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## REDEFINED TERMS OF REFERENCE – (JUNE 2015)

### SERVICE FRAMEWORK PROGRAMME BOARD

#### 1.0 Introduction

- 1.1 A Service Framework is a document which contains explicit standards underpinned by evidence and legislative requirements. Service Frameworks will set targets, specific timeframes and expected outcomes designed to:
- improve the health and social wellbeing of the population of Northern Ireland;
  - reduce inequalities and promote social inclusion;
  - improve the quality and safety of care; and
  - safeguard vulnerable individuals and groups; and
  - improve partnership working with other agencies and sectors.
- 1.2 Each Service Framework document will be the subject of public consultation and will be developed in collaboration with HSC staff and through engagement with patients, clients, carers, the wider public and other key stakeholders.
- 1.3 The Service Framework will be used by the public, HSC commissioners, the HSC and other providers, and those organisations which are required to report on the performance and quality of services and care.

#### 2.0 Aim

- 2.1 The overall aim of a Service Framework is to improve the health and wellbeing of the population of Northern Ireland, reduce inequalities and improve the quality of care, recognising that achievement of this aim goes beyond traditional HSC boundaries and is strongly influenced by population/individual attitudes and behaviours and the contribution of other sectors.

### **3.0 Remit of Service Framework Programme Board**

- 3.1 Service Frameworks are an integral part of the Department's Quality (Q2020) agenda.
- 3.2 The remit of the Service Framework Programme Board is to:
- Oversee application of governance arrangements to ensure timely delivery of the Service Framework Programme;
  - Provide advice and support to facilitate HSC and public engagement in framework development;
  - Oversee application of monitoring and quality assurance mechanisms;
  - Ensure compatibility of Service Frameworks with DHSSPS policies/strategies, priorities and resources;
  - Approve draft framework documents for public consultation;
  - Approve individual frameworks, for publication, following Ministerial endorsement;
  - Consider and approve any alteration or amendment to key performance indicators and targets; and
  - Escalate any difficulties with the delivery of the Service Framework Programme to the Departmental Board.

### **4.0 Meetings**

- 4.1 The Service Framework Programme Board will meet twice annually (in February and September).
- 4.2 A record of the meetings will be taken by Quality, Regulation and Improvement Unit and minutes circulated to members and other relevant parties prior to publication on the Department's intranet.
- 4.3 Ad hoc meetings may be arranged at other times should the need arise.

## 5.0 Membership

5.1 The core membership of the Service Framework Programme Board is comprised of Departmental policy and professional leads.

5.2 In recognition of the Department's partnership approach to the Service Framework programme membership also includes non-voting members representing HSCB, PHA, PCC and the RQIA.

### 5.3 **Core Members**

- Chief Medical Officer (Chair)
- Chief Nursing Officer
- Chief Pharmaceutical Officer
- Deputy Secretary, Healthcare Policy
- Deputy Secretary, Resources and Performance Management
- Deputy Secretary, Social Care Policy
- Deputy Chief Medical Officer (Public Health)
- Head of Quality, Regulation and Improvement Unit

### **Non-Voting Members**

- Chief Executive, Health and Social Care Board
- Chief Executive, Public Health Agency
- Chief Executive, RQIA
- Chief Executive, Patient Client Council

MDAG/16/20

ANNEX A

**MUCKAMORE  
ABBAY  
HOSPITAL  
HSC ACTION PLAN**

December 2020

## INTRODUCTION

The independent Serious Adverse Incident (SAI) review report into safeguarding at Muckamore made for stark reading. It exposed not only significant failings in the care we provided to people with a learning disability while in hospital and their families, but also gaps in the wider system of support for people with learning disabilities. In short, it told us that, while we have achieved much through Bamford, there is much more we need to do.

This is our response, and sets out exactly what we now must do. It recognises that the events at Muckamore have caused much distress for the patients receiving treatment in the hospital and their families and carers, and has also damaged wider public confidence in how the HSC system provides care, treatment and support to people with a learning disability and their families. The measures set out in this document are intended to address the issues that the SAI report highlighted, but also to provide wider assurance to society that the HSC system is working together in a co-ordinated way to make life better for people with a learning disability.

As the Permanent Secretary made clear when he met with all HSC Chief Executives in January this year, we must effect lasting change, with reference to every single recommendation in the SAI report. It is right that this report acts as our barometer, and the success of our efforts should be measured against it.

This document therefore sets out what we are doing and plan to do in response to its call to action. Specifically, it reiterates the overarching recommendation of the report endorsed by the Permanent Secretary that Muckamore must return to being a hospital not a residential facility. This will require a coordinated programme of action to manage the planned and safe resettlement of those patients not currently under active assessment or treatment into accommodation more appropriate for their needs.

This timeline will be monitored closely by the Muckamore Departmental Assurance Group, which will include representation from the HSCB, PHA, RQIA, the 5 Trusts, professional representatives, specialist accommodation providers, appropriate academic expertise and importantly the families of patients, which will also ensure the team in Muckamore and the wider community services have the necessary support and resources in place to achieve these goals. A first but critical step will be to develop and deliver enhanced services in the community to source, support and sustain people in the places where they live. This will be the key role of the Regional Learning Disability Operational Delivery Group led by the Health and Social Care Board.

