requires backfill in DHH. The number of CTG's at clinic has been reduced. Patients requiring steroids - Dr Sidhu assesses patients on a Thursday afternoon and if they require and admission the Diabetes Consultants try to ensure that this admission occurs on a Monday as there is no cover available over the weekend to advise on insulin doses. However it is problematic when the situation arises where it is essential for the patient to be admitted on the Thursday night (eg because of a problem on the scan). If this is the case - they are inpatient over the weekend and the midwives usually ring Dr McConnell over the weekend to sort insulin doses as they	01.06.16 - Diabetic Antenatal Specialist Nurse recruited. Increased number of patients requiring interpreters at clinics which is slowing down appointments. 29.02.16 - Additional diabetic nurse specialists have been recruited and a second consultant for the DHH site has been advertised.	MOD	DIV
3769	25/02/2016	Safe, High Quality and Effective Care		1:1 special staffing not available when required	Patients that are confused, agitated, aggressive or have a lack of awareness of their ability to mobilise are at a greater risk to themselves or others if 1:1 care is not available. Patients at risk of harm to self or others. Loss of dignity of patient. Ward disruption and distress to other vulnerable patients.	1:1 care is not always available to care for patients that are confused, agitated, aggressive or unaware of their inability to mobilise. This results in a greater risk to their safety, the safety of others increasing disruption on the ward and upsetting other vulnerable patients in the vicinity.	26.02.18 Guidelines developed by Lead Nurses, to be signed off at Acute Nursing and Midwifery meeting 05.03.18	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3857	29/11/2016	Safe, High Quality and Effective Care		Increased patient confusion when moved continually around wards	There is a risk that elderly patients could have an increase of confusion or develop a delirium if they are moved from one ward environment to another. This would increase with the more moves that occur.	Increased confusion which could lead to patient distress, falls, increased requirement of medication to reduce agitation. Family's distress at relative being more confused than usual , or experiencing confusional state for the first time. In the event the hospital is under bed capacity pressures and outlying is required all Ward staff must ensure that they identify patients that are medically stable, do not have a known confusion or at risk of delirium, or have a learning disability.	(Consider equipment, staffing, environment, policy/procedure, training, documentation, information - this list is not exhaustive). It is within the outlying guidelines that patients that are confused should not be moved between wards unless for a clinical reason. This can be a challenge due to the ongoing bed capacity pressures experienced within the acute setting.	MOD	DIV
3863	21/12/2016	Provide safe, high quality careMaximise independence and choice for patients and clientsSupport people and communities to live healthy lives and improve their health and wellbeing	Renal Unit Daisy Hill Hospital	Lack of consultation rooms in Renal OPD	Nephrology outpatients are at risk. There is risk to patients from lack of education regarding drugs and diet.	Education is frequently carried out in a totally unsuitable environment which is not conducive to patients health and well being (Fire escape corridor). In addition other staff are displaced from offices to accommodate patient consultation/education including Dr McKeveney Consultant Nephrologist who is displaced from his office during clinics.	26.02.18 Priority No 7 on capital list.	MOD	DIV
3914	19/09/2017	Provide safe, high quality care		Gastroenterology/IBD Nurse Cover	As a lone worker there is no cover for her annual/sick leave which leaves a gap in the service. Unable to fill as no-one trained to undertake. The Nurse Specialist does not have sufficient capacity to see ward patients due to clinic, biologic, patient telephone helpline commitments. Telephone calls not being returned to patients within 48 hours when they contact the help line. If the IBD Nurse Specialist is not available to take the patient telephone call on the helpline then they will not receive advice on how to manage the 'flare up' of their condition. This will result them potentially having to present to the Emergency Department and being admitted to hospital if their condition worsens and requires inpatient treatment.	As this is a single handed service with no cover there is no measure which can be put in place. There is a requirement for additional Gastroenterology/IBD Specialist Nurse. the only alternative to the Specialist Nurse not being available is for patients to attend the Emergency Department.		MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3923	13/11/2017	Safe, High Quality and Effective Care		Cardiac CT angio, high demand	Currently have high demand of Cardiac CT angio. Waiting Time is 55 weeks Non compliant with NICE guidelines re Chest pain diagnosis -- first referral is CT angio. Patients are waiting 55 weeks for this diagnosis which can delay diagnosis and mangement plan.	Only Two sessions per week. Have requested additional funding for a further 3 sessions of CT angio. to address waiting times.	26.02.18 Two additional sessions per week provided by review of jobs plans. The access to cardiac MRI and CT angio has been raised regionally and HSCB setting up meeting to discuss	MOD	DIV
3924	13/11/2017	Safe, High Quality and Effective Care	2 North Haematology	Haemtology/Oncology Helpine provision in the out of hours period	The service has been provided for Oncology/ Haematology patients within the Southern Trust without any additional Funding. Non compliance with the oncology/ Haematology Triage. 1.1 unable to ensure that patients receive timely and appropriate responses to their calls. 1.2 patients right to be treated with a professional standard of care. 3.3 no clearly identified triage practitioner for each span of duty the process should allow for allocation of responsibility to a nominated triage practitioner for a period of duty. on completion of this period the responsibility for advice line management and follow up of patients is clearly passed to the next member of suitably qualified staff. this should provide a consistent , high quality service. 3.4.1 no dedicated time in suitable area for consultation will enable the clinician to pay appropriate attention to the caller, without being interrupted. The risk to patients if call not returned and patient assessed in timely manner. Risk of Neutropenic sepsis	Hourly checks in place in the haematology ward regarding phone messages patients advised to ring back if not contacted within 15 mins to ring back to ward or if emergency to ring 999 or go to ED. Group set up to review other options that could be resourced. Band 5 out of hours period 7 days per week and at weekend and bank holiday being costed by finance.	26.02.18 Raised regionally by HOS Oncology. Pilot re Band 3 taking phone calls in place Monday-Friday 9am-5pm, awaiting results of this.	MOD	DIV
3969	31/07/2018	Provide safe, high quality careBe a great place to workMake the best use of resources	Medical Admissions Unit	Risk to Staff of Assault on Acute Medical Ward	Staff at high risk of being harmed. Staff have sustained personal injury and have alleged they have been sexually assaulted in this ward.	Ongoing support for staff. Identying patients at high risk and requestion one to one. Requesting security 1 /1 for violent/aggressive patients. Review of GMAS - AD pharmacy for approval. Refurishment of nurses station - further risk assessment being carried out on same. Ongoing monitoring of same. Ongoing MAPA training for staff		MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3970	31/07/2018	Provide safe, high quality care		Telemetry Systems, Cardiac Monitoring Unable to purchase spare parts	Lack of Cardiac Monitoring at Daisy Hill Site. Currently 6 cardiac monitors operational but only 2 of the 10 telemetries working. The replacement of the cardiac monitoring system was raised in 2016 with the aim that we would roll out the same system installed on the CAH site. When the scoping exercise was carried out as the current system was 15 year old it was agreed that estates work was required. Concerns raised October 2017, March 2018 and again June 2018. Concerns for patient safety due to lack of cardia monitoring on DHH site. Cardiac patient are nmot being monitored as per guidelines therefore a huge risk to patients, the Trust and our service. Unable to undertake DC Conversions and inpatient TOE's on the DHH site as we have no cardiac monitoring facilities for the 3 hour period post operatively. This has resulted in having to book ambulances and transferring three patients last week to give an example to CAH for TOEs	Contingency plans that we have is to 1.Utilise HDU beds for Sick Cardiac patients, 2.Transfer our coronary patients to 1 North.		MOD	DIV
1022	07/08/2008	Safe, High Quality and Effective CareProvide safe, high quality careBe a great place to work		Disruption caused due to violent/aggressive patients or relatives	Disruption caused due to violent/aggressive patients or relatives - big demand on nursing time causing time spent away from other patients; health and safety and wellbeing of visitors, patients and staff when dealing with/managing violent/aggressing patients; all wards, CAH and DHH.	Staff awareness of proactive approach; availability of security guidelines for alcohol withdrawal for inpatients; review staffing levels; medical review of patients by doctor; consultation with Consultant and Bed Manager; liaison RMN in post; personal safety in the workplace training available for all staff; violent and aggressive behaviour towards staff post incident procedure in place; policy and procedure on the management of aggression and use of restraint; transfer to suitable environment/appropriate unit when medical condition stabilised.	01.06.15 - Disruption continues to be caused due to violent and aggressive patients and/or relatives.	LOW	DIV
1025	07/08/2008	Safe, High Quality and Effective Care		Dependency levels and high bed occupancy	Dependency levels and high bed occupancy; health and safety of patients and staff due to a sustained high level of dependency and high bed occupancy, rapid throughput and reduced length of stay; all wards, CAH and DHH.	Adequate use of equipment; redeployment of staff between wards; staff rotation; risk assessment; consultation with consultant medical staff and bed management/CSM; review staffing levels; monitor dependency levels vs skill mix and stafing levels; monitor accidents and incidents; montior sickness absence; monitor clinical incidents; monitor complaints; annual manpower planning; monitor complaints; monitor patient's stay in hospital 3 times daily - PT flow meetings.	01.06.16 - No update. Work ongoing. 26.11.14 - New Medical model now in place in CAH. Discussions commenced with regard to medical model in DHH. Opening of additional winter beds in both CAH and DHH. Work commencing on creating a business case for additional medical beds on the CAH site.	LOW	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3050	29/11/2011	Make the best use of resources	Corridor/Landing	File Management Issues- Hospital Social Work Department, CAH.	Accommodation issue. Not enough room to store patient records in line with the Trust Retention Policy.	Records reviewed annually. Use of closed storage. Accommodation request previously submitted. AD and Corporate Records aware of issue. Review 9.12.14 discussed with Line Manager and HOS for Corporate Records. Continue to use closed records. Trial using electronic solutions in the community to be audited and then for further consideration by hospital social work.	26.02.16 - Health and Safety Risk Assessment completed. 26.11.14 - HOS to re look at all storage options including off site, scanning and microfilming.	LOW	DIV
3892	24/05/2017	Make the best use of resources Provide safe, high quality care		Unable to achieve Training Objectives	Training room being down sized resulting in reduced capacity and cancellation of ALS/ILS/BLS Impacts on training for staff throughout the trust, potential impact on patient safety. Potential for patients to be placed at risk secondary to lack of training provision.	No alternative control measure available.		LOW	DIV

Medicine and Unscheduled Care Division
Head of Service and Team Risk Register - August 2018

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3768	25/02/2016	Safe, High Quality and Effective Care	2 South Medical	Inappropriate use of the designated Lysis treatment space in Ward 2 South Stroke.	The designated lysis treatment space in 2 South Stroke is regularly used for patients to relieve bed pressures through out the hospital. If this bed is occupied when a patient requiring lysed is admitted this emergency procedure is either delayed or requiring to be carried out in the Emergency department. Both scenarios are not appropriate. The patient's condition can deteriorate or the post lysis outcome is not optimum if the procedure is not carried out in required the timeframe the procedure is carried out in ED the nurse from 2 South Stroke is off the ward for 4-5 hours thereby leaving the ward short and increasing risk for the other patients on the ward.	Produce a guideline for the appropriate use of the Lysis bed and share across the division for clarity of all staff on the ward, working in Patient flow or on call. Work closely with patient flow to ensure this bed is not used unless there are extenuating circumstances and after discussion with the HoS on site or on call.	01.06.16 - New process in place for protected beds. 25.02.16 - New Risk.	MOD	TEAM
2383	22/10/2009	Provide safe, high quality careMake the best use of resources	Accident & Emergency	Transfer of patients with unstable neck injuries to the Regional Centre in Belfast	Delays in transfer of patients with unstable neck injuries to the Regional Centre in Belfast resulting in: 1. Potential for poor outcome for the patient when they remain in SHSCT ED. 2 Loss of confidence in the organisation. 3. Potential for complaints, litigation for the Trust	Escalation plan within ED for patients in the department 4 hours or greater. Plan includes escalation up to ED consultant on call which facilitates dialogue with Consultant in Regional facility.	22.10.13 - No datix reports of any such incidents within the past year. Discussed with AMD who would like to keep risk on register for a further period of monitoring. 01.02.13 - Reviewed by Heads of Service on both sites. Trauma group established to address further issues, December 2012. 23.01.12 - No delays reported since last review. 01.10.11 Reviewed by P Smyth & M Burke on 27.09.11 on going monitoring of this risk by Nurse Manager & HOS	MOD	HOS
3831	28/09/2016	Provide safe, high quality care	Day Clinical Centre	Sluice not fit for purpose	Sluice not fit for purpose due to size and location of flush on sluice and lack of space for commodes.To operationalise the sluice poses an element of risk to staff from an infection control and health and safety stance. Due to the size of the sluice the staff can not manoeuvre around to dispose of wastage. It poses also with the location of the flush lever a stretching motion to carryout task . The Sluice also has lack of storage for the commodes .	The environment is very compact for the sluice poses an element of risk to staff from an infection control and health and safety stance. To date we have had a stool to avoid the stretching.		MOD	HOS
3832	28/09/2016	Provide safe, high quality care	Day Clinical Centre	Lack of storage within the DCC in DHH	Capacity for storage will impinge on staff workflow .The Lack of Storage within the units lends itself to overcrowding of stock items essential for the treatment of patients within the DCC.	he environment is very compact for the amount of storage needed in the treatment of the DCC patients. Due to the diversity of the type of patient a lot of different stock has to be stored.		MOD	HOS

