



Management Executive

CHILD AND COMMUNITY CARE DIRECTORATE

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To: Board General Managers/Chief Executives
 Trust Chief Executives
 Central Services Agency

28 March 1996

Dear Sir/Madam

GUIDANCE ON ABUSE OF VULNERABLE ADULTS

The attached guidance has been produced as a consequence of the findings and recommendations in the Social Services Inspectorate Report 'An Abuse of Trust'. The Management Executive is of the view that vulnerable adults can be as susceptible to abuse as children.

A draft of the guidance was issued for comment to Boards, Trusts, and relevant professional, staff, voluntary and private organisations on the 8 November 1995. There was overwhelming agreement amongst respondents of the need for the guidance, and widespread support for the principles in the guidance and for local policy statements and operational codes of practice. Accordingly, the attached guidance is little changed from the published draft.

The guidance identifies the key issues involved in the prevention, detection, reporting and investigation (including police involvement) of abuse, and follow up action. It provides a framework which Boards may wish develop in policy statements and which Trusts and other providers may draw upon in developing operational statements and codes of practice

Action

Health and Social Services Boards and Trusts are asked to ensure that the guidance is brought to the attention of all relevant staff and is put into practice.

General Managers/Chief Executives of Boards and Chief Executives of Trusts are asked to advise the Disability and Mental Health Unit by 30 June 1996 of the action they have taken in pursuance of this circular.

The Central Services Agency is asked to send a copy of the guidance to all General Practitioners.

Your faithfully,

P A CONLIFFE
 Director

cc: As per attached list
 Health and Personal Social Services Northern Ireland

Dundonald House, Upper Newtownards Road, Belfast BT4 3SF. Tel: 650111

cc: Health and Social Services Councils
Alzheimer's Disease Society
Association of British Neurologists (NI)
Association of Elderly Care Nursing
Association of Mental Handicap Nurses
British Association for Social Workers
British Geriatrics Society
British Medical Association
British Psychological Society
Central Council for Education & Training in Social Work
Community Psychiatric Nursing Association
Crime Branch
Criminal Justice Services Division NI Office
Dementia Development
Department of Nursing
District Nursing Association
Health Visitors Association
Institute for Counselling and Personnel Development
MENCAP
NICOD
NIPSA
NI Regional Group of the British Association of
Northern Ireland Board Royal College for Nursing
Probation Board for Northern Ireland
Rape Crisis and Sexual Abuse Centre
REN Mental Health Society
Royal College of Gps
Royal College of Midwives
Royal College of Psychiatrists
RUC CARE Branch
School of Occupational Therapy
The National Board for Nursing Midwifery and Health
Visiting for NI
The Sandown Group
Threshold Richmond Fellowship NI LTD



Northern Ireland

www.northernireland.gov.uk

Programme for Government 2011-15



building
a better
future



Contacting Us

If this document is not in a format that meets your needs please contact the Programme for Government Team.

This document is also available on the following internet site:

<http://www.northernireland.gov.uk>

You can contact us at the address below or by:

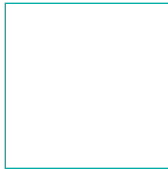
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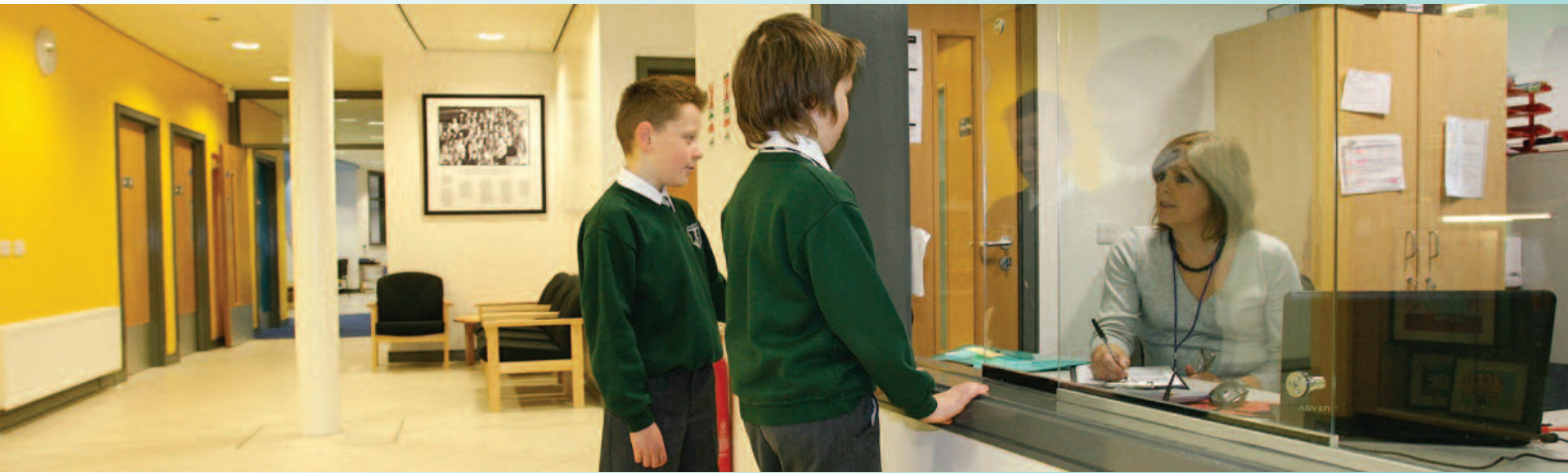
Programme for Government 2011-15

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Our Commitments

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**1****OUR COMMITMENTS**

Devolution means local people setting the priorities for the future. The primary focus of your Executive for the next four years will be to grow the economy and tackle disadvantage. Through the consultation period we have listened and ensured that our priorities are your priorities.



In this document we make 82 commitments. Through consultation with you, we recognise that there are particular commitments that matter most.

- **Contribute to rising levels of employment by supporting the promotion of over 25,000 new jobs;**
- **Achieve £1 billion of investment in the Northern Ireland economy which includes £375 million as a result of Foreign Direct Investment; £400 million from indigenous businesses supported by Invest NI and £225 million as a result of the Jobs Fund;**
- **Increase visitor numbers to 4.2 million and tourist revenue to £676 million by December 2014;**
- **Support young people into employment by providing skills and training;**
- **Reform and modernise the delivery of Health and Social care.**

**OUR
COMMITMENTS****We will;**

- contribute to rising levels of employment by supporting the promotion of over 25,000 new jobs;
- achieve £1 billion of investment in the Northern Ireland economy which includes £375 million as a result of Foreign Direct Investment; £400 million from indigenous businesses supported by Invest NI and £225 million as a result of the Jobs Fund;
- press for the devolution of Corporation Tax and reduce its level;
- include Social Clauses in all public procurement contracts for supplies, services and construction;
- increase the value of manufacturing exports by 20%;
- support £300 million investment by businesses in R&D, with at least 20% coming from Small and Medium sized Enterprises;
- increase visitor numbers to 4.2 million and tourist revenue to 676 million by December 2014;
- aid liquidity of Small and Medium Size Enterprises through a £50 million loan fund;
- facilitate delivery of the Executive's 20% target for increased drawdown of competitive EU funds;
- develop and implement a Strategy to reduce economic inactivity through skills, training, incentives and job creation;
- ensure 90% of large scale investment planning decisions are made within 6 months and applications with job creation potential are given additional weight;
- support 200 projects through the Creative Industries Innovation Fund;
- develop sports stadiums as agreed with the IFA, GAA and Ulster Rugby;
- deliver 8,000 social and affordable homes;
- introduce extension of Small Business Rate Relief Scheme to 2015;
- hold the Regional Rate increases to the rate of inflation;
- eliminate Air Passenger duty on direct long haul flights;

- invest in social enterprise growth to increase sustainability in the broad community sector;
- establish the new 11 council model for Local Government by 2015;
- make the Education and Skills Authority operational in 2013;
- implement a levy on single use carrier bags by 2013 and extend this to reusable bags from 1 April 2014;
- continue to work towards a reduction in greenhouse gas emissions by at least 35% on 1990 levels by 2025;
- encourage achievement of 20% of electricity consumption from renewable sources and 4% renewable heat by 2015;
- work towards halting the loss of biodiversity by 2020;
- achieve a household recycling or composting rate of 45% by the end of March 2015;
- host the World Police and Fire Games in 2013;
- support the successful hosting of the 2012 Irish Open and build on that success to secure a further international golf event;
- introduce and support a range of initiatives aimed at reducing fuel poverty across Northern Ireland including preventative interventions;
- improve thermal efficiency of Housing Executive stock and ensure full double glazing in its properties;
- deliver at least 30 Schemes to improve landscapes in public areas to promote private sector investment in towns and cities across Northern Ireland;
- establish an advisory group to assist Ministers in alleviating hardship including any implications of the UK Government's Welfare Reform Programme;
- develop Maze/Long Kesh as a regeneration site of regional significance;
- develop the 'One Plan' for the regeneration of Derry/Londonderry, incorporating the key sites at Fort George and Ebrington;
- provide financial and other support across government to ensure the success of the Derry/Londonderry City of Culture 2013;
- provide financial and other support across government to ensure the success of the Our Time Our Place Initiative in 2012 including marking the centenary of Titanic's Maiden Voyage;



**OUR
COMMITMENTS**

- provide £40 million to address dereliction and promote investment in the physical regeneration of deprived areas through the Social Investment Fund;
- invest £40 million to improve pathways to employment, tackle systemic issues linked to deprivation and increase community services through the Social Investment Fund;
- publish and implement a Childcare Strategy with key actions to provide integrated and affordable childcare;
- deliver a range of measures to tackle poverty and social exclusion through the Delivering Social Change delivery framework;
- agree any changes to post-2015 structures of Government in 2012;
- publish the Cohesion, Sharing and Integration Strategy to build a united community and improve community relations;
- use the Social Protection Fund to help individuals and families facing hardship due to the current economic downturn;
- improve online access to government services;
- extend age discrimination legislation to the provision of goods, facilities and services;
- fulfil our commitments under the Child Poverty Act to reduce child poverty;
- substantially complete the construction of the new Police, Prison and Fire Training College;
- actively seek local agreement to reduce the number of 'peace walls';
- tackle crime against older and vulnerable people by more effective and appropriate sentences and other measures;
- reform and modernise the Prison Service;
- reduce the level of serious crime;
- improve community safety by tackling anti-social behaviour;
- improve access to Justice;
- upgrade the Coleraine to Derry/Londonderry railway line;

- for households, ensure no additional water charges during this Programme for Government;
- maintain a high quality of drinking water and improve compliance with waste water standards by investing £668m in water and sewerage infrastructure;
- ensure there are no increases in student fees beyond the rate of inflation for Northern Ireland students studying here;
- progress the upgrade of key road projects and improve the overall road network to ensure that by March 2015 journey times on key transport corridors reduce by 2.5%;
- invest over £500m to promote sustainable modes of travel;
- by 2015 create the conditions to facilitate at least 36% of primary school pupils and 22% of secondary school pupils to walk or cycle to school as their main mode of transport;
- introduce a package of measures aimed at improving Safeguarding Outcomes for Children and Vulnerable Adults;
- increase uptake in economically relevant Science, Technology, Engineering and Mathematics (STEM) places;
- significantly progress work on the plan for the Lisanelly Shared Education campus as a key regeneration project;
- increase the overall proportion of young people who achieve at least 5 GCSEs at A* - C or equivalent including GCSEs in Maths and English by the time they leave school;
- improve literacy and numeracy levels among all school leavers, with additional support targeted at underachieving pupils;
- upskill the working age population by delivering over 200,000 qualifications;
- support people (with an emphasis on young people) into employment by providing skills and training;
- ensure that at least one year of pre-school education is available to every family that wants it;
- establish a Ministerial advisory group to explore and bring forward recommendations to the Minister of Education to advance shared education;
- ensure all children have the opportunity to participate in shared education programmes by 2015;

**OUR
COMMITMENTS**

- substantially increase the number of schools sharing facilities by 2015;
- reconfigure, reform and modernise the delivery of Health and Social Care services to improve the quality of patient care;
- by the end of 2014/15, to have implemented new structures to support the improved delivery of housing services to the citizens of Northern Ireland;
- allocate an increasing percentage of the overall health budget to public health;
- improve patient and client outcomes and access to new treatments and services;
- further reduce the levels of sick absence across the Northern Ireland Civil Service;
- enrol people who have a long-term (chronic) condition, and who want to be enrolled, in a specialist chronic condition management programme;
- invest £7.2 million in programmes to tackle obesity;
- bring forward a £13 million package to tackle rural poverty and social and economic isolation in the next three years;
- eradicate brucellosis in cattle by March 2014;
- develop a strategic plan for the Agri-food sector;
- advance the relocation of the Headquarters of the Department of Agriculture and Rural Development to a rural area by 2015;
- develop and implement a Financial Capability Strategy for consumers.