However, this document also recognises that more actions will follow as we progress the co-production of a new service model for learning disability as part of our transformation agenda. When developed, this will bring with it a new set of actions to consult on and implement.

We are also conscious that the police investigation into the unacceptable events at Muckamore Abbey Hospital is still ongoing. We await the outcome of that investigation and will be ready to take any additional actions to ensure that lessons are learned and put into practice across the full spectrum of learning disability services in Northern Ireland.

In this context this plan should be considered a live document which will be subject to ongoing review and development to drive further and emerging improvements to current practice.

<p><b>'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.'</b> – <i>the Review Team</i></p>						
Rec No	Recommendation	Lead Agency responsible	Action No.	Actions and progress update	Theme	Rag Status
<p><b>Permanent Secretary commitments</b></p>						
PS1	Completion of resettlement process commenced in 2011 by the end of 2019, and the issue of delayed discharges addressed.	HSC Trusts	A1	<p>By <b>30 November 2019</b> carry out a full re-assessment of the needs of all patients they have currently placed in MAH, with a view to preparing contingency plans for their patients, including updated discharge plans for each individual assessed as medically fit for discharge, with a target date for the individuals' discharge, a timeline to deliver appropriate high quality placements matching each individual's assessed needs and identifying any barriers to discharge.</p> <p><u><b>December 2020 Update</b></u></p> <p>Up to date assessments are in place and are constantly being</p>	MAH Specific	



				<p>reviewed. Trusts are progressing placements which are deemed compatible and suitable. Trusts continues to work to achieve discharge planning and to identify barriers to discharge.</p> <p><b>[Propose action complete]</b></p>		
		<b>HSCB/HSC Trusts</b>	<b>A2</b>	<p>By <b>30 November 2019</b> develop and oversee a regional resettlement plan and agreed timeline for all individuals who are currently resident in MAH and assessed as medically fit for discharge.</p> <p><b><u>December 2020 Update</u></b></p> <p>Individual resettlement plans and timescales had been developed but are being reviewed in light of the fact that resettlement and associated building works had to be paused due to covid 19 restrictions. Timescales for these plans were reviewed at</p>	<b>Service Model</b>	

				<p>the RLDODG meeting in October and the dashboard details the adjusted timescales for this action.</p> <p>[Query action complete?]</p>		
		HSCB / PHA	A3	<p>By <b>March 2021</b>, complete an independent review of the current service model / provision for acute care for people with learning disabilities (in patient and community based) and associated clinical pathways in order to recommend a future best practice model for assessment, treatment and care and support for adults with a learning disability, which is regionally consistent and focused on relevant clinical and patient related outcomes.</p> <p><u>December 2020 Update</u></p> <p><b>The acute review was completed.</b> Work is underway to consider the development of</p>	Service Model	<p>RATING UPDATED TO AMBER</p>

				<p>a consistent model of Community based Assessment and Treatment for individuals who present with challenging behaviour, ASD and/or forensic needs. This work is being developed by a multi-agency/disciplinary Task and Finish Group which will explore current gaps in service along with interface with acute settings, existing community crisis services, services provided by the community and voluntary sector along with family carers. <b>This group is scheduled to complete its work by 31 March 2021.</b></p>		
		DOH	A4	<p>By 31 <b>August 2019</b>, establish a professionally chaired Departmental Assurance Group to assure the Permanent Secretary of the DoH (and any incoming Minister) that the resettlements commitments and recommendations of the SAI report are met (see full</p>	Governance	

				governance structures associated with this plan at <b>Annex A). Completed</b>		
		<b>DOH/HSCB/HSC Trusts</b>	<b>A5</b>	<p>By <b>30 September 2021</b>, develop specialist staff training and a model of support to upskill the current workforce providing care to people with complex needs and challenging behaviours to support current placements and develop capable environments with appropriate philosophy of care e.g. Positive Behaviour Support, and prevent inappropriate re-admissions to hospital, and by June 2022 deliver training to an agreed cohort of staff.</p> <p><b><u>December 2020 Update</u></b></p> <p>Training and workforce issues are the responsibility of DOH as the commissioner of all health and social care training. Several reviews are underway with respect to upskilling and supporting different professional groups with the LD workforce.</p>	<b>Service Model (Assessment &amp; Treatment)</b>	

				<p>The Community Based Assessment and Treatment and associated clinical pathways work will give consideration to how best to prevent inappropriate admissions by agreeing what types of staff are needed to support those with complex needs in the community. Once this work is completed it will help inform this action along with other workforce analysis ongoing.</p> <p>Investment by HSCB to the 5 Trusts has been made with respect to the provision of additional staff training in PBS.</p> <p>[Target date aligned with A37]</p>		
		<b>HSCB/PHA</b>	<b>A6</b>	<p>By <b>31 March 2022</b>, commission HSC Trusts to develop robust Crisis and Intensive Support Teams, including local step up and step down services, flexible staff resources and Community Treatment services, to support safe and timely resettlement of in-patients from MAH drawing on</p>	<b>Service Model (Assessment &amp; Treatment)</b>	