3508	24/10/2013	Safe, High Quality and Effective Care	Accident & Emergency	Overcrowding in ED may result in patients coming to harm by delay in assessment and treatment.	Delay in assessment of NIAS patients as no space to off load. Delay in ECG as no space for patient. Delay in resuscitation treatment as Resus overcrowded. Delay in treatment as Majors area overcrowded. Patient may deteriorate in waiting area as no space and delays in getting them to cubicle and doctor. Patients may deteriorate while waiting for admission bed on ward medication errors will increase as nursing staff unable to cope with delayed admissions. Patients basic nursing care may be delayed as not enough nursing staff to deliver it in overcrowded ED. Patients may lose confidence in the Trust. Staff may become burnt out and stressed.	Triage (second nurse in triage in intermittent periods when staffing allows. Department escalation plan in place. See and treat pilot with band 6 and ED consultant (pilot finished). Patient flow meetings. 4pm meetings with patient flow.	24.10.13 - There are systems in place to monitor this daily. The problem can fluctuate on certain days and become worse from November to March. Swing ward to be set up by November 2013.	MOD	HOS
2250	08/09/2009	Provide safe, high quality care Safe, High Quality and Effective Care Improving Health and Wellbeing Effective organisational governance		Risk to health and safety of patients presenting to the trust with chest pain.	Risk of missed diagnosis in wrongly interpreting a patient's ECG by junior medical staff. Patients may not receive timely and effective treatment appropriate to their diagnosis.	Where possible a senior member of medical staff will review ECG and give an opinion. Thrombolytic team should be paged immediately if patient presents with ischemic cardiac pain.	01.06.16 - NICE guidelines currently being reviewed. 01.02.13 Chest pain pathway to be reviewed by clinicians. 25.10.12 - Position remains unchanged from previous report - no adverse incidents reported since. 23.01.12 - Cardiology liaison service commenced 9am - 5pm Monday - Friday. 07.09.09 - a training package has been developed but no dedicated funded personnel to deliver training package to junior medical staff on an ongoing basis has been identified.	LOW	HOS
1027	07/08/2008	Safe, High Quality and Effective Care		Risk of spread of infection due to inadequate facilities	Risk of spread of infection due to inadequate facilities, e.g. lack of side wards, bed space near sinks and sharing of equipment; all wards, CAH.	Endeavor to adhere to current infection control policy; new visiting policy guidance; use of alcohol gel Trust wide; infection control link nurses in each ward; daily monitoring by Infection Control Team; equipment controlling.	01.06.16 - Some work carried out during the last refurbishment. Negative Pressure Room in Ward 2 North Respiratory. 25.09.13 - further development of en suite side rooms planned for CAH 2 South along with work highlighted below in 1 South due to commence October 2013 negative pressure isolation rooms being installed in main block for ill patients who cannot transfer to Ramone ward. 27.11.12 - Ramone Ward now operational. Work to commence on Ward 1 South in March 2013. Clear guidance and risk assessments in place. Daily review of all patients in side rooms with input from infection prevention and control team. 01.10.11 Risk reviewed by MB, KC, SB on 27.09.11. Isolation ward opened in June	LOW	HOS

1044	08/08/2008	Safe, High Quality and Effective Care	Wards	Safety and wellbeing of patients and staff due to lack of storage space	Space; health, safety and wellbeing of patients and staff due to lack of storage space, lack of bed space, not meeting department guidelines, sanitary facilities, counselling facilities, toilets and showers; lack of space for equipment; all wards, CAH and DHH.	Utilise all available space effectively.	01.06.16 - Storage space still not adequate. Refurbishment has helped but still falls short of appropriate standard. 26.11.14 - AD to write to locality team to raise issue of non-clinical use of clinical space on wards. 25.09.13 - refurbishment on-going. 27.12.12 - Each ward working towards refurbishment programme. 01.10.11 Reviewed 27.09.11 no change in risk. Minor works being identified at ward level to be undertaken to create more storage space.	LOW	HOS
3509	24/10/2013	Safe, High Quality and Effective Care	Accident & Emergency	Lack of Monitoring Equipment threatens patients safety in Majors in ED	Patients that are placed in the Cubicles in Majors that will require physiological monitoring. Patients may deteriorate in cubicle without warning alarm from monitor. CNS observations delayed due to lack of equipment. Inability to assess and monitor patients that present with illness. Delays in treatments and assessments of patients. Failure to recognise patient deteriorating.	Four new monitors replaced condemned monitors in 2012. This leaves 6 cubicles without monitoring equipment. These measures are effective but require further action. Bids for Capital have been attempted for 6 monitors but have been unsuccessful.	24.10.13 - 6 monitors will cost £30k - £40k. Further bid for capital submitted.	LOW	HOS
3864	21/12/2016	Provide safe, high quality careMake the best use of resources	Renal Unit Daisy Hill Hospital	Lack of isolation facilities for haemodialysis	Augmented care area. Dialysis patients at risk of acquiring hospital associated infection. Infection Risk.	Training in place. Cohorting of patients where possible. Juggling of patient slots.	26.02.18 Priority No 7 on capital list.	LOW	HOS
2083	21/10/2008	Improving Health and Wellbeing Effective organisational governance		Risk of staff ill health due to environmental factors and unsuitability of office accommodation for purpose in Clanrye House DHH	Staff complain of eye irritation, throat irritation, respiratory problems, residual hearing symptoms related to background noise. Two members of staff previously attended Occupational Health in relation to health issues associated with the working environment. Seven members of staff occupy office. Alternative accommodation on site was considered large cost implication e.g relocating to medical records store first floor level - approx cost £28,000. Accommodation request submitted previously	2013 - Ventilation and lighting monitored by estates services. Working environment actively monitored by Acting Senior Social Worker. Staff had been offered prospect of room dividers.	26.02.16 - Health and Safety risk assessment form completed. 2013. New fans provided to allow exchange of air.	LOW	HOS

Integrated Maternity and Women's Health Division
Divisional, HOS and Team Risk Register July 2018

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3942	27/02/2018	Provide safe, high quality care	Delivery Suite	Possible breakdown of aging resuscitaires	Spare parts no longer available for old models of Resuscitaire currently in use in both CAH and DHH. Possible risk to newborns when high number of births on either site.	Manage number of planned deliveries coming into each hospital.	Feb18 Currently on Capital List for replacement resuscitaires	MOD	DIV
3678	26/05/2015	Make the best use of resources Provide safe, high quality care		Lack of accomodation for Antenatal Clinics	Lack of available rooms to undertake antenatal clinics resulting in delay in patients requiring additional visits.	Patients are being booked between 6 and 8 weeks and are required to come back at approx 12 weeks.	22.1.18 Still ongoing risk 14.11.17 -Current Antenatal outpatients setting is being reviewed for refurbishment to allow for an Ambulatory service with redevelopment for DOU and A+A Unit on the CAH site. 6/6/17 Participating in Trust Accomodation Group - all requirements to B Conway 30/11/16 Situation ongoing	MOD	DIV
3859	30/11/2016	Provide safe, high quality care	Community Midwifery	Unable to implement Maternity strategy Re 31 Week Antenatal apt	Unable to implement Maternity strategy in relation to 31 week antenatal appointment The Maternity Strategy recommends all women to be reviewed at 31 weeks however, do to lack of clinical space in GP surgeries and antenatal clinics we are currently unable to facilitate this. Therefore more resources are required.	None in place at present	27.02.18 This will be reviewed with the new antenatal pathway 14.11.17 -New updated Antenatal Pathway will include the 31 week visit. Currently to be rolled out on the CAH site and then all other sites to follow in early 2018. 6/6/17 Project - antenatal pathway commenced.	LOW	DIV
3162	13/06/2012	Provide safe, high quality care	Delivery Suite	Trium archiving system	Trium archiving system is intermittently working due to:- CAH site - poor quality of cabling and existing points. DHH site- Trium boxes have be damaged and require replacement.	Keep a record of patient's hospital numbers to ensure CTG scanned to facilitate archiving Inform labour ward coordinator and IT is trium not working. Complete IR1	22.1.18 Still ongoing risk 14.11.17 Awaiting update from Wendy Clarke. 6/6/17 Plan in place working through the backlog. 30.11.16 MDI have bee asked to come and look at the boxes and to possibly replace them.Further advice required in relation to new cabling in CAH.	LOW	TEAM

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
1220	18/08/2008	Provide safe, high quality care Be a great place to work Make the best use of resources	Laundry	Essential laundry equipment needs to be replaced to avoid breakdown and disruption	Essential laundry equipment needs to be replaced to avoid breakdown and disruption to this fundamental service requirement; equipment breakdowns not only affect the service which is provided to Southern Trust facilities but also to Belfast City and Musgrave Park hospitals. Risk to the supply of clean bed linen to wards and departments. Risk of infection. Impact on service delivery by nursing staff delay in making up beds.	Regular maintenance of ageing equipment as replacement parts are becoming obsolete.	5.4.18 Business case was recosted Nov 17 and was approved by SMT March 18. 16.8.17 Business case is still with Finance for re-costing. 12.12.16 No further update. 21.11.16 An additional option has been included and is with Finance for re-costing. 17.8.16 Business case for replacement of calanders presented to SMT - not approved. SMT has asked for an additional option to be included in the case i.e. to outsource the laundry service from another provider. 23.02.16 Business case forwarded to Finance for costing	MOD	DIV
3799	23/05/2016	Provide safe, high quality care		Falls from height DHH	Condition of Buildings, possible effects from drugs and alcohol, inadequate door access, poor lighting, machinery, equipment, spills, violence. Potential for injury, harm or death.	See action plan attached to Risk	27.02.18 Minor works request submitted for outstanding controls. 12/12/2016 A separate risk assessment is being completed by Acute Governance in relation to falls from heights. Erection or raising of anti-climb fencing in several areas. Secure 3 external doors at exterior of ED Dept,. Enclose plant and equipment.	MOD	DIV
3911	15/08/2017	Provide safe, high quality care Make the best use of resources		Backlog of filing in Obs and Gynae	Filing in Obs/Gynae area constantly backlogged, results are not in patients charts at time of appointments. These are held on NIECR but directorate has to make a decision. Also non signing of results by doctors is a problem, Hand held charts not being returned timely from community so filing cannot take place. Results filing then sitting on wards, in box for midwives etc but not in chart.		17.10.17 Risk remains unchanged	MOD	DIV
3941	27/02/2018	Provide safe, high quality care		Use of 2 Work neutral detergent which is classified as 'Corrosive' without eye protection	This product is extensively used throughout the Trust in the main production kitchens, ward kitchens, staff tea rooms, for dishwashing, general cleaning and cleaning of floors etc. The use of eye protection when using this product is unrealistic and something that would be extremely difficult to enforce given its extensive use in the Trust.	Induction training, on the job training and BIC's training for Support Services staff. • COSHH awareness training (all staff) • Observation of user completing task/using chemical • Spot checks • Safe Systems of Work (Support Services staff only) • Protective aprons and gloves • Eye Protection for dilution of chemicals (Support Services staff only) • Staff reminded to continue to report incidents to their supervisor/manager • Pre-Employment Medical Advice – skin care etc • Ill Health Referrals to Occupational Health • COSHH Risk Assessment and Data Safety Sheet • SHSCT Policies and Procedures • Trained COSHH Assessor in each locality	Feb 2018 A Customer Complaints Form was submitted to BSO and a request made to have this product replaced with a non-classified, 1 litre detergent, which is safe to use. BSO unable to take action as this is a regional contract and the Southern Trust was the only Trust in the region to raise concerns. This matter cannot be resolved until action is taken by BSO.	MOD	DIV

