

Muckamore Abbey Hospital Weekly Safety Report 26
For Chair / Co-D Sign-off – 30/08/19 - Draft V0.1

Date:	Information W/E Sunday 25/08/2019 with sign-off Friday 30/08/19.
Lead:	
Email:	
Tel:	
Alternative contact:	
Email:	
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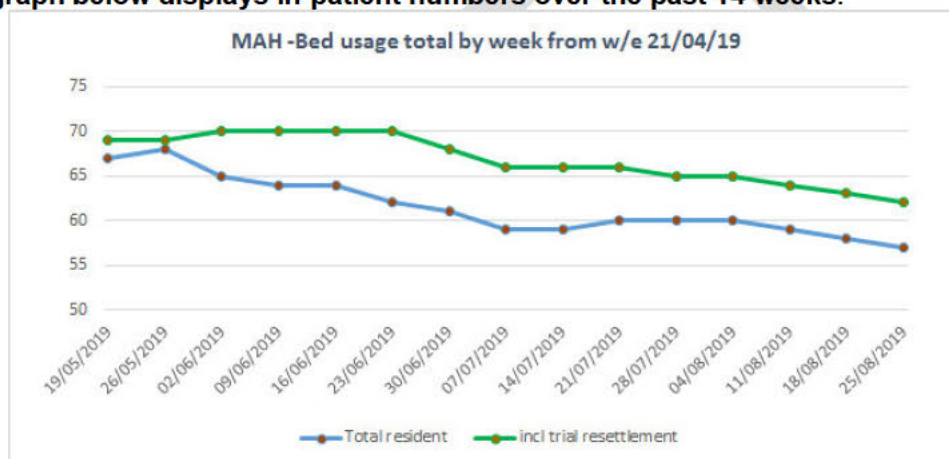
Weekly Report Number - 26

1) Key Patient Activity Issues

1.1 In-Patient numbers: Week Ended 25/08/19

There was one discharge of a delayed discharge patient. Total in residence has reduced to 57.

The graph below displays in-patient numbers over the past 14 weeks.



- The graph above shows numbers of patients in residence (57), and a number of patients on trial resettlement (5). One patient is on Leave of Absence under Department of Justice supervision, and cannot be conditionally discharged for legal reasons. Use of trial resettlement in other situations to be restricted to two weeks, with extension to four weeks in clinically agreed and exceptional circumstances.
- Regular meetings with all Trusts are ongoing – to detail and track plans for discharge for each patient.

1.2. Adult Mental Health Beds (AMH) – Admission & Discharge Update.

Admissions & Discharges - AMH Wards - w/e 25/08/19					
Patient	Adm Date	Disc Date	Ward	Status	Length of Stay
1	14/11/2018		AMHIC WD 5		284
2	10/03/2019	-	AMHIC WD 5	Voluntary	175

No further admissions to adult mental health in BHSC during this reporting period.

No admissions to SEHSCT adult mental health- that Trust currently declining to admit patients with intellectual disability to adult mental health beds.

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No further admissions to adult mental health in NHSCT during this reporting period- one patient known to NHSCT ID services in Holywell.

(2) Historic safeguarding issues

2.1 Figures for completed viewing of historic CCTV have been updated- the figures below are correct @22nd August 2019 and relate to the hours viewed by location

PICU- 100%
 Cranfield 1- 39%
 Cranfield 2- 39%
 Sixmile Assessment- 69%
 Sixmile Treatment- 38%
Overall – 57%

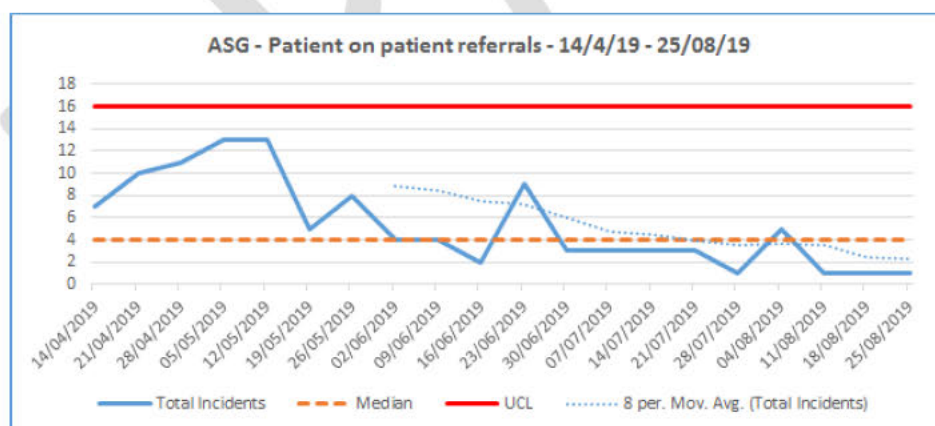
(3) Current Safeguarding Referrals

3.1.1 Week ending 25/08/19

Summary of ASG referrals

25/08/2019				
Ward	ASP 1	Type	No. of Victims	No. of Alleged Perpetrators
Ardmore	1	Physical	1	1
Total	1		1	1

Trend analysis for ASG referrals.



3.2.2 Current ASG 'Staff on Patient' Referral break down – ASP1 referrals in this period.

25/08/2019									
Location	Victim	Date	Time	ASP1	DAPC	Outcome	Type	Referral Status	Protocol
Outdoor	1	21/08/2019	12:00pm	+1 day	same day	ASGR(PP)	not entered	PSNI	

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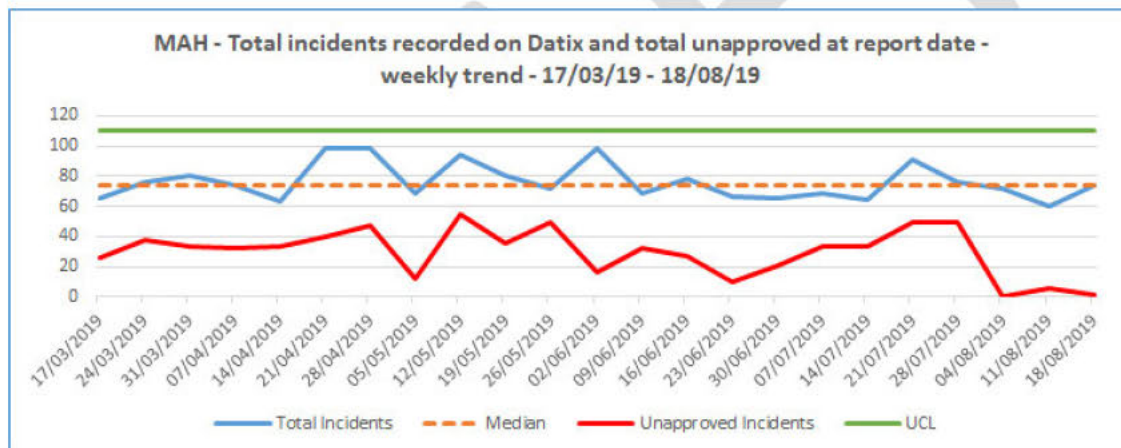
(4) Weekly governance review including - incidents, seclusion, complaints, risk register, ongoing CCTV monitoring.

4.1 Incidents – (now reported one week in arrears) Week ended 18/08/19 as approved @ 29/08/19 –a total of 74 incidents were recorded, of which 1 incident across all wards / areas remains unapproved.

The following table shows approval status by ward / location of incident

Incidents 12-18/08/19 - Approval status 29/08/19	Ardmore	CF 1	CF 2	Erne	Moyola Day Care	Non Trust/ Non Health-care setting	Sixmile A	Sixmile T	Total
Unapproved, not viewed	1	0	0	0	0	0	0	0	1
Approved, investigation complete	24	10	21	3	2	1	10	2	73
Total	25	10	21	3	2	1	10	2	74

The chart below shows total incidents recorded on datix – 23-week trend.



The one-week lead time in presenting the incidents has allowed for a much reduced volume of unapproved incidents and therefore a more comprehensive analysis.

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Only the 73 'approved' incidents can be further categorised by those involved in the incident, its severity and the category or type of incident.

a) **Those involved** – this week 37% of approved incidents involved patients, 60% staff¹

Incidents by type 12/08/19 -18/08/19 (app 29/08/19)	Organisational Incidents	Patient Incidents	Public/Visitors Incidents	Staff/ Contractor / Vendor Incidents	Total
Witnessed Slips/Trips/Falls (includes faints) - Bathing/showering	0	1	0	0	1
Incorrect medication/fluid	0	1	0	0	1
Injury of unknown origin	0	1	0	0	1
Other	1	1	0	1	3
Other self harming behaviour	0	2	0	0	2
Physical	0	5	0	0	5
Physical contact (actual assault)	0	14	1	31	46
Physical threat (no contact)	0	1	0	9	10
Self harm attempt/gesture	0	1	0	0	1
Vandalism (proven, alleged or suspected) - Vehicle	0	0	0	1	1
Verbal Abuse	0	0	0	1	1
Verbal abuse with racial content	0	0	0	1	1
Total	1	27	1	44	73
	1%	37%	1%	60%	

b) **Severity** - the classification of the 73 approved incidents is shown in the table below.

Incidents by Severity 12/08/19 - 18/08/19 (app 29/08/19)	Insignificant	Minor	Moderate	Major	Catastrophic	Blank on form	Total
Totals:	46	27	0	0	0	0	73
	63%	37%	0%				

A moderate graded incident, approved since the last report, was recorded for w/e 11/-8/19 - Patient was noted to have laceration above right eye at approx 20:45hrs. 2. Noted to have swelling to right hand at approx 05:15hrs. Cause unknown (Ardmore)

¹ Changes to regional datix coding mean that staff and visitors are now in a combined category.

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c) Type / Category – 'Inappropriate or aggressive behaviour towards staff by a patient' incident rate is the highest sub-category this week at 58% of the weeks' incidents overall². 'Inappropriate or aggressive behaviour by a patient towards a patient' or 'object' is 26%³ of approved incidents.