This Programme for Government is a visible commitment by the Executive to work with you through the issues which we all face and to provide the groundwork for economic and social recovery. It aims to highlight the actions we will take to deliver our number one priority – a vibrant economy which can transform our society while dealing with the deprivation and poverty which has affected some of our communities for generations.

The Executive is faced with significant financial constraints due to a substantial reduction in the block grant. This is the backdrop against which we have to operate. The consequences on funding and investment will be severe. However, we are committed to mitigating the worst impacts of these imposed cuts and to ensuring that the most vulnerable and disadvantaged in our society are protected.

We are also committed to addressing regional imbalance as we move ahead.

Equality is an important issue for the Executive and society alike. Inequalities do exist and we will work hard to eliminate these. Our policies and programmes will be designed in ways that ensure we can address inequality and unfairness and create conditions that support inclusion and equality of opportunity.

As a practical expression of this commitment, we have undertaken a strategic Equality Impact Assessment (EQIA) on this Programme for Government. The EQIA has also been issued for public consultation and, when finalised, it will be used to inform the delivery, and where necessary, any review of this Programme for Government.

Over the past three years, the previous Executive made significant progress towards the achievement of its Key Goals and Commitments and Public Service Agreements set out in the previous Programme for Government. That work forms the basis for the next four years. We intend to repay the trust you have placed in us as elected representatives by doing all we can to tackle the difficult issues and deliver results for all our people.

This new Programme for Government offers a fresh opportunity to look at the Executive's policies and programmes. We want a Programme for Government which contains a clear set of commitments with an emphasis on delivering results that everyone can see in their daily lives.

This is a challenging time worldwide. The financial constraints, economic recession, and other issues which affect people's day to day lives and which have a particular impact on some of our most vulnerable people and communities are a challenge for us all. However, we need to appreciate and make the most of our assets: peace; political stability; a young, skilled and increasingly diverse population; increased tourism potential; growth in creative industries and a strong entrepreneurial tradition. Given the opportunity, we can all make a tremendous contribution to creating a better future.

**OUR
COMMITMENTS**

In tackling this challenging agenda, we have consciously set ourselves ambitious and stretching commitments and milestones. This determination to make a real difference demands effective collaboration and, within the programme as well as working more effectively across Government Departments, we are signalling our intention to work in partnership with the private and the voluntary and community sectors in ways that will deliver tangible outcomes. While the Executive has a central role in transforming our society, we recognise that the public sector cannot achieve this transformation singlehandedly. Our aim must be to both secure reforms, where they are needed, and also to ensure that we recognise the importance of those who are already working hard to change the communities in which they live and work.

In the course of consulting with you on this Programme for Government, we have been encouraged to learn that there is a broad recognition that our priorities and actions are well focused and capable of stimulating growth, creating opportunity, nurturing talent and, where required, providing care and support. Your voice has formed the narrative of this document; you have spoken, and your Executive has listened.

The Committee for the Office of the First Minister and deputy First Minister led in the co-ordination of responses to the draft Programme for Government from Assembly statutory committees and, usefully, highlighted areas for consideration that has led to improvements in this final version. We would like to extend our sincere thanks to everyone who has contributed in the shaping of this document, and we look forward to working together in delivering its outcomes.

Our aim is to build a **shared and better future for all**. The vast majority of people here want us to succeed in delivering on our commitments and improving the opportunities available to this generation and the next. We do not intend to let them down.



Rt. Hon Peter Robinson MLA
First Minister

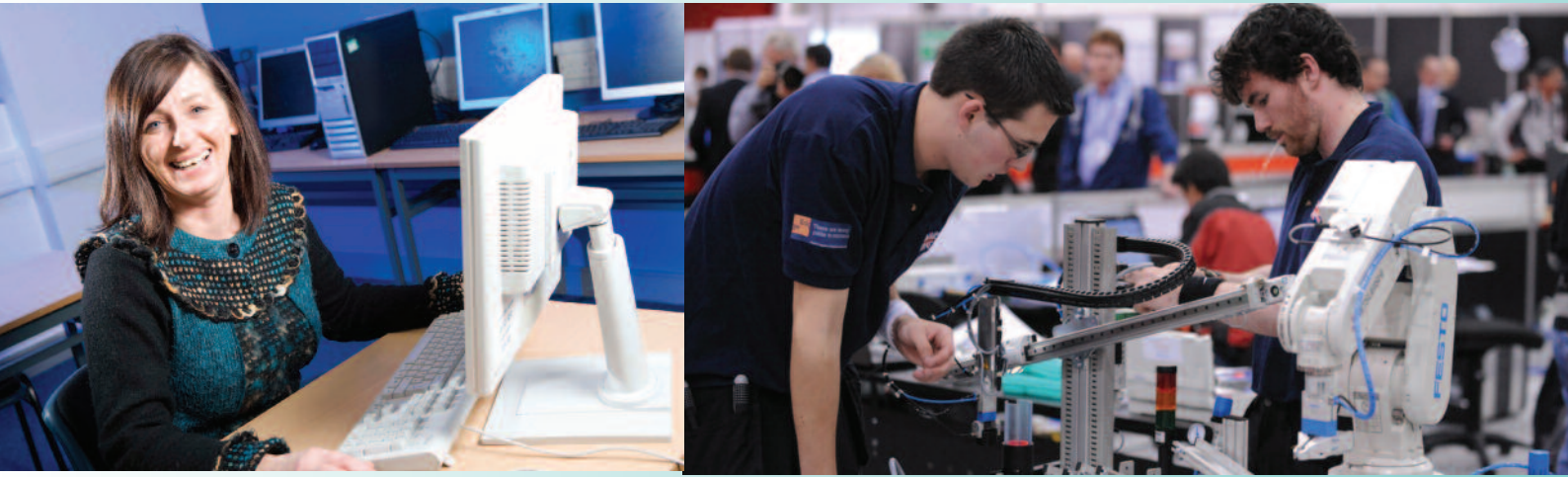


Martin McGuinness MP MLA
deputy First Minister

Where We Are

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WHERE WE ARE

In reading the Programme for Government, it is important to understand what has already been achieved and what needs to be done.

During the term of the previous Executive, a range of important initiatives were delivered which will benefit people now and for many years into the future.

These included: the devolution of policing and justice powers; significant foreign and local investment in jobs; the delivery of major infrastructure projects including roads, water, hospitals, housing, schools and public transport; the physical regeneration of cities and towns; the development of urban and rural communities and the roll-out of broadband networks.



Some specific examples include:

- We delivered gross capital investment of £1.4 billion in 2007-08, £1.7 billion in 2008-09 and £1.7 billion in 2009-10 through our Investment Strategy (ISNI). This compares to just £1 billion in 2003-04;
- InvestNI secured almost £2.6 billion in investment commitments and £487 million in annual salaries; promoted 15,565 new jobs; safeguarded 5,329 existing jobs; and supported 8,267 new local business starts between 2007/08 and 2009/10;
- Over £140 million spent on the continued regeneration of our most disadvantaged areas through the Neighbourhood Renewal Programme over the last 7 years to improve economic, social and physical conditions;
- £77.5 million spent in 2008-11 on urban regeneration projects which include the transformation of the City Centre of Derry/Londonderry, the new Peace Bridge over the Foyle, the Belfast Streets Ahead project (implemented to transform Belfast City Centre) and major public realm improvements;
- In 2010/11, 50% of all planning applications were decided within 11 weeks, and 89% of all applications decided were approved;

WHERE
WE ARE

- Improved journey times and safety on Key Transport Corridors due to completion of a number of major road schemes, including: the M1 / Westlink project; the M2 improvement scheme; improvements on the A1 Belfast-Dublin road; dualling of the A4 Dungannon to Ballygawley; new dual carriageway on the A2 from Broadbridge / Maydown to City of Derry Airport; and a dual carriageway link facilitating through traffic on the A26 / M2 Ballee Road East, Ballymena;
- 2010 saw the lowest number of road deaths since records began in 1931. Figures show that there were a total of 55 road deaths in 2010, 60 fewer than in 2009 and equating to an unprecedented fall of over 50%. The fall in serious injuries was around 14%;



- A range of new Health and Social Care developments, including: Altnagelvin £33 million South Wing; Down new £64 million hospital; Craigavon Area Hospital new £9.4 million trauma and orthopaedic facility; £17 million capital investment in 60 new ambulances and a range of Primary Care infrastructure projects; work continues to progress well on the construction of the £235 million new hospital at Enniskillen, which is due for completion in the early summer of 2012 and the £143 million new critical care block at the Royal Victoria Hospital, which is due for completion by the end of 2012.
- In the 3 years ended March 2011, the Employment Service helped 96,626 people find work, which exceeded by 38% their 3 year target (to assist 70,000 people into work);
- Introduced a new school improvement policy which has seen the percentage of school leavers achieving at least 5 GCSEs at A*-C (or equivalent) including GCSE English and Maths increasing from 53% to 59%;
- Since May 2007 to April 2011, 53 major capital school projects have been completed representing an investment of £492 million in our schools estate;
- Investment of more than £1 billion in improvements to water infrastructure and completion of the £160 million Belfast Sewers Project resulting in improvements to water quality in the River Lagan and reducing the risk of flooding;
- The passage of the Justice Bill, the first justice legislation to be passed by the Assembly in over 40 years, and an important milestone in reshaping the justice system to better meet local needs and conditions;





WHERE
WE ARE

- 10 year Victims Strategy published and agreed and £36 million was secured for work with victims and survivors for the period 2008-11;
- Through the Rural Development Programme DARD has invested over £250 million in protecting and enhancing the rural environment and contributing to the development of competitive and sustainable rural businesses and thriving communities;
- £17.7 million refurbishment of the Ulster Museum – over one million visitors since re-opening and success in a number of prestigious awards including the UK-wide Art Fund Prize in June 2010 and the Sandford award for Museum and Heritage Education;
- £97 million Titanic Signature Building will be completed in 2012 as will the Giants Causeway Visitor Centre;
- NIDirect established as the premier online platform for government information and services – nearly 6 million visits since launch.