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3812	20/07/2016	Safe, High Quality and Effective Care	Switchboard	Lack of Emergency Major Incident Planning Software	Switchboard follows a Major Incident protocol, individually calling a list of key contacts, with a Major Incident Alert, Major Incident Declared and Major Incident Stood Down. In the event of a Major Incident declared up to 50 people may be contacted. This is time consuming, resulting in delays in key staff being notified. On site staff are individually bleeped. Switchboard staffing levels are reduced in the Out of Hours period, which will create further delays as additional staff will be required to come in. Switchboard manually record on paper as each person is contacted. Reports are available showing time of alert and numeric message. Voices over messages are not recorded.	Continue to monitor the situation. Paper completed to identify the risks shared with Acute SMT.	5.4.18 Imessage Appear App (Emergency Planning Software) has been purchased. Trial is ongoing with the Northern Trust. SHSCT awaiting feedback from Northern trial before implementing. IT/Telecoms currently rolling out new smart phones to all blackberry holders as the Appear App will not work on the current blackberry phone. Full implementation scheduled for April/May 2018. All Emergency calls to ext 6666 & 6000 are now being recorded. 16.8.17 New iMessage system delivered March 2017. Problem with the servers discovered during implementation. Estates has advised that "go live" will be September 2017.	MOD	DIV
3813	20/07/2016	Provide safe, high quality care	Switchboard	No facility for Emergency Bleep if Switchboard is evacuated	Emergency Team alerts and a fast bleep facility can only be activated via the multitone console in Switchboard. Unable to transfer to DHH Switchboard.	Unable to implement controls. Continue to monitor. Paper completed to identify the risk.	5.4.18 iMessage system fully functional. If crisis in either CAH or DHH bleeps can be diverted to alternative Acute Hospital. External numbers now in place so that bleep system can be activated from any phone to set off Emergency teams or one-off paging. Full Comprehensive testing of the system is required before Risk could be stood down. 16.8.17 New iMessage system delivered March 2017. Problem with the servers discovered during implementation. Estates has advised that "go live" will be September 2017	MOD	DIV
3814	20/07/2016	Provide safe, high quality care	Switchboard	Possible breakdown of aging Multitone paging console	The Current Multitone paging console used to alert teams and fast bleep is obsolete. New consoles cannot be purchased. Switchboard currently have 2 consoles in use and 2 spare which can be used in the event of a console failing. Switchboard alert teams by pressing a sequence of keys and entering a Team Code. Emergency Teams are alerted to the location of an emergency via a voiceover. In noisy areas the voiceover may be difficult to hear, the bleep holder then will ring Switchboard to find out the location of the emergency, causing a delay. Current system allows only numeric messages and voiceovers. Bleep holder will ring then extension number on the bleep to receive the message. If more than one team is required Switchboard will follow a protocol alerting each team individually, creating a slight delay. Emergency alerts only go to Multitone bleeps.	Unable to implement controls. Continue to monitor. Paper completed to identify the risk.	5.4.18 New Multitone iMessage paging system in operation. System is now running of multiple transmitters to ensure that if there are any outages that another server provides resilience. All Telephonists now have a console (SCU) between each station to ensure there is back-up. Each SCU can be put into different modes to change between CAH & DHH therefore if there is an issue with the CAH server, the SCU can page CAH via DHH. 16.8.17 New iMessage system delivered March 2017. Problem with the servers discovered during implementation. Estates has advised that "go live" will be September 2017	MOD	DIV
3815	20/07/2016	Provide safe, high quality care	Switchboard	Inability for cross site bleeping	Currently staff working in different sites cannot bleep a member of staff in a different site for e.g. Staff in Daisyhill ring Switchboard in Daisyhill to be connected to Craigavon Switchboard who will then bleep the person needed. Estimated fix cost £20K This is becoming an increasing problem as Services are shared throughout the Trust.	Unable to implement controls. Continue to monitor. Paper completed to identify the risk.	5.4.18 New iMessage system implemented to allow cross-site bleeping. 16.8.17 New iMessage system delivered March 2017. Problem with the servers discovered during implementation. Estates has advised that "go live" will be September 2017	MOD	DIV
3834	04/10/2016	Provide safe, high quality care		Falls from height STH	Risk from condition of buildings, possible effects from drugs/alcohol, inadequate door access, poor lighting, machinery, equipment, spills, violence. Potential for injury, harm, death.	See attached action plan.	27.02.18 Minor Works request submitted for outstanding controls. A separate risk assessment is being completed by Acute Governance in relation to falls from heights.	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3861	13/12/2016	Make the best use of resources	Grounds	Traffic Management Problems DHH	Risk of injury to patients having to park distance from hospital entrance. Patients missing appointments as unable to find parking space - disabled and able bodied. Staff, patients and others unable to use foot paths due to cars parked on them - risk of injury from collision with vehicles. Inappropriate parking compromising access for emergency vehicles and pedestrian access to hospital. Risk of collision due to disregard by drivers of one way system. Risk of injury to pedestrians entering Car Park F as no safe footway.	Security porters, cones and sticker patrols to prevent inappropriate parking. As part of Major Incident Review the Director of HR / Estates clarified Estates are responsible for traffic flow on site and FSS are responsible for car parking.	27.02.18 Parking enforcement has been introduced at protect drop off zones, red hatched areas, emergency routes, ambulance bays and disabled spaces.	MOD	DIV
3753	04/01/2016	Provide safe, high quality care		Falls from height CAH	Condition of Buildings, possible effects from drugs and alcohol, inadequate door access, poor lighting, machinery, equipment, spills, violence. Potential for injury, harm or death. 21.11.16 The new retaining wall beside the footpath up the main drive has created additional potential for harm.	None - Action Plan Attached.	23.02.18 Minor Works request submitted for outstanding controls.	MOD	DIV
3754	04/01/2016		Office(s)	Dermatology Office Risks due to file storage issues	Electric shock from electrical equipment in the office. Faulty equipment could lead to a fire which would spread rapidly due to the amount of combustible material in the office which is stored on walkways. Fire would subsequently result in damage to property. Staff may suffer smoke inhalation and/or burns. Musculoskeletal injury while moving/retrieving charts. Personal injury to members of staff due to the storage of patients charts on the floor and underneath desks. Walkways cannot be kept clear due to the volume of files processed in this office and the limited availability of shelving which also has an impact on the safe evacuation of staff from this area in the event of a fire. See Hazard no. 9 & 10. Risk of musculoskeletal injury from incorrect workstation set up.	Fire Safety training for staff. Fire Safety Policy. Fire evacuation plan. Electrical equipment is subject to Portable Appliance Testing (PAT). Manual Handling Policy is available on the intranet. Manual handling training (3 yearly for low risk staff). Limited shelving is available. DSE Procedure is available on the intranet.	12.12.16 No further update 22.02.16 Ongoing. Urgent fire risk assessment required. Please contact Vincent Burke to request this. Remind staff to complete fire safety training on an annual basis. Remind staff to report any faults with electrical equipment, mark it faulty and remove from use. Manual handling risk assessment to be completed for inanimate loads e.g. patients charts, stationery items etc and shared with staff. Request should be made for additional accommodation to facilitate the storage the storage of charts by as the current accommodation is unsafe and a high fire risk. Request to be made to Estates to measure the office to determine if it meets the requirements of Regulation 10 of the Workplace, Health, Safety & Welfare Regulations. DSE self-assessment and 12 point plan to be issued to staff. Staff to be made aware of their entitlement to eye and eyesight testing in accordance with the Trust's DSE Procedure. Staff should complete the DSE awareness via e-learning. Access should be requested via Irrelevant information redacted by the USI	MOD	DIV
3792	13/04/2016	Provide safe, high quality care Be a great place to work		Waste Storage and Handling CAH	Lack of space for waste dispersal rooms on 1, 3 and 4 North leading inappropriate storage / segregation of waste and risk of leaks from contaminated clinical waste if not stored safely. Waste storage area on 1 East / 1 West and 2 East / 2 West are too small for ward requirements.	3 North waste is stored in the Sluice Room; 4 North waste is stored in a store room and 1 North waste is stored in the Domestic Store. Housekeeping arrangements are in place to ensure waste is stored as safely as possible. Staff are aware to report incidents, which are subsequently recorded on Datix. Spills are cleaned immediately. PPE is provided for staff handling waste and staff are trained in the use of PPE. Staff receive waste management training.	23/2/2018 - 4N have black and yellow bins in their dispersal now. 1N, 3N, 1W/1E, 2W/2E no progress.	MOD	DIV
3291	28/11/2012	Safe, High Quality and Effective Care	Grounds	Traffic Management problems CAH	Contractors taking up space. Limited entrance and exit access causing grid lock of site in the event of an emergency / major incident. Limited parking spaces around the site. Risk of injury to patients having to park distance from hospital entrance. Patients missing appointments as unable to find parking space - disabled and able bodied. Staff, patients and others unable to use foot paths due to cars parked on them - risk of injury from collision with vehicles. Inappropriate parking compromising access for emergency vehicles and pedestrian access to hospital. Risk of injury to pedestrians as no safe footway in parts of the site.	Security porters, cones and sticker patrols to prevent inappropriate parking. As part of Major Incident Review the Director of HR / Estates clarified Estates are responsible for traffic flow on site and FSS are responsible for car parking.	23/2/2018 - Parking enforcement has been introduced at protect drop off zones, red hatched areas, emergency routes, ambulance bays and disabled spaces. Additional spaces at Craigavon Area Hospital. Traffic calming measures including ramps at pedestrian crossings and speed control signage at Craigavon Area Hospital. Renewed markings on disabled spaces to ensure they are visible.	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3355	16/05/2012	Safe, High Quality and Effective Care		Actichlor plus	Risks highlighted: Ingestion of product, Skin damage due to contact, Eye damage due to contact, Unauthorised access to product, Unsafe systems of work by staff, Inhalation	All staff are trained in the safe use of this chemical i.e. induction, BICS, COSHH, food safety and on the job training and in compliance with regional guidance on colour coding. Staff are advised to wear correct PPE when using this product and during the disposal of large quantities and in the event of a large spillage. PPE includes eye protection, apron, & gloves. Safe storage of the product - product stored upright in a closed labeled container - in a cool, dry, well ventilated area. Store away from incompatible materials and sources of direct heat. Store in locked cupboard in Domestic Services store - locked if available. Staff are trained not to mix chemicals. COSHH risk assessments and safety data sheets are located in the managers/supervisors office and in sister's office in A&E. Colour coding for area. Ongoing monitoring & reviewing of COSHH risk assessments. Trust policies & procedures e.g. Health & safety at work, COSHH, Manual handling etc. Cleaning work schedules. Kitchen hygiene audits - monthly audits and spot checks. Uniform audits e.g. low and closed in shoes. Staff referral to occupational health where necessary	12.12.16 As good control measures are in place the risk rating is being reduced from Moderate to Low.	LOW	DIV
3453	26/06/2013	Safe, High Quality and Effective Care	Switchboard	Internal Bleep System Failure	Risk to patients, staff, service users in the form of: Potentially unable to activate Emergency Teams e.g. Cardiac, Stroke, Paeds, Obstetrics, ILS, etc. Unable to reach individuals in an emergency e.g. Cardiac Nurse, Stroke, Security, etc.	Daily tests carried out on all teams. Maintenance contracts in place with Multitone (bleep providers) and Estates responsible, protocols in place for activating bleeps.	5.4.18 New Multitone iMessage paging system in operation. System is now running of multiple transmitters to ensure that if there are any outages that another server provides resilience. 16.8.17 New iMessage system delivered March 2017. Problem with the servers discovered during implementation. Estates has advised that "go live" will be September 2017.	LOW	DIV
3777	08/03/2016			Waste Management South Tyrone Hospital	Risk of Infection from waste contaminated with blood/bodily fluids. Injury due to sharps being disposed of incorrectly into waste bags, laundry etc and coming into contact with member of staff. Risk of musculoskeletal injury from handling waste which involves carrying on the same level and also between stairwell levels, bags being overfilled. There is excessive handling of waste bags due to lack of storage facilities in wards and departments to allow waste to be placed in the bins by the users. Waste is as result handled 3 to 4 time by staff thus increasing the risk of injury/ exposure. Risk of injury from slips, trips, falls due to the lack of storage. Lack space to provide suitable waste management arrangements leading to excessive handling result in injury to staff, leaks from contaminated clinical waste if not stored correctly. Porter staff have to go out in all-weather to move waste, from the vehicle and as all the bin storage is open to the elements.	Sharps boxes are provided for disposal of sharps. Segregation of waste. Safe Management of Healthcare Waste- 2013 (information available on the intranet). Waste management training. PPE provided for staff handling waste. Staff trained in use of PPE. Corporate Risk Assessment on Blood Borne Viruses (available on intranet). Staff aware to report incidents, which are subsequently reported on Datix. Manual handling training. Waste management training (advised not to overfill bags). Manual Handling policy. Manual handling risk assessment. Safe systems of work. Staff aware to report incidents, which are subsequently reported on Datix. Cleaning of spillages immediately. Housekeeping arrangements are in place to ensure waste is stored correctly. Staff aware to report incidents, which are subsequently reported on Datix. Cages are provided to store waste. Spills are cleaned immediately. Staff aware to report incidents, which are subsequently reported on Datix. PPE raincoats s are provided.	12.12.16 As all the recommendations made following the HSENI Clinical Waste Inspection visit on the 1 December 2015 have now been actioned the risk rating is being reduced from Moderate to Low. 8/3/16 Domestic Services staff to be advised not to overfill bags and waste receptacles. Communication to be forwarded to ward/department managers advising their staff not to overfill bags. Manual handling risk assessment shared with staff.	LOW	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3281	26/11/2012	Provide safe, high quality careMaximise independence and choice for patients and clientsSupport people and communities to live healthy lives and improve their health and wellbeingMake the best use of resources	Kitchen/Dining Room	Risk of vulnerable patients contracting E coli 0157 from very low levels of contamination of ready to eat foods	E. coli O157 is a particularly dangerous type of bacteria because it can cause serious, untreatable, illness and even death from very low-levels of contamination of ready-to-eat food. Because E. coli O157 survives at freezer, chill and ambient temperatures, measures to control cross-contamination apply to all of these environments. Although E. coli O157 is the key focus of this guidance, the measures outlined will also help in the control of other food poisoning bacteria, such as campylobacter and salmonella. The risk of E. coli O157 cross-contamination should be considered wherever raw foods such as raw meat and unwashed vegetables are handled and where ready-to-eat foods are also handled. Without strict controls, E. coli O157 can be spread throughout any food processing environment. It is therefore essential that ready-to-eat foods are at all times handled and stored in clean areas where controls ensure the environment is free from E. coli O157 contamination.	1. External inspection by Environmental Health Officers and CDCC. 2. All food handlers are trained in food safety and HACCP. 3. There is a HACCP in each facility. HACCP plans are reviewed by the Catering Manager and the Locality Support Services Manager as required. 4. Hand washing and Food Safety Audits are completed. 5. There is complete physical separation of raw and ready to eat food during delivery, handling and storage in fridges. 6. The Trust has a dress code policy which covers uniforms, the wearing of jewellery etc. and audits are conducted to measure this compliance. 7. All staff are trained on cleaning disinfection and hand washing.	12.12.16 No further update 26.02.16 Controls have been improved in all food production . At CAH this has been completed by the building of a partition and in DHH a separate area is used , in other units measure are in place to keep these function to sepetate area/times and handling to a minimum. Additional training on all aspect of e-coli has been delivered Food handling and staff practices continue to be monitored, and audit arrangements have been updated. Additional checks are in place at meal times. Supervision has been reviewed at CAH and there is now a lead cook on shifts. Contingency plans have been reviewed and the learning from Incident in June 2015 has been taken on board. a new contract is in place fo microbiological testing and locally ATP machines are purchased to allow more frequent sampling of surfaces and handwashing.	LOW	DIV
3807	13/06/2016		Office(s)	Falls from height on Admin Floor CAH	Fall from height. Potential for someone to climb up and fall over the balcony from the admin floor to the atrium. Unauthorised persons in restricted areas which could lead to a breach of confidentiality, risk of theft or physical attack	There is wall approx. 102m high with a stainless steel guard rail. The main door is locked at night and weekends as are Individual room	12.12.16 The window panels have been installed thus reducing the risk to Very Low. The installation of access control system has no impact on falls from heights and a separate risk assessment on access to restricted areas is required to measure this risk. Window panels to be inserted to the openings on the full length of the area of the corridors open to the atrium. Install access control system to the corridor doors and back stairwell on admin floor	VLOW	DIV
3454	26/06/2013	Safe, High Quality and Effective Care	Switchboard	Risk of Telecoms Failure Across CAH, SLH, STH, and LH	Potential for telephone lines to go down: a)Internally b)Cross-site c)Internally/cross-site/externally d)External lines only Risk 1: If lines go down internally - risk to patients and staff Risk 2: If lines go down externally - risk to members of the public	- Contracts are in place with Telecoms providers. - Protocols are in place with Estates services in relation to re-establishing telecoms links. - Mobile telephones are also available for use within A&D, and C&B localities.	5.4.18 New telephony system "Equinox" to be installed from April 2108. Significant increase in amount of VOIP handsets within the Trust. 16.8.17 Partial roll out of VOIP handsets - Estates awaiting approval of revenue funding to enable full roll out of VOIP handsets. 22.02.16 Capital funding approved to enable Estates to purchase additional hardware. Estates awaiting approval of revenue business case for roll out of VOIP handsets.	LOW	HOS