				<p>findings from the independent review of acute inpatient care.</p> <p><b><u>December 2020 Update</u></b></p> <p>Work is underway to consider the development of a consistent model of Community based Assessment and Treatment for individuals who present with challenging behaviour, ASD and/or forensic needs. This work is being developed by a multi-agency/disciplinary Task and Finish Group which will explore current gaps in service along with interface with acute settings, existing community crisis services, services provided by the community and voluntary sector along with family carers. <b>This latter group is scheduled to complete its work by 31 March 2021. Thereafter, trusts will need to re-align and develop services.</b></p>		
		<b>DoH/HSCB/HSC Trusts</b>	<b>A7</b>	<p>By <b>30 September 2020</b>, in conjunction with DfC/DoF and housing providers, identify barriers to accommodation provision and develop innovative</p>	<b>Accommodation</b>	<b>RATING UPDATED TO RED</b>

				<p>solutions to support individuals' specific needs in their transition to community settings, and inform the development of a long term sustainable accommodation strategy for people with learning disability.</p> <p><b><u>December 2020 Update</u></b></p> <p>This work is being progressed on an individual and collective basis by HSCB through the RLDODG monthly meetings as well as through the Strategic Advisory Board and the Disability Thematic Group. <b>This work is ongoing and will be until resettlement is completed. Links to A15 which is completed.</b></p> <p>[Query extend target date?]</p>		
		<b>HSCB/HSC Trusts</b>	<b>A8</b>	By <b>March 2021</b> , in the context of the Reform of Adult Social Care, establish a regionally agreed framework for higher tariff placements which specifies what	<b>Service Model</b>	

				<p>staff and service requirements justify a higher tariff.</p> <p><b><u>December 2020 Update</u></b></p> <p>The timescale has been impacted by covid 19. A more realistic timescale will need to be established and roles clarified going forward.</p> <p>[Target date extended]</p>		
		<b>DoH/DoJ</b>	<b>A9</b>	<p>By <b>31 December 2019</b>, provide a new statutory framework for Deprivation of Liberty through commencement of relevant provisions in the Mental Capacity Act.</p> <p><b>Completed</b></p>	<b>Governance</b>	
		<b>HSCB/HSC Trusts</b>	<b>A10</b>	<p>By <b>30 December 2020</b>, review current forensic LD services, identify and address service development needs to support people in community settings.</p> <p><b><u>December 2020 Update</u></b></p>	<b>Service Model</b>	



				<p>This work was progressing but due to covid 19 could not be completed. This work was restarted in September and it is anticipated that a more realistic timescale for completion would be 30 December 2020. <b>This is on target for 30 December 2020.</b></p> <p>[Target date updated]</p>		
SAI Independent Review Panel recommendations						
R1.	Evidence of a renewed commitment (i) to enabling people with learning disabilities to have full lives in their families and communities and (ii) to services which understand that ordinary lives require extraordinary supports – which will change over the life course.	HSCB/PHA	A11	By <b>December 2020</b> , deliver a co-produced model for Learning Disability Services in Northern Ireland to ensure that adults with learning disability in Northern Ireland receive the right care, at the right time, in the right place; along with a costed implementation plan, which will provide the framework for a regionally consistent, whole system approach. This should ensure the delivery of high quality services and support, and also a seamless transition process at age 18. The new model will be subject to public		RATING UPDATED TO GREEN
R.2	An updated strategic framework for Northern					

<p>Ireland’s citizens with learning disability and neuro developmental challenges which is co-produced with self-advocates with different kinds of support needs and their families. The transition to community-based services requires the contraction and closure of the Hospital and must be accompanied by the development of local services. The Review Team suggests that elements of the latter include purposefully addressing the obstacle cited by so many, that is, “there are no community services”. A life course vision of “age independent pathways,” participative planning, and training for service</p>			<p>consultation and will be presented to an incoming Minister for decisions on implementation.</p> <p><b><u>December 2020 Update</u></b></p> <p>A meeting was also held with the carers represented on the MDAG on 26<sup>th</sup> November 2020 and the overview presentation relating to the Model was shared with them for any comments. One member returned a nil response and responses are awaited from both other members. Model was subject to Independent Review and recommendations made by the reviewer have been considered and where possible, factored into an updated version of the document.</p> <p>[Query Target delivered?]</p>		
	<p><b>HSCB/PHA/ HSC Trusts</b></p>	<p><b>A12</b></p>	<p>By <b>March 2021</b> develop a regionally consistent pathway for children transitioning from</p>	<p><b>Children and Young People</b></p>	<p><b>RATING UPDATED TO</b></p>

	<p>development, for example, remains to be described. Elements of the contraction and closure include individual patient relocation, staff consultation and participation, and maintaining quality and morale.</p>		<p>Children’s to Adult services, including:</p> <ul style="list-style-type: none"> <li>• People with learning disability and complex health needs.</li> <li>• People with Learning disability and social care needs.</li> <li>• People with learning disability and mental health needs (consistent with the CAMHS care Pathway)</li> <li>• People with LD who exhibit distressed behaviours.</li> </ul> <p><b><u>December 2020 Update</u></b></p> <p>Under the new SEN Act 2016 (for which the regulations are out currently for consultation); there is a new duty for HSC with Education to prepare a joint transition plan for children with SEN who are known to HSC. This is a statutory document which may include all children who are known to Trusts due to disability. This includes children who may</p>		<p>AMBER</p>
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				<p>have a range of diagnosis and conditions including cognitive impairment. Timescale will be determined by the consultation process.</p> <p>[Target date revised]</p>		
		HSCB/PHA/ HSC Trusts	A13	<p>By <b>31 December 2020</b> finalise and develop a costed implementation plan for the new regional framework for reform of children’s autism, ADHD and emotional wellbeing services, including consideration of the services required to support them into adulthood.</p> <p><b><u>December 2020 Update</u></b></p> <p>This is being finalised. Specific bids to support this work were made as part of the 3 year spending review.</p>	Children and Young People	
		HSCB/PHA/ HSC Trusts	A14	<p>By <b>31 December 2020</b> review the needs of children with learning disability that are currently being admitted to</p>	Children and Young People	