Incidents by Location 12/08/19 - 18/08/19 (app. 29/08/19)	Ardmore	CF 2	CF 1	Erne	Moyola Day Care	Non Trust/ Non Health- care setting	Sixmile A	Sixmile T	Total	
Inappropriate/Aggressive Behaviour towards a Patient by a Patient	8	4	1	0	1	0	0	0	14	19%
Physical contact (actual assault)	7	4	1	0	1	0	0	0	13	
Physical threat (No contact)	1	0	0	0	0	0	0	0	1	
Inappropriate/Aggressive Behaviour towards a Patient by Staff	1	0	0	0	0	0	0	0	1	1%
Physical contact (actual assault)	1	0	0	0	0	0	0	0	1	
Inappropriate/Aggressive Behaviour by a Patient towards an Object/Structure (Not self harm)	3	0	0	0	1	1	0	0	5	7%
Physical	3	0	0	0	1	1	0	0	5	
Self-harming Behaviour	3	0	0	0	0	0	0	0	3	4%
Self harm attempt/gesture	1	0	0	0	0	0	0	0	1	
Other self harming behaviour	2	0	0	0	0	0	0	0	2	
Injury of unknown origin	0	0	0	1	0	0	0	0	1	1%
Injury of unknown origin	0	0	0	1	0	0	0	0	1	
Prescribing Processes	0	0	1	0	0	0	0	0	1	1%
Incorrect medication/fluid	0	0	1	0	0	0	0	0	1	
Other	0	0	1	0	0	0	0	1	2	3%
Other	0	0	1	0	0	0	0	1	2	
Witnessed Slips/Trips/Falls (includes faints)	1	0	0	0	0	0	0	0	1	1%
Bathing/showering	1	0	0	0	0	0	0	0	1	
Inappropriate/Aggressive Behaviour towards Staff by a Patient	8	16	6	1	0	0	10	1	42	58%
Verbal Abuse	0	1	0	0	0	0	0	0	1	
Physical contact (actual assault)	6	15	5	1	0	0	4	0	31	
Verbal abuse with racial content	0	0	0	0	0	0	0	1	1	
Physical threat (no contact)	2	0	1	0	0	0	6	0	9	
Vandalism (proven, alleged or suspected)	0	0	0	1	0	0	0	0	1	1%
Vehicle	0	0	0	1	0	0	0	0	1	
Inappropriate/Aggressive Behaviour towards Visitor by Staff	0	0	1	0	0	0	0	0	1	1%
Physical contact (actual assault)	0	0	1	0	0	0	0	0	1	
Other	0	1	0	0	0	0	0	0	1	1%
Other	0	1	0	0	0	0	0	0	1	
Totals:	24	21	10	3	2	1	10	2	73	
	33%	29%	14%	4%	3%	1%	14%	3%		

Other – 3 incidents were reports as other

- Staff member A responded to emergency alarm in Cranfield 2 ward. Staff member engaged in physical intervention with a patient along with several other staff members. Upon incident ending staff member A returned to Cranfield 1 ward. After approx 2-3 minutes staff member A observed a rash beginning to spread over her hands and arms and after a further 3-4 minutes the rash began to appear on staff member A's neck. Due to staff member A having a known nut allergy she self-administered her own antihistamine medication. During the next 5-10 minutes staff member A continued to feel the effects of the allergic reaction and self-administered her epipen which she carries with her. Clinical observations checked and heart rate and blood pressure readings higher than normal range. Duty GP contacted for advice. Staff attempted to telephone ambulance

² 68% in previous SITrep

³ 16% previous SITrep

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however staff member A declined this. Staff member A then proceeded to accident and emergency department for additional assessment driven by a colleague and 2nd epipen taken with her.

- Drug keys taken home by agency staff nurse. Staff Nurse left ward following night shift with medication keys on their person by accident. Ward attempted to contact agency staff without success. Second Medication keys used so no disruption to administration of medication. Discussed with ASM. Once agency staff contacted after waking returned the keys at approx. 17:00.
Incident discussed at ward level with ASM added to night duty checklist to reduce the likelihood of similar reoccurring.
- Incident occurred with Patient escorted to his bedroom staff disengaged. Staff A was assigned to hold the door to allow staff and patient to enter the bedroom, once staff had exited she then turn the key in the lock but inadvertently locked the top lock which is used to commence seclusion at approx. 11:10. Staff check on patient when in his room by looking in the observation window only. At approx. 13:05 staff attempted to open door to administer medication but were unable to do so and it was discovered that the top lock had been used. Patient found asleep on top of his mattress on the floor. He was not distressed mum updated on the matter. Staff Member A was upset that she had accidentally locked the top lock. Period of undocumented seclusion – 11:10-13:05
Learning: - Discussed at ward level – Seclusion policy shared with the staff team, incident reported through the safety briefs and handovers, extra colour tape place round the top lock and a sign added to identify the seclusion lock.

Incorrect medication/fluid – 1 incident reported

- Staff noticed a prescribed error in patient kardex which was rewritten on the 15th. Patient had received x2 doses of the medication prescribed in error. Patient had been on this medication previously.

4.2 Incidents of Physical Intervention (PI)

Of the 73 approved datix-recorded incidents at 4.1 above, 53%⁴ required physical intervention.

Use of Physical Intervention 12/08/19 - 18/08/19 (app 29/08/19)	NO - None used	YES - Holding only	YES - Dis-engagement and Holding	Total
Ardmore	14	10	0	24
Cranfield 1	4	5	1	10
Cranfield 2	8	4	9	21
Erne	3	0	0	3
Moyola Day Care	2	0	0	2
Non Trust/ Non Healthcare setting	1	0	0	1
Sixmile Assessment	0	7	3	10
Sixmile Treatment	2	0	0	2
Total	34	26	13	73
	47%	36%	18%	

4.3. Use of Rapid Tranquilisation during PI.

0 use of rapid tranquilisation reported for this period

4.4 Use of Prone Restraint

⁴ 61% previous SITrep

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0 use of prone restraint reported for this period.

4.5 Medication Incidents - for the period 12/08/2019 to 18/08/2019.

One medication incident – see 4.1 above.

4.6 Seclusion was utilised on **12 occasions** in the period, in the management of **3 patients**.

Use of the seclusion room in the period = 3

Shortest seclusion duration was 1 min

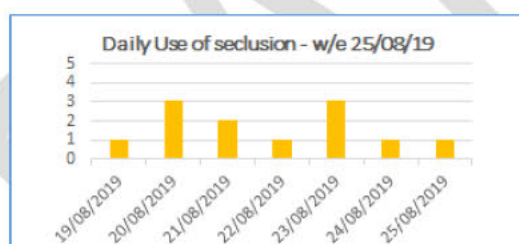
Longest seclusion duration was 2 hr 51 mins

Seclusion by 1 min

Patient became agitated attempting to harm others in day space on ward. Staff exited ward to PICU with patient following in an attempt to harm – once in PICU day space threatening behaviour continued patient then encouraged at his own pace into the seclusion room. Patient ran at staff in attempt to hurt staff, door locked to reduce risk to patient and staff. Door opened after 30sec to place chair in room which patient used to sit on and commenced his ritualistic behaviours which assists with self-regulation (rips all clothing and trainers) encouraged having shower which assists with calming.

Learning: - staff have learnt from previous incident what can be effective to reduce anxiety in the patient to reduce behaviours – these are effective on a number of occasions

The chart below show the number of instances per day of the week



Analysis by patient of seclusions

Patient ID	Ward	Seclusion Area	Reason	No. of seclusions
MAH001	CF1	Intensive Supp Suite	Aggression	1
MAH002	Sixmile A	Own bedroom	Own request	8
MAH005	CF1	CF Seclusion Room	Aggression	3

The table below details within a 5 or 6 hour time period the number of seclusion episodes that ended. No episode ended later than 11:03am – see table. The earliest episode started at 08:12am. This week incidences of seclusion in the morning period were the same as the previous week.

	25/08/2019				
Time Seclusion Ended	7am - 12noon	12 noon - 5pm	5pm - 11 pm	11pm- 7am	Total
No. of Seclusions	7	3	2	0	12

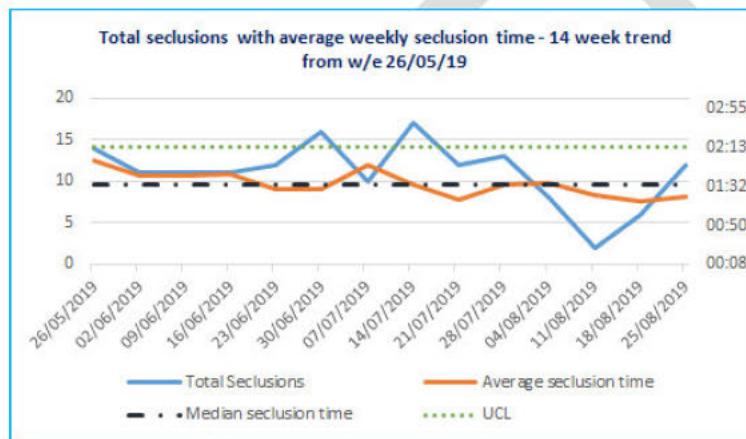
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In terms of the length of time seclusion was utilised, the table below details for each patient the length of time seclusion lasted on each occasion by time band.

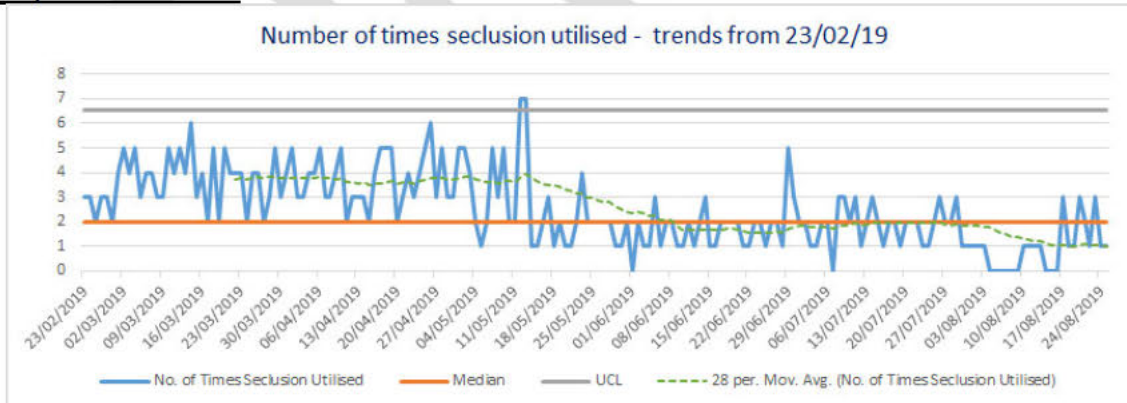
25/08/2019							
Pt. ID.	<30mins	30 mins - 1 hr	1 - 2 Hrs	2 - 3 Hrs	3 - 4 Hrs	> 4 Hours	Total
MAH001	0	0	0	1	0	0	1
MAH002	0	3	4	1	0	0	8
MAH005	1	0	2	0	0	0	3
Total	1	3	6	2	0	0	12

Average seclusion time was 1 hour 21 minutes for the period – below average.