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3938	30/01/2018	Safe, High Quality and Effective CareAccessible and Responsive Care	Occupational Therapy Department	Data confidentiality and Information Governance risk	Lack of storage, 3 cages in OT Dept holding 53 boxes 2017 records, held in an area with high level of patients attending. Query confidentiality and Information Governance Risk. Possible breach of confidentiality, staff tripping and litigation.	Formal request has been made to stores to collect the cages as urgent. No other controls in place.	27.02.18 Risk continues to be monitored	HIGH	DIV
3728	01/09/2015	Provide safe, high quality care	Trustwide	Serious concerns following June 2015 Cancer Peer Review	Serious concerns for skin, urology and H&N following assessment against the cancer peer review standards. Potential for Harm; The highlighted serious concerns may result in risk to patients who are/should be on the cancer pathway.	Recognised capacity gaps exist, consultation with HSCB ongoing with IPTs submitted where appropriate and participate and await the outcome of the Regional outpatient reform exercise. With regards to CNS's await outcome of the Regional CNS prioritisation project.	22.1.18 No longer serious concerns. Awaiting new Risk Assessment with accurate update. There are now action plans in place for each cancer MDT. 14.11.17 Ongoing process. Working closely with cancer MDT's to ensure compliance against standards 6/6/17 Clinical Nurse Spec workforce expansion on a 5 year period agreed by HSCB. Skin & other CNS under recruitment. 24/10/16 Fiona Reddick to provide an update 6/1/16 - The Urology & skin task/finish groups continue to meet to address peer review issues.	MOD	DIV
3191	03/09/2012	Safe, High Quality and Effective Care		62 Day Cancer Performance	Trust fails to meet performance standard due to increase in red flag, capacity issues, inability to downgrade and Regional issues.	Daily monitoring of referrals of patients on the 62 day pathway. Escalations to HoS/AD when patients do not meet milestone on pathway. Continuous communication with Regional with regard to patients who require PET and ITT patients for Thoracic Surgery, 1st oncology appointment. Monthly performance meetings with AD/HoS and escalations of all late triaging	14.11.17 Cancer work plan under development, Cancer trajectories in place, Weekly monitoring continues 6.6.17 Difficulty achieving 62 day performance due to delay in 1st apt, investigation and external pressures including PET scan lung/cru oncology 28/06/2016-achievement of the 62 day pathway continues to be a risk due to external factors and internal factors such as delay in first appointments, increase in red flag referrals from GPs, Reporting of diagnostics . May performance 76%. • Breast screening and assessment, Breast 2ww - currently unable to achieve this target due to increase in demand and reduction in Radiologists and Surgeons to cover this service. Routine symptomatic breast service.	MOD	DIV

ID	Opened	Principal objective s	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3869	23/01/2017	Safe, High Quality and Effective Care	Trustwide	Limited Speech and Language Therapist Provision	Inability to provide adequate Speech and Language Therapy to acute based patients due to increased volume of referrals of complex patients over previous 10 years - situation escalated by inability to backfill 2 senior staff on maternity leave and complexity of patients requiring SLT assessment. Capacity to provide Dysphagia treatment significantly reduced. Delayed assessment of patients designated nil by mouth so rehabilitation potential reduced. Delayed review of patients on modified diet Delay in discharge as SLT unable to respond to request for assessment and intervention re: swallow management including information re: food/fluid textures to carers. Potential for SAls. Patients discharged prior to assessment Limited rehabilitation to patients, hence longer length of stay in hospital. Complaints received re: service provision Inability to consistently meet professional standards Health and wellbeing of staff compromised Staff working outside levels of competency and under significant pressure. Inability to achieve regional PTL waiting time targets	Several requisitions for recruitment of suitably trained staff - unsuccessful Junior locum staff employed but not skilled enough to fully meet caseload demands All core staff offered additional hours Telephone referral system manned by administration staff Triage and prioritisation of referrals Waiting list for in patients Timetable constantly reviewed with staff managed & moved between the 2 sites to attend to priority demands Cancellation of VFS clinics which leads to distress of patients and families.	22.1.18 Situation has deteriorated and continues to be monitored. 14.11.17 Secured SLT for AMU - recruitment in process, Capacity / Demand paper being revised, Prioritisation of demand continues. 6.6.17 Remains limited due to low investment in this service.	MOD	DIV
3847	24/10/2016	Provide safe, high quality care	Trustwide	AHP Capacity Deficit for Acute Oncology Staff	Lack of timely response to Oncology referrals by specialist staff and limited rehabilitation input.	Patients rehabilitation may be compromised.	22.1.18 Still ongoing risk 14.11.17 -Capacity and demand paper being revised, This need remains largely unmet 6.6.17 Regional work still ongoing Dec 16 Working with region to establish any regional developments.	LOW	DIV

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
747	28/07/2008	Safe, High Quality and Effective Care	CAH DSU, STH - DPU, DHH. No Backup Electrical supply	All these areas currently does not have any form of backup electrical supply other than the emergency generator; in the event of a power failure all power supplies to socket outlets will drop out for approx. 15 seconds until the generator comes on line.	Battery backup exists on the anaesthetic machine only.	12/6/18, 7/3/18, 7/11/17, 4/7/17 & 30/5/17 No change, continues to be on the minor works request. Requires to be prioritised by the Acute Directorate. 6.11.17 STH - Has UPS on all endoscopy storage cabinets 6.11.17 CAH DSU has UPS all equipment including anaesthetic machine 6.11.17 Awaiting confirmation from DHH? UPS available on all equipment Moved to Directorate RR Dec16.	HIGH
3951	10/04/2018	Provide safe, high quality care	Delays in isolation	Due to lack of side rooms/one to one nursing/lack of bed capacity in the service. Risk of spread of infection. Failure to isolate promptly can lead to outbreaks, close of bays, increased pressure on service. May lead to potential patient harm through the spread of potentially preventable infection or due to a lack of beds.	Trust can emphasise the importance of IPC issues at bed meetings and elsewhere. A recent teaching sessions was arranged to do this amidst the winter pressures. Side rooms are often occupied for reasons other than IPC reasons. IPC reasons for isolation are often of critical importance in that severe harm can be done to other patients and staff by failure to isolate promptly. This is often not the case for other reasons patients are in side rooms and side rooms should be prioritised to maximise patient safety. The Trust should also look to ways to enhance the capacity to isolate a patient when the hospital is full and a patient needs isolated urgently e.g. where a patient could be moved out of a room to facilitate critical IPC isolation.	Risk added to Directorate RR April 2018	HIGH
3952	10/04/2018	Provide safe, high quality care	Delays in prescribing treatment for CDI	Delay in treatment of infection can be associated with increased morbidity and mortality. The enquiry into the Northern Trust Clostridium difficile outbreak said that treatment should be given to any patient with Clostridium difficile within 2 hours of diagnosis. Where such a patient is septic they should receive treatment within 1 hour as per the Sepsis 6 criteria. Failure to treat a patient promptly carries of risk of adverse consequences to the patient (e.g. pseudomembranous colitis, toxic megacolon, the need for laparotomy and subsequent stoma a formation, death) as well as a risk of subsequent litigation to the Trust and the potential for disciplinary procedures to doctors and nurses from their governing bodies.	The microbiology laboratory calls out positive C.difficile results as soon as they are known and informs the consultant microbiologist on duty and the Infection Prevention and Control Nurses (during working hours). The microbiology laboratory is fully complaint with the Royal College of Pathology's Key Performance Indicators with regards to this matter as audits would reflect. Nursing staff when contacted should inform medical staff immediately. On certain occasions this has not happened as RCAs have reflected. On other occasions medical staff have given excuses that they have been too busy to attend within 2 hours. This more often occurs depends the out of hours periods whenever there is a relative lack of medical cover and there is a particular issue in the non-acute sites where there is no resident medical cover. A lack of awareness of the urgency of treatment has also been given as a reason for not treating promptly. There would be significant concern that this could reflect general medical busyness out of hours and that other treatments could be being delayed as doctors are overwhelmed by the volume of work out of hours. The delay in administration of treatment for Clostridium difficile is is being picked up because of the root cause analysis process but many other things are not picked up. The antimicrobial stewardship team proposed a PGD to allow	Risk added to Directorate RR April 2018	HIGH

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3953	10/04/2018	Provide safe, high quality care	Inappropriate antibiotic use (tied to stewardship issues in terms of corporate actions needed)	Inappropriate antibiotic prescribing can lead to a rise in antibiotic resistance which impacts on the safety of the entire public. It can also lead to side effects for individual patients such as Clostridium difficile infection (CDI). The risk of CDI is enhanced where antibiotic treatment is unnecessarily broad spectrum or overly prolonged. Inappropriately narrow spectrum or inadequately long courses of antibiotics can also lead to adverse outcomes for patients including recurrences of infection and death. Inappropriate prescribing most often occurs:- (a) When patients receive antibiotics when they do not have infections - this often occurs whenever a diagnosis is initially unclear and infection is in an initial differential but antibiotics are not stopped whenever the situation becomes clearer. (b) A clear diagnosis is not made e.g. a patient is designated ?LRTI ?UTI - often even when a diagnosis is subsequently made broad spectrum antibiotics are not narrowed as they should be (c) When patients receive prolonged antibiotic courses instead of getting proper source control - all guidelines advise that abscesses or infected collections should be drained promptly if at all possible The patient is at side effects from antibiotics, at risk of acquisition of multi-drug resistant organisms, at risk of Clostridium difficile and potentially death.	The Trust conducts antimicrobial stewardship rounds to reduce inappropriate antibiotic use. This service however is limited by the inadequate number of microbiologists and antimicrobial pharmacists. The Trust has far fewer microbiologists than neighbouring trusts and the number it is funded for (2) is far short of what the Royal College of Pathologists standards says it requires. The Trust only employs 1 antimicrobial pharmacist in comparison to the standard 2 in other Trusts. This means that the stewardship round service is exceptionally vulnerable to leave or illness and at best only is staffed to function two thirds of the year. The service has been severely impacted by the current staffing situation in the Trust. The Trust has only had a single microbiology consultant for over a year and a half. At times there has been no locum cover and there is not capacity to do stewardship rounds when a microbiology is single-handed. Since the Trust's antimicrobial pharmacist was promoted several months ago the Trust has had only had a pharmacist effectively 1 day a week which again had a severe further impact on the antimicrobial stewardship service. Membership of the Trust's Antimicrobial Team Meeting (the main forum for communication for stewardship issues) had waned however the DIPC recently reviewed the membership of the meeting and medical leaders are now expected to attend. This has significantly improved the platform at which stewardship is	Risk added to RR April 2018	HIGH
3954	10/04/2018	Provide safe, high quality care	Lack of documentation	Root cause analyses are repeatedly picking up incidences of poor documentation e.g. lack of filling out of Clostridium difficile bundle, lack of documentation that the patient has been informed of a diagnosis of Clostridium difficile, lack of filling out of cannula charts, etc. Lack of documentation can reflect either that something that should have happened has not happened or just that it has not been documented. In the former there is a direct risk to patient safety (e.g. death from Staphylococcus aureus bacteraemia from a cannula that was not inspected properly and removed when it should have been, death from Clostridium difficile due to deterioration not being picked up due to lack of due diligence in the application of the bundle). In the latter there is still danger to the patient as staff subsequently on duty will not be able to see what was done as it is not documented. There is also significant risk to litigation to individual staff and the Trust as without documentation to say that good practice has been carried out there is no proof that it has been done.	Medical and nursing training would emphasise the importance of good documentation. Root cause analyses would emphasise the importance of this. The recurrence of this problem as demonstrated by repeat root cause analyses however would suggest that current control measures are not sufficient. When challenged regarding poor documentation excuses given are usually:- (a) A lack of education/awareness regarding aspects of care bundles (b) A lack of time to document things due to service pressures Problem (a) could be resolved through additional education to staff through Lead Nurses, Ward Sisters and Clinical Directors to their teams where this is needed. Problem (b) can only be resolved by easing the pressure on nursing and medical staff in general. In general the experience of the IPCT is that nursing documentation is better than medical documentation, especially with regards to documenting when a patient has been informed of their diagnosis.	Risk added to Directorate RR April 2018	HIGH