			<p>Iveagh Centre and to specialist hospital / placements outside of Northern Ireland with a view to considering if specialist community based service should be developed locally to meet their needs. This should be aligned to the ongoing regional review of children’s residential services.</p> <p><b><u>December 2020 Update</u></b></p> <p>The HSCB has undertaken a scoping report in regard to seeking appropriate placements for Children with disability that are in care or on the edge of care. This report includes children and young people from Iveagh, but not exclusively. The issue of placements is currently cited in a number of judicial reviews involving (but not exclusively) the young people in Iveagh. The court has already sought assurances that any business plan to support the young person must address the care</p>		
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				<p>plan for the young person; their assessed needs and where appropriate the family, across the programmes of care . This is not specific to any particular diagnosis as the range of young people and their particular circumstances currently being reviewed before the court, are not specific to any particular condition but reflect a range of needs. <b>This work is ongoing and will need to be cognizant of the current legal processes.</b></p> <p>[Query extension of target date]</p>		
Long term partnerships with visionary housing associations, including those with experience of developing shared ownership, for example, is crucial to closing and locking the “revolving door” which enables existing community	<b>HSCB/HSC Trusts</b>	<b>A15</b>	<p>By <b>30 June 2020</b> review the capability of current providers of supported housing, residential and nursing home care to meet the needs of people with complex needs.</p> <p><b>Completed</b></p>	<b>Accommodation</b>	<b>RATING UPDATED TO GREEN</b>	
	<b>HSCTS</b>	<b>A16</b>	<p>By <b>31 December 2019</b> address security of tenure of people with</p>	<b>Accommodation</b>		

	services to refuse continued support to former patients in group living, residential care or nursing home settings. If a young person or adult has their own home or settled tenancy, there is no question about where their destination will be if they have required Assessment and Treatment.			a learning disability living in supported housing. <b>Completed</b>		
		<b>HSCTs</b>	<b>A17</b>	By <b>31 March 2020</b> complete working with NIHE develop a robust strategic, intelligence led housing needs assessment to support the planning and development of special needs housing and housing support to inform future funding decisions for adult LD. <b>Completed</b>		
<b>SAI Patients families recommendations</b>						
<b>R3.</b>	Hospital staff at all levels must invest in repairing and establishing relationships and trust with patients and with their relatives as partners.	<b>Belfast Trust</b>	<b>A18</b>	Appoint a carers consultant and co-produce a communications strategy with parents and carers. <b>Completed</b>  <u><b>December 2020 Update</b></u>  Post was advertised and applicants packs have been received from BSO (4 <sup>th</sup>	<b>Muckamore Abbey Specific</b>	

				<p>December). It is likely that the interview dates will be mid to late January based on panel availability. A member of the carer's forum has been asked to take part in the selection process.</p> <p>Initial re-establishment of carer's forum took place facilitated by the leadership centre.</p>		
R4.	Families and advocates should be allowed open access to wards and living areas.	<b>Belfast, Southern and Western Trusts.</b>	<b>A19</b>	<p>Co-produce and implement an Open Access policy for MAH (and Lakeview and Dorsey).</p> <p><b>Completed</b></p>	<b>Service Model (Assessment &amp; Treatment)</b>	
R5.	There is an urgent need to (i) invest in valued activities for all patients and (ii) to challenge the custom and practice concerning the improper and excessive use seclusion at the Hospital.	<b>Belfast, Southern and Western Trusts.</b>	<b>A20</b>	<p>By <b>30 June 2020</b>, carry out a review of access and availability of meaningful activity in MAH (and Lakeview and Dorsey), including the range and volume of activities available to patients and monitoring of patient uptake and views to inform a new evidence based model for high intensity therapeutic interventions designed to</p>	<b>Service Model (Assessment &amp; Treatment)</b>	



				<p>minimise the need for restrictive practices.</p> <p><b>Completed</b></p>		
R6.	The use of seclusion ceases.	<p><b>Belfast, Southern and Western Trusts.</b></p>	<p><b>A21</b></p>	<p>By <b>31 January 2021</b>, complete an urgent review of seclusion policy and practice in MAH (and Lakeview and Dorsey), to inform wider consideration of regional policy, and share outcomes with families.</p> <p>[Target date updated]</p> <p><b><u>December 2020</u></b></p> <p>The review of seclusion policy in Southern Trust is complete, and a revised Seclusion Policy and Care Pathway has been approved, and is now to be shared with families.</p> <p>Due to the complicated nature of the legislation counsel advice has been sought by BHSCT.</p>	<p><b>Service Model (Assessment &amp; Treatment)</b></p>	<p>RATING UPDATED TO AMBER</p>
		<p><b>DOH</b></p>	<p><b>A22</b></p>	<p>By <b>March 2021</b>, develop a co-produced and publish regional</p>	<p><b>Governance (Mental Health)</b></p>	<p>RATING UPDATED</p>