Seclusion time – the graph below shows the trend of average weekly time in seclusion per seclusion event



Daily seclusion trend



Average daily seclusions had remained in the range 3.5 - 4 since February, however in the last 4 months there has been a steady drop in the 4-week average. **The last week saw the largest number since mid-July.**

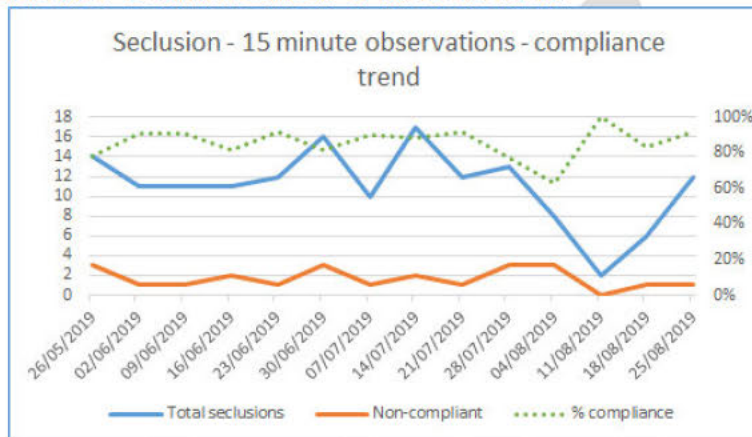
Seclusions – Compliance with Observations guidelines

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Summary compliance table

Seclusion Observation compliance - w/e 25/08/19				
Total seclusions	15 min obs	4 hr medical assess	Compliant ?	Issue
10	✓	-	Yes	
1	✓		Yes	seclusion <15 mins
1	x		No	17mins x 1
12	11	NA		1

Compliance trend since commencement of measurement



For this recording period, 11 of the 12 seclusion episodes were fully compliant with observation guidelines.

The need for clear adherence to the seclusion policy on each occasion has been discussed at senior level with ward managers. For ongoing reporting and investigation as significant event if not compliant. Adherence includes timely uploading of seclusion information into the PARIS record.

4.8 Complaints: No complaints received for week ending 25/08/19.

4.9. Risk Register Position – August 2019

Risk status - Aug 2019	MAJOR	MODER	MINOR	Grand Total
ALCERT	1	1	1	3
LIKELY	2	1	2	5
POSS		1	1	2
Grand Total	3	3	4	10

The 3 major risks on the register relate to staffing levels, bed availability for admission and CCTV viewing.

4.10. CCTV Viewing – Good Practice – return for w/e 23/08/19

Contemporaneous Viewing – Week ending 23rd August 2019

[illegible]

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(5) Operational response - safety briefings per ward, Safety Quality Visits, issues arising from weekly patient/ carer feedback

5.1. Safety Brief

Ongoing on a daily basis on each ward, using agreed template.

5.2. Safety Quality Visits

The assistant service manager and the service manager have daily walkabouts on the wards. No issues raised.

Patient feedback – Talking mats previously agreed to be the best method for gathering patient feedback.

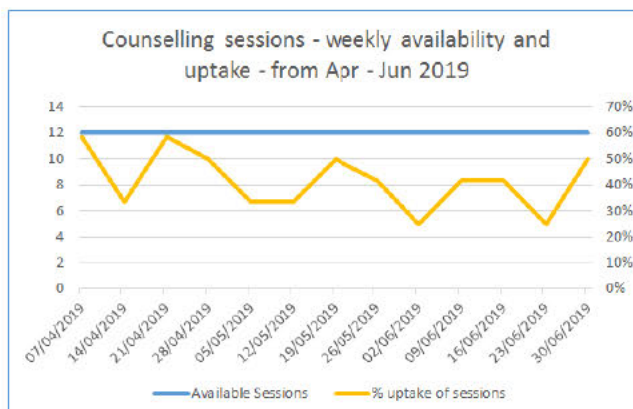
SLT has commenced ward staff meetings for awareness sessions re use of talking mats to gather patient experience feedback. To be used on each ward by named nurse as feedback mechanism re patient experience.

Weekly Live Governance meetings ongoing- chaired by Chair of Division/ Clinical Director and involving all wards.

(6) Service continuity and staffing issues, training levels, induction levels of agency, staff engagement and support, scenario training etc.

6.1. Staff Counsellor Sessions – 12 Sessions offered per week. (Updated monthly)

Week ending (Sunday)	Available Sessions	Sessions Not Used	Numbers of staff attending	% uptake of sessions
07/04/2019	12	5	7	58%
14/04/2019	12	8	7	33%
21/04/2019	12	5	8	58%
28/04/2019	12	6	6	50%
05/05/2019	12	8	7	33%
12/05/2019	12	8	4	33%
19/05/2019	12	6	6	50%
26/05/2019	12	7	5	42%
02/06/2019	12	9	5	25%
09/06/2019	12	7	5	42%
16/06/2019	12	7	7	42%
23/06/2019	12	9	3	25%
30/06/2019	12	6	6	50%



On average over the 3 month period 7 sessions of 12 each week were unused

6.2 Information from MAH senior nursing office.

All wards have adhered to the minimum of 2 registered nurses per shift each day.

Staffing rosters are reviewed daily by ward sisters and escalated to assistant service manager if concerned.

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(7) Emerging issues
<p>1- Trend in reduction of inpatient numbers remains downward. Significant number of imminent discharges reported- clear need to achieve and maintain these discharges.</p> <p>2- Use of seclusion low. Careful clinical discussions ongoing to agree non-use of seclusion outside the designated seclusion facility.</p>
(8) Media and communications – FOIs, media enquiries etc.
<p>As of 30 August 2019:</p> <ul style="list-style-type: none"> • One media enquiry outstanding re BBC resettlement by Positive Futures (draft awaiting approval) • No constituency enquiries outstanding • No Departmental queries outstanding • Two FOIs outstanding – missing monies over past 4 years; CCTV viewings and PSNI involvement
(9) Finance
Aspects of recording of use of patients' finances previously assessed by RQIA.
(10) Next Steps/forward look – wider strategy update
Ongoing focus on plans to meet improvements directed by RQIA.
(11) Other Issues requiring escalation for advice and senior decision making
As above.

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Date:	Information w/e Wednesday 05/02/2020
Lead:	
Email:	
Tel:	
Alternative contact:	
Email:	
Tel:	

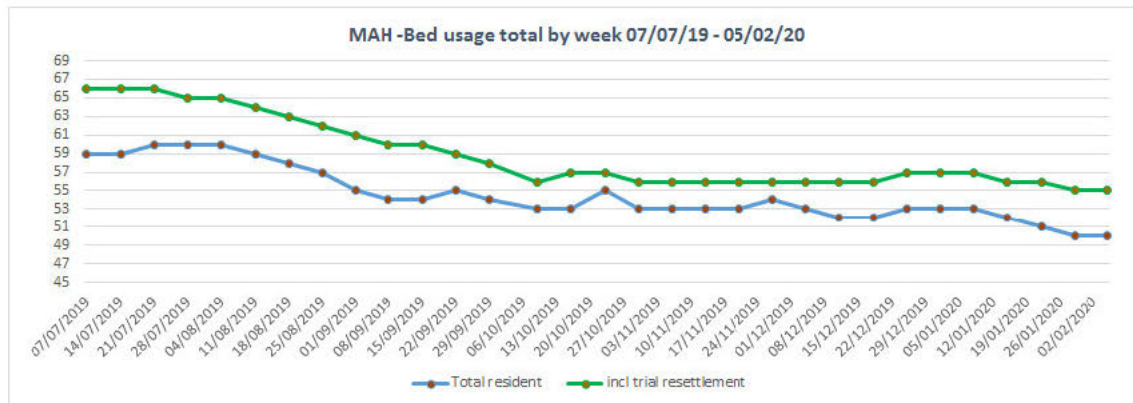
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1) Key Patient Activity Issues

1.1 MAH Inpatient Numbers

The number of patients in residence at 5 February 2020 has increased from 50 to 51 due to a failed resettlement (BHSCT) on 5 February, and the number of patients on trial resettlement has consequently dropped to 4.

The graph below displays the number of inpatients resident in Muckamore Abbey Hospital in the last 6-month period, as well as the number of patients on trial resettlement.



1.2 Monthly MAH Admissions, Trial Resettlements and Discharges

The graph below plots the monthly, and year to date, number of patients admitted, discharged, on trial resettlement or having returned from an unsuccessful trial resettlement.

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Admission: admitted during month

Discharge: discharged during month

Trial resettlement: on TR on last day of month (not included if discharged/failed trial resettlement during the month)

Failed TR: Returned to MAH during the month

Cumulative Trial resettlements: Number of actual patients

Cumulative failed TR: Number of actual patients

1.4 Failure Rate of Resettlement – 2019/20 Year To Date

The table below shows the failure rate of resettlement from 1st April 2019 to date. This has been calculated by excluding the patients who are currently in trial resettlement. For example, the BHSCT failure rate has been calculated using a denominator of 8 completed resettlements, of which 2 have failed.

It is important that these figures are updated regularly and shared across Trusts and in the Department of Health to ensure consistency of message. The regional position is a 36% failure rate.

	2019/20 Year To Date			
	Successful Resettlement - patient discharged	Failed Resettlement - patient returned to MAH	Ongoing Resettlement	Failure Rate
BHSCT	6	2	3	25%
NHSCT	6	3	0	33%
SEHSCT	1	0	1	0%
WHSCT	1	0	0	0%
Total	14	5	4	36%

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(2) Progress on Review of CCTV - Historic Safeguarding Issues

Figures for completed viewing of historic CCTV are correct as at 5 February 2020 and relate to the hours viewed by location :

PICU- 100%
Cranfield 1- 82%
Cranfield 2- 56%
Sixmile Assessment- 88%
Sixmile Treatment- 47%
Overall – 71%

Please note - these figures relate to first viewing of wards only and do not account for the second viewing process which involves screening incidents to determine if a referral is required to be sent to PSNI.