Our Approach

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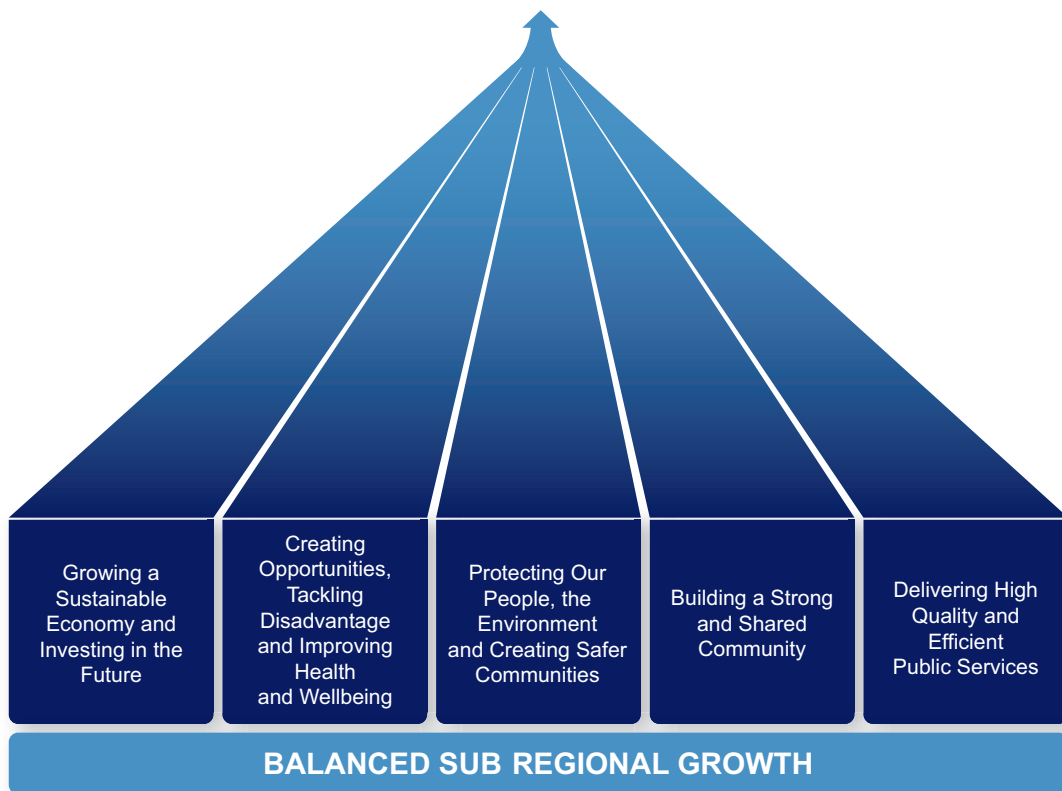
OUR APPROACH

The Executive has taken the important step of making the economy the top priority in this Programme for Government.

The most immediate challenges lie in supporting economic recovery and tackling disadvantage. In particular, we need to rebuild the Northern Ireland labour market following the impact of the global economic downturn while also continuing to rebalance the economy to increase living standards. While doing this, we are committed to growing a sustainable economy and investing in the future; tackling disadvantage; improving health and wellbeing; protecting our people and the environment; building a strong and shared community and; delivering high quality services. Equality of opportunity and sustainability are our underpinning principles.



PEACE • PROSPERITY • FAIRNESS • WELLBEING



It is by adherence to these principles that we will work towards our goal of *a shared and better future for all*; all of our policies and programmes across Government will be built upon the values of equality and fairness and the ethics of inclusion and good relations. Since coming into Government, much progress has been made, and we remain as committed as ever to achieving this goal. The Executive has an overarching responsibility - and the collective will - to proactively change the patterns of social disadvantage that

A graphic consisting of a teal-bordered square. Inside the square, the words "OUR" and "APPROACH" are stacked vertically in a teal, sans-serif font. The rest of the square is empty.

OUR
APPROACH

have existed historically, and remain today, by using increased prosperity and economic growth as mechanisms to tackle ongoing poverty.

The challenge of delivering on these goals rests with all of us, and we must develop new and innovative measures in response. This may be through the evolution of policies or the creation and delivery of new programmes to support the fight against socio-economic disadvantage. The primary objective of these efforts remains the effective targeting of resources towards those in greatest objective need.

The aim of the rebuilding and rebalancing of the Northern Ireland economy, in the aftermath of a sustained global economic downturn, will remain the principal goal of the Executive's collective efforts. Our vision for the Northern Ireland economy is based on a sustainable and growing private sector, with a highly skilled and flexible workforce operating in productive and innovative firms that are competitive in global markets.

We must also recognise the challenges we face in the coming years, particularly when set against the reduction in public expenditure available to the Executive. The constriction of public spending will mean tough choices will have to be made.

The targeting of our activities and resources in priority areas will ensure that we stimulate action and interventions to increase productivity and competitiveness, and enable local companies to grasp opportunities. These will, in turn, generate employment and wealth and also ensure that everyone, including the most vulnerable within our society, will have the opportunity to contribute to, and benefit from, increased prosperity. We also recognise that actions to address poverty and tackle disadvantage are prerequisites for social progress and are intrinsic to the creation of a peaceful, fair and prosperous society with respect for the rule of law in Northern Ireland.

We are determined that the wealth and prosperity we are seeking will be used to help reduce poverty, promote equality and tackle existing patterns of disadvantage and division. We are also committed to building an economy that provides opportunities for the present, without compromising the ability of future generations to meet their own needs. We will be guided by the following principles when rebalancing and rebuilding our economy:

- **Balanced sub-regional growth:** we will ensure that all sub regions are able to grow and prosper;
- **Equality:** we will ensure that no section of the community is left behind; equality of opportunity, fairness, inclusion and the promotion of good relations will be watchwords for all our policies and programmes across Government and;
- **Sustainability:** sustainability policy is driven by intergenerational equity – securing a positive quality of life for present and future generations. To realise this, and to make sustainable development a hallmark of 21st Century government here, we will work together, across and beyond organisational and social boundaries to promote and encourage its recognition and acceptance.

Our North/South and East/West links are important in helping us to deliver our priorities and we are committed to developing these through day-to-day contact between administrations as well as formal structures such as the North South Ministerial Council, the British Irish Council and the Joint Ministerial Council. Through these activities and mechanisms, we will continue to work closely with the British and Irish Governments and other administrations in ways that are both practical and mutually advantageous.

This will bring benefits in terms of transport, infrastructure, trade and enterprise and support progress across important sectors such as agriculture, tourism and health. It will also help us to tackle major issues such as social exclusion, barriers to mobility and fighting crime.



Our Priorities

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OUR PRIORITIES

The Executive faces many challenges in delivering the kind of future that we all want and deserve.

To address these, and to make the most of the opportunities available to us now and in the future, we intend to focus our time and energies in delivering five key strategic, interconnected and inter-dependent priorities.

We regard our priorities as collectively contributing to, and consolidating, both effort and effect. We recognise that we cannot simply grow the economy at the expense of disregarding our endeavours to transform society and enhance our environment. A strong modern economy is built upon a healthy, well-educated population backed by high quality public services and a commitment to use prosperity as a means of tackling disadvantage. This, in turn, will lead to a tolerant, stable and inclusive society that has the skills necessary to attract investment and promote growth. This is why the Executive – and the vast majority of



those responding to the Programme for Government consultation – consider it imperative that economic growth and wealth creation is achieved in a way that is both fair and sustainable if we are to meet the needs of today as well as those of the future.

Our priorities are:

- **Growing a Sustainable Economy and Investing in the Future**
- **Creating Opportunities, Tackling Disadvantage and Improving Health and Wellbeing**
- **Protecting Our People, the Environment and Creating Safer Communities**
- **Building a Strong and Shared Community**
- **Delivering High Quality and Efficient Public Services**

It is essential to recognise the inter-relationships that exist between our priorities. It is not intended that these are looked at hierarchically, but rather that they are seen as being a suite of complementary areas for action; each of which has the potential to positively impact on others.

All departments of Government must work together to produce policies, plans and strategies – the *building blocks* – that are consistent with the priorities we have identified and with a focus on delivery. In addition, Government, as a whole, must act collaboratively with partners in the private, community and voluntary sectors to assure, and positively maximise, the impacts of our work.

Priority 1: Growing a Sustainable Economy and Investing in the Future

The primary purpose of this Priority is to achieve long term economic growth by improving competitiveness and building a larger and more export-driven private sector. To do this we must *rebuild* the labour market in the wake of the global economic downturn and *rebalance* the economy to improve the wealth and living standards of everyone.

Priority 1:

This means:

- *more jobs*
- *more people in work*
- *a better educated and more highly skilled workforce*
- *a healthier population, and a competent and confident well-educated and more highly skilled workforce*
- *acting to improve the mental health and wellbeing of our people*
- *enhanced economic infrastructure*
- *encouraging innovation and R&D*
- *developing the Green economy*
- *growing the private sector*

Our Building Blocks include:

- The Economic Strategy
- The Investment Strategy (ISNI)
- The Skills Strategy
- The Essential Skills Strategy
- Employment Service Strategy
- The Revised curriculum and the Entitlement Framework
- Every School a Good School – A Policy for School Improvement
- The Higher Education Strategy
- The Regional Development Strategy
- The Tourism Strategy
- Regional Transportation Strategy
- NI Rural Development Plan
- Common Agricultural and Common Fisheries Policies
- ‘European Priorities’
- The Social Economy Enterprise Strategy
- Success through Science Technology Engineering and Mathematics
- Assured Skills Programme
- Strategic Energy Framework
- Investing for Health
- Innovation Strategies
- All-Island Animal Health and Welfare Strategy
- Agri-Food Strategy
- Creative Industries Innovation Fund
- World Police and Fire Games 2013
- European Social Fund Programme
- New Urban Regeneration and Community Development Framework
- Health and Safety at Work Strategy
- Planning Reform Programme
- Marine Planning
- Sustainable Development Strategy
- Sustainable Rural Communities
- £4 million Research Programme with the aim of eradicating Tuberculosis in cattle

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Once the outcome in devolving corporation tax powers is known, we will undertake further work to reassess the degree to which we can further strengthen the ambitious nature of the overarching economic goals set out below			
Contribute to rising levels of employment by supporting the promotion of over 25,000 new jobs (DETI) *2012/13 milestone includes 2011/12 figures	Promote 13,300* jobs	Promote 19,500 jobs (cumulative)	Promote 25,000 jobs (cumulative)
Press for the devolution of Corporation Tax and reduce its level (DFP / OFMDFM / DETI)	Press for a UK government decision, through participation in Joint Ministerial Working Group	Work to ensure that required Westminster and Assembly legislation is in place to give effect to any Executive decisions	Executive announcement of rate of corporation tax for Northern Ireland
Achieve £1 billion of investment in the Northern Ireland economy (DETI) (This includes £375 million as a result of Foreign Direct Investment; £400 million from indigenous businesses supported by Invest NI and £225 million as a result of the Jobs Fund) *2012/13 milestone includes 2011/12 figures	Secure total investment of £550.0m*	Secure total investment of £320.5m	To have secured total investment of at least £1 billion
Increase the value of manufacturing exports by 20% (DETI)	Increase the value of manufacturing exports by 6 percentage points	Increase the value of manufacturing exports by 7 percentage points	Increase the value of manufacturing exports by 7 percentage points
Support £300 million investment by businesses in R&D, with at least 20% coming from Small and Medium sized Enterprises (DETI) *2012/13 milestone includes 2011/12 figures	Support £150m investment in R&D*	Support £75m investment in R&D	Support £75m investment in R&D
Increase visitor numbers to 4.2 million and tourist revenue to £676 million by December 2014 (DETI)	Increase tourism revenue to £591m and tourism visitor numbers to 3.47m	Increase tourism revenue to £625m and tourism visitor numbers to 3.6m	Increase tourism revenue to £676m and tourism visitor numbers to 4.2m
Aid liquidity of Small and Medium Size Enterprises (SMEs) through a £50 million loan fund (DETI) (£28 million in the three years covered by the Programme for Government)	Support 50 SMEs by providing loans valued at £8m	Support 50 SMEs by providing loans valued at £10m	Support 50 SMEs by providing loans valued at £10m
Ensure 90% of large scale investment planning decisions are made within 6 months and applications with job creation potential are given additional weight (DOE) (This commitment is made subject to external factors such as Judicial Review which could impact on performance)	60% of large scale investment planning decisions are made within 6 months	75% of large scale investment planning decisions are made within 6 months	90% of large scale investment planning decisions are made within 6 months
Introduce extension of Small Business Rate Relief Scheme to 2015 (DFP)	Ensure legislative and operational changes will be effective		Review operation of scheme
Hold the Regional Rate increases to the rate of inflation (DFP)	Secure approval to Rates Order	Secure approval to Rates Order	Secure approval to Rates Order