				<p>seclusion and restraint policy/guidance.</p> <p>[Target date updated]</p>	Action Plan)	TO AMBER
R7.	The perception that people with learning disabilities are unreliable witnesses has to change.	Belfast Trust	A23	<p>By <b>30 June 2020</b>, complete a review of Adult Safeguarding culture and practices at MAH, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into Dunmurry Manor.</p> <p><u>December 2020 Update</u></p> <p>The Trust's overarching group which looked at the recommendations in relation to Dunmurry Manor was stood down as a result of Covid-19. The second surge of COVID 19 has further delayed this. CPEA recommendations included a major adult protection change programme in N. Ireland and consideration of an Adult Protection Bill. This work, in the</p>	Safeguarding	

				<p>first instance, is being led by the DOH with the introduction of a new Adult Protection structure in N Ireland. The Transformation Board, chaired by the Chief Social Work Officer, has been established and BHSCT are represented on this Board. The interim Adult Protection Board is due to be established and the BHSCT will be guided by the Transformation Board and the interim Adult Protection Board regarding the priority actions to be taken forward.</p> <p>[Query extension of target date?]</p>		
<b>R8.</b>	<p>People with learning disabilities and their families are acknowledged to have a critical and ongoing role in designing individualised support</p>	<b>Belfast Trust</b>	<b>A24</b>	<p>By <b>31 December 2019</b>, review and change needs assessment and care planning culture and processes in MAH to ensure individuals and their families are fully involved, taking account of lessons emerging from Independent Review into Dunmurry Manor.</p>	<b>Service Model</b>	

	services for their relatives.			<b>Completed</b>		
<b>R9.</b>	The Hospital's CCTV recordings are retained for at least 12 months.	<b>Belfast Trust</b>	<b>A25</b>	<p>By <b>31 October 2019</b>, liaise with provider to explore options for retention of recordings, in compliance with existing regional HSC and national information and record management guidance and legislation.</p> <p><b><u>October 2020 Update</u></b></p> <p>As an interim measure new NVRs (hard drives) have been installed, which have provided additional storage capacity and allowed the Trust to secure footage from 7 September 2020. It is difficult to estimate how much storage this will provide as the system only records when there is activity in the area. However disc space will be kept under review on a regular basis.</p>	<b>Governance</b>	

				<p><u>December 2020</u></p> <p>Estates department facilitating specification and further capital requirements to complete a full replacement.</p> <p>[Query extension of target date?]</p>		
R10.	Families are advised of lawful practices the hospital may undertake with (i) voluntary patients and (ii) detained patients.	Belfast Trust	A26	<p>By <b>30 November 2019</b> develop an information paper and share with families and staff.</p> <p><b>This requires a regional approach</b></p> <p>The Trust is developing a leaflet that will provide more guidance to families as regards escalation of concerns both within and external to the MAH site.</p> <p>[Query extension of target date?]</p>	Governance	
R11.	Families are given detailed information, perhaps in the form of a booklet, about the process of making a	Belfast Trust	A27	<p>By <b>31 October 2019</b>, provide an information booklet to families on the complaints process.</p> <p><b>Completed</b></p>	Governance	RATING UPDATED TO GREEN

	complaint on behalf of their relatives.					
R12.	Families receive regular progress updates about what is happening as a result of the review.	<b>Belfast Trust</b>	<b>A28</b>	By <b>31 October 2019</b> , a schedule of Trust meetings with families will be produced and circulated to families.  <b>Completed</b>	<b>Governance</b>	
<b>SAI Hospital Staff Recommendations</b>						
R13.	An enhanced role for specialist nursing staff is set out.	<b>Belfast Trust</b>	<b>A29</b>	By <b>30 June 2020</b> , develop a workforce plan for specialist nursing provision in MAH in line with findings from ongoing regional work.  <b><u>October 2020 Update</u></b>  The divisional nurse is currently working with the Departmental lead group and, benchmarking of staffing is occurring across various LD hospital sites in the UK.  <b><u>December 2020</u></b>  No further update available at	<b>Service Model</b>	

				<p>the moment.</p> <p>[Query extended target date?]</p>		
		DOH	A30	<p>By <b>March 2021</b>, complete a review of Learning Disability Nursing.</p> <p>[Target date extended]</p>	Service Model	RATING UPDATED TO AMBER
R14.	Responses to safeguarding incidents and allegations are proportionate and timely.	Belfast Trust	A31	<p>By <b>30 June 2020</b>, complete a review of Adult Safeguarding culture and practices at Muckamore Abbey Hospital, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into Dunmurry Manor.</p> <p><b><u>October 2020 Update</u></b></p> <p>RQIA confirmed in April 2020 that they were satisfied that the review and improvement of adult safeguarding practices in Muckamore were sufficient to</p>	Safeguarding	