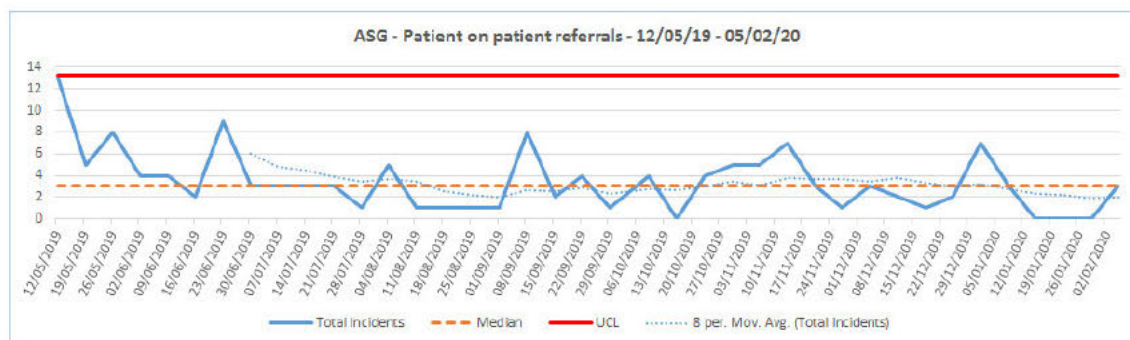
(3) Current Safeguarding Referrals

3.1. Patient on Patient Adult Safeguarding Referrals – 30 January 2020 to 5 February 2020

There were three patient on patient referrals reported during the period :

05/02/2020							
Location	Victim	Date	Time band	ASP1	DAPO	Outcome	Type
CF 1	1	31/01/2020	4-8pm	same day	+3 days	ASGR(PP)	Physical
ARDMORE	2	01/02/2020	nr	+3 days	+1 day	ASGR(PP)	Physical
ARDMORE	3	01/02/2020	nr	+3 days	+1 day	ASGR(PP)	Physical

Trend Analysis for Patient on Patient ASG Referrals, April 2019 to date :



3.2 Staff on Patient Adult Safeguarding Referrals – 30 January 2020 to 5 February 2020

There were no staff on patient referrals reported for the period. However, 2 incidents from w/e 31 January 2020 were reported during the period. These arose from the contemporaneous CCTV viewing process :

Location	Victim	Date	Time	ASP1	DAPO	Outcome	Type
ERNE	1	25/01/2020	15:56	+12 days	same day	ASGR(PP)	Physical
ERNE	2	25/01/2020	15:56	+12 days	same day	ASGR(PP)	Physical

(4) Weekly governance review - incidents, seclusion, complaints, risk register, ongoing CCTV monitoring.

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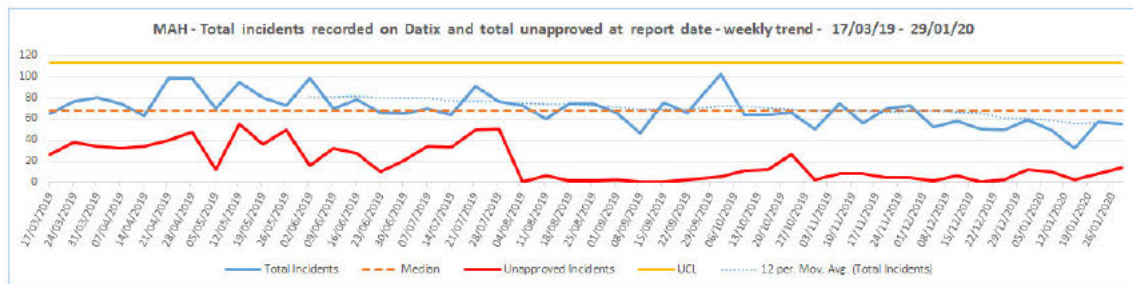
4.1 Incidents

Incident reporting relates to the period week ending 29 January 2020, as approved at 5 February 2020. A total of 55 incidents was recorded of which 14 across all wards / areas remain unapproved.

This analysis covers the 41 approved incidents. The following table shows approval status by ward / location of incident:

Approval status 23/01/20 - 29/01/20 (app. 05/02/2020)	Ardmore	CF 1	CF 2	Erne 1	Sixmile A	Moyola Day Care	General walkways, grounds etc	Total
Unapproved, not viewed	13	0	0	0	0	0	0	13
Unapproved, viewed	1	0	0	0	0	0	0	1
Approved, investigation ongoing	1	4	0	0	0	0	0	5
Approved, investigation complete	14	6	2	6	5	2	1	36
Total	29	10	2	6	5	2	1	55

The chart below shows incidents recorded on Datix from 17 March 2019 to date.



The 12-point moving average demonstrates a reduction from 80 incidents weekly to under 60 incidents weekly over the period June 2019-Jan 2020.

Only the 41 'approved' incidents can be further categorised by those affected in the incident, by severity, by day of the week and by category/ type of incident.

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a) Those Affected

Those affected 23/01/20 - 29/01/20 (app. 05/02/2020)	Organ- isational	Patient	Staff/ Contractor / Vendor	Total
Actual self harm	0	2	0	2
Contact with Sharps - Clean non-medical sharps	0	1	0	1
Failure/insufficient/incomplete monitoring	0	1	0	1
Contact/Collision with Objects/Animals (not sharps) - Falling object	0	0	1	1
Injury of unknown origin	0	1	0	1
Insufficient numbers of healthcare professionals	1	0	0	1
Choking/Inhalation/Aspiration - Of foods/fluids	0	1	0	1
Physical	0	3	0	3
Physical contact (actual assault)	0	1	19	20
Physical threat (no contact)	0	1	5	6
Sexual (including harassment and indecent exposure)	0	0	2	2
Witnessed Slips/Trips/Falls (includes faints) - Standing up/sitting down	0	2	0	2
Total	1	13	27	41
	2%	32%	66%	

b) Severity

The classification of the approved incidents for the period is shown in the table below.

Incidents by Severity 23/01/20 - 29/01/20 (app. 05/02/2020)	Insig- nificant	Minor	Moderate	Major	Cata- strophic	Total
Totals:	20	21	0	0	0	41
	49%	51%	0%			

There were no incidents graded as moderate or above.

c) Incidents by Day by Location

Incidents by day of the week - 23/01/20 - 29/01/20 (app. 05/02/2020)	Ardmore	CF 1	CF 2	Erne	Sixmile A	Moyola Day Care	General walkways, grounds etc	Total
Monday	4	1	0	1	1	1	0	8
Tuesday	1	1	0	2	3	0	0	7
Wednesday	1	2	1	2	0	0	0	6
Thursday	3	1	0	0	0	1	0	5
Friday	2	3	1	1	1	0	1	9
Saturday	4	1	0	0	0	0	0	5
Sunday	0	1	0	0	0	0	0	1
Total	15	10	2	6	5	2	1	41

Highlighted locations with >3 incidents in a day



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d) Type / Location / Severity

Incidents by Severity 23/01/20 - 29/01/20 (app. 05/02/2020)	Insignificant	Minor	Moderate	Major	Catastrophic	Total	% Incidents
Ardmore	5	10	0	0	0	15	37%
Physical contact (actual assault)	1	9	0	0	0	10	
Physical threat (No contact)	3	0	0	0	0	3	
Physical	1	1	0	0	0	2	
Cranfield 2	2	0	0	0	0	2	5%
Physical contact (actual assault)	2	0	0	0	0	2	
Cranfield 1	5	5	0	0	0	10	24%
Actual self harm	1	0	0	0	0	1	
Injury of unknown origin	0	1	0	0	0	1	
Choking/Inhalation/Aspiration - Of foods/fluids	1	0	0	0	0	1	
Contact/Collision with Objects/Animals (not sharps) - Falling object	1	0	0	0	0	1	
Physical contact (actual assault)	1	4	0	0	0	5	
Failure/insufficient/incomplete monitoring	1	0	0	0	0	1	
Erne 1	2	4	0	0	0	6	15%
Actual self harm	0	1	0	0	0	1	
Insufficient numbers of healthcare professionals	0	1	0	0	0	1	
Witnessed Slips/Trips/Falls (includes faints) - Standing up/sitting down	1	1	0	0	0	2	
Physical contact (actual assault)	0	1	0	0	0	1	
Physical threat (no contact)	1	0	0	0	0	1	
Sixmile Assessment	3	2	0	0	0	5	12%
Contact with Sharps - Clean non-medical sharps	0	1	0	0	0	1	
Sexual (including harassment and indecent exposure)	2	0	0	0	0	2	
Physical contact (actual assault)	0	1	0	0	0	1	
Physical threat (no contact)	1	0	0	0	0	1	
Moyola Day Care	2	0	0	0	0	2	5%
Physical contact (actual assault)	1	0	0	0	0	1	
Physical threat (no contact)	1	0	0	0	0	1	
General walkways, grounds etc	1	0	0	0	0	1	2%
Physical	1	0	0	0	0	1	
Totals:	20	21	0	0	0	41	
	49%	51%	0%				

Incident : Insufficient Number of Healthcare Professionals

Erne Ward – 28 January 2020

Staffing levels during the night. From 2am to 5:45am, 6 staff on duty. From 5:45am to 6:45am, 5 staff on duty. Four patients were up at 6:15am, 6:30am, 6:30am and 5:40am. One patient was on 2:1 observations and one patient on 1:1 observations. Staffing across the hospital site was reduced due to illness and staff were re-deployed to ensure safe staffing in the wards. Immediate action taken - request made for one Erne staff member to return from relief.

Incident : Injury of Unknown Origin

Cranfield 1 Ward – 29 January 2020

Patient reported to staff that he had an abrasion on the ring finger of his left hand. Cause unknown however patient observed to be rubbing his thumb on the inside of his ring finger after the abrasion had been observed.

Outcome of review/investigation

Basic first aid was carried out and a dry dressing applied. The patient was examined by the ward doctor and no further treatment was required. Patient is known to have displayed self-injurious behaviours in the past including causing injuries to his hands by scratching them and patient was observed following detection of

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the abrasion to be rubbing at and applying pressure to the abrasion. The next of kin was concerned about the cause of the abrasion and after making a complaint to Senior Management and to the DOH, an adult safeguarding referral was initiated, an AJP1 completed and a Form 2 submitted to RQIA. An interim protection plan was put in place.

The Adult Safeguarding Team reviewed the issue and following careful consideration could find nothing to substantiate the allegation that a staff member caused the abrasion to the finger. The staff member named by the next of kin was not working on the ward during the 48 hours preceding the allegation, and therefore could not have caused the abrasion. The restrictions that were put in place via the interim protection plan relating to the staff member have been lifted.

4.2 Medication Incidents

There were 0 medication incidents reported during the period w/e 29 January 2020.

4.3. Use of Rapid Tranquilisation during Physical Intervention.

=1 use of rapid tranquilisation reported during the period w/e 29 January 2020 :

Use of IV/IM rapid tranquilisation during physical intervention 30/01/20 - 05/02/20 (based on all incidents - approved/not approved 06/02/2020)			Total
Sixmile Assessment	04/02/2020	GF	1
Total			1

4.4 Use of Prone Restraint

=0 use of prone restraint reported during the period.

4.5 Use of supine hold

=3 use of supine hold reported during the period :

Use of supine hold during physical intervention 30/01/20 - 05/02/20 (based on all incidents - approved/not approved 06/02/2020)	Ardmore	CF 2	Sixmile A	Total
Use of supine hold during physical intervention	1	1	1	3
Total	1	1	1	3

4.6 Incidents of Physical Intervention (PI)

There were 20 incidents involving the use physical intervention w/e 05 February 2020.