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Eliminate Air Passenger duty on direct long haul flights (DFP)	<p>Agree policy, administrative and financial arrangements with UK Government and EU (as appropriate)</p> <p>Work to ensure that required Westminster and Assembly legislation is in place to devolve power to Assembly to set Air Passenger Duty on direct long haul flights</p>	<p>Work to ensure progress of Assembly Bill in order to reduce the Northern Ireland rate of APD on direct long haul flights to zero</p>	
Invest in social enterprise growth to increase sustainability in the broad community sector (DSD)	<p>Develop and implement policy framework on Community Asset Transfer with support from DFP.</p> <p>Provide opportunities to support social enterprise growth.</p>	<p>Baseline existing social enterprise activity with the voluntary and community sector in Northern Ireland, identifying opportunities for growth and communicating these across Government and the sector through such channels as the Joint Voluntary and Community Sector Forum</p>	<p>Commence implementation of Community Asset Transfer policy and opportunities identified</p>
Encourage achievement of 20% of electricity consumption from renewable sources and 4% renewable heat by 2015 (DETI)	<p>12% electricity consumption from renewable sources - subject to adequate grid reinforcement being approved by NIAUR 2% Renewable Heat</p>	<p>15% electricity consumption from renewable sources - subject to adequate grid reinforcement being approved by NIAUR 3% Renewable Heat</p>	<p>20% electricity consumption from renewable sources - subject to adequate grid reinforcement being approved by NIAUR 4% Renewable Heat</p>
Support 200 projects through the Creative Industries Innovation Fund (DCAL)	<p>100 projects overall</p>	<p>150 projects overall</p>	<p>200 projects overall</p>
Develop Maze/Long Kesh as a regeneration site of regional significance (OFMDFM)	<p>Launch of Development Plan for Maze/Long Kesh</p>	<p>“Balmoral Show” at Maze/Long Kesh</p> <p>Commencement of site infrastructure works at Maze Long/Kesh</p>	<p>Private sector development partner appointed by Maze/Long Kesh Development Corporation</p> <p>Peace building and Conflict Resolution Centre complete</p>

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Develop the 'One Plan' for the regeneration of Derry/Londonderry, incorporating the key sites at Fort George and Ebrington (OFMDFM)	1175 jobs promoted through the public, community and private sectors Development framework completed, and outline planning approval for Ebrington and Fort George secured Opportunities for development at Ebrington opened to the market	1670 jobs promoted through the public, community and private sectors Decontamination programme at Fort George complete Regeneration of key buildings and places at Ebrington completed	1200 jobs promoted through the public, community and private sectors £23m infrastructure investment programme at Ebrington complete
Provide financial and other support across government to ensure the success of the Derry/Londonderry City of Culture 2013 (OFMDFM)	Creative industries hub in place at Ebrington	Visitor numbers to the City and visitor spend doubled	City of Culture programme supported and delivered
Provide financial and other support across government to ensure the success of the Our Time Our Place Initiative in 2012 including marking the centenary of Titanic's maiden voyage (DETI)	Support the 2012 Events including: Titanic Festival to mark the opening of the new visitor attraction and the centenary of Titanic's maiden voyage; Clipper Maritime Festival; Opening of the new Giant's Causeway Visitor Centre; The 2012 Irish Open and; The 50th Belfast Festival at Queen's	Achieve legacy benefits from Our Time Our Place including change in perception/ image both internally and externally and contribute to PfG targets of increasing the visitor number to 3.6 m and tourist revenue to £625 million Deliver at least one significant tourism event	Achieve legacy benefits from Our Time Our Place including change in perception/ image both internally and externally and contribute to PfG targets of increasing the visitor number to 4.2 m and tourist revenue to £676 million Deliver at least one significant tourism event
Progress the upgrade of key road projects and improve the overall road network to ensure that by March 2015 journey times on key transport corridors reduce by 2.5% - against the 2003 baseline (DRD)	Improve the strategic road network by achieving 85% of our major works milestones	Improve the strategic road network by achieving 85% of our major works milestones	2.5% reduction in journey times
Increase uptake in economically relevant Science, Technology, Engineering and Mathematics (STEM) places (DEL)	233 additional places	467 additional places	700 additional places

KEY COMMITMENTS **MILESTONES / OUTPUTS**

	2012/13	2013/14	2014/15
<p>Increase the overall proportion of young people who achieve at least 5 GCSEs at A* - C or equivalent including GCSEs in Maths and English by the time they leave school. (DE)</p> <p>Including: Increase the proportion of young people from disadvantaged backgrounds who achieve at least 5 GCSEs at A*- C or equivalent including GCSEs in Maths and English (DE)</p>	61%	63%	66%
<p>Allocate an increasing percentage of the overall health budget to public health (DHSSPS)</p> <p>(This should contribute to society and the economy by tackling disadvantage)</p>	42%	45%	49%
<p>Allocate an increasing percentage of the overall health budget to public health (DHSSPS)</p> <p>(This should contribute to society and the economy by tackling disadvantage)</p>	Strengthen the cross-sectoral/cross-departmental drive on improving health and mental wellbeing and reducing health inequalities by setting new policy direction and associated outcomes based on the most recent bodies of evidence available	The HSC will have in place, all the arrangements necessary to extend bowel cancer screening to everyone aged 60-74 from 1st April 2014	Invest an additional £10m in public health (increase based on 2011/12 spend)
<p>Eradicate brucellosis in cattle by March 2014 (DARD)</p>	0.03% (confirmed annual herd incidence expressed as a percentage)	0.00%	0.00%
<p>Develop a strategic plan for the Agri-food sector (DARD/DETI)</p>	New Food Strategy Board in place and operational; strategic vision completed and agreed; funding options explored and identified	Strategic vision implemented via the Food Strategy Board and performance against targets reviewed	Strategic vision implemented via the Food Strategy Board and performance against targets reviewed
<p>Upskill the working age population by delivering over 200,000 qualifications (DEL)</p> <p>*includes 2011/12 (Figures rounded)</p>	105,000* qualifications	53,000 qualifications	53,000 qualifications
<p>Facilitate delivery of the Executive's 20% target for increased drawdown of competitive EU funds (OFMDFM)</p> <p>(Covers the following European thematic priorities: Competitiveness and employment; Innovation and technology; Climate change and energy; and Social cohesion.)</p> <p>*2012/13 milestone includes 2011/12 figures.</p>	Establish baseline figure for annual drawdown of funds	Effective drawdown of competitive EU funds	To have achieved 20% over the period
<p>Develop and implement a Strategy to reduce economic inactivity through skills, training, incentives and job creation (DEL / DETI)</p>	Develop a Strategy	Implement key actions from the Strategy	Further implementation of key actions from the Strategy

Priority 2: Creating Opportunities, Tackling Disadvantage and Improving Health and Wellbeing

This priority seeks to address the challenges of disadvantage and inequality that afflict society and to address the relatively poor health and long-term shorter life expectancy of our population; its purpose is to stimulate interventions that break the cycle of deprivation, educational under-achievement, and to address health inequalities and poor health and wellbeing as well as economic disengagement.

Priority 2:

This means:

- *less deprived communities*
- *increased provision of decent, affordable, sustainable housing*
- *introducing changes to the welfare system*
- *closing the gap in educational underachievement between those who are least and most disadvantaged and improving the participation of young people in education, employment and training*
- *greater equality of opportunity in economic participation*
- *improved health and wellbeing for people from deprived areas*
- *cross-departmental work to reduce suicides*
- *reduced health inequalities*
- *encouraging innovation and Research and Development*
- *integrated transport infrastructure and improved public transport*

Our Building Blocks include:

- Social Investment Fund
- Social Protection Fund
- Child Poverty Strategy
- Economic Strategy
- Anti Poverty and Social Inclusion Strategy
- Young People Not in Education, Employment, or Training (NEET) Strategy
- Neighbourhood Renewal Strategy
- Benefits Uptake Strategy
- Investing for Health and its subset of public health strategies e.g alcohol and drugs, teenage pregnancies, tobacco control and sexual health
- Bamford (Mental Health and Learning Disability) Action Plan 2012-15
- Child Health Promotion Framework for Northern Ireland
- Health and Social Care Service Frameworks
- Health and Social Care 10 Year Quality Strategy
- 10 Year Strategy for Children and Young People
- Victims Strategy
- Childcare Strategy
- NI Commissioner for Children and Young People
- Mental Capacity Legislation
- Maternity Strategy
- Stroke Strategy
- National Institute for Clinical Excellence approved guidance for Health and Social Care Services
- Long term conditions policy framework
- Fuel Poverty Strategy
- European Social Fund Programme
- The Skills Strategy
- Count, Read: Succeed – A Strategy to Improve Outcomes in Literacy and Numeracy
- Rural White Paper
- Sustainable Development Strategy
- Regional Transportation Strategy
- The Investment Strategy (ISNI)
- Social and Affordable Housing Programme
- Older People’s Strategy
- European Priorities’
- Racial Equality Strategy
- Gender Equality Strategy
- Sexual Orientation Action Plan
- Commissioner for Older People
- Play and Leisure Action Plan
- UN Convention on the Rights of the Child
- UN Convention on the Rights of Persons with Disabilities
- Dementia Strategy and Action Plan
- Physical and Sensory Disability Strategy and Action Plan
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination Against Women
- European Convention on Human Rights

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Deliver 8,000 social and affordable homes (DSD) (including 2011/12 figures)	1,325 social and 500 affordable homes delivered	1,275 social and 500 affordable homes delivered	2,000 social and 500 affordable homes delivered
Introduce and support a range of initiatives aimed at reducing fuel poverty across Northern Ireland including preventative interventions (DSD)	9,000 homes improved	9,000 homes improved	9,000 homes improved
Improve thermal efficiency of Housing Executive stock and ensure full double glazing in its properties (DSD) (To have the Housing Executive bring forward a strategy by March 2012 to improve the thermal efficiency of their housing stock including a programme aimed at providing full double glazing by 2014/15)	Implement Programme from 1 April 2012	50% completed by March 2014	Full completion By March 2015
Provide £40 million to address dereliction and promote investment in the physical regeneration of deprived areas through the Social Investment Fund (SIF) (OFMDFM)	Produce Strategic Action Plans identifying and prioritising needs in 8 regions of disadvantage and poverty Establish a monitoring framework and baseline targets to promote physical regeneration of the identified areas	To have met all key milestones for physical regeneration	To have achieved agreed milestones and completed an evaluation of expenditure To have achieved £40 million of programme expenditure To have evaluated the impact of expenditure
Invest £40 million to improve pathways to employment, tackle systemic issues linked to deprivation and increase community services through the Social Investment Fund (SIF) (OFMDFM)	Produce Strategic Action Plans identifying and prioritising needs in 8 regions of disadvantage and poverty Establish a monitoring framework and baseline targets which support identification of demonstrable improvements in levels of education, health and employment in areas experiencing high levels of deprivation	To have demonstrated improvements on all short term or lead measures	To have demonstrated positive trends on lead measures relating to levels of education, health and employment in areas experiencing high levels of deprivation To have achieved £40 million of programme expenditure To have evaluated the impact of expenditure
Publish and implement a Childcare Strategy with key actions to provide integrated and affordable childcare (OFMDFM)	Develop and begin to implement strategy. Design programme to achieve £12 million of additional expenditure on improving childcare provision over the Comprehensive Spending Review period	Achieve at least £3 million of expenditure and the key milestones in the Strategy	Achieve remaining expenditure and the key milestones in the Strategy. Evaluate the Strategy