				<p>raise the Improvement Notice for Adult Safeguarding. The Trust's overarching group which looked at the recommendations in relation to Dunmurry Manor was stood down as a result of Covid-19. This group is now being re-established to take forward these recommendations as well as those from COPNI and CPEA. In addition, a virtual meeting took place with RQIA as regards the Trust's ongoing improvement work and to update on actions that the team in Muckamore have been taking in response to Covid-19.</p> <p>[Query extended target date?]</p>		
15.	Safeguarding documentation is substantially revised.	HSCB	A32	By <b>December 2021</b> , carry out a review of regional Adult Safeguarding documentation, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into	Safeguarding	RATING UPDATED TO AMBER



			<p>Dunmurry Manor.</p> <p><b><u>December 2020 Update</u></b></p> <p>Following publication of the review of Dunmurry Manor Care Home, the DoH have established a Safeguarding Transformation Board to oversee the transformation of adult safeguarding arrangements in Northern Ireland. The HSCB has, in turn, been asked to establish the Adult Protection Board for Northern Ireland (APBNI) to take forward the necessary changes. A core task of the APBNI will be to implement the relevant recommendations arising from the COPNI Home Truths and CPEA safeguarding reports. The Terms of reference have been agreed and supporting funding approved. This work is ongoing.</p> <p>Target date extended</p>		
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SAI Senior Trust staff recommendations						
R16.	A shared narrative is set out.	HSCB/ PHA/HSC Trusts	A33	<p>By <b>December 2020</b>, the LD Service Model Transformation project (see Recommendations 1 and 2) will inform the development of a best practice regionally consistent model for community and acute services, which (subject to agreement by an incoming Minister) will set out the road map for regional adult learning disability services in the future.</p> <p><b><u>December 2020 Update</u></b></p> <p>A meeting was held with the carers represented on the MDAG on 26<sup>th</sup> November 2020 and the overview presentation relating to the Model was shared with them for any comments. One member returned a nil response and responses are awaited from both other members. Model was subject to Independent Review and recommendations made by</p>	Service Model	RATING UPDATED TO GREEN

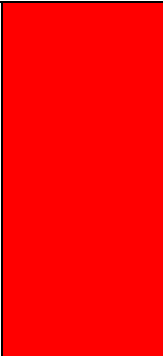
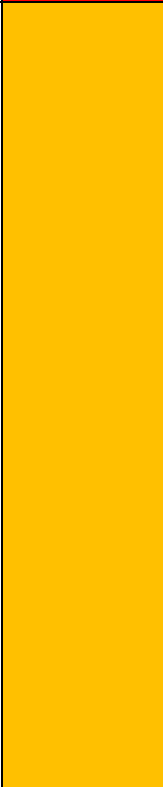
				<p>the reviewer have been considered and where possible, factored into an updated version of the document.</p> <p>[Target date revised]</p> <p>[Query target delivered?]</p>		
R17.	Commissioners specify what “collective commissioning” means.	HSCB	A34	<p>By <b>December 2020</b>, HSCB to write to BHSCT outlining the current position and status of commissioning for HSC Services, taking account of learning also emerging from the Independent Review into Dunmurry Manor.</p> <p><b><u>December 2020 Update</u></b></p> <p>The Review of Dunmurry Manor has been completed and the learning has been shared. Further work is required to communicate an update on the current position and status of commissioning for HSC services. However, due to changes in personnel in recent months, this timescale requires adjustment and should be amended to March 2021.</p>	Governance	<p>RATING UPDATED TO AMBER</p>

				[Target date to be extended to March 2021]		
R18.	The transformation required in learning disability services must be values driven and well led.	HSCB/ PHA/HSC Trusts	A35	<p>By <b>December 2020</b>, the LD Service Model Transformation project (see Recommendations 1 and 2) will build on the vision set out in the Bamford Review, and adopt an outcomes based approach. It will also be co-produced with people with learning disability, carers, advocates and families. Bespoke governance arrangements have been established and will be kept under review throughout the life of the project.</p> <p><u>December 2020 Update</u></p> <p>See A33</p> <p>[Query target delivered?]</p>	Service Model	RATING UPDATED TO GREEN
R19.	The purpose of all our services is clear.	HSCB/ PHA/HSC Trusts	A36	<p>By <b>December 2020</b>, the LD Service Model Transformation project will inform the development of a regionally consistent model for community</p>	Service Model	RATING UPDATED TO GREEN

				and acute services and will provide clarity around purpose.  <b><u>December 2020 Update</u></b>  See A33  [Query target delivered?]		
<b>R20.</b>	All Trusts should invest in people-skills and be cautious about focusing solely on learning disability nursing.	<b>DoH</b>	<b>A37</b>	By <b>September 2021</b> , develop an evidence based plan for recruitment, training and retention of a sufficiently skilled multi-disciplinary workforce, including people skills, to undertake and deliver therapeutic and clinical assessment and intervention across both inpatient and community services.  [Timescale revised to align with A5]	<b>Service Model</b>	
		<b>HSCB/ PHA/HSC Trusts</b>	<b>A38</b>	By <b>March 2022</b> , deliver community and home treatment services support placements for people with learning disability so that all assessment and treatment options are explored, undertaken and	<b>Service Model (Assessment &amp; Treatment)</b>	