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3829	13/09/2016	Safe, High Quality and Effective Care	Absconding patients from all Wards & Department	Patients at risk of leaving the ward or department without investigations, diagnosis and management plan in place. Patient risk - Incomplete treatment for medical or mental health issues leading to physical and/or mental health deterioration Risk of self harm / death Staff risk- unable to deliver care to patients, risk of violence and aggression when trying to persuade patients to avail of assessment, treatment and care for their illness.	Level of absconding rates identified. Absconding patient protocol in place. Staff awareness raised. Datix reporting in place. Short life working group established to review access to wards and departs promoting pts and staff safety.	23/2/2018 - Additional measures have been introduced to access and egress from ED and AMU. Swipe card is required. Statistics need to be reviewed before consideration can be given to reducing the risk rating. Situation continually monitored.	HIGH
773	29/07/2008	Safe, High Quality and Effective Care	CAH Theatres Endoscope Decontamination room	The interim Endoscope decontamination facilities at CAH theatres do not meet DHSSNI decontamination strategy. There are no transfer lobbies or staff gowning rooms. The process flow is severely compromised by the size of the extremely cramped unit. There is no room for expansion. The workload in the endoscope decontamination facility has increased considerably over the last number of years due to additional theatre and radiology sessions as well as additional ENT OPD clinics. There is inadequate space for holding the contaminated endoscopes for manual washing prior to the automated process in the endoscope washer disinfectors. This frequently creates a bottleneck and slows down the process flow and turnaround time. The endoscopes and transport trolleys have to be stored in the hospital corridor outside the endoscope decontamination room due to lack of space - increased risk of theft (trolley plus endoscopes). In the event of any prolonged endoscope washer disinfectors downtime there would be significant disruption to endoscopic procedures in Theatres, Radiology, ICU or in ENT OPD as there would be insufficient capacity to decontaminate the endoscopes on the Craigavon site. There would also be logistical issues and delays in turnaround times if the endoscopes had to be transported to another Trust site for decontamination ie Daisy Hill or South Tyrone. The endoscope washer disinfectors were installed in 2009 and	Situation being monitored.	12.6.18, 7.3.18 This risk remains unchanged 1.12.16 No further change 13.9.16 Head of Decontamination Services will work with Acute Planner to explore options for a modular unit adjacent to CAH CSSD to replace the existing the interim arrangement. Given that CSSD will form part of Phase 1 for the CAH Redevelopment, a modular solution will be considered as a further interim arrangement although it will need to address existing concerns. Indicative costs to be detailed in the paper and logged for consideration under capital allocations for 17/18. 23.2.16 Following discussion at Acute senior management team with Head of Acute Planning, the risk will be addressed in the first phase of the redevelopment of the Craigavon site. On this basis it was agreed that nothing further would be done at this stage. 5.1.16 Short paper highlighting the risks shared with Planning Dept and Director of Acute Services	HIGH

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3528	05/02/2014	Safe, High Quality and Effective Care	Pharmacy Aseptic Suite	The external audit of the pharmacy Aseptic Suite, which prepares all the total parenteral nutrition and the chemotherapy for oncology and haematology patients, has identified The design and fabric of the aseptic building does not meet the modern building standards for pharmacy aseptic dispensing units (critical audit finding). Application of the newly introduced capacity plan has identified the chemotherapy pharmacists' activity is exceeding 100% on a regular basis (Major audit finding) The two isolators used in the cytotoxic reconstitution section of the aseptic suite both require urgent replacement.(Major audit finding)	Increased environmental monitoring to check for failures of sterility in the unit Expiry dates of all products prepared has been reduced to a maximum of 24 hours. A daily report on the chemotherapy pharmacists activity level in relation to the capacity plan has been developed and implemented Additional activity will not be accepted by the aseptic unit until the staffing issue is resolved Additional environmental and function testing is being performed on both isolators to identify any sterility failures.	16.10.17 Unchanged 1.12.16 No further update. 13.9.16 Development Work ongoing 1/3/16 Work commenced for new suite. • Confirmation of the funding for the business case for a new build aseptic suite co-located with the Mandeville Unit was received at the end of July 2017. The design team have met throughout August with the aim of commencing the build in March/April 2017. • Recent deterioration in the fabric of the building has been addressed through an interim plan involving urgent minor works to the aseptic suite which was completed by mid-May 2016. • The external auditor revisited the suite on 26th July 2016. Their report is awaited. From discussions with the lead auditor on the day, it is expected that their report will still class the unit as high risk, but will recognise the work that has been done to manage this risk whilst the new unit is awaited. two additional pharmacist posts were funded by HSCB to address the staffing deficit that was leading to the capacity plan model showing that the pharmacists are working between 130 and 150% capacity. Both	MOD
3729	01/09/2015	Provide safe, high quality care	Lack of ability to recruit and retain senior decision makers in DHH ED (or inreach from Med or Surg) in OOH period	In th context of rising attendances to DHH during the 24 hour period, (specifically in the last 12 months = 10%), numerous unsuccessful medical recruitment drives to improve and stabilise the senior decision maker tier in and out of hours within the ED and clinical governance concerns, the acute directorate believe that DHH ED in its current form is not fit for purpose. Potential for Harm; There is an increased risk to patients and service users in the OOH period as there is no ready access (on the floor) to senior medical decision makers.	Immediate and ongoing: Trust seeking agency locum middle grade cover in DHH ED, or via in reach from medicine and surgery. Immediate and ongoing: abdominal pain protocol agreed and operationalised between ED and surgery Immediate and ongoing: Adverts for substantive middle grade staff in ED, and / or Surgery and Medicine to provide senio decision makers within the OOH period. Closing date 4th June Immediate and ongoing: Daily monitoring with the acute directorate. Weekly monitoring by Cx chaired oversight group.	1.12.16 Situation continues to be monitored. 15.09.2016 Consultants appointed to CAH doing outreach to DHH. Locum doctors have been engaged. Plans to readvertise for permanent staff 27.05.16 - Work of Senior Oversight Group continues. 1.3.16 - Senior Oversight Group established in September 2015 to review DHH ED Medical staffing. Group meets fortnightly. Action plan in place to manage the risk. Regular updates provided to PHA, HSCB and LCG. Ongoing efforts to secure additional medical staff through substantive trawls and in the short term through locum agencies. Immediate and ongoing: Daily monitoring with the acute directorate. Weekly monitoring by Cx	MOD

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3897	14/06/2017	Provide safe, high quality care Make the best use of resources Be a great place to work	Insufficient Consultant Radiologists to provide the necessary diagnostic reporting services for SHSST.	Due to insufficient availability of Consultant Radiologists within Northern Ireland and the UK the Southern Trust has been unable to fill the funded posts within Radiology. Therefore the Radiology Department is unable to provide a full responsive reporting service required for inpatient and outpatient examinations ie red flag, urgent and routine examinations. Delay in reporting of routine plain film x-rays has increased due to the rise in demand for inpatient CT and MRI examinations which utilise a significant proportion of Consultant capacity. we have maximised the activity of reporting radiographers and all backlog activity requires reporting by a Consultant Radiologist. Currently 12,000 plain film examinations are waiting for a diagnostic report, 6,299 of these are chest X-rays and of these 2,290 are waiting for reports longer than 28 days. The longest waiters are at 61 days. There is no mechanism for additional in-house activity for plain film reporting. Potential for harm arises due to delayed diagnosis, specifically lung carcinoma, with consequent delay in treatment and poorer prognosis.	Monitoring of waiting lists, prioritisation of Emergency Department, all red flag and urgent examinations. Maximisation of the current IS contracts with 4 ways and RRO, both of which are unable to increase their volumes. Working to procure further Independent Sector (IS) providers for routine reporting via PaLs and NHS supply chain. This latter action is required to deal with the backlog and to maintain the performance standard. Through the Managed Clinical Radiology Network we will seek the assistance of other Trusts within the Region with Plain Film reporting.	7.3.18 Risk remains unchanged, still significant gap in cover	MOD
3663	29/04/2015	Provide safe, high quality care	Single CT Scanner available on both CAH & DHH	No CT service available to patients when the CT is down due to essential maintenance/breakdown. Delay in diagnosis, delay in discharge. CAH major trauma will be diverted to other hospitals.	All essential maintenance is carried out at weekend or evening periods. Trauma patients are diverted. Global communication e-mail is circulated when CT is down. Transfer of urgent inpatients between CAH/DHH sites.	7.3.18 Mobile CT Scan is operational on site. 5.12.16 Mobile CT scanner now on site. Funding up until 31.3.17 to seek further funding to retain on site 17/18. 13.9.16 No further update provided 28.6.16 Awaiting funding to replace mobile CT scanner to place 2 permanent scanners on CAH site. 1/3/16 Retaining mobile CT to July 16. 5/1/16 - Jeanette is meeting with Sandra Waddell re completing a IPT to request funding to retain the mobile CT following the 1/4/16.	MOD
3940	26/02/2018		Provision of a on-call bleeding rota	Inability to provide consultant cover every on-call night with the skills to manage patients admitted with haematemesis. Patients admitted with large haematemesis unable to be managed in a time critical manner.	Registrar manages the patient with haematemesis in the first instance. If Registrar requires support they would phone round the Gastroenterology Team if available to come in to assist.	10.4.18 Escalated to Directorate RR 26.02.18 Risk added to Divisional Register	MOD

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
2979	13/05/2011	Provide safe, high quality care	Multiple records/charts per patient e.g. a patient may have STH, CAH, BPC & DHH medical notes	Patient is at risk due to information in multiple charts (no one chart may contain a full record of patient history and investigations). Trust from risk of litigation. Risk to patient of incomplete information being available at time of consultation, incorrect diagnosis due to incomplete information, delay in diagnosis, risk of injury and/or death. Reputation of Trust at risk.	Patient information is available electronically in Patient Centre, NIPACS, Labs, TOMCAT. Charts for CAH and DHH only now registered. All charts are made available if requested.	7.3.18 Risk remains unchanged 28.09.17 Further work is to take place with regard to registration of CAH and DHH charts and a move to 1 patient 1 chart. Initial discussions will take place in October with Health Records managers and the Booking Centre to identify issues relating to registration, and following this a proposal will be taken to Acute SMT for discussion and agreement. 28.12.16 - work ongoing with continuing to reduce number of charts per patient in circulation - robust weed and destruction of charts takes place every year and registration reduced. Risk reducing each year. 12.9.16 work still continuing on reducing the number of charts per patient - this is an ongoing exercise. A trial of going "paperlight" was conducted in June - Aug 16 which would reduce the amount of paperwork generated per patient however, until such time as a "write on" information system is available we cannot progress with paperlight / paperless clinics as information still needs to be recorded on the patient visit.	MOD
3070	23/01/2012	Safe, High Quality and Effective Care	Omitted and delayed medications within Acute Directorate Wards	Wards and departments not administering medications in a timely manner. Patients are receiving an inadequate quality of service with the potential risk for harm.	Staff nurse or ward based pharmacist where possible highlights all incidents via datix. Proforma is to be completed in conjunction with the Band 6 and the staff nurse responsible for the omission or delay to reinforce learning and improve standards. Staff nurse to escalate to Ward Sister if any delays or omissions at ward level.	06.09.17 Jilly and Trudy to discuss 1.12.16 No further update. 13.9.16 Audit completed. Report circulated for learning. Showing some improvement but NQI monitoring continuing. 27.05.16 - Yearly audit taking place May/June 2016. 23.02.16 - Ongoing NQI audits continue to highlight this problem area. 24.09.15 - Focus on the number of omitted and delayed medications in SEC continues supported by lead nurses, HoS and the NEAT project. Regular audits to monitor performance in this area and learning from medicines incidents group shared across the directorate.	MOD
3304	16/01/2013	Provide safe, high quality care	Lone Workers in X-Ray after 12 midnight	Risk to the welfare of the lone Radiography staff working out of hours shifts either in CT or when performing Mobile radiography in remote areas of the hospital. On both instance the lone Radiographer is required to come into the x-ray department that is located some distance from ED and the wards. This leaves the lone Radiographer vulnerable and at risk from verbal/physical abuse/theft from visitors and patients. This potentially increases the staff's stress levels. Staff have a right to expect a safe and secure working environment. Risk of patients/visitors having free access to the x-ray department during the period from 8pm-8am as the department is not locked down securely during this period.	Staff Awareness. Restricted access in some areas. MOVA policy and procedures. Personal attack alarms issued to all staff. CCTV. Porters available to escort staff. Porters and Radiographers to lock main doors of x-ray when not in use. Radiographers required to checked that all doors into x-ray are locked before 8pm at night. Lone worker policy. IR1 Reporting.	14.11.17 Awaiting update from J Robinson 5.12.16 The lock down system is being installed W/C 12 Dec 16. 13.9.16 Situation continues to be monitored	MOD