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Use of Physical Intervention 30/01/20 - 05/02/20 (based on all incidents - approved/not approved 06/02/2020)	NO - None used	YES - Holding only	YES - Dis-engagement only	YES - Dis-engagement and Holding	Total
Ardmore	11	5	0	0	16
Cranfield 1	13	3	0	3	19
Cranfield 2	2	3	0	3	8
Cranfield ICU	1	0	0	0	1
Erne	10	0	0	0	10
Sixmile Assessment	1	2	0	0	3
Sixmile Treatment	0	1	0	0	1
Public Area	1	0	0	0	1
Portmore Day care	1	0	0	0	1
Total	40	14	0	6	60
	67%	23%	0%	10%	

4.7 Seclusion and Voluntary Confinement

4.7.1 Seclusion

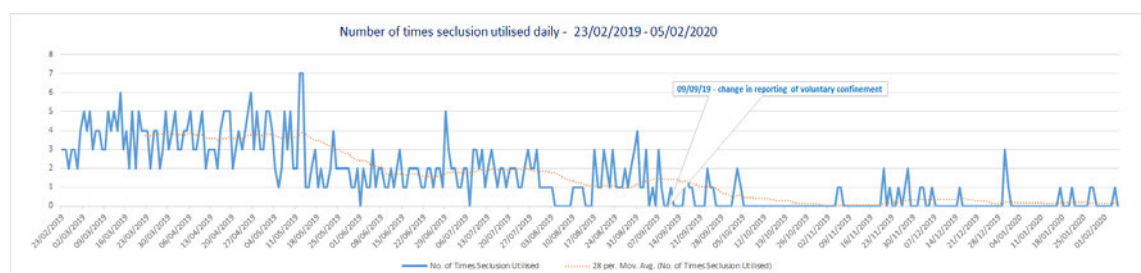
W/e 5 February 2020

Seclusion was used on **1 occasion** in this period involving **1 patient**.

The event took place on 4 February 2020 and lasted 1 hour 32 minutes, beginning at 14:23 and concluding at 15:55pm.

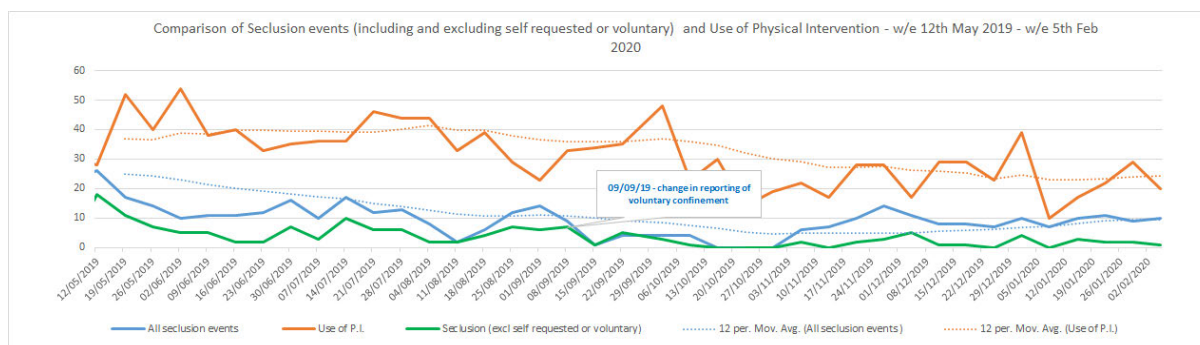
The patient (GF) from Sixmile Assessment was secluded in Cranfield ICU seclusion room. The 15 minute and 60 minute observations were followed appropriately.

Daily Seclusion Trend (excludes voluntary confinement)

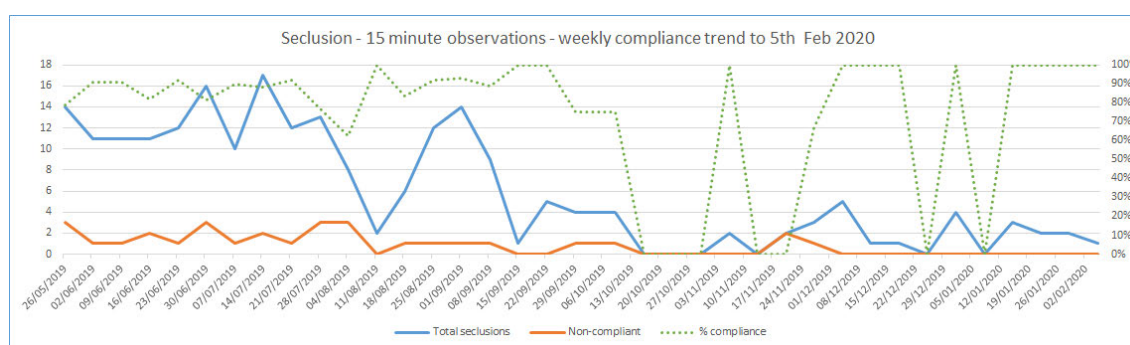


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Comparison of Seclusion Events and Use of Physical Interventions

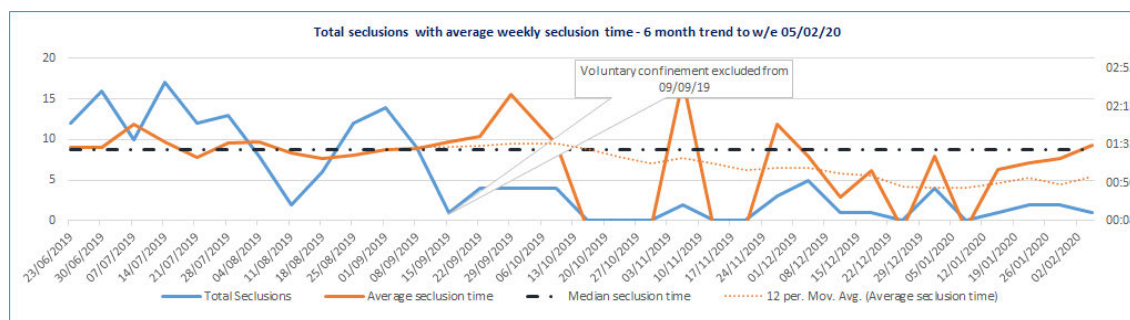


Seclusion Review Compliance



Seclusions with Average Weekly Seclusion Time

The graph below shows the trend of average weekly time in seclusion per seclusion event :



4.7.2 Voluntary Confinement

W/e 29 January 2020

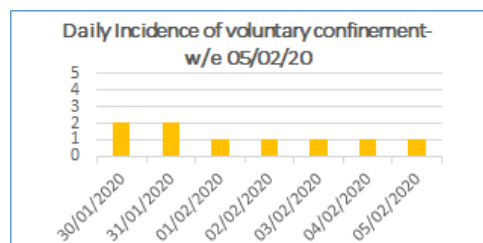
Voluntary Confinement was utilised on **9 occasions** in this period, in the management of the patient in Sixmile Assessment who had 1 episode of seclusion in the same period -

- Shortest duration of voluntary confinement – **1 hour 15 minutes**
- Longest duration of voluntary confinement – **1 hour 45 minutes**

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- Earliest commencement of confinement was **1:05am**
- Latest conclusion of confinement was **11:10pm**

The chart below show the number of instances of voluntary confinement per day of the week :



Analysis by Patient of Voluntary Confinement

05/02/2020				
Patient ID	Ward	Confinement Area	Reason	No. of VC's
RO2	Sixmile A	Patients bedroom	Voluntary	9

The table below details the number of seclusion episodes - no episode ended later than 11:45am and the earliest episode started at 9:30am.

05/02/2020					
Time Vol Confinement Ended	7am - 12noon	12 noon - 5pm	5pm - 11 pm	11pm- 7am	Total
No. of VC's	7	0	0	2	9

In terms of the length of time voluntary confinement occurred, the table below details for each patient the length of time confinement lasted on each occasion by time band. The average time was **1 hours 30 minutes** for the period.

05/02/2020							
Pt. ID.	<30mins	30 mins - 1 hr	1 - 2 Hrs	2 - 3 Hrs	3 - 4 Hrs	> 4 Hours	Total
RO2	0	0	9	0	0	0	9
Total	0	0	9	0	0	0	9

4.8 Complaints

There were no new complaints received during the period.

4.8. Risk Register Position – January 2020

ASPC LD53 has been added and ASPC LD48 is to be closed, as it has been incorporated into ASPC LD38.

All other risks have been reviewed and updated.

4.9. CCTV Viewing – Good Practice

Ward	Date and Time	Comments
[REDACTED]	[REDACTED]	Redacted with reference to MOU. Text contains observations on CCTV viewing
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
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	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Redacted with reference to MOU. Text contains observations on CCTV viewing
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
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	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Redacted with reference to MOU. Text contains observations on CCTV viewing
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Redacted with reference to MOU. Text contains observations on CCTV viewing
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Redacted with reference to MOU. Text contains observations on CCTV viewing
	[REDACTED]	[REDACTED]

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		<p>Redacted with reference to MOU. Text contains observations on CCTV viewing</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
		<p>Redacted with reference to MOU. Text contains observations on CCTV viewing</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
		<p>Redacted with reference to MOU. Text contains observations on CCTV viewing</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
		<p>Redacted with reference to MOU. Text contains observations on CCTV viewing</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
		<p>Redacted with reference to MOU. Text contains observations on CCTV viewing</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
		<p>Redacted with reference to MOU. Text contains observations on CCTV viewing</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

[illegible]

Two incidents of previous commentary from CCTV viewing which were shared with staff for further investigation prior to adding to the Safety Report are below :

[illegible]

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	Redacted with reference to MOU. Text contains observations on CCTV viewing [Redacted]	Redacted with reference to MOU. Text contains observations on CCTV viewing [Redacted]
[Redacted]	Redacted with reference to MOU. Text contains observations on CCTV viewing [Redacted]	Redacted with reference to MOU. Text contains observations on CCTV viewing [Redacted]

(5) Operational response - safety briefings per ward, Safety Quality Visits, issues arising from weekly patient/ carer feedback

5.1. Safety Brief

Ongoing on a daily basis on each ward, using agreed template.

5.2. Safety Quality Visits

The Assistant Service Managers have daily walkabouts on the wards.

5.3 Weekly Live Governance meetings ongoing

Chaired by Clinical Director and involving all wards.

5.4 Monthly ward clinical improvement groups

These have a patient safety focus.