			<p>exhausted in the community where possible and only in hospital when indicated/necessary.</p> <p><b><u>December 2020 Update</u></b></p> <p>For the past 2 years recurrent investments have been targeted towards the development of community infrastructure to support community assessment and treatment. Trusts are currently working on this on a case by case basis. The Assessment and Treatment work which is being developed by a multi-agency/disciplinary Task and Finish Group will explore additional gaps in service along with interface with acute settings, existing community crisis services, services provided by the community and voluntary sector along with family carers. This group is scheduled to complete its work by 31 March 2021.</p>		
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				[Timescale revised to align with A6]		
R21.	The default “Friday afternoon and weekend admissions” to Muckamore Abbey Hospital have to stop.	HSCB/PHA/ HSC Trusts	A39	By <b>31 December 2019</b> support HSC Trusts to complete a regional review of admissions criteria and develop a regional bed management protocol for learning disability services	<b>Service Model (Assessment &amp; Treatment)</b>	
R22.	Time limited and timely Assessment and Treatment become the norm.			<p><b><u>December 2020 Update</u></b></p> <p>This work was dependent on the appointment of a Regional Bed manager. This recruitment was unsuccessful in March 2020 and as the funds which HSCB had secured were non-recurrent, there is no current investment with which to progress this post. HSCB understands that BHSC is reviewing the post Job Description with a view to restarting a recruitment process. This role is to be considered by the regional AD LD group on 15 December 2020.</p> <p>[Query extended timescale?]</p>		

		<p><b>HSCB/HSC Trusts</b></p>	<p><b>A40</b></p>	<p>By <b>30 November</b> 2019, appoint a regional bed manager for all 3 current in-patient units.</p> <p><u><a href="#">December 2020 Update</a></u></p> <p>See A39</p> <p>[Query extended timescale?]</p>	<p><b>Service Model</b> <b>(Assessment &amp; Treatment)</b></p>	
		<p><b>HSCB/PHA/HSC Trusts</b></p>	<p><b>A41</b></p>	<p>By <b>March 2022</b>, taking into account the outcome and recommendations of the independent review of acute care for people with learning disabilities support HSC Trusts to develop regional care pathways for inpatient care to ensure that admissions are planned and delivered in the context of an overall formulation. This should include community based assessment and treatment, clear thresholds for hospital admission and timely, supported discharge from hospital. (See Permanent Secretary commitments).</p>	<p><b>Service Model</b> <b>(Assessment &amp; Treatment)</b></p>	



				<p><b><u>December 2020 Update</u></b></p> <p>Work is underway to consider the development of a consistent model of Community based Assessment and Treatment for individuals who present with challenging behaviour, ASD and/or forensic needs. This work is being developed by a multi-agency/disciplinary Task and Finish Group which is exploring current gaps in service along with interface with acute settings, existing community crisis services, services provided by the community and voluntary sector along with family carers. This group is scheduled to complete its work by 31 March 2021 and this timescale should align with A38 and A6.</p>		
R23.	Trusts and Commissioners must be knowledgeable about the	HSCB/ PHA/HSC Trusts	A42	By <b>December 2020</b> the LD Service Model Transformation project (see Recommendations 1 and 2) is being co-produced with people with learning	Service Model	RATING UPDATED TO GREEN

	“user experience” and that of their families.			<p>disability, carers, and families. The future model for LD services will be designed around their aspirations, and will ensure effective structures are in place on an ongoing basis to fully operationalise this commitment.</p> <p><b><u>December 2020 Update</u></b></p> <p>See A33</p> <p>[Query target delivered?]</p>		
R24.	Trusts and Commissioners should set out the steps required in the Department of Health’s post Bamford plan: in the short and medium term.	<b>DoH/HSCB/ PHA/HSC Trusts</b>	<b>A43</b>	<p>By <b>December 2020</b>, all parts of the HSC will have been involved in the development of the Learning Disability Service Model which will include a costed implementation plan and provide the framework for a regionally consistent, whole system approach to delivering high quality services and support to adults with Learning Disabilities. The new model will inform future service developments and investments for LD services.</p> <p><b><u>December 2020 Update</u></b></p>	<b>Service Model</b>	<b>RATING UPDATED TO GREEN</b>

				See A33 [Query target delivered?]		
<b>Leadership And Governance Review Recommendations</b>						
<b>LG1</b>	The Department of Health should review the structure of the Discharge of Statutory Functions reporting arrangements to ensure that they are fit for purpose.	<b>DOH</b>	<b>A44</b>	By March 2022, complete a review of the accountability arrangements for DSF.  The HSCB are developing an outcomes based reporting template which will be the first stage of this process. In preparation for the Social Care Directorate moving into the Department following the closure of the HSCB in 2022, a review of the accountability arrangements for DSF will be undertaken.		
<b>LG2</b>	The Department of Health should consider extending the remit of the RQIA to align with the	<b>DOH</b>	<b>A45</b>	The Department has carried out a fundamental review of the 2003 Order and the existing regulatory framework and has developed a new draft regulatory policy that includes		