	2012/13	2013/14	2014/15
<p>Deliver a range of measures to tackle poverty and social exclusion through the Delivering Social Change delivery framework. (OFMDFM)</p> <p>(By co-ordinating actions between Departments, this framework aims to achieve a sustained long term reduction in poverty and an improvement in children and young people’s health, wellbeing and life opportunities. The framework will include key actions to develop an integrated policy framework to tackle multi-generational poverty, a new Victims and Survivors Service, a review of Historical Institutional Abuse and actions to ensure compliance with the United Nations Convention on the Rights of Persons with Disabilities; measures to promote the rights of people from an ethnic minority background.)</p>	<p>Establish and begin to implement the Delivering Social Change framework which will include projects to deliver:</p> <p>an integrated policy framework and supporting research to tackle multi-generational poverty and social exclusion;</p> <p>the £80 million Social Investment Fund;</p> <p>the £20 million per annum Social Protection Fund;</p> <p>a new Victims and Survivors Service;</p> <p>compliance with the United Nations Convention on the Rights of Persons with Disabilities;</p> <p>a review of Historical Institutional Abuse;</p> <p>a range of measures in support of Cohesion, Sharing and Integration to improve community relations; and</p> <p>a Childcare Strategy with key actions to provide integrated and affordable childcare</p>	<p>Implement key milestones across all of the projects and monitor performance through lead indicators.</p> <p>Ensure that these results feed into OFMDFM budget plans, including the Area Plans being developed for the £80 million Social Investment Fund, the £12 million Childcare Fund and the £20 million per annum Social Protection Fund</p>	<p>Evaluate performance of the Delivering Social Change projects in terms of early indicators and assess the likely impact on longer term trends</p>
<p>Use the Social Protection Fund to help individuals and families facing hardship due to the current economic downturn (OFMDFM)</p>	<p>Develop proposals which can meet immediate needs for individuals and families. Ensure that some longer term programmes are developed which can have a lasting impact as well as meeting immediate needs</p>	<p>Implement longer term programmes with the Fund as well as addressing immediate problems</p>	<p>Implement longer term programmes with the Fund as well as addressing immediate problems</p>
<p>Support people (with an emphasis on young people) in to employment by providing skills and training (DEL)</p> <p>*includes 2011/12 figures</p>	<p>65,000*</p>	<p>89,000 cumulative</p>	<p>114,000 cumulative</p>

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Fulfil our commitments under the Child Poverty Act to reduce child poverty (OFMDFM)	Develop an action plan to address child poverty in the context of an integrated policy framework to tackle multi-generational poverty and social exclusion. Design actions on the basis of a Poverty Outcomes Model to show which interventions will have the most significant effect in tackling child poverty. Ensure that the action plan is consistent with commitments under the Child Poverty Act	Implement key milestones and monitor performance through lead indicators. Ensure that this feeds into the Area Plans being developed for the £80 million Social Investment Fund and the £20 million per annum Social Protection Fund as well as the £3 million per annum Childcare Fund	Evaluate performance in terms of early indicators and likely impact on longer term trends
Extend age discrimination legislation to the provision of goods, facilities and services (OFMDFM)	Develop and consult on proposals to extend age discrimination legislation on the provision of goods, facilities and services	Progress legislation through the Assembly	Complete legislation
For households, ensure no additional water charges during this Programme for Government (DRD)	Pay annual customer subsidy to NIW	Pay annual customer subsidy to NIW	Pay annual customer subsidy to NIW
Ensure there are no increases in student fees beyond the rate of inflation for Northern Ireland students studying here (DEL)	Apply policy	Apply policy	Apply policy
Establish an advisory group to assist Ministers in alleviating hardship including any implications of the UK Government's Welfare Reform Programme (OFMDFM)	Establish advisory group and provide report		
Improve literacy and numeracy levels among all school leavers, with additional support targeted at underachieving pupils (DE)	Develop proposals to significantly improve literacy levels and thereby contribute to addressing multi-generational disadvantage	Implement and monitor programme	Implement and monitor programme
Ensure that at least one year of pre-school education is available to every family that wants it (DE)	Identify reasons why parents do not avail of places Commence implementation of the Review of Pre-school Admissions	Based on findings, implement changes to encourage parents to take up places Continue to implement Review of Pre-school Admissions	Review progress and take further actions as necessary

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Enrol people who have a long-term (chronic) condition, and who want to be enrolled, in a dedicated chronic condition management programme (DHSSPS)	Identify and evaluate the current baseline of patient education and self management support programmes that are currently in place in each Trust area	Health and Social Care Board/Public Health Agency should work with key stakeholders to develop and secure a range of quality assured education, information and support programmes to help people manage their long term conditions effectively, alongside full application of the Remote Telemonitoring contract	People with a long term condition will be offered access to appropriate education, information and support programmes relevant to their needs, including innovative application of connected health
Invest £7.2 million in programmes to tackle obesity (DHSSPS)	Invest £2 million in tackling obesity through support of Obesity Prevention Framework	Invest £2.4 million in tackling obesity through support of Obesity Prevention Framework	Invest £2.8 million in tackling obesity through support of Obesity Prevention Framework
Bring forward a £13 million package to tackle rural poverty and social and economic isolation in the next three years (DARD)	Finalisation of programme to tackle poverty and isolation. Completion of necessary financial work and agreement with other Departments as necessary Implementation of various programmes Spend of £4 million	Implementation of programmes. Spend of £4 million	Implementation of programmes. Spend of £5 million
Advance the relocation of the Headquarters of the Department of Agriculture and Rural Development to a rural area by 2015 (DARD)	Carry out the necessary appraisal processes to decide on the most suitable accommodation for the DARD HQ in the future	Implement a programme for securing the appropriate accommodation for the future DARD HQ	Continue to implement a programme for securing required accommodation for the future DARD HQ
Develop and implement a Financial Capability Strategy for consumers (DETI)	Develop Strategy	Implement key actions from Strategy	Further implement key actions Assess and report on impacts of Strategy implementation

Priority 3: Protecting Our People, the Environment and Creating Safer Communities

This priority focuses on making real improvements to people's health and wellbeing, both physically and mentally, enhancing community safety, achieving improved safeguarding outcomes for children and adults most at risk of harm and protecting and improving the environment in which we live.

Priority 3:

This means:

- *improving health (mortality and morbidity) and wellbeing (including social inclusion and safeguarding)*
- *working together to reduce offending*
- *improving community safety*
- *strengthening legal safeguards for people who lack capacity to take decisions themselves*
- *improving access to justice*
- *promoting social guardianship*
- *more people recycling waste and adopting sustainable lifestyles*
- *improving water and sewerage services*
- *adapting to/mitigating the risks of climate change*
- *more people using sustainable modes of transport*
- *preserving and improving the built and natural environment*
- *a reduction in the number of people killed or seriously injured on our roads*

Our Building Blocks include:

- Investing for Health
- Access to Justice
- Strategic Framework for Reducing Offending
- Community Safety Strategy
- Neighbourhood Renewal Strategy
- Sustainable Development Strategy
- Social and Environmental Guidance for Water and Sewerage Services
- Common Agricultural and Common Fisheries Policies
- Sustainable Rural Communities
- Environmental Programmes / Directives
- Public Safety policies and legislation
- Strategic Energy Framework
- Road Safety Strategy
- Cross-Governmental approach to Reducing Offending
- Regional Transportation Strategy
- Salmon and Eel Management Plans
- Waste Management Strategy
- Greenhouse Gas Emissions Action Plan
- Climate Change Adaptation Programme
- Air Quality Strategy
- Biodiversity Strategy
- Environmental Noise Directive
- Water Framework Directive
- Floods Directive
- The Investment Strategy (ISNI)
- European Priorities'
- Cohesion, Sharing and Integration Programme
- Tackling Sexual Violence and Abuse - A Regional Strategy 2008-2013
- Strategy for Addressing Domestic Violence and Abuse

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
<p>Implement a levy on single use carrier bags by 2013 and extend this to reusable bags from April 1 2014 (DOE)</p>	<p>Operational arrangements in place by 31 January 2013</p> <p>Subordinate legislation made under the Climate Change Act 2008 (as amended for Northern Ireland) in place by 31 January 2013 to allow the levy on single use carrier bags to be introduced by April 2013</p>	<p>Primary legislation and amended subordinate legislation made in time to enable full charging for single use and reusable carrier bags to commence by April 2014</p>	<p>Implement levy</p>
<p>Continue to work towards a reduction in greenhouse gas emissions by at least 35% on 1990 levels by 2025 (DOE)</p>	<p>To continue to project at least a 35% reduction in greenhouse gas emissions by 2025 based on 1990 baseline</p>	<p>To continue to project at least a 35% reduction in greenhouse gas emissions by 2025 based on 1990 baseline</p>	<p>To continue to project at least a 35% reduction in greenhouse gas emissions by 2025 based on 1990 baseline</p>
<p>Work towards halting the loss of biodiversity by 2020 (DOE)</p>	<p>Declare 15 additional Areas of Special Scientific Interest</p> <p>Complete and publish a statutory management scheme for Rathlin Island marine N2K site</p> <p>Publish an Invasive Species Strategy</p> <p>Make an interim set of amending Conservation Regulations by 30 April 2012, and a further set of revised Regulations by 31 March 2013 that meet the EU requirements of the Birds and Habitats Directives</p>	<p>Designate a further 15 Areas of Special Scientific Interest</p> <p>Publish a revised Biodiversity Strategy</p> <p>Consolidate Conservation Regulations</p>	<p>Designate an additional 15 Areas of Special Scientific Interest</p>

	2012/13	2013/14	2014/15
Achieve a household waste recycling or composting rate of 45% by the end of March 2015 (DOE)	Recycling rates of 41% for household waste	Recycling rates of 43% for household waste	Recycling rates of 45% for household waste
Substantially complete the construction of the new Police, Prison and Fire Training College (DOJ)	Award construction contract	At least 25% of the Programme Capital Budget will be utilised	At least 70% of the Programme Capital Budget will be utilised
Reduce the level of serious crime (DOJ)	<p>Publish final cross-departmental Strategic Framework on Reducing Offending</p> <p>Deliver against Protection and Justice elements of 12/13 Domestic and Sexual Violence action plan and contribute to development of new Domestic and Sexual Violence Strategy and action plan.</p>	<p>Implement 90% of agreed Youth Justice Review recommendations</p> <p>Finalise, and deliver against Protection and Justice elements of new Domestic and Sexual Violence Strategy</p>	<p>Deliver joined up oversight, evaluation and publication of reducing offending interventions.</p> <p>Deliver against Protection and Justice elements of new Domestic and Sexual Violence Strategy</p> <p>Develop and action a desistance strategy for offenders to cover custodial and non-custodial settings</p>
Tackle crime against older and vulnerable people by more effective and appropriate sentences and other measures (DOJ)	Consult Lord Chief Justice on inclusion of older and vulnerable people in sentencing guidelines initiative	<p>Any necessary legislative changes taken forward as part of DOJ legislative programme</p> <p>Develop programme of measures to reduce fear and increase confidence in older and vulnerable people</p>	Implement programme of measures