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5.5 Patient Experience Feedback

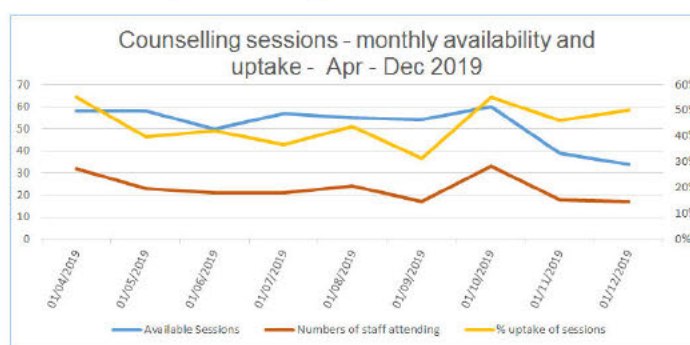
A paper is being drafted setting out work to date in this area, and proposed developments. This has been drafted but further meetings are required prior to completion of the position paper.

The ARC Patient Experience Project commenced in Ardmore Ward w/c 3 February 2020 and will run over 3 days, involving patients and families, seeking feedback around 7 aspects of citizenship. Following completion of Ardmore Ward, the ARC team will roll the exercise out across all other wards on site.

(6) Service continuity and staffing issues, training levels, induction levels of agency, staff engagement and support, scenario training etc.

6.1. Staff Counsellor Sessions – 12 Sessions offered per week. Apr-Dec 2019

Week ending (Sunday)	Available Sessions	Sessions Not Used	Numbers of staff attending	% uptake of sessions
Apr-19	58	26	32	55%
May-19	58	35	23	40%
Jun-19	50	29	21	42%
Jul-19	57	36	21	37%
Aug-19	55	31	24	44%
Sep-19	54	37	17	31%
Oct-19	60	27	33	55%
Nov-19	39	21	18	46%
Dec-19	34	17	17	50%



On average over the 9-month period, 56% of available sessions were unused. Staff also have available Be Well services and Occupational Health.

6.2 Information from MAH Senior Nursing Team

Staffing rosters are reviewed daily by Ward Sisters/Charge Nurses, and reviewed collectively at weekly Ward Sister/Charge Nurse meetings in conjunction with senior management team.

(7) Emerging issues

Consultant Staffing

1. Locum Consultant (Muckamore Abbey Hospital) left prior to the end of her contract in December 2019. A replacement Locum Consultant has now taken up post w/c 10 January 2020.
2. Further substantive Consultant post will be vacated mid-February 2020.
3. Attempts at recruitment for Consultant posts for the community, including the post for the new Intensive Treatment Support team, have been unsuccessful. There is a UK wide shortage of specialist in ID. Management team will explore the potential for international recruitment.

Legal Requirements for Provision of Information

The volume of litigation cases (staff litigation), Subject Access Requests, PSNI Data Requests (Form 81s) and Freedom of Information Requests are in excess of the admin team's capacity and timelines are not being met. There is a huge amount of redaction required for many of these requests, and given the length of admission of the patients concerned, the volume of records requiring redaction are extensive. The delay in processing these requests has a knock on negative impact on the family/next of kin awaiting the information. A funding proposal will be developed by the management team as to how best to support the team to be able to respond to these requests in a timely way.



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Management Team Resources

Jan McGall, Senior Service Manager, has now left Muckamore Abbey Hospital for her new post as Assistant Director in SHSCT. It is not anticipated that the new Service Manager will take up post until mid April 2020. This creates a considerable pressure within the team for 2.5 months and decreases the team's capacity to handle all issues in a timely manner.

(8) Media and communications – FOIs, media enquiries etc.

As of 6th February 2020 :

- No media enquiries outstanding
- One constituency enquiry outstanding – previous enquiry regarding consent was closed but has now been reopened with consent from client and response is due; Public Liaison liaising with Co-Director
- 2 Departmental enquiries (AQWs): one on admissions and discharges (due 6/2/2020) and one on workplace injuries (due 10/2/2020).
- No FOI enquiries outstanding

(9) Financial Governance

BSO Internal Audit remain on site undertaking an audit of financial governance processes w/c 3 February 2020.

(10) Next Steps/forward look – wider strategy update

A regional meeting to discuss an Assessment and Treatment model for LD in NI took place on 11 December 2019. RQIA highlighted the lack of an admission pathway for patients with a learning disability as a risk at their feedback on 16 December 2019. This remains an issue and it is unclear how these discussions are being taken forward regionally.

An internal Admission/Treatment workshop has been confirmed for 26 March 2020 to review current challenges with admission pathways, review the current assessment and treatment model of care, and to agree an interim service model for the site. Structured questions will be given to all ward MDTs in advance of the workshop to encourage advance discussion and thinking around the issues.

(11) Other Issues requiring escalation for advice and senior decision making

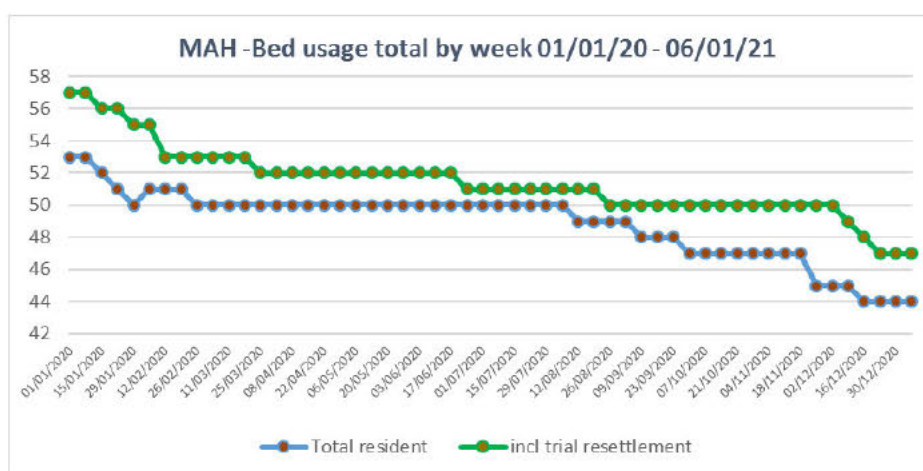
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Date:	Information w/e Wednesday 6/1/2021
Lead:	
Email:	
Tel:	
Alternative contact:	
Email:	
Tel:	

Weekly Report Number - 95
CORONAVIRUS (COVID-19)

1) Key Patient Activity Issues
1.1 MAH Inpatient Numbers

The number of patients in residence remains at 44, and the number on trial resettlement remains at 3. One patient remains on extended home leave at the request of family. The graph below displays the number of inpatients resident in Muckamore Abbey Hospital and the number of patients on trial resettlement.



Patients in Muckamore Abbey Hospital by Trust of Residence are as follows :-

Trust of Residence	Number of Inpatients	Number of Patients on Trial Resettlement
Northern HSC Trust	19	1
Belfast HSC Trust	15	2
South Eastern HSC Trust	8	0
Southern HSC Trust	1	0
Western HSC Trust	1	0
Total	44	3

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1.2 Monthly MAH Admissions, Trial Resettlements and Discharges

The graph below plots the monthly, and year to date, number of patients admitted, discharged, on trial resettlement or having returned from an unsuccessful trial resettlement.



Admission: admitted during month

Discharge: discharged during month

Trial resettlement: pts on TR on last day of month (not included if discharged/failed trial resettlement during the month)

Failed TR: Returned to MAH during the month

Cumulative Admissions: Number of actual patients

Cumulative Discharges: Number of actual patients

Cumulative Trial resettlements: Number of actual patients

Cumulative failed TR: Number of actual patients

Internal ward transfer: No of pts transferred within the month

Extended home leave: Pts on EHL on last day of the month

1.3 Failure Rate of Resettlement – 2020/21 updated

The failure rate of resettlement in the year 2019/20 was 23%. The table below shows the year to date position for 2020/2021 :

	2020/21			
	Successful Resettlement - patient discharged	Failed Resettlement - patient returned	Ongoing Resettlement	Success Rate
BHSCT	2	0	2	100%
NHSCT	1	0	1	N/A
SEHSCT	1	0	0	100%
WHSCT	0	0	0	N/A
Total	4	0	3	

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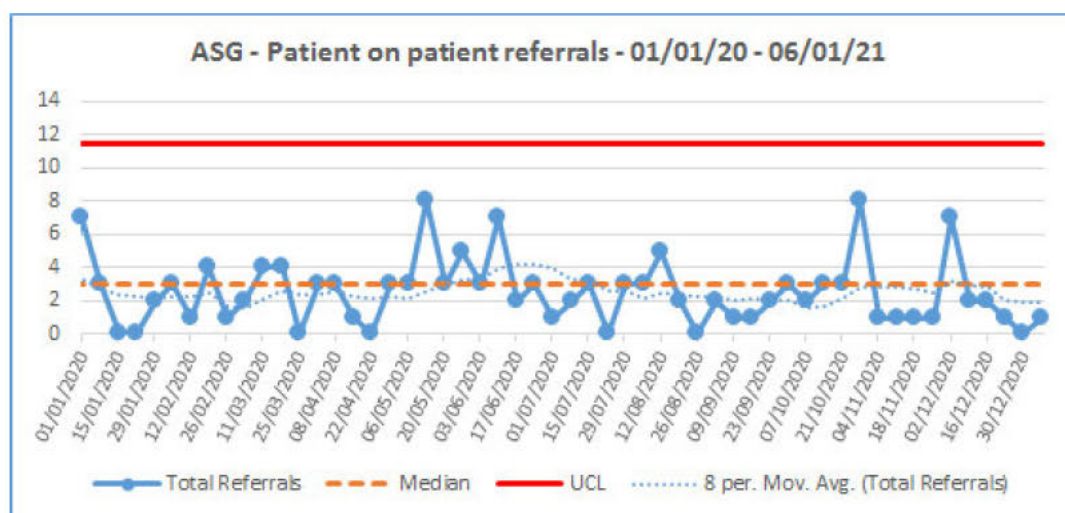
(2) Safeguarding

2.1. Patient on Patient Adult Safeguarding Referrals – w/e 6 January 2021

There was one referral reported during the period.

06/01/2021								
Ward	Location	Victim	Date	Time	ASP1	DAPO	Outcome	Type
CF 1	Dayroom	1	31/12/2020	n/r	same day	+4 days	ASGR(PP)	Physical

Trend Analysis for Patient on Patient ASG Referrals, Jan 2020 to date :



2.2 Staff on Patient Adult Safeguarding Referrals – w/e 6 January 2021

There were no staff on patient ASG referrals reported during the period.

(3) Weekly governance review - incidents, seclusion, complaints, risk register, ongoing CCTV monitoring.