	<p>powers of the Care Quality Commission (CQC) in regulating and inspecting all hospital provision.</p>		<p>the principles of regulation, along with the broad scope of services to be regulated and the proposal that the regulator should have wider powers of enforcement etc. This work has been the first phase of the process and we intend to consult on the draft policy before moving on to phase 2, which will include the risk assessment of each provider type and consider the appropriate regulatory approach, including the range of enforcement and sanctions. Phase 2 will result in a clear regulatory framework and legislation and this framework will reflect Departmental Policy. A Departmental Reference group was established to enable relevant policy areas to be involved in the development of the draft regulatory policy in Phase 1 and to shape the regulatory framework in Phase</p>		
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				<p>2.</p> <p>Minister approved the draft policy for consultation earlier this year but the impact of Covid-19 and the subsequent refocus of Departmental priorities has meant that this work was paused in October, before the consultation was launched.</p>		
<b>LG3</b>	<p>The Department of Health, in collaboration with patients, relatives, and carers, and the HSC family should give consideration to the service model and the means by which MAH's services can best be delivered in the future. This may require consideration of which Trust is best placed to manage MAH into the future.</p>	<b>DOH</b>	<b>A46</b>	<p>By June 2021, develop in partnership with patients, relatives and carers a plan for the future configuration of services to be delivered on the Muckamore Abbey Hospital site, including appropriate management arrangements.</p>		

<b>LG4</b>	The HSC Board/PHA should ensure that any breach of requirements brought to its attention them has, in the first instance, been brought to the attention of the Trust Board.	<b>HSCB/PHA</b>	<b>A47</b>	<b>To be considered</b>		
<b>LG5</b>	Pending the review of the Discharge of Statutory Function reporting arrangements, there should be a greater degree of challenge to ensure the degree to which these functions are discharged including an identification of any areas where there are risks of non-compliance.	<b>HSCB/PHA</b>	<b>A48</b>	<b>To be considered</b>		
<b>LG6</b>	Specific care sensitive	<b>HSCB/PHA</b>	<b>A49</b>	<b>To be considered</b>		

	indicators should be developed for inpatient learning disability services and community care environments.					
<b>LG7</b>	The Trust should consider immediate action to implemented disciplinary action where appropriate on suspended staff to protect the public purse.	<b>Belfast Trust</b>	<b>A50</b>	By January 2021, complete disciplinary action in respect of first 7 individuals whose cases have been forwarded by PSNI to PPS. Action against a further 9 individuals will commence when PSNI confirm their cases have been forwarded to PPS.		
<b>LG8</b>	The Trust has instigated a significant number of managerial arrangements at MAH following events of 2017. It is recommended that the Trust considers sustaining these arrangements pending the wider Departmental review of MAH services.	<b>Belfast Trust</b>	<b>A51</b>	A Co-Director for Learning Disability services was appointed in June 2020. The dedicated Divisional Nurse post remains and a dedicated Service Manager and two permanent dedicated Assistant Service Managers for the hospital have been appointed. Substantive appointments at Band 7 and Band 6 Ward Manager and Deputy Ward		

				<p>Manager level are being progressed. The Interim Director for Learning Disability Services will review the existing managerial arrangements as part of the Chief Executive's overall review of Directorate and Divisional structures which will take place in 2021.</p>		
<b>LG9</b>	<p>Advocacy services at MAH should be reviewed and developed to ensure they are capable of providing a robust challenge function for all patients and support for their relatives and/or carers.</p>	<b>Belfast Trust</b>	<b>A52</b>	<p>By March 2021, complete a review of advocacy services. The Trust is engaging with representatives of Families Involved Northern Ireland (FINI) to develop Terms of Reference for a review of its advocacy arrangements.</p>		
<b>LG10</b>	<p>The complaint of Mr. B of 30<sup>th</sup> August 2017 should be brought to a conclusion by the Trust's Complaints Department.</p>	<b>Belfast Trust</b>	<b>A53</b>	<p>The Trust have engaged with Mr B and written to him in an attempt to address his outstanding concerns. The resolution of these concerns is ongoing at this time and while every effort will be</p>		



				made to progress the investigation into the outstanding issues of concern, it is not at this stage possible to provide a definitive completion date.		
<b>LG11</b>	In addition to CCTV's safeguarding function it should be used proactively to inform training and best practice developments.	<b>Belfast Trust</b>	<b>A54</b>	<p>CCTV is currently used to inform and amend staff practice. Contemporaneous CCTV footage is independently viewed and the accounts of this footage, which reflects good practice and highlights any areas for concern, are shared with staff.</p> <p>Questionnaires have been issued to family members, carers, patient and staff to seek feedback and engagement around the use of CCTV on site. These questionnaires specifically asked for views on the proposed extension of the use of CCTV into areas such as training and practice development. Feedback from the questionnaires will inform</p>		

				next steps.		
<b>LG12</b>	The size and scale of the Trust means that Directors have a significant degree of autonomy; the Trust should hold Directors to account.	<b>Belfast Trust</b>	<b>A55</b>	The Trust Chief Executive is responsible for holding Trust Directors to account for achievement against their objectives, which are set on an annual basis and reviewed monthly (these are modified as issues arise). Directorate and Divisional management priorities, which are set, reviewed and reported on quarterly, are also in place as a framework for accountability. This is being supported by a developing quality management system (QMS) which will provide a comprehensive overview of the performance of the Directorates and Divisions across a range of agreed metrics. The transparency of performance articulated via the quality management system will facilitate the Trust Board to provide ongoing challenge throughout the year, rather than		

				being responsive to issues escalated to it.		
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RAG Rating	
Completed	
Work in progress	
Progress required	