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3733	24/09/2015	Safe, High Quality and Effective Care	Directorate's ability to recruit and retain nursing staff due to a regional and national shortage of qualified nursing staff.	There is a potential for wards to be understaffed which will result in poor outcomes for patients.	The Directorate continues to use bank and agency staff, overtime, innovative practice such as recruitment fairs, making best use of staff in post, and ongoing staff development.	12/06/18 - Nursing recruitment fair start of May18, 1 recruited for theatres & 1 for T&O. All measures to combat vacancies utilised and exhausted. Risk remains same. 07.03.18 Continued risk remains same 23.9.17 - Recruitment remains unchanged in that most wards have unfilled funded vacancies. Usual measures to combat these vacancies continue ie Bank, OT and agencies. 4.7.17 Unchanged 30/5/17 - international recruitment drive for staff nurses ongoing. Local interviews ongoing. Continue shortage of nurses continue - both regional and national shortage 1.12.16 International recruitment for this year finished. New nurses to start in 2017. 1 to Ward 4 North and 1 to Ward 4 South. Band 5 Recruitment day conducted on 25.11.16 13.9.16 Phase 1 international recruitment started. Induction program in place prior to staff allocation to wards. Ongoing recruitment continuing. 27.05.16 - Regional and International recruitment continues. 23.02.16 - AD of Nursing seconded to	MOD
3819	27/07/2016	Provide safe, high quality care	Shortage of Qualified Midwives for recruitment	Reduced number of midwives being trained due to reduction of intake of students. This impacts on the availability of suitably qualified midwives to fill vacant posts. This problem will increase as the number of current midwives retire from service. Potential risk of inadequate staffing to provide safe, effective and quality care for mothers and infants.	Ongoing recruitment -Utilisation of bank staff to cover rota -Regional workforce working group to address the issue across all trusts.	05/09/2017 Recruitment has been successful, minimising vacancies (now 20 wte) however due to an aging workforce and continuing shortage of available midwives we need to maintain on the Risk register. Update 1/2/17 . We have now 27 midwife vacancies primarily in CAH . Recruitment continues but shortage remains. 5.12.16 We have successfully recruited a number of new midwives. Unfortunately many will not be available for work until they qualify in 2017. 13/9/16 Ongoing recruitment.	MOD

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3922	13/11/2017	Provide safe, high quality care	Lack of funding to ensure compliance with NICE guidelines that have been regional endorsed by the DHSSPSNI.	In April 2017 a Band 5 Governance Officer commenced work within the Acute S&G team as part of a secondment from the Corporate Governance team. This secondment to the Acute S&G forum ended on 31/12/17. The purpose of this audit was to ensure that an assurance framework is in place to comply with the reporting arrangements to the relevant external agencies (such as the HSCB). The outcomes from this audit are now being operationalised and outstanding actions are presented at the Acute S&G forum and Divisional Governance meeting to ensure progression. As part of this work a significant number of NICE guidelines have been identified as having an external barrier impeding implementation. This audit identified 53 NICE guidelines where an E proforma is required. 34 E proformas have been submitted to the HSCB and a further 8 are pending submission once the baseline assessment has been completed and approved by Acute SMT. 11 E proformas are now due for review and work is progressing to undertake this process. A copy of the updated May 2018 E proforma report will provide evidence of this work. The work also provides a timely trigger for the compliance position to be reviewed in accordance with stipulated review timescales. In the past the HSCB would have reviewed 'red' status guidelines for all Trusts and for guidelines were all Trust's identified significant barriers these would have been prioritised	Provision of bi monthly assurance responses to the HSCB as part of the Trust's Positive Assurance response. The content of this report is approved by the Director of Acute Services and Director of Performance prior to submission The accountability arrangements for the management of S&G within Acute Services are well defined to ensure the risk of not complying with a guideline due to identification of an external barrier is communicated to the SMT in a timely way. There are robust processes in place to ensure timely review of E proformas to ensure any change in compliance is identified and should the compliance status be downgraded from red to green the HSCB can then be notified	June18 On-going monitoring and review within Acute S&G forum agenda Discussion with Trust SMT since this risk issue will be the same within the other operational directorates, albeit the number of guidelines are less	MOD
3957	30/04/2018	Safe, High Quality and Effective Care	The medical team on the Daisy hill hospital site cannot provide daily senior review for all the Medical in patients	Due to medical workforce they are unable to ensure that all in patients receive a senior medical review. Delay in investigations. Delay in review of investigations. Delay in Diagnosis. Impact on the patient treatment plan. Potential to contribute to overcrowding in ED as some of in patients could be potentially discharged.	Each Ward Sister to identify at the bed meetings if patient has not had senior review. Ensure that outlyers are seen and escalate accordingly to Lead Nurse/ HOS		MOD
3958	30/04/2018	Safe, High Quality and Effective Care	EBUS service is not funded and therefore patients are waiting 4 to 6 weeks for this investigation	Patients requiring this investigation will have delayed diagnosis. Pot for Harm - Delay in investigations. Delay in Diagnosis. Impact on the patient treatment plan. Potential that diagnosis could be Cancer.	We currently have 1 session unfunded Working with Performance team to secure additional session for staff. To reduce delays patients are being transferred to other hospitals for this procedure Need To prioritise equipment ie Scopes for this procedure		MOD

ID	Opened	Principal objective s	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3529	05/02/2014	Provide safe, high quality care	Non compliance to Standards and Guidelines issued to Southern Trust	There is often a time lag between when the external agencies require the Trust to achieve full compliance against the recommendations outlined within standards and guidelines and when this is actually achieved. Such non-compliance poses the following risks for the patient and the organisation: - Reduced ability to deliver quality patient care; Compromised patient safety and wellbeing; Poor patient outcomes - mortality/morbidity, delayed discharge, increased secondary complications; Staff members are non-compliant with evidence based working practices, lack of standardised practice, vulnerable wrt registration; Organisational risk - complaints, incidents, litigation, As of April 2018 there are 1609 standards and guidelines identified on the Trust's register. 74% (1193) of these are applicable to Acute Services Directorate. Of these, 34% (405) remain at a partial or non determined level of compliance with many identifying significant external barriers impeding the Trust's ability to comply. 689 are indicated as 'Compliant ' and 99 indicated as either N/A or Superseded. It is noteworthy to state some of this data is pending QA as part of Phase 1 and 2 review work which has not been fully completed due to service capacity. Due to volume and complexity of these guidelines it is a challenge for the Trust to monitor and review the compliance status of all the standards and guidelines that have been	Provision of bi monthly assurance responses to the HSCB as part of the Trust's Positive Assurance response. Corporate governance have an Excel database in place for logging and monitoring S&G. Within Acute Services a directorate S&G forum has been established - inaugural meeting was held 19 January 2017. Terms of reference are in place and the forum is chaired by the Director and attended by the SMT. The forum meets twice a month to review all newly issued S&G so to ensure appointment of a clinical change lead is confirmed in a timely manner, thereby ensuring implementation processes are put in place as early as possible. It also reviews and approves implementation plans requiring submission to the the relevant external agency. It approves any policy/procedures/guidance that has been developed as part of these implementation plans. Standard item for discussion at the monthly Acute Clinical Governance meetings with submission of relevant reports Patients Safety & Quality Manager (Acute Services) attends all divisional governance meetings on a monthly basis and presents tailored activity reports to determine progress at an operational level Meeting schedule is in place to ensure meetings are held with the Heads of Service to review compliance against all S&G within their areas of responsibility A new Acute Services Lead Nurse, Midwifery & Radiology S&G forum - meetings held on a monthly basis Monthly summary report is issued out to Acute SMT to	7/3/18 & 5/12/17 Information below remains current 19.7.16 - Decision needs to be made regarding the viability of re-appointing an AMD for Standards and Guidelines (Acute Services) - forms part of the current review of Acute Services structures. Administrative support for the Patient Safety & Quality Manager needs to be reviewed - there is currently no administrative support. Patient Safety & Quality Manager (Acute Services) has successfully achieved a one year NICE scholarship - project is to undertake a review of the directorate's process for implementing standards and guidelines - to be completed by 31/03/2017. Regionally the WHSCT is to undertake a pilot of Sharepoint to ascertain if this system would be fit for purpose for the development of a regional information system for the management of standards and guidelines. HSCB are involved in this process and funding to support this initiative is currently being sought. There continues to be an urgent need to put in place a more effective information system for the logging, dissemination and	MOD
3515	14/11/2013	Provide safe, high quality care	Ineffective Cardiac Monitoring System in certain Wards/Departments in CAH and DHH	The current cardiac monitoring system is old and unable to monitor patients in various wards/departments in the hospital site given their physical location. Monitoring is not available for certain patients and patients then may be required to move to 1 North for monitoring unnecessarily.	Appropriate selection of patients for monitoring.	14.11.17 Waiting on decision to start work with the potential of relocating coronary care beds to the HDU in DHH. 1.12.16 No further update. 13.9.16 In relation to CAH telemetry, this has now been fully implemented in the main acute wards, cathlab, and delivery suite.DHH,is awaiting funding allocation. 27.05.16 - Work in CAH will be completed with 3 months time. Costing obtained in respect of DHH work and added to Capital Estates list for consideration. 1/3/16 Now in place residual wiring being carried out. 14.07.15 - Replacement system purchased and installed. Estates undertaking wiring to ensure all acute areas are covered.	LOW

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2422	13/10/2009	Provide safe, high quality care	Multiple training schedules for staff at Trust Level. Lack of resources to facilitate staff to go to training.	Staff unable to attend training due to multiple training schedules, therefore leaving ward short staff or staff not being updated. Mandatory requirements unable to be facilitated. With staff at training there is a potential risk of not providing safe high quality care to patients. It will deplete staff numbers at ward level therefore failure to meet the expected standards of care. This will apply pressure on colleagues who remain on the ward.	Ward Sister to manage off duty rotas and prioritise training needs/where there are high dependency levels responsibility of nurse in charge to assess situation and take decision on releasing staff for training/more flexible approaches to training eg delivered at ward level,e-learning etc.	23.9.17 - CMT remains challenging to achieve over 80% mainly due to 1- staffing challenges and 2 availability of training which is not 'online'. 1.12.16 No further update. 13.9.16 Awaiting update 27/5/16 - No change. 7/5/15 Ongoing issues remain with the number of training sessions being provided and the ability of ward Sisters to release staff to attend training due to workload and staffing pressures. The NEAT lead nurse team have commenced supporting nursing staff in medical and surgical wards providing essential written and verbal information and training to ensure patient care standards remain at a high level. With nurse revalidation commencing 15/16 it will become even more important to ensure that training is completed for all qualified nursing staff.	LOW
3956	30/04/2018	Safe, High Quality and Effective Care	Non-compliance with NCEPOD inspiration for the future	There are 21 recommendations for this NCEPOD Currently only fully compliant with 1 KPI. Patients who require Non Invasive ventilation have the potential to receive inadequate care as we are non compliant with 21 KPI	Established MuLti Disciplinary working group for the Trust. Established Sub groups to take forward key Indicators. Establish baseline and review in 6 months.		LOW
3936	03/01/2018	Be a great place to work	Lone Worker in Laboratory	Risk of harm to laboratory staff who may be working on their own to provide a critical service on the Daisy Hill site. There is risk to staff form adverse incidents including potential for sudden illness, accident or intruder with no immediate help at hand.	Out of hours entrances and exits are locked. Staff have access to phones and two-way radios that give the laboratory staff access to portering staff in case of an emergency. Single Pane windows upgraded. Personal Panic alarm system installed. Inner doors replaced / thumb turn removed.	7.3.18 Risk continues to be monitored	LOW
3929	12/12/2017	Provide safe, high quality careMake the best use of resources	Declaratory Orders for patients who lack capacity	Decisions sought from the court in those cases when someone lacks capacity and wherein a deprivation of liberty is likely to exist. The risk is that for those cases not taken to the court for a declaration order, there is a risk that the Trust could be challenged through judicial review for the best interests decisions it makes obo individuals without capacity.	Advice is that in all cases where a DoL is evident for individuals assessed as lacking capacity, the Trust should seek a decision from the court. This is neither achievable nor affordable. This paper proposes that Multi-disciplinary teams agree only the most difficult cases are taken to the court for a decision.	7.3.18 Risk remains unchanged	LOW