3.1 Incidents

Incident reporting relates to the period week ending 30 December 2020, as approved at 06 Jan 2021.

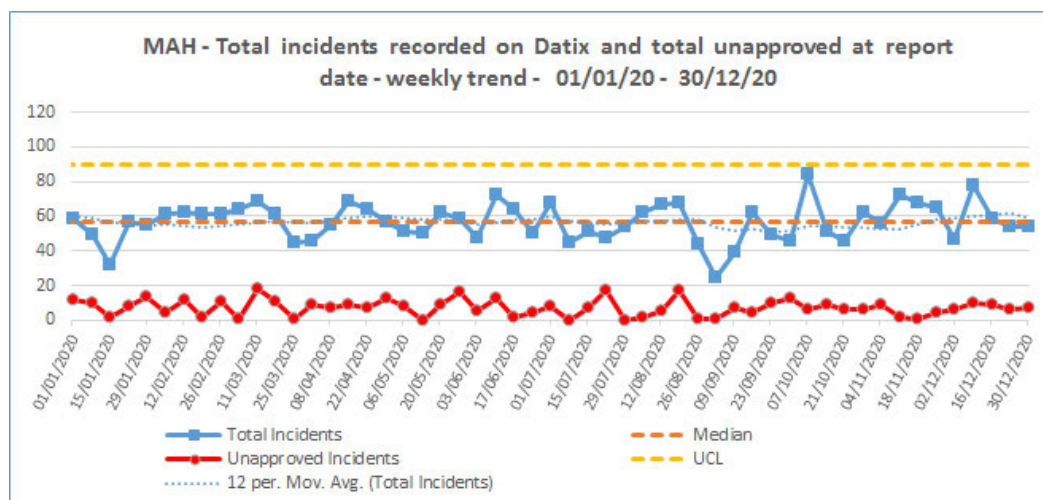
A total of 54 incidents were recorded, of which 7 across all wards / areas remain unapproved.

This analysis covers the 47 approved incidents. The following table shows approval status by ward / location of incident (all unapproved incidents have since been approved):

Approval status 24/12/20 - 30/12/20 (app.06/01/2021)	Ardmore	CF 1	CF 2	CF ICU	Erne 1	Sixmile A	Sixmile T	Total
Unapproved, not viewed	0	0	0	1	6	0	0	7
Approved, investigation ongoing	0	0	0	0	0	1	1	2
Approved, investigation complete	4	12	13	0	0	13	3	45
Total	4	12	13	1	6	14	4	54

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The chart below shows incidents recorded on Datix from 1 January 2020 to date.



Only the **47** 'approved' incidents can be further categorised by **those affected in the incident, by severity, by day of the week and by category/ type of incident.**

a) Those Affected

Those affected 24/12/20 - 30/12/20 (app.06/01/2021)	Patient	Staff	Total
Actual self harm	1	0	1
Entrapment - in room	3	0	3
Administration to Patient - Incorrect dose	1	0	1
Administration to Patient - Incorrect medication/fluid	1	0	1
Exposure to Unsafe Environmental Conditions - Infectious agent	1	0	1
Other self harming behaviour	3	0	3
Physical	2	0	2
Physical contact	3	20	23
Physical threat (no contact)	1	8	9
Sexual (including indecent exposure)	1	0	1
Behaviour	1	0	1
Verbal abuse with racial content	0	1	1
Total	18	29	47
	38%	62%	

Highlighted incident types with >3 incidents per category

Incidents are discussed at Ward level PIPA Meeting and weekly Live Governance chaired by the Clinical Director.

b) Severity

The classification of the approved incidents for the period is shown in the table below.

Incidents by Severity 24/12/20 - 30/12/20 (app.06/01/2021)	Insignificant	Minor	Moderate	Major	Catastrophic	Total
Totals:	29	18	0	0	0	47
	62%	38%	0%			

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c) Incidents by Day by Location

Incidents by day of the week - 24/12/20 - 30/12/20 (app.06/01/2021)	Ardmore	CF 1	CF 2	Sixmile A	Sixmile T	Total
Thursday	0	3	0	2	2	7
Friday	1	1	0	3	1	6
Saturday	2	0	2	1	1	6
Sunday	0	4	7	1	0	12
Monday	0	1	3	4	0	8
Tuesday	1	1	1	2	0	5
Wednesday	0	2	0	1	0	3
Total	4	12	13	14	4	47

Highlighted locations with >3 incidents in a day

d) Type / Location / Severity

Incidents by Severity 24/12/20 - 30/12/20 (app.06/01/2021)	Insignificant	Minor	Moderate	Major	Catastrophic	Total	% incidents
Ardmore	2	2	0	0	0	4	9%
Physical	0	1	0	0	0	1	
Actual self harm	0	1	0	0	0	1	
Entrapment - in room	2	0	0	0	0	2	
Cranfield 1	6	6	0	0	0	12	26%
Sexual (including indecent exposure)	1	0	0	0	0	1	
Other self harming behaviour	1	2	0	0	0	3	
Stubborn/uncooperative physical behaviour	1	0	0	0	0	1	
Exposure to Unsafe Environmental Conditions - Infectious agent	1	0	0	0	0	1	
Physical contact	1	3	0	0	0	4	
Physical threat (no contact)	1	1	0	0	0	2	
Cranfield 2	9	4	0	0	0	13	28%
Physical contact	8	4	0	0	0	12	
Physical	1	0	0	0	0	1	
Sixmile Assessment	9	5	0	0	0	14	30%
Physical threat (No contact)	7	0	0	0	0	7	
Physical contact	1	5	0	0	0	6	
Verbal abuse with racial content	1	0	0	0	0	1	
Sixmile Treatment	3	1	0	0	0	4	9%
Administration to patient - Incorrect medication/fluid	1	0	0	0	0	1	
Administration to patient - Incorrect dose	1	0	0	0	0	1	
Entrapment - in room	1	0	0	0	0	1	
Physical contact	0	1	0	0	0	1	
Totals:	29	18	0	0	0	47	
	62%	38%	0%				

3.2 Medication Incidents

There were two medication incidents – ‘administration to patient’ during this period.

Sixmile Treatment
24 December 2020

One of the patient's 100mg clozapine tablets was missing and unaccounted for. The doctor-on-call was contacted and he advised administration of 100mg of clozapine instead of 200mg NOCTE. The patient was informed of this and advised of the on-call doctor's recommendation. NOK contacted the next morning. No adverse effects noted.

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The Ward Sister completed a medication reflection with staff member who had administered the morning medications – staff member advised that he had not completed the clozapine count prior to administering the morning dose.

Sixmile Treatment
24 December 2020

The patient was mistakenly given a wrong vitamin tablet. Reassurance was given to the patient. The correct vitamin was given. The doctor was contacted. No adverse reaction. A medication reflection was completed with the staff member.

3.3. Use of Rapid Tranquilisation during Physical Intervention.

=0 use of rapid tranquilisation reported during the period w/e 6 January 2021.

3.4. Use of Prone Restraint

=0 use of prone restraint reported during the period w/e 6 January 2021.

3.5 Use of Supine Hold

=4 use of supine hold reported during the period w/e 06 January 2021.

3.6 Incidents of Physical Intervention (PI)

There were 29 incidents involving the use physical intervention w/e 6 January 2021, equating to 43% of all incidents.

Use of Physical Intervention 31/12/20 - 06/01/21 (based on all incidents - approved/not approved 07/01/2021)	NO - None used	YES - Holding only	YES - Dis-engagement only	YES - Dis-engagement and Holding	Total	% use of P.I.
Ardmore	3	1	0	0	4	25%
Cranfield 1	11	3	2	1	17	35%
Cranfield 2	9	0	3	2	14	36%
Cranfield ICU	1	3	0	0	4	75%
Erne	11	0	0	0	11	0%
Sixmile Assessment	1	14	0	0	15	93%
Sixmile Treatment	2	0	0	0	2	0%
Total	38	21	5	3	67	
	57%	31%	7%	4%		

Highlighted locations with >3 incidents of use of P.I. in a location

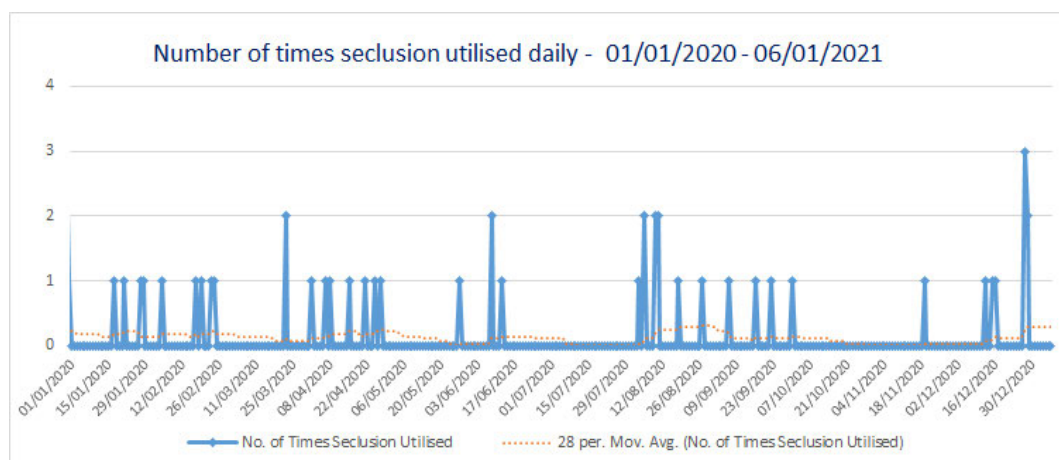
3.7 Seclusion and Voluntary Confinement
3.7.1 Seclusion

Seclusion was not utilised in this period.