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
<p>Improve community safety by tackling anti-social behaviour (DOJ) *Statistically significant change</p>	<p>Policing and Community Safety Partnerships (PCSPs) fully operational.</p> <p>Establish baseline for percentage of people affected by Anti-Social Behaviour (ASB)</p>	<p>Monitor quarterly and publish annually NI Crime Survey findings in respect of:</p> <p>Percentage who agree that police and other agencies are dealing with ASB and crime issues that matter in their local area;</p> <p>Percentage who perceive the level of ASB in their area to be high;</p> <p>Percentage whose quality of life is affected by ASB</p>	<p>Increase the percentage* of people who agree that police and other agencies are dealing with ASB and crime issues that matter in their area;</p> <p>A reduction in the percentage* of people who perceive the level of ASB in their area to be high and;</p> <p>An improvement in the percentage* of people whose quality of life is affected by their experience of ASB</p>
<p>Improve access to Justice (DOJ)</p>	<p>Publish Departmental response to Access to Justice Review and associated Departmental Action Plan</p>	<p>Introduce legislation to give effect to reforms requiring primary legislation</p>	<p>Implementation of reforms</p>
<p>Upgrade the Coleraine to Derry/Londonderry railway line (DRD)</p>		<p>Complete Phase 1 - re-lay end sections at Coleraine and Derry and complete essential bridge works (subject to no legal challenge to procurement exercise)</p>	<p>Phase 2 - new signalling and passing loop - substantially complete (subject to no legal challenge to procurement exercise)</p>
<p>Invest over £500 million to promote sustainable modes of travel (DRD)</p>	<p>£298 million invested</p>	<p>£389.5 million invested</p>	<p>Over £500 million invested</p>
<p>By 2015 create the conditions to facilitate at least 36% of primary school pupils and 22% of secondary school pupils to walk or cycle to school as their main mode of transport (DRD)</p>	<p>33% (Primary School) 21% (Secondary School)</p>	<p>34% (Primary School) 21% (Secondary School)</p>	<p>36% (Primary School) 22% (Secondary School)</p>

KEY COMMITMENTS	MILESTONES / OUTPUTS		
	2012/13	2013/14	2014/15
<p>Introduce a package of measures aimed at improving Safeguarding Outcomes for Children and Vulnerable Adults (DHSSPS)</p>	<p>Develop a Strategic Plan for Adult Safeguarding in Northern Ireland and produce a joint Domestic and Sexual Violence and Abuse Strategy</p>	<p>Open new Sexual Assault Referral Centre at Antrim Area Hospital</p>	<p>Develop an updated inter-departmental Child Safeguarding Policy Framework</p>
<p>Maintain a high quality of drinking water and improve compliance with waste water standards by investing £668 million in water and sewerage infrastructure. (DRD)</p>	<p>Compliance with regulatory targets: 99.7% water 96.5% Wastewater</p>	<p>Compliance with regulatory targets for water and Wastewater</p>	<p>Compliance with regulatory targets for water and Wastewater</p>

Priority 4: Building a Strong and Shared Community

This priority focuses on building relationships between communities, encouraging active citizenship, reducing the incidences, and impacts, of domestic and sexual violence and abuse, elder abuse and harm directed to other vulnerable groups, wherever it occurs and whoever is responsible, and unlocking the potential of the culture, arts and leisure sectors as instruments for positive change. Additionally, it seeks to encourage greater involvement in sporting and pastoral activities to advance social cohesion and integration.

Priority 4:

This means:

- *better relations between communities*
- *promoting volunteering*
- *improving community and personal wellbeing*
- *unlocking the potential of the culture, arts and leisure sectors*
- *increasing participation in sport and physical recreation*
- *collaborative working*

Our Building Blocks include:

- Cohesion Sharing and Integration Programme
- Equality and Good Relations Programme
- Anti Poverty and Social Inclusion Strategy
- Community Relations, Equality and Diversity in Education Policy
- Alcohol and Drug Strategies
- Volunteering Concordat
- New Urban Regeneration and Community Development Framework
- Volunteering Strategy
- Annual Funding Programme (Arts)
- 'Sport Matters' – Strategy for Sport and Physical recreation
- Rural White Paper / NIRDP
- Sustainable Development Strategy
- Sustainable Rural Communities
- Arts and Older People Strategy
- Strategy for the Irish Language
- Strategy for Ulster Scots Language, Heritage and Culture
- The Investment Strategy (ISNI)
- Northern Ireland Museums Policy
- Neighbourhood Renewal Strategy

KEY COMMITMENTS

MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Develop sports stadiums as agreed with the IFA, GAA and Ulster Rugby (DCAL)	Develop and agree programme of developments and specific project plans	Implement key milestones and initiate development programme	Implement key milestones
Host the World Police and Fire Games in 2013 (DCAL)	Develop plans and project arrangements	Host the Games	
Support the successful hosting of the 2012 Irish Open and build on that success to secure a further international golf event (DETI)	Successfully host the 2012 Irish Open Golf Championship at Royal Portrush	Secure the Irish Open for Northern Ireland in 2015	Develop plans and project arrangements to host the Irish Open in 2015
Deliver at least 30 Schemes to improve landscapes in public areas to promote private sector investment in towns and cities across Northern Ireland (DSD)	10 Public Realm Schemes delivered	10 Public Realm Schemes delivered	10 Public Realm Schemes delivered
Publish the Cohesion, Sharing and Integration Strategy to build a united community and improve community relations (OFMDFM)	Finalise strategy and agree early actions. Develop a change management plan for organisations with a specific interest in this area of work	Achieve early milestones in the plan and monitor performance on early or lead indicators	Achieve milestones and review performance against the Strategy
Actively seek local agreement to reduce the number of 'peace walls' (DOJ)	<p>Establish inter-agency collaborative approach to addressing interface structures</p> <p>Review existing arrangements for engagement with communities</p> <p>Identify funding gaps and seek partnership funding opportunities</p> <p>Develop action plans for individual areas involving stakeholders</p>	<p>Implementation of action plans</p> <p>Reduction in the number of interface structures</p>	<p>Implementation of action plans</p> <p>Reduction in the number of interface structures</p> <p>Ongoing monitoring of community tension and residents' concerns</p> <p>Review of progress to identify further opportunities for change and lessons learned</p>

	2012/13	2013/14	2014/15
Reform and modernise the Prison Service (DOJ)	<p>To have a new Operating Model in place and ready to launch</p> <p>To have a new Training and Development Package for all operational staff in place and ready to launch</p> <p>To have completed the selection of new Custody Officers to replace Prison Officers</p>	To have new certificates and licenses for professionalising the Service	Implement 90% of the recommendations contained in the Prison Review Action Plan within the agreed timescales
Significantly progress work on the plan for the Lisanelly Shared Education campus as a key regeneration project (DE)	Develop a business case and plan for the new campus	Secure funding and initiate the development programme	Complete procurement process and initiate first phase of construction.
Establish a Ministerial advisory group to explore and bring forward recommendations to the Minister of Education to advance shared education (DE)	Establish group and produce report with recommendations		
Ensure all children have the opportunity to participate in shared education programmes by 2015 (DE)	Define the objectives in terms of children participating in shared education programmes	Put in place measures to achieve objectives	Achieve overall commitment objective
Substantially increase the number of schools sharing facilities by 2015 (DE)	Define the objectives in terms of children sharing school facilities	Put in place measures to achieve objectives	Achieve overall commitment objective

Priority 5: Delivering High Quality and Efficient Public Services

Citizens have, whether in times of recession or not, the right to expect excellent public services and value for money. As an Executive, we are acutely aware of the need to deliver, and this is why we have identified this as a priority.

Priority 5:

This means:

- *less cost to the taxpayer*
- *resource releasing savings*
- *cash releasing savings*
- *review and rationalisation of arms-length bodies*
- *improved access to services and information*
- *a rationalised government office estate*
- *reformed local government with enhanced powers delivered through a reduced number of councils*

Our Building Blocks include:

- NI Direct
- Northern Ireland Act 1998
- Budget 2011-15
- Planning Reform Programme
- Health and Social Care Reform Programme
- Procurement Board Strategic Plan
- Schools for the Future: A policy for Sustainable Schools
- Review of Public Administration (including in Education and Local Government)
- Assembly Legislative Programme
- Managing Public Money NI
- Corporate Governance Code
- Ministerial Code
- Departments (Northern Ireland) Order 1999
- Rural White Paper
- (Establishment of) Education and Skills Authority
- The Investment Strategy (ISNI)
- Modernisation of Public Library Service

KEY COMMITMENTS




MILESTONES / OUTPUTS

	2012/13	2013/14	2014/15
Include Social Clauses in public procurement contracts for supplies, services and construction (DFP)	<p>Develop a Procurement Guidance Note on social clauses</p> <p>Modify the Procurement Board Strategic Plan to incorporate targets for the implementation of social clauses by Departments</p>	Monitor implementation	Monitor implementation
Establish the new 11 council model for Local Government by 2015 (DOE)	<p>Progress legislation (to include Local Government Reorganisation Act) and a programme structure necessary to manage change</p>	<p>Arrangements in place for the shadow Councils</p> <p>Deliver Year 2 of implementation programme</p>	Arrangements in place for the transfer of powers to councils
We will make the Education and Skills Authority operational in 2013 (DE)	<p>Bring forward for scrutiny and approval by the Assembly, the legislation necessary to establish a single education authority</p> <p>Take forward the organisational, financial and other actions necessary to prepare for the establishment of the ESA, and for winding up the eight existing bodies it will replace</p>	Take forward structural, financial and other actions required for establishing a new non-departmental public body and for winding up existing Non-Departmental Public Bodies	Single Education Authority established and fully functional
Agree any changes to post-2015 structures of Government in 2012 (OFMDFM)	<p>Consider relevant reports from the Efficiency Review Panel and Assembly and Executive Review Committee</p> <p>Engage with UK Government on any necessary amendments to Westminster legislation</p>	Introduce any necessary Assembly legislation to implement agreed changes	Complete administrative and legal preparations for post-2015 structural changes

	2012/13	2013/14	2014/15
Improve online access to government services (OFMDFM/DFP)	<p>Develop plans and specific targets to significantly increase the use of online services</p> <p>Identify services which will transfer during the course of the Programme for Government</p>	<p>Monitor early progress to ensure key milestones in the plans are being met.</p> <p>Monitor the planned tranche of services to be delivered online and consider if others can be added.</p>	<p>Review level of access of online services</p> <p>Monitor the planned tranche of services to be delivered online and consider if others can be added.</p>
Improve patient and client outcomes and access to new treatments and services (DHSSPS)	<p>Enhance access to life-enhancing drugs for conditions such as rheumatoid arthritis, cancer, inflammatory bowel disease and psoriasis and increase to 10% the proportion of patients with confirmed Ischaemic stroke who receive thrombolysis</p>	<p>Improve long-term outcomes relating to health, wellbeing, education, and employment for the children of teenage mothers from disadvantaged backgrounds by rolling out the Family Nurse Partnership Programme beyond the first test phase to one further test site</p>	<p>Expand cardiac catheterisation capacity to improve access to diagnostic intervention and treatment and further develop a new primary percutaneous coronary intervention (PPCI) service model to reduce mortality and morbidity arising from myocardial infarction (heart attack)</p>
Reconfigure, reform and modernise the delivery of Health and Social Care services to improve the quality of patient care (DHSSPS)	<p>Development of a clear implementation and Population plan to ensure delivery of the new model of care as set out in the <i>Transforming Your Care</i> report</p>	<p>As part of a shift in the delivery of services to primary and community settings reduce by 2013/14 the number of days patients stay in acute hospitals unnecessarily (excess bed days) by 10% compared with 2011/12</p>	<p>Secure a shift from hospital based services to community based services together with an appropriate shift in the share of funding in line with the recommendations of <i>Transforming Your Care</i></p>
By the end of 2014/15, to have implemented new structures to support the improved delivery of housing services to the citizens of Northern Ireland (DSD)	<p>To develop and consult on service delivery structures and develop implementation programme</p>	<p>Deliver Year 1 of implementation programme</p>	<p>Implement new structures</p>
Further reduce the levels of sickness absence across the NICS (DFP)	<p>Reduce the average annual days sick absence per employee to 9.5 days</p>	<p>Reduce the average annual days sick absence per employee to 9.0 days</p>	<p>Reduce the average annual days sick absence per employee to 8.5 days</p>

ANNEX 1: PROGRAMME ARRANGEMENTS AND DELIVERY FRAMEWORK

It is intended that the Programme for Government will be managed at three levels; Programme, Delivery and Operational. Each level will have a managing authority with clearly defined functions. These are illustrated below:

LEVEL	AUTHORITY AND FUNCTION(S)
PROGRAMME 	<p>PfG PROGRAMME BOARD</p> <p>The Programme Board is chaired by the First and deputy First Minister, attended by the Minister of Finance and Personnel and supported by the Head of the Civil Service.</p> <p>FUNCTION: To consider and approve the strategic direction of the Programme and to manage the Programme in the interests of our people.</p>
DELIVERY 	<p>PfG DELIVERY OVERSIGHT GROUP</p> <p>The Delivery Oversight Group is chaired by the Head of the Civil Service and supported by the Permanent Secretaries Group.</p> <p>FUNCTION: To drive Programme delivery and ensure constancy of direction and purpose.</p>
OPERATIONAL 	<p>DEPARTMENTS</p> <p>SENIOR RESPONSIBLE OFFICERS</p> <p>PARTNER ORGANISATIONS</p> <p>FUNCTION: Tactical delivery of outputs and achievement of targets, through programme and project management approach.</p>

The Executive has agreed on the approach to delivery of this Programme for Government and the mechanisms to support this.