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3875	21/02/2017	Provide safe, high quality careSupport people and communities to live healthy lives and improve their health and wellbeing Make the best use of resources	The transfer of patient data outside the EEA.	Due to insufficient availability of Radiology Registrars within the Southern Trust the Radiology Department is unable to provide the service of reporting emergency CT scans for patients between 10.00pm and 9.00am daily. This problem has presented itself in the Northern and Western trusts where they also have insufficient staffing. They have addressed this issue by contracting an Independent Sector company. The Southern Trust has procured an Independent Sector company which will be contracted to report on the CT scans during the above hours. The images need to be performed within the Southern Trust and then transferred outside the EEA for viewing and reporting. Reports will then be transferred to the Southern Trust PACS where they will be available to the referring clinician. It is during this process that there is a risk of data loss. The potential risk occurring during the transfer of images outside the trust is the loss of patient data. The risks have been assessed by BSO Legal Services, Trust Information Governance and IT. Due to the following mitigating factors it is believed this risk is of an acceptable level:- Reputable company with contracts ongoing in NHS England Company has DPA obligations in place and have been co-operative in responding to additional requests for clarification -Lack of alternative re processing of records -Consequences of a data breach (CT scan images) -Likelihood of a data breach -Impact on patient if breach occurred	Within the specification the following has been recorded: "3.11 Confidentiality / Intellectual Property Rights. Assurances must be provided to the Trust that data and digital images are secure at all times." Ongoing monitoring of images being sent and reports being returned will also be used to ensure there has been no loss of data.	21.02.17 Risk added to Acute Risk Register	VLOW

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747	28/07/2008	Safe, High Quality and Effective Care	CAH DSU, STH - DPU, DHH.	All these areas currently does not have any form of backup electrical supply other than the emergency generator; in the event of a power failure all power supplies to socket outlets will drop out for approx. 15 seconds until the generator comes on line.	Battery backup exists on the anaesthetic machine only.	30/5/17 - No change, continues to be on the minor works request. Requires to be prioritised by the Acute Directorate Moved to Directorate RR Dec16. 29/11/16 - No change, continues to be on the minor works request. Requires to be prioritised by the Acute Directorate 09.08.16 - No change. UPS/IPS continue not to be prioritised in the minor work schemes. 25/5/16 - Estates advised that UPS/IPS was not prioritised in the minor work schemes to date. Ronan Carroll informed of same. CAH DSU and STH only, remaining sites to be completed. Ronan to email Alan Metcalfe. 5/1/16 - Mary McG to email Estates, as risk remains on the Risk register and minor works lists. Require a completion date	HIGH
3829	13/09/2016	Safe, High Quality and Effective Care	Absconding patients from all Wards & Department	Patients at risk of leaving the ward or department without investigations, diagnosis and management plan in place. Patient risk - Incomplete treatment for medical or mental health issues leading to physical and/or mental health deterioration Risk of self harm / death Staff risk- unable to deliver care to patients, risk of violence and aggression when trying to persuade patients to avail of assessment, treatment and care for their illness.	Level of absconding rates identified. Absconding patient protocol in place. Staff awareness raised. Datix reporting in place. Short life working group established to review access to wards and departs promoting pts and staff safety.	1.12.16 No further change 13.09.16 Situation continually monitored.	HIGH

ID	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk Level (current)
773	29/07/2008	Safe, High Quality and Effective Care	CAH Theatres Endoscope Decontamination room	The interim Endoscope decontamination facilities at CAH theatres do not meet DHSSNI decontamination strategy. There are no transfer lobbies or staff gowning rooms. The process flow is severely compromised by the size of the extremely cramped unit. There is no room for expansion. The workload in the endoscope decontamination facility has increased considerably over the last number of years due to additional theatre and radiology sessions as well as additional ENT OPD clinics. There is inadequate space for holding the contaminated endoscopes for manual washing prior to the automated process in the endoscope washer disinfectors. This frequently creates a bottleneck and slows down the process flow and turnaround time. The endoscopes and transport trolleys have to be stored in the hospital corridor outside the endoscope decontamination room due to lack of space - increased risk of theft (trolley plus endoscopes). In the event of any prolonged endoscope washer disinfecter downtime there would be significant disruption to endoscopic procedures in Theatres, Radiology, ICU or in ENT OPD as there would be insufficient capacity to decontaminate the endoscopes on the Craigavon site. There would also be logistical issues and delays in turnaround times if the endoscopes had to be transported to another Trust site for decontamination ie Daisy Hill or South Tyrone. The endoscope washer disinfectors were installed in 2009 and have a working life of approximately 8 years. The Lancer endoscope washer disinfectors do not have	Situation being monitored.	1.12.16 No further update 13.9.16 Head of Decontamination Services will work with Acute Planner to explore options for a modular unit adjacent to CAH CSSD to replace the existing the interim arrangement. Given that CSSD will form part of Phase 1 for the CAH Redevelopment, a modular solution will be considered as a further interim arrangement although it will need to address existing concerns. Indicative costs to be detailed in the paper and logged for consideration under capital allocations for 17/18. 23.2.16 Following discussion at Acute senior management team with Head of Acute Planning, the risk will be addressed in the first phase of the redevelopment of the Craigavon site. On this basis it was agreed that nothing further would be done at this stage. 5.1.16 Short paper highlighting the risks shared with Planning Dept and Director of Acute Services	HIGH
3528	05/02/2014	Safe, High Quality and Effective Care	Pharmacy Aseptic Suite	The external audit of the pharmacy Aseptic Suite, which prepares all the total parenteral nutrition and the chemotherapy for oncology and haematology patients, has identified The design and fabric of the aseptic building does not meet the modern building standards for pharmacy aseptic dispensing units (critical audit finding). Application of the newly introduced capacity plan has identified the chemotherapy pharmacists' activity is exceeding 100% on a regular basis (Major audit finding) The two isolators used in the cytotoxic reconstitution section of the aseptic suite both require urgent replacement.(Major audit finding)	Increased environmental monitoring to check for failures of sterility in the unit Expiry dates of all products prepared has been reduced to a maximum of 24 hours. A daily report on the chemotherapy pharmacists activity level in relation to the capacity plan has been developed and implemented Additional activity will not be accepted by the aseptic unit until the staffing issue is resolved Additional environmental and function testing is being performed on both isolators to identify any sterility failures.	1.12.16 No further update. 13.9.16 Development Work ongoing 1/3/16 Work commenced for new suite. • Confirmation of the funding for the business case for a new build aseptic suite co-located with the Mandeville Unit was received at the end of July 2017. The design team have met throughout August with the aim of commencing the build in March/April 2017. • Recent deterioration in the fabric of the building has been addressed through an interim plan involving urgent minor works to the aseptic suite which was completed by mid-May 2016. • The external auditor revisited the suite on 26th July 2016. Their report is awaited. From discussions with the lead auditor on the day, it is expected that their report will still class the unit as high risk, but will recognise the work that has been done to manage this risk whilst the new unit is awaited. two additional pharmacist posts were funded by HSCB to address the staffing deficit that was leading to the capacity plan model showing that the pharmacists are working between 130 and 150% capacity. Both pharmacists took up post in Jan 2017 and the capacity score has been reduced to 94% Capital was identified to replace both isolators and this work was completed by January 2015.	MOD

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3729	01/09/2015	Provide safe, high quality care	Lack of ability to recruit and retain senior decision makers in DHH ED (or inreach from Med or Surg) in OOH period	In th context of rising attendances to DHH during the 24 hour period, (specifically in the last 12 months = 10%), numerous unsuccessful medical recruitment drives to improve and stabilise the senior decision maker tier in and out of hours within the ED and clinical governance concerns, the acute directorate believe that DHH ED in its current form is not fit for purpose. Potential for Harm; There is an increased risk to patients and service users in the OOH period as there is no ready access (on the floor) to senior medical decision makers.	Immediate and ongoing: Trust seeking agency locum middle grade cover in DHH ED, or via in reach from medicine and surgery. Immediate and ongoing: abdominal pain protocol agreed and operationalised between ED and surgery Immediate and ongoing: Advertises for substantive middle grade staff in ED, and / or Surgery and Medicine to provide senio decision makers within the OOH period. Closing date 4th June Immediate and ongoing: Daily monitoring with the acute directorate. Weekly monitoring by Cx chaired oversight group.	1.12.16 Situation continues to be monitored. 15.09.2016 Consultants appointed to CAH doing outreach to DHH. Locum doctors have been engaged. Plans to readvertise for permanent staff 27.05.16 - Work of Senior Oversight Group continues. 1.3.16 - Senior Oversight Group established in September 2015 to review DHH ED Medical staffing. Group meets fortnightly. Action plan in place to manage the risk. Regular updates provided to PHA, HSCB and LCG. Ongoing efforts to secure additional medical staff through substantive trawls and in the short term through locum agencies. Immediate and ongoing: Daily monitoring with the acute directorate. Weekly monitoring by Cx	MOD
3663	29/04/2015	Provide safe, high quality care	Single CT Scanner available on both CAH & DHH	No CT service available to patients when the CT is down due to essential maintenance/breakdown. Delay in diagnosis, delay in discharge. CAH major trauma will be diverted to other hospitals.	All essential maintenance is carried out at weekend or evening periods. Trauma patients are diverted. Global communication e-mail is circulated when CT is down. Transfer of urgent inpatients between CAH/DHH sites.	5.12.16 Mobile CT scanner now on site. Funding up until 31.3.17 to seek further funding to retain on site 17/18. 13.9.16 No further update provided 28.6.16 Awaiting funding to replace mobile CT scanner to place 2 permanent scanners on CAH site. 1/3/16 Retaining mobile CT to July 16. 5/1/16 - Jeanette is meeting with Sandra Waddell re completing a IPT to request funding to retain the mobile CT following the 1/4/16.	MOD
2979	13/05/2011	Provide safe, high quality care	Multiple records/charts per patient e.g. a patient may have STH, CAH, BPC & DHH medical notes	Patient is at risk due to information in multiple charts (no one chart may contain a full record of patient history and investigations). Trust from risk of litigation. Risk to patient of incomplete information being available at time of consultation, incorrect diagnosis due to incomplete information, delay in diagnosis, risk of injury and/or death. Reputation of Trust at risk.	Patient information is available electronically in Patient Centre, NIPACS, Labs, TOMCAT. Charts for CAH and DHH only now registered. All charts are made available if requested.	28.12.16 - work ongoing with continuing to reduce number of charts per patient in circulation - robust weed and destruction of charts takes place every year and registration reduced. Risk reducing each year. 12.9.16 work still continuing on reducing the number of charts per patient - this is an ongoing exercise. A trial of going "paperlight" was conducted in June - Aug 16 which would reduce the amount of paperwork generated per patient however, until such time as a "write on" information system is available we cannot progress with paperlight / paperless clinics as information still needs to be recorded on the patient visit. 21.06.16 Registration of charts has changed, so now a patient can only be registered with a CAH or a DHH chart, with no new charts being created in STH, BPC or ACH. This reduces the number of charts that a patient can have. More cross site working is taking place with CAH charts being used in clinics in DHH and vice versa - whereas before each site would have had their own chart. ACH are gradually being filed into the CAH chart so reducing these charts as well. The number of multiple charts per patient is decreasing every year.	MOD

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3070	23/01/2012	Safe, High Quality and Effective Care	Omitted and delayed medications within Acute Directorate Wards	Wards and departments not administering medications in a timely manner. Patients are receiving an inadequate quality of service with the potential risk for harm.	Staff nurse or ward based pharmacist where possible highlights all incidents via datix. Proforma is to be completed in conjunction with the Band 6 and the staff nurse responsible for the omission or delay to reinforce learning and improve standards. Staff nurse to escalate to Ward Sister if any delays or omissions at ward level.	1.12.16 No further update. 13.9.16 Audit completed. Report circulated for learning. Showing some improvement but NQI monitoring continuing. 27.05.16 - Yearly audit taking place May/June 2016. 23.02.16 - Ongoing NQI audits continue to highlight this problem area. 24.09.15 - Focus on the number of omitted and delayed medications in SEC continues supported by lead nurses, HoS and the NEAT project. Regular audits to monitor performance in this area and learning from medicines incidents group shared across the directorate.	MOD
3304	16/01/2013	Provide safe, high quality care	Lone Workers in X-Ray after 12 midnight	Risk to the welfare of the lone Radiography staff working out of hours shifts either in CT or when performing Mobile radiography in remote areas of the hospital. On both instance the lone Radiographer is required to come into the x-ray department that is located some distance from ED and the wards. This leaves the lone Radiographer vulnerable and at risk from verbal/physical abuse/theft from visitors and patients. This potentially increases the staff's stress levels. Staff have a right to expect a safe and secure working environment.Risk of patients/visitors having free access to the x-ray department during the period from 8pm-8am as the department is not locked down securely during this period.	Staff Awareness. Restricted access in some areas. MOVA policy and procedures. Personal attack alarms issued to all staff. CCTV. Porters available to escort staff. Porters and Radiographers to lock main doors of x-ray when not in use. Radiographers required to checked that all doors into x-ray are locked before 8pm at night.Lone worker policy. IR1 Reporting.	5.12.16 The lock down system is being installed W/C 12 Dec 16. 13.9.16 Situation continues to be monitored	MOD
3653	15/04/2015	Provide safe, high quality care	Infection control due to release of sewage into clinical areas	Escape of sewage from sewerage system causing: Infection: Exposure of patients, visitors and staff to increased risk of infection, Contamination of catering/food preparation areas Contamination of drinking water Clinical services - disruption: Closure/cancellation/disruption to clinical services (including due to odour) Patient records damage: May cause damage/loss of patient records Property/infrastructure damage: May cause damage to flooring, ceilings, walls and general building infrastructure Possible damage to electrical systems Possible damage to IT systems Equipment damage: Possible damage to medical devices and equipment Public reputation: Adverse publicity Adverse political interest Legal challenge: Possible breach of Data Protection Act Breach of health and safety legislation (Health & Safety at Work Order) Possible breach of common law duty of care Possible breach of environmental legislation Increase use of resources Addition deep cleaning requiring addition staff and consumables Postponement of schedule/routine cleaning/decontamination	Information, instruction and training: Use of posters in all sluice rooms Use of splash screen information on computers for staff Senior managers informed of measures required to reduce the incidence of sewage leaks (email from Assistant Director of Clinical Support Services) All clinical staff brief on waste disposal and incident reporting Incident management: Incident reporting systems in place - DatixWeb and Estate Services Help Desk Domestic Services have a process for managing reported sewage incidents Estate Services have waste sewage disposal sub-contractor arrangements in place Proactive measures: Jetting of sewerage system in known areas of frequent blocking Ceiling tiles removed in record stores to aid detection of leaks Automatic leak detection installed in some areas Alcohol wipes removed from all toilet areas Restructuring of record stores (surplus files place in Armagh) Pipe runs replace in two record stores Replacing of old "push-fit" pipe system with welded joint system on a cost benefit basis	1.12.16 No further update. 13.09.16 The drainage issues in the main acute ward block has been mainly resolved in last year's ward works and the risks minimised due to the infrastructure issues(blockages still can occur due to inappropriate items being flushed down the sanitary points) In relation to the maternity block, £250k of funding has been allocated,awaiting business case being approved (possibly at next SMT) to commence with the procurement of the works and implementation on site by March 2017. 7/3/16 South side replaced and north side replaced on ground level. Basement works continuing. 22/7/15 This risk continues to be managed. Approval of 475k Revenue funding by SMT will enable some repairs to sewage system in CAH to be completed this year.	MOD