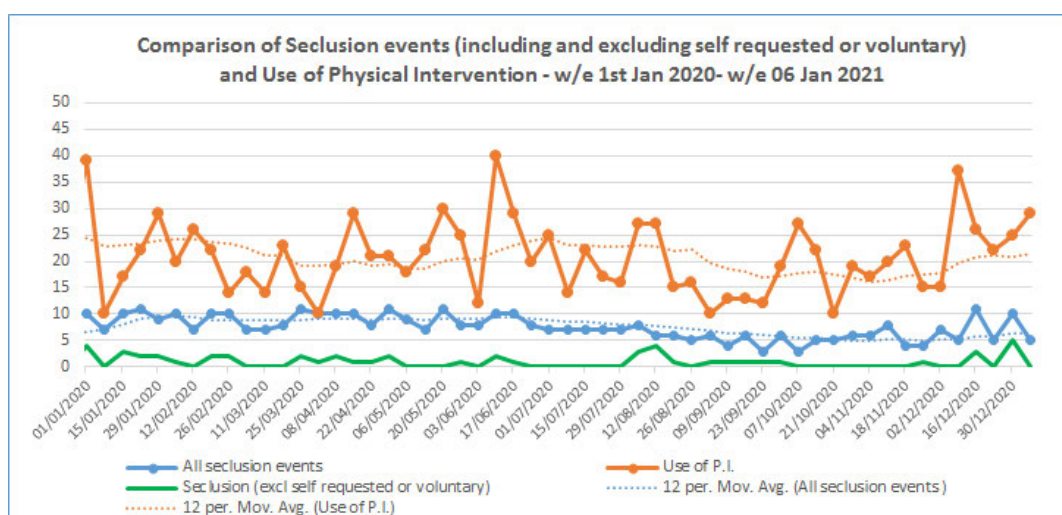
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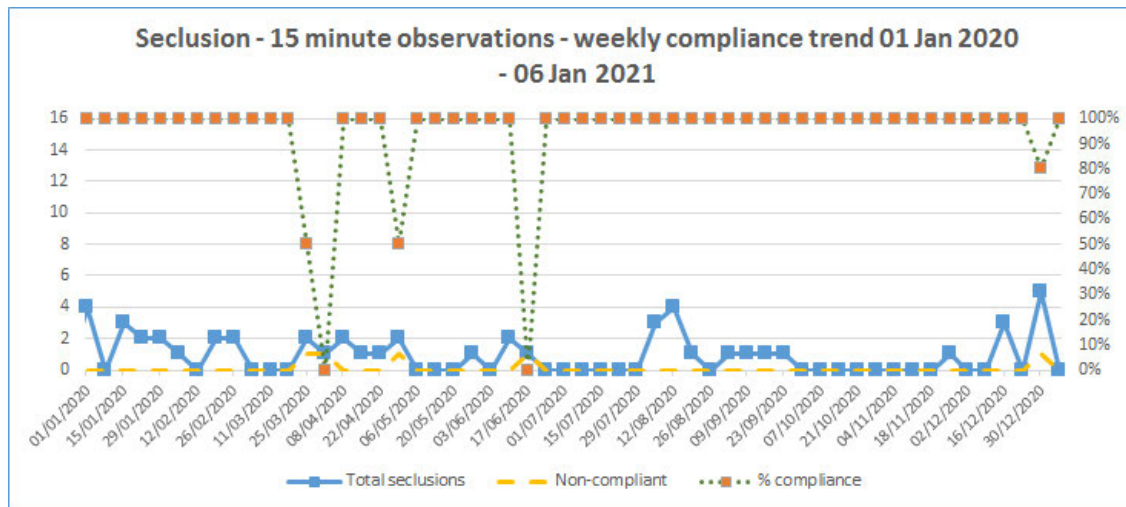
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Daily Seclusion Trend (excludes voluntary confinement)

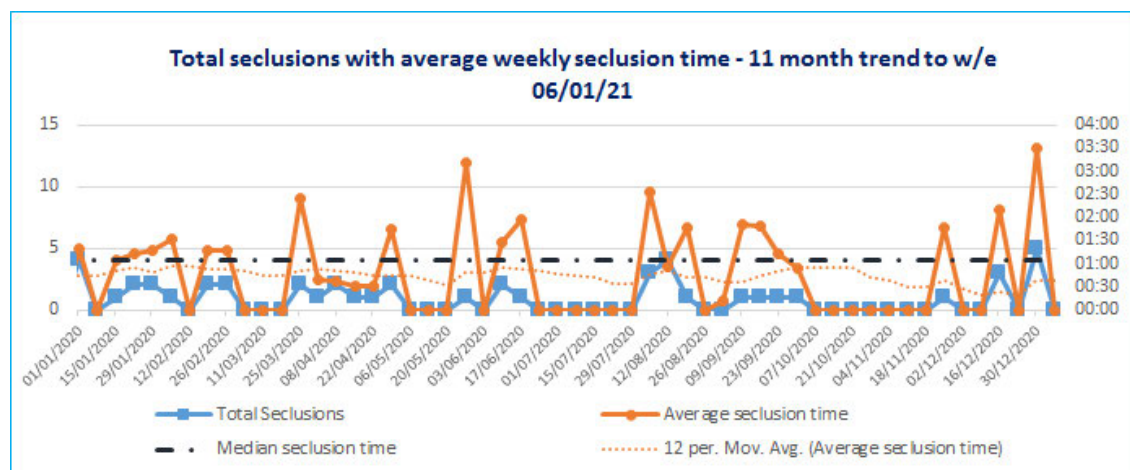


Comparison of Seclusion Events and Use of Physical Interventions



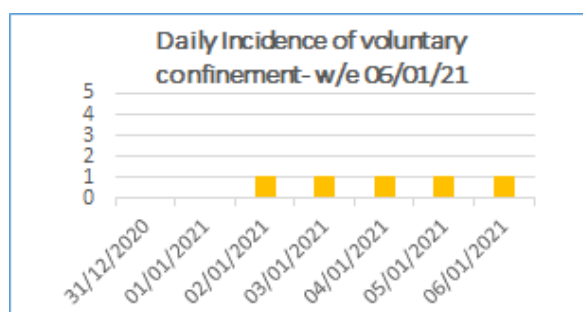
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Seclusion Review Compliance

Seclusions with Average Weekly Seclusion Time

The graph below shows the trend of average weekly time in seclusion, per seclusion event :


3.7.2 Voluntary Confinement

Voluntary Confinement was utilised on **5 occasions** in this period, in the management of 1 patient (MMcC) in Sixmile Assessment:

- Shortest duration of voluntary confinement – **30 minutes**
- Longest duration of voluntary confinement – **1 hour 40 minutes**
- Earliest commencement of confinement was **09:30am**
- Latest conclusion of confinement was **12:25pm**

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Instances of Voluntary Confinement per Day of Week

Analysis by Patient of Voluntary Confinement

06/01/2021				
Patient ID	Ward	Confinement Area	Reason	No. of VC's
RO2	Sixmile A	Patients bedroom	Voluntary	5

Number of Episodes

No episode ended later than **12:25pm** and the earliest episode started at **09:30am**.

06/01/2021					
Time Vol Confinement Ended	7am - 12noon	12 noon - 5pm	5pm - 11 pm	11pm- 7am	Total
No. of VC's	4	1	0	0	5

Length of Time of Voluntary Confinement

In terms of the length of time voluntary confinement occurred, the table below details for each patient the length of time confinement lasted on each occasion by time band. The average time was **1 hour 08 minutes** for the period.

06/01/2021							
Pt. ID.	<30mins	30 mins - 1 hr	1 - 2 Hrs	2 - 3 Hrs	3 - 4 Hrs	> 4 Hours	Total
RO2	1	1	3	0	0	0	5
Total	1	1	3	0	0	0	5

Observation Compliance

Voluntary confinement Observation compliance - w/e 06/01/2021				
Total Vol Confinement	15 min obs	4 hr medical assess	1 hr medical assess	Issue
5	5 of 5	n/a	n/a	

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3.8 Complaints

No complaints were received during the period.

3.9. Risk Register Position

No change.

3.10. CCTV Viewing

(References to Cx relate to camera numbers, e.g. C28)

Please note that all CCTV viewing is now reviewed prior to publication in the Safety Report. On a weekly basis, an Assistant Service Manager and a Designated Adult Protection Officer will review the CCTV viewing reports to determine if any action is required – this step is called the CCTV Viewing Quality Assurance (QA) Review Process.

The QA Review Process was completed on 5 January 2021 for the viewing reports included below, and comments are included if applicable.

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<p>(4) Operational response - safety briefings per ward, Safety Quality Visits, issues arising from weekly patient/ carer feedback</p>	
<p>4.1. Safety Brief Ongoing on a daily basis on each ward, using agreed template.</p> <p>4.2 Weekly Live Governance meetings ongoing Chaired by Clinical Director and involving all wards.</p>	

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4.3 Monthly ward Clinical Improvement Groups

These have all recommenced and discussions have begun with the QI Manager in relation to datasets to support the groups.

4.4 Patient Experience Feedback

This work has recommenced with a number of lead professionals identified to deliver this project. This includes a questionnaire which has been developed by the Divisional Social Worker which will be circulated w/c 25 January 2021.

The Service Manager has commenced a series of Service Manager and patient one-to-one meetings. This is a direct response from some patients' suggestions that this would be a beneficial exercise. The overarching theme of the individual discussions is entitled *"How are we doing? What could we do better?"*

The Muckamore Patient Council has also been reinvigorated, and is being supported through TILII, to identify ideas for improvement that patients in Muckamore want to put forward.

(5) Service continuity and staffing issues, training levels, induction levels of agency, staff engagement and support, scenario training etc.

5.1. Staff Counsellor Sessions – 12 Sessions offered per week.

This service continues to offer support to staff.

5.2 Information from MAH Senior Nursing Team

The Senior Nursing Team continues to maintain a focus on workforce recruitment and retention. In addition the Senior nursing Team has been contributing to Resettlement discussions focussing on how to make the process even more patient focussed.

(6) Emerging issues

Covid-19 Update (at time of report submission)

On 3 January 2021 a Covid-19 outbreak was declared on Cranfield 2 Ward for both staff and patients.

A patient had availed of home leave over the Christmas period and had been isolated on his return to the ward on 26 December – in line with the agreed local protocol, the patient was swabbed on Day 5 from date of return, ie. 31 December. The patient was confirmed Covid-19+. On 1 January 2021, a decision was made to test a patient in the same ward, due to his presentation. This patient was confirmed Covid-19+ on 2 January. In light of these two positive results, IPC advised that all patients be tested. In total, four patients tested Covid-19+. Following this, a decision was made to test all patients and staff in the unit. In total, as at 18 January 2021, 14 staff tested Covid-19+. All Covid-19 +ve patients were nursed in the hospital's dedicated Covid-19 isolation ward. Outbreak protocols are currently in operation.

The outbreak status in relation to Ardmore Ward remains under review. This status will be reviewed on 20 January 2021.

On 4 January 2021 a decision was made to suspend all visiting, except for exceptional circumstances. Subsequently, DOH guidance was received confirming that visiting across HSC settings should cease.



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Trade Unions Trade Unions are highlighting concerns regarding the increasing number of physical assaults on staff and support to staff and discussion with the management team are ongoing. Discussions continue with Union representatives with a focus on staff engagement strategies.
(7) Media and communications – FOIs, media enquiries etc.
There are no media enquiries outstanding.
(8) Financial Governance
No new issues to report.
(9) Next Steps/forward look – wider strategy update
No new issues to report.
(10) Other Issues requiring escalation for advice and senior decision making
None.