Clearly defined lines of accountability, supported by effective monitoring and regular reporting are a prerequisite of this Programme for Government and reports on progress against commitments will be produced on a quarterly basis.

It is intended that this Programme for Government will be supported by a legislative programme that complements its delivery objectives.

ANNEX 2: EQUALITY AND SUSTAINABILITY

This Programme for Government (PfG) has been informed by the analysis and findings of a strategic level Equality Impact Assessment (EQIA) and a detailed Sustainability Scan.

These documents are available online at www.northernireland.gov.uk

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1. Summary Details

PfG 2011-15 Commitment:	Introduce a package of measures aimed at improving safeguarding outcomes for children and vulnerable adults across Northern Ireland
Commitment Reference Number	61
Lead Department/Permanent Secretary:	Department of Health & Social Services & Public Safety(DHSSPS)/Andrew McCormick
Senior Responsible Officer:	Sean Holland
Partner Organisations:	Department of Justice (DOJ); Department of Education (DE);Health and Social Care Board (HSCB); Public Health Agency (PHA); Health and Social Care (HSC) Trusts; Police Service of Northern Ireland (PSNI); Safeguarding Board for Northern Ireland (SBNI); Northern Ireland Adult Safeguarding Partnership (NIASP); Local Adult Safeguarding Partnerships (LASP); Northern Ireland Social Care Council (NISCC).
Date of latest version of Delivery Plan:	5 th April 2012
Set out additional detail in respect of the strategic context and what the commitment is expected to achieve including the groups expected to benefit most from the commitment.	
<p><u>Milestone 1 - 2012/13 Develop a Strategic Plan for Adult Safeguarding in Northern Ireland and produce a joint Domestic and Sexual Violence and Abuse Strategy</u></p> <p><u>Milestone 2 - 2013/14 Open new Sexual Assault Referral Centre at Antrim Area Hospital;</u></p> <p><u>Milestone – 3 2014/15 Develop an updated inter-departmental Child Safeguarding Policy Framework</u></p>	
<p>The groups that will benefit from the Commitment are children and vulnerable adults of all types.</p> <p>Processes and practice in relation to the protection of children continue to evolve. However, awareness of the phenomenon of abuse of vulnerable adults; the scale and range of the problem; and the factors that leave adults at increased risk of harm is growing. Abuse, whether of children or vulnerable adults, is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another; it is an abuse of human rights and often a serious crime. Abuse can take many forms and can occur right across society and is not bound by age, gender, race, ethnic or religious group, sexual orientation, wealth, disability, geography or setting.</p> <p>DHSSPS with its partner organisations will bring forward overarching policy frameworks for safeguarding children and for safeguarding vulnerable adults. Grounded in children's rights and human rights approaches, the frameworks will stipulate a number of policy objectives ranging from prevention (a shared responsibility with individuals, families, agencies and wider society) through to ensuring effective responses from lead protection agencies (principally the police and social services) when abuse occurs or is suspected. The aim is to continue to shift the balance of emphasis towards prevention (keeping children and adults safe and helping them to keep themselves safe) and away from protection (being reactive to abuse), without exposing any vulnerable individual to unnecessary risk. In addition to strengthening of safeguarding infrastructures (children and adults), the package of safeguarding</p>	

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measures being introduced over the PFG period include: bringing forward new capacity-based legislation; introducing a new disclosure and barring service aimed at improving safeguards for children and vulnerable adults in workplace situations; producing a policy guide on the development and commissioning of advocacy services; ensuring effective working arrangements and relationships and clarity of purpose across all safeguarding and protection services; and strengthening of the regulation of the social care workforce. The package is intended to contribute to the creation of an environment where the risk of harm to children and vulnerable adults is reduced and, where harm occurs, it is met with effective, individualised and humane responses. Implementation of the full package of measures is likely to lead to an increase in safeguarding and protection referrals and protective interventions; a diversification of referral sources; and an expansion of options for tailored safeguarding and protective interventions.

Strongly promoted by the Bamford Review, advocacy services can be invaluable to vulnerable people when they are facing decisions being made about their care, treatment or support. Advocacy can give them a voice, help them access information and secure their rights. We will provide guidance for commissioners on the principles and standards we would expect advocacy services to adhere to, thus underpinning quality and helping develop these vital services.

Sexual Violence and Abuse can have a devastating impact on victims and their families. *The Tackling Sexual Violence & Abuse Strategy* recognises that 1 in 5 females and 1 in 10 males will experience some form of sexual violence or abuse in their lifetime, either as a child or an adult. The level of reporting of sexual crimes remains low with an estimated 85% not being reported. The Strategy aims to work towards preventing sexual abuse from happening, protect those who have suffered, make perpetrators accountable and support those who have been victimised. The biggest strategic outcome in terms of support for victims is the development of a specialist Sexual Assault Referral Centre (SARC) at Antrim Area Hospital in Northern Ireland, which will be operational by April 2013. It will provide support services for children and adults who have been sexually assaulted and/or abused. It is a regional facility through a partnership arrangement between Health and Social Care and the Police Service of Northern Ireland. An independent advocacy service (Independent Domestic Violence Advisers (IDVAs)) will be introduced during 2012 - 13 for high risk victims of domestic violence who are being supported through the Multi Agency Risk Assessment Conference process (MARAC). A similar service for victims of sexual violence will be introduced during 2013 - 14 (Independent Sexual Violence Advisers (ISVAs)).

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2. Performance Indicators (Further details in Measurement Annex)

	Baseline Position (Year)	2012-13 (Date)	2013-14 (Date)	2014-15 (Date)
Indicator 1: Number of victims supported at Sexual Assault Referral Centre	New facility opens by April 2013	-	Support 300 victims during 2013-14	Support 500 victims during 2014-15
Indicator 2: The number of adult protection referrals for the elderly care (POC 4); mental health (POC 5); learning disability (POC 6); and physical and sensory disability (POC 7) programmes of care	(2010/11) POC 4: 1,056	1,109	1,165	1,223
	POC5: 249	261	275	288
	POC 6: 416	437	459	482
	POC 7: 215	226	237	249
	Totals:	1,936	2,033	2,136
Indicator 3: The number of adult care and protection plans for the elderly care (POC 4); mental health (POC 5); learning disability (POC 6); and physical and sensory disability (POC 7) programmes of care	(31 March '11) POC 4: 384	399	415	431
	POC5: 308	320	333	346
	POC 6: 143	149	155	161
	POC 7: 93	97	101	105
	Totals:	928	965	1,004
Indicator 4: Regulation of the social care workforce - the number of registrations with NISCC will increase to 20,000	(31 March '11) 14,034	20,000	-	-

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Provide additional details of the outcomes/outputs expected as a result of the successful achievement of the commitment- how will public know when commitment has been achieved?

Among the outcomes/outputs expected from the work on this Commitment include:

- Raising public awareness of adult abuse and of how to report concerns;
- Raising public awareness of safeguarding children and protecting children from abuse and of how to report concerns;
- Promotion of awareness, children's rights and human rights approaches among all public facing agencies and service providers;
- Promotion of a societal 'zero-tolerance' of abuse wherever it occurs and whoever is responsible;
- Building of individual and community resilience;
- Breaking the cycle of abusive behaviour(s) and/or neglect;
- Promotion of early intervention to tackle family pressures, whatever the source of stress, that could lead to harm;
- Improved safety planning and support for victims of domestic violence and their children.
- Improved support services for victims of sexual violence and abuse.
- Increased reporting of sexual crimes to PSNI.
- Positive engagement in treatment and service plans to deliver better outcomes for children, individuals, families and care givers;
- Maximising the efficient delivery of the services properly needed to protect children and vulnerable adults;
- Securing access to justice for those who experience abuse and who are some of the most vulnerable of our citizens;
- More effective use of resources, e.g. older people who have been maltreated have longer hospital stays than those who have not; and
- A modernised child and adult safeguarding system for Northern Ireland.

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3. Key Actions for Delivery of Commitment

Action	Timescale	Responsible Organisation(s)	Resources
1. Ensure delivery of key commitments and milestones is fully embedded in mainstream DHSSPS business planning, risk management and performance assurance arrangements	To be in Place by April 2012	DHSSPS	No additional resources required
2. Secure sufficient resources to deliver programmes or policies		DHSSPS	All Programme for Government commitments must be delivered within existing budgets. [Additional resources have been secured for Independent Domestic (IDVA) & Sexual Violence (ISVA) Adviser Services.
3. Department to develop the Commissioning Plan Direction and separate Indicators of Performance Direction to steer the development by the HSCB and PHA of the Commissioning Plan	December/January (Annually)	DHSSPS	All Programme for Government commitments must be delivered within existing budgets.
4. HSCB to develop a Commissioning Plan ensuring that it sets out fully the specific services to be commissioned to deliver on the contents of the commissioning plan direction including PFG key commitments and milestones	February/March (Annually)	HSCB	All Programme for Government commitments must be delivered within existing budgets.

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Action	Timescale	Responsible Organisation(s)	Resources
5. Department to approve Commissioning Plan ensuring that it sets out fully the specific services to be commissioned to deliver on PFG key commitments and milestones	February/March(Annually)	DHSSPS	All Programme for Government commitments must be delivered within existing budgets.
6. HSC Trust to develop Trust Delivery Plan ensuring that it details how it is to deliver on the requirements of the commissioning plan including the achievement of key commitments and milestones set out in <i>PfG</i>	March/April (Annually)	HSC Trust	All Programme for Government commitments must be delivered within existing budgets.
7. HSCB to ensure that the Trust's Delivery Plans details how they will deliver on the requirements of the commissioning plan including the achievement of key commitments and milestones set out in <i>PfG</i>	April (Annually)	HSCB	All Programme for Government commitments must be delivered within existing budgets.
8. Establish Safeguarding Board for Northern Ireland (SBNI)	2012	DHSSPS; DOJ & DE and SBNI partner organisations	Departmental Staff; SBNI staff and partner agencies staff
9. Development of and consultation on draft Government Policy on Safeguarding Vulnerable Adults, including consultation on legislative proposals to support the policy.	September 2012	DHSSPS and DOJ	Departmental Staff

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Action	Timescale	Responsible Organisation(s)	Resources
10. Publish adult safeguarding policy	2013	DHSSPS and DOJ	Departmental Staff
11. Support implementation of the adult safeguarding policy by:			
(a) fully implementing Adult Safeguarding Partnerships in Northern Ireland;	(a) 2013	(a) HSC Board/PHA/ NIASP & LASPs	(a) Staff from HSC Board and PHA and partner members of NIASP & LASPs
(b) updating all adult safeguarding operational policies, procedures and protocols;	(b) 2013	(b) HSC Board/PHA/ NIASP & LASPs	(b) Staff from HSC Board and PHA and partner members of NIASP & LASPs
(c) developing an Adult Safeguarding Bill [subject to the outcome of the policy consultation].	(c) 2014-15	(c) DHSSPS and DOJ	(c) Departmental Staff
12. Production of a joint Strategy on tackling Domestic and Sexual Violence, which will build on what has been achieved under the existing separate Strategies and will take account of issues which have emerged since they were developed.	2013	DHSSPS and DOJ	Departmental Staff
13. Develop, consult on and publish Guidance on the Welfare and Protection of Adult Victims of Human Trafficking.	2012-13	DHSSPS and DOJ	Departmental Staff