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3727	01/09/2015	Make the best use of resources	No equipment store available in Day Surgery Unit CAH	Currently there is a 2 bedded side room unable to be used for patients as it stores the equipment for this unit. This can impact on the availability of beds for the daycase list, particularly when lists are occurring simultaneously. Potential for harm; Potential delay of access to day surgery beds. Limited availability of segregation for patients for IPC reasons and also male/female.	Try to maximise the use of the existing 12 bed spaces. Continues to use the 2-bedded side room for equipment as this reduces the risk to patients and staff of equipment being stored in corridors, this would also be a fire hazard.	30/5/17 - unchanged. Store is still required. On the minor works list and requires to be prioritised by the Acute Directorate 7.3.17 Unchanged 2.12.16 On the minor works list and requires to be prioritised by the Acute Directorate 26/10/16 - Mark Bloomer has been to DSU to assess their requirements. there is no where in DSU that can be converted to a store, therefore, an extension is required at a cost of £100,000 this has now been moved from minor works to capital works. 09.08.16 - No change. Store room is not prioritised in minor works scheme. 25/5/16 - Estates advised that equipment store is not a priority at present. Ronan Carroll informed of same. Ronan Carroll to email Alan Metcalfe.	MOD
3733	24/09/2015	Safe, High Quality and Effective Care	Directorate's ability to recruit and retain nursing staff due to a regional and national shortage of qualified nursing staff.	There is a potential for wards to be understaffed which will result in poor outcomes for patients.	The Directorate continues to use bank and agency staff, overtime, innovative practice such as recruitment fairs, making best use of staff in post, and ongoing staff development.	30/5/17 - international recruitment drive for staff nurses ongoing. Local interviews ongoing. Continue shortage of nurses continue - both regional and national shortage 1.12.16 International recruitment for this year finished. New nurses to start in 2017. 1 to Ward 4 North and 1 to Ward 4 South. Band 5 Recruitment day conducted on 25.11.16 13.9.16 Phase 1 international recruitment started. Induction program in place prior to staff allocation to wards. Ongoing recruitment continuing. 27.05.16 - Regional and International recruitment continues. 23.02.16 - AD of Nursing seconded to undertake international recruitment. Ongoing local recruitment continues. 24.09.15 - Recruitment fair organised for 2 October 2015. Workforce planning group in place. Proactive recruitment at regular intervals.	MOD
3819	27/07/2016	Provide safe, high quality care	Shortage of Qualified Midwives for recruitment	Reduced number of midwives being trained due to reduction of intake of students. This impacts on the availability of suitably qualified midwives to fill vacant posts. This problem will increase as the number of current midwives retire from service. Potential risk of inadequate staffing to provide safe, effective and quality care for mothers and infants.	Ongoing recruitment -Utilisation of bank staff to cover rota -Regional workforce working group to address the issue across all trusts.	Update 1/2/17 . We have now 27 midwife vacancies primarily in CAH . Recruitment continues but shortage remains. 5.12.16 We have successfully recruited a number of new midwives. Unfortunately many will not be available for work until they qualify in 2017. 13/9/16 Ongoing recruitment.	MOD

ID	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3529	05/02/2014	Provide safe, high quality care	Non compliance to Standards and Guidelines issued to Southern Trust	There is often a time lag between when the external agencies require the Trust to achieve full compliance against the recommendations outlined within standards and guidelines and when this is actually achieved. Such non-compliance poses the following risks for the patient and the organisation: - Reduced ability to deliver quality patient care; - Compromised patient safety and wellbeing - Poor patient outcomes - mortality/morbidity, delayed discharge, increased secondary complications. - Staff members are non-compliant with evidence based working practices, lack of standardised practice, vulnerable wrt registration - Organisational risk - complaints, incidents, litigation, Currently there are 1483 standards and guidelines on the Trust's register, with over 60% having an applicability to Acute Services Directorate. Due to volume and complexity of these guidelines it is a challenge for the Trust to monitor and review the compliance status of all the standards and guidelines that have been received. There is a corporate need to invest in a more fit for purpose information system that will effectively risk manage the process for managing standards and guidelines following receipt from the external agency. The Patient Safety & Quality Manager (Acute Services) has returned to work in October 2015 following a 2 year career break. During this absence there was limited dedicated back fill for the post and so the priority is to review the register, identify the backlog and prioritise those standards and guidelines that need to be implemented by nominated change leads. There are approximately 270 requiring full implementation with over	Corporate governance have an Excel database in place for logging and monitoring S&G Standard item for discussion at the monthly Acute SMT Governance / Clinical Governance meetings with submission of relevant reports Patient Safety & Quality Manager (Acute Services) attends Acute Services SMT governance meetings on a quarterly basis Patients Safety & Quality Manager (Acute Services) attends divisional governance meetings on a monthly basis and presents tailored activity reports to determine progress at an operational level Patient Safety & Quality Manager (Acute Services) attends the bimonthly corporate S&G review group meetings. It is through this forum that all newly issued S&G are reviewed sent to the relevant Lead Director/s for nomination of appropriate Change Lead for action and full implementation. Terms of reference, procedural arrangements, process maps are in place. Establishment of six monthly performance/accountability reports for standards and guidelines. Standard item for discussion at SMT (monthly) and Governance Committee with submission of relevant reports / assurance statements. For those that are 'pharmacy' related a compliance report is also presented by the Trust's Medicines Governance Pharmacist to the Operational Directors and members of the Drug and Therapeutics meetings. Governance pharmacist attends quarterly (Acute) SMT governance meetings Patient Safety & Quality Manager (Acute Services) attends the regional NICE Managers meeting which	5.12.16 Information below remains current 19.7.16 - Decision needs to be made regarding the viability of re-appointing an AMD for Standards and Guidelines (Acute Services) - forms part of the current review of Acute Services structures. Administrative support for the Patient Safety & Quality Manager needs to be reviewed - there is currently no administrative support. Patient Safety & Quality Manager (Acute Services) has successfully achieved a one year NICE scholarship - project is to undertake a review of the directorate's process for implementing standards and guidelines - to be completed by 31/03/2017. Regionally the WHSCT is to undertake a pilot of Sharepoint to ascertain if this system would be fit for purpose for the development of a regional information system for the management of standards and guidelines. HSCB are involved in this process and funding to support this initiative is currently being sought. There continues to be an urgent need to put in place a more effective information system for the logging, dissemination and monitoring of standards and guidelines. Corporate governance is currently designing an inhouse system until an appropriate regional solution is agreed.	MOD
3689	08/06/2015	Provide safe, high quality care	Delayed reporting of Histopathology samples	Patients are at risk of a delay in the diagnosis and treatment of a variety of conditions as a result of a backlog of histopathology specimens for reporting. this backlog is caused by a reduction in the reporting histopathology capacity. Only consultant histopathologists report these samples. There is currently 1 vacancy and a capacity gap of 2 WTe Histopathologists. he delay could result in a delay in diagnosis and or treatment that would affect the efficacy of treatment and or lead to patient harm.	Some additional reporting sessions are being undertaken by pathologists. All samples are triaged in an effort to ensure that the more urgent or critical samples are processed and reported as a priority. A Locum histopathology has been source and the Trust is attempting to identify a second. The Northern Trust has indicated its willingness to report specimens. Recruitment to the vacancy is being pursued Placed on Directorate Risk register on 8/6/2015 ID: 3689. Placed on Performance risk register Oct 2015.	1st February 2017 update - we have successfully recruited a permanent pathologist who should start 1st April 2017. we have a locum stating soon. we continue to use vacancy funsing and some elective care (endoscopy) funding to close the gap in capacity 5,.12.16 We continue to have 2 Consultant vacancies we are currently using a number of waiting list sessions from both internal staff and consultants from other Trusts for assistance in core time. Turnaround times are being actively monitored. 13.9.16 Locum Consultant pathologists have been employed since June 2016. The first of these has already left and the second is due to leave at the end of September 2016. In addition another part-time pathologist is leaving for a post in Belfast reducing the establishment by a further 6 P.A.s. There is an active recruitment process and the Trust is actively seeking replacement locum pathologists. 13.06.16 Referral to laboratories outside of Northern Ireland. This has been discounted as the histopathology information would be lost to the regional system. It may have to be considered if the risk does not reduce. Referral to Belfast and or WHSCT. Neither Trust has indicated that they have capacity to take additional samples.	LOW

ID	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3515	14/11/2013	Provide safe, high quality care	Ineffective Cardiac Monitoring System in certain Wards/Departments in CAH and DHH	The current cardiac monitoring system is old and unable to monitor patients in various wards/departments in the hospital site given their physical location. Monitoring is not available for certain patients and patients then may be required to move to 1 North for monitoring unnecessarily.	Appropriate selection of patients for monitoring.	1.12.16 No further update. 13.9.16 In relation to CAH telemetry, this has now been fully implemented in the main acute wards, cathlab, and delivery suite.DHH,is awaiting funding allocation. 27.05.16 - Work in CAH will be completed with 3 months time. Costing obtained in respect of DHH work and added to Capital Estates list for consideration. 1/3/16 Now in place residual witing being carried out.	LOW
2422	13/10/2009	Provide safe, high quality care	Multiple training schedules for staff at Trust Level. Lack of resources to facilitate staff to go to training.	Staff unable to attend training due to multiple training schedules, therefore leaving ward short staff or staff not being updated. Mandatory requirements unable to be facilitated. With staff at training there is a potential risk of not providing safe high quality care to patients. It will deplete staff numbers at ward level therefore failure to meet the expected standards of care. This will apply pressure on colleagues who remain on the ward.	Ward Sister to manage off duty rotas and prioritise training needs/where there are high dependency levels responsibility of nurse in charge to assess situation and take decision on releasing staff for training/more flexible approaches to training eg delivered at ward level,e-learning etc.	1.12.16 No further updt. 13.9.16 Awaiting update 27/5/16 - No change. 7/5/15 Ongoing issues remain with the number of training sessions being provided and the ability of ward Sisters to release staff to attend training due to workload and staffing pressures. The NEAT lead nurse team have commenced supporting nursing staff in medical and surgical wards providing essential written and verbal information and training to ensure patient care standards remain at a high level. With nurse revalidation commencing 15/16 it will become even more important to ensure that training is completed for all qualified nursing staff.	LOW
3875	21/02/2017	Provide safe, high quality careSupport people and communities to live healthy lives and improve their health and wellbeingMake the best use of resources	The transfer of patient data outside the EEA.	Due to insufficient availability of Radiology Registrars within the Southern Trust the Radiology Department is unable to provide the service of reporting emergency CT scans for patients between 10.00pm and 9.00am daily. This problem has presented itself in the Northern and Western trusts where they also have insufficient staffing. They have addressed this issue by contracting an Independent Sector company. The Southern Trust has procured an Independent Sector company which will be contracted to report on the CT scans during the above hours. The images need to be performed within the Southern Trust and then transferred outside the EEA for viewing and reporting. Reports will then be transferred to the Southern Trust PACS where they will be available to the referring clinician. It is during this process that there is a risk of data loss. The potential risk occurring during the transfer of images outside the trust is the loss of patient data. The risks have been assessed by BSO Legal Services, Trust Information Governance and IT. Due to the following mitigating factors it is believed this risk is of an acceptable level:-Reputable company with contracts ongoing in NHS England Company has DPA obligations in place and have been co-operative in responding to additional requests for clarification -Lack of alternative re processing of records -Consequences of a data breach (CT scan images) -Likelihood of a data breach -Impact on patient if breach occurred -Reputational damage to Trust if breach occurred - may	Within the specification the following has been recorded: "3.11 Confidentiality / Intellectual Property Rights. Assurances must be provided to the Trust that data and digital images are secure at all times." Ongoing monitoring of images being sent and reports being returned will also be used to ensure there has been no loss of data.	21.02.17 Risk added to Acute Risk Register	VLOW