

MAHI Muckamore Abbey Hospital Inquiry

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09 December 2022

By Email Only

Ms Jane McManus
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Directorate of Legal Services
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Dear Ms McManus

Evidence Modules 2023

You will be aware from the Chair's statement of 20 October 2022 that, in the next phase of evidence, the Inquiry intends to hear evidence relating to the legal and regulatory framework, organisational structures, policies, methods and governance.

The purpose of this correspondence is to issue a request to the Belfast Health and Social Care Trust in the first instance for a statement or, if appropriate, statements that will assist the Inquiry in that phase of evidence. It should be regarded as a request for the purposes of Rule 9 of the Inquiry Rules 2006. It is anticipated that the maker(s) of the statement(s) will be called to give oral evidence in March – April 2023.

Please find enclosed the document "Evidence Modules March - April 2023", which provides an outline of the topics to be addressed. The Belfast Health and Social Care Trust is asked to provide a statement or statements for the purpose of addressing the topics highlighted in red text in the document.

Please note that the primary objective of this phase of the evidence is to ensure that the Panel is fully informed of the legal and regulatory framework, the organisational structures that are relevant to the Terms of Reference and the relevant policies, procedures and practices that were applicable during the timeframe with which the Inquiry is concerned. It is anticipated that the Inquiry will wish to hear further evidence at a later juncture to address the adequacy and effectiveness of the systems and processes in place at the relevant time.

The content of the modules is set out in some detail in the enclosed document, but the following may also assist with an understanding of some of the matters on which the Inquiry wishes to hear evidence:

Module 2: Health Care Structures and Governance

- 2e. The historical overview should include the history of placement of patients at MAH and the provision of alternative inpatient beds.
- 2f. The account of the management and governance structure should include an explanation of directorate, divisional and corporate structures and the flow of information between them.
- 2g. The account of the interrelationship between Trusts relating to patients admitted to Muckamore should include detail of contracting arrangements and accountability agreements that were in place at the relevant time.
- 2h. There may be some overlap between this and the preceding topics, as well as Modules 3 and 4. The Trust is asked to identify and explain the key mechanisms in place to promote quality of care at MAH.
- 2i. The account of provision for community based services should include information on the use of learning disability teams and their staffing and on any differences between community based support for children and for adults with learning disability.

Module 3: Policy and Procedure

The Trust may wish, if appropriate, to include reference to other policies and procedures that touch on the Terms of Reference.

Module 4: Staffing

Evidence relating to the issue of training should include the training of all staff in areas such as safeguarding, use of restraint, use of seclusion, use of medication and side effects of medication, choking risks, communication strategies for persons with learning disabilities, positive behavioural support in respect of learning disability, autism and challenging behaviour.

Module 6: MAH Reports and Responses

The Inquiry wishes to receive evidence at this stage detailing the formal responses by the Trust to the reports referenced in this module. It is anticipated that the Inquiry will wish to examine further in evidence at a later stage the adequacy and effectiveness of such responses.

The Inquiry also wishes to ensure that all higher level reports in relation to the hospital and of relevance to the Terms of Reference are identified at this stage (for example, the Report of the Independent Assurance Team 2018 and the Independent Review of the Learning Disability Resettlement Programme 2022). The Inquiry would welcome input from the Trust in respect of that exercise.

Please see enclosed Statement Format Guide. It is important that statements made for Inquiry purposes should be consistent in format. It is appreciated that the number of required sections will depend on the range and breadth of issues to be covered and that some flexibility will be needed to ensure the most effective presentation, but you are asked to adhere to the Guide to the extent that is possible.

For planning purposes, you are asked to inform the Inquiry of the identity and role of the person(s) who will be making the necessary statement(s) and a brief summary of their qualifications and experience by Friday 16 December 2022.

You are requested to furnish the Inquiry with the completed statement(s) by Friday 10 February 2023; if any statement is completed prior to that date, please do furnish it to the Inquiry as soon as possible following completion in order to assist with scheduling.

If you have any queries about this correspondence please contact the Solicitor to the Inquiry at solicitor@mahinquiry.org.uk.

Yours faithfully,



Lorraine Keown
Solicitor to the Inquiry

Enclosure:

1. Evidence Modules March – April 2023.
2. Statement Format Guide.



EVIDENCE MODULES MARCH - APRIL 2023

The Inquiry intends to hear the following evidence modules in March – April 2023:

- Module 1: Bamford and Mental Health Law in Northern Ireland
- Module 2: Health Care Structures and Governance
- Module 3: Policy and Procedure
- Module 4: Staffing
- Module 5: Regulation and Other Agencies
- Module 6: MAH Reports and Responses

Module 1: Bamford and Mental Health Law in Northern Ireland

- a. Overview of Bamford Review and subsequent developments.
- b. Analysis of different models for learning disability services.
- c. Focused Study of the “Equal Lives Learning Disability” Review (September 2005).
- d. Focused Study of “A Comprehensive Legislative Framework” (August 2007).
- e. Mental Health (Northern Ireland) Order 1986: key provisions.
- f. The new legislative framework: Mental Capacity Act 2016.
- g. Comparative analysis: law in UK (outside NI) and elsewhere.

Module 2: Health Care Structures and Governance

- a. Budget for learning disability and mental health services:
 - Northern Ireland and elsewhere in UK;
 - children and adults;
 - health care and social care;
 - institutional and hospital provision and community support.
- b. Department of Health: oversight of learning disability services.
- c. Public Health Agency: role in organisation and commissioning services at MAH and quality improvement.
- d. Health and Social Care Board/ Strategic Planning and Performance Group.
- e. The Trusts and MAH: historical overview.
- f. BHSC and MAH management and governance structure.
- g. Interrelationship between Trusts re patients admitted to Muckamore.
- h. Explanation of structures in place to promote quality of care at MAH.
- i. Outline of provision for community based services.

Module 3: Policy and Procedure

- a. Policies for delivering health and social care to learning disability patients 1999 – 2021.
- b. Nursing care delivery model.
- c. Policies regarding restraint/ seclusion.
- d. Safeguarding policies.
- e. Policies and procedures re medication/ auditing of medication.
- f. Policies and procedures concerning patients' property and finances.
- g. Policies and procedures re psychological treatment, speech and language therapy, occupational therapy and physiotherapy.
- h. Resettlement policies (and provision for monitoring of resettlement).
- i. Complaints and whistleblowing: policies and procedures.
- j. Overview of mechanisms for identifying and responding to concerns.
- k. Risk assessments and planning regarding changes of policy.
- l. Procedures to provide assurance regarding adherence to policies.
- m. Policies and procedures for further training for staff/ continuing professional development.

Module 4: Staffing

- a. Workforce plans for disability care 1999 – 2021 (Trust and Department of Health).
- b. Training and recruitment of learning disability nurses.
- c. Leadership education for ward managers and senior nurses/ key performance indicators.
- d. Training, recruitment and deployment of learning disability psychiatrists, psychologists, speech and language therapists, occupational therapists and physiotherapists.
- e. Measures relating to staff retention and support.
- f. Induction programme for new unregistered staff and temporary workers.
- g. Practice regarding supervision of unregistered staff.
- h. Programme at MAH for clinical audits/ University placement audits/ NIMDTA placement audits.
- i. Provision for trend analysis of Datix incident reporting and response.
- j. Overview of turnover and vacancy rates on wards.
- k. Exit interviews: management and analysis.
- l. Impact of (and response to) suspensions and increased use of agency staff.

Module 5: Regulation and Other Agencies

- a. Regulation and Quality Improvement Authority (and MHC):
 - history, statutory remit, objectives, inspection procedures and methodology;
 - procedures for ensuring improvement;
 - roles and responsibilities re MAH.
- b. Health and Safety Executive Northern Ireland (HSENI):
 - history, statutory remit, objectives, procedures and methodology;
 - roles and responsibilities re MAH.
- c. Patient and Client Council (PCC):
 - history, statutory remit, objectives and methodology;
 - roles and responsibilities re MAH.

Module 6: MAH Reports and Responses

a. EHSSB/ NWBT Review (December 2005):

- overview;
- analysis of recommendations;
- **examination of response.**

b. Ennis Ward Adult Safeguarding Report (August 2013):

- overview;
- analysis of recommendations;
- **examination of response.**

c. Review of Safeguarding at MAH - A Way to Go (November 2018):

- overview;
- analysis of recommendations;
- **examination of response.**

d. Review of Leadership and Governance at MAH (July 2020):

- overview;
- analysis of recommendations;
- **examination of response.**

e. Identification of other key reports concerning MAH.

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