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Action	Timescale	Responsible Organisation(s)	Resources
14. Introduce to the Assembly new Mental Capacity legislation providing a range of additional safeguards for people who lack capacity to take decisions for themselves in respect of their health, welfare or finances.	2013-14	DHSSPS and DOJ (DHSSPS lead)	Dedicated Bill Team (4.6 wte) within DHSSPS; DOJ resources not yet finalised Some effects of Bill will require resourcing when enacted.
15. Produce subordinate legislation and Code of Practice in support of Mental Capacity legislation	2015, or to synchronise with coming into operation of the Mental Capacity Act	DHSSPS, in consultation with DoJ	Departmental Staff
16. Bring forward Regulations to introduce and enforce compulsory registration with the NISCC for specified groups of social care workers which will enhance the Public Protection and Safeguarding arrangements through improving the quality of the social care workforce.	2013	DHSSPS, in consultation with DOJ as necessary, and NISCC	Departmental staff and NISCC
17. Produce revised procedural guidance to replace extant Regional Child Protection Committee's (previously Area Child Protection Committees') Regional Policy and Procedures	2012-13	SBNI	SBNI Staff

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Action	Timescale	Responsible Organisation(s)	Resources
18. Revise the inter-departmental Child Safeguarding Policy Framework.	March 2015	DHSSPS	Departmental Staff
19. Engage with Departmental Children's Champions Group to agree a Child Safeguarding Charter.	March 2015	DHSSPS	Departmental Staff
20. Improve reporting arrangements in relation to Safeguarding issues in the HSC Trust and HSC Board's Delegated Statutory Functions reports and as part of DHSSPS Accountability Meetings with HSC Trusts and HSC Board.	March 2014	HSC Trusts / HSCB / DHSSPS	Departmental Staff HSCB Staff HSCT Staff
21. Provide a Sexual Assault Referral Centre (SARC) to support children and adult victims of sexual abuse and/or assault.	April 2013	DHSSPS PSNI NHST HSCB	Capital costs of £2m provided by DHSSPS with a contribution from PSNI; Running costs will be shared equally between HSC and PSNI.
22. Develop performance indicators and data information requirements for SARC services.	31 December 2012	DHSSPS PSNI NHST HSCB	Departmental Staff HSCT Staff HSCB Staff PSNI Staff

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Action	Timescale	Responsible Organisation(s)	Resources
23. Provide: <ul style="list-style-type: none"> a. an Independent Domestic Violence Adviser (IDVA) Service to support high risk victims of domestic violence; and b. an Independent Sexual Violence Adviser Service (ISVA) to support of sexual violence. 	31 December 2012 31 December 2013	DHSSPS DOJ PSNI	Departmental Staff
24. Produce a policy guide for commissioners of advocacy services which will put in place principles and standards for their future commissioning and delivery.	April 2012	DHSSPS in consultation with Working Group chaired by Patient and Client Council	The Policy Guide will be of itself cost neutral
25. Work with departmental statisticians to further develop a performance indicator set and targets linked to safeguarding children and vulnerable adults.	April 2013	DHSSPS	Departmental Staff

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4. Management Arrangements

Set out details of management arrangements to ensure that each organisation involved (particularly those under a different department) in the delivery of the commitment fulfils their respective responsibility as well as the internal monitoring arrangements to ensure that delivery remains on track.

1. Quarterly report to Departmental Board on progress of Delivery Plan for each commitment to be coordinated by Resource & Performance Management Group.
2. Senior Responsible Officer (SRO) Project Management arrangements:
 - **Adult Safeguarding:** Monthly reporting to SRO and Biannual updates by HSC Board on behalf of PHA, NIASP & LASPs;
 - **Mental Capacity Bill:** Bi-monthly progress meetings of Permanent Secretaries; monthly Project Board; monthly Consultation Group (stakeholders);
 - **Safeguarding Children** Monthly reporting to SRO re progress on revision of 'Cooperating to Safeguard Children'; Biannual updates by SBNI Chair to SRO / monthly reporting to SRO; Biannual updates / quarterly reporting to SRO re engagement with Departmental Children's Champions;
 - **SARC:** Cross-sectoral Project Steering Group and supporting structures overseeing the development of the SARC; and
 - **Regulation of the social care workforce:** Monthly reporting to SRO.
3. Whilst the Department puts in place the policy and strategic context, services are primarily commissioned and delivered through a number of Arms Length Bodies (ALBs). The roles of Individual DHSSPS ALBs are set out in the Framework Document. The ALBs with a role to play against this Key Commitment are identified as partners at Part 1 (Summary Details) of the Delivery Plan. Progress by ALBS on delivery of PFG key commitments and milestones will be monitored by the relevant Policy leads and by ALB's sponsor branches through their ongoing accountability arrangements as detailed in 'Managing Public Money NI'; by reference to the ALB's Management Statement; and by reference as appropriate to the HSCB Commissioning Plan, Trust Delivery Plan and individual ALB's Business Plans. This will include regular reports & ongoing interactions between ALBs and sponsor branches. From April 2012, progress against PFG Key Commitments and Milestones will feature as standing agenda items for both the mid & end year accountability meetings with the individual relevant ALBs.

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5. Risks and Contingent Actions

Key risks	Key Mitigation Actions	Probability of risk occurring (1-5)	Impact of risk (1-5)
1. Sufficient resources to fully develop policy in a complex area of work balancing the State's responsibilities toward its citizens and the citizen's right to self-determination.	Seek appropriate level of resource; re-prioritise work load; extend partnership network	2	4
2. Cross-DHSSPS and inter-departmental support for Safeguarding Policy.	Establishment of intra and inter-departmental working groups	2	4
3. Detrimental effect of other policies	Close liaison with relevant Branches and Departments	1	3
4. Capacity of HSC/PHA/ NIASP & LASPs to deliver	Ongoing stakeholder engagement to prepare and build on infrastructure capacity put in place to date.	2	4
5. That the Mental Capacity Legislation will not be passed within the current mandate of the Assembly	Permanent Secretaries' progress meetings; monthly meetings with LC on drafting; regular meetings of Project Board; joint Ministerial involvement with Assembly Committees	4	3
6. Recruitment of appropriately skilled staff for SARC	Project Steering Group overseeing recruitment process.	2	4

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6. Equality Implications

Will the commitment have a positive impact in terms of:	Yes/No	Detail
Equality	Yes	The Policy Framework will take an overall population approach to safeguarding. It also seeks to raise general awareness and to give priority to at risk groups and communities.
Good Relations	Yes	The Policy will seek to raise awareness, educate and break down barriers that leave individuals/families vulnerable and isolated.
Poverty/Social Inclusion	Yes	Focus on reducing risk and promoting community involvement and safeguarding awareness will help address causes of abuse and promote social inclusion.
Sustainable Development	Yes	The financial cost of abuse to society is enormous; the human cost incalculable. A focus on prevention will help reduce cost of remedial action, promote social justice and generally enhance population well-being.

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7. Key dates in the development of Delivery Plan

Action	Date
Appointment of SRO	15/02/12
Draft Delivery Plan submitted to Oversight Group	30/03/12
Final Delivery Plan agreed by Programme Board	
Final Delivery Plan sent to Assembly Committee	
Final Delivery Plan published on departmental website	
First review of Delivery Plan	
Second review of Delivery Plan	
Third review of Delivery Plan	

Declaration by Senior Responsible Officer:

I can confirm that this commitment is both achievable, on the basis of the actions set out in this Delivery Plan including the measures to manage risk, and affordable in terms of the funding allocated as part of the Budget 2011-15 process.

Signed: _____

Date: _____

MEASUREMENT ANNEX

PERFORMANCE INDICATOR 1 (repeat for each indicator)

Indicator title:	Number of victims supported at Sexual Assault Referral Centre (SARC)			
Outline how indicator relates to overall Pfg 2011-15 commitment				
<p>The SARC will deliver significant improvements in services for victims of sexual violence /abuse. It will provide quality services in line with best practice for 300 victims in its first year of operation (2013-14) and for 500 victims the following year (2014-15). The SARC will be a catalyst for increasing awareness about the issue of sexual abuse, including providing training and professional development for multi disciplinary teams working with adult and child victims. Robust statistics and data will be collated and used to inform future strategic direction.</p>				
Data source:	The SARC/Northern Health & Social Care Trust			
	Web link			
Frequency of Data Reporting	<u>Annually from 1 April 2013</u>			
Milestone values	Q1	Q2	Q3	Q4
2012-13	N/A	N/A	N/A	N/A
2013-14				300
2014-15				500
Availability of data	2 months delay			
Historic data available	Yes			
If yes, provide details of recent trends				
<p>From 1 April 2011 to end of December 2011 there were a total of 408 medical examinations carried out at PSNI Care Units on victims of sexual violence/abuse. Of the 408 cases, 253 were children and 155 were adults.</p>				
UK/Rol comparisons available	No			
If yes, provide details of most recent UK/Rol comparisons				
<p></p>				
Pfg 2008-11 Indicator	No			
If yes, provide details				
<p></p>				

MEASUREMENT ANNEX

PERFORMANCE INDICATOR 2 (repeat for each indicator)

Indicator title:	The number of adult protection referrals for the elderly care (POC 4); mental health (POC 5); learning disability (POC 6); and physical and sensory disability (POC 7) programmes of care			
Outline how indicator relates to overall PFG 2011-15 commitment				
Awareness of abuse of vulnerable adults, including older people, is a relatively recent phenomenon. The nature of abuse can be physical, sexual, psychological, financial, or as a consequence of neglect, that is, the withholding of, or failure to provide, adequate care or support. It can occur in any setting and can be perpetrated by anyone. Research, for example in relation to Older People, has profiled abusers as partners (35%), other family members (33%) and neighbours/acquaintances (33%) as the primary abusers, followed by domiciliary care workers (9%) and then friends (3%). It is widely suggested that abuse of vulnerable adults is under reported. It is anticipated that the package of measures will increase referral rates by some 5% per annum. Activity will be kept under review and the performance indicator revised accordingly and categorised by Programme of Care.				
Data source:	HSC Board			
	Web link			
Frequency of Data Reporting	<u>Annually</u>			
Milestone values	Q1	Q2	Q3	Q4
2012-13				2,033
2013-14				2,136
2014-15				2,242
Availability of data	2 months delay			
Historic data available	No			
If yes, provide details of recent trends				
UK/Rol comparisons available	No			
If yes, provide details of most recent UK/Rol comparisons				
PfG 2008-11 Indicator	No			
If yes, provide details				

MEASUREMENT ANNEX

PERFORMANCE INDICATOR 3 (repeat for each indicator)

Indicator title:	The number of adult care and protection plans for the elderly care (POC 4); mental health (POC 5); learning disability (POC 6); and physical and sensory disability (POC 7) programmes of care			
Outline how indicator relates to overall PfG 2011-15 commitment				
Awareness of abuse of vulnerable adults, including older people, is a relatively recent phenomenon. The nature of abuse can be physical, sexual, psychological, financial, or as a consequence of neglect, that is, the withholding of, or failure to provide, adequate care or support. It can occur in any setting and can be perpetrated by anyone. Where referrals are made, a timely, effective and, where necessary multi-disciplinary/interagency investigative response is required. Care and protection plans are put in place where required to ensure a holistic, fully integrated support package centred on the needs of the victim. Not every investigation will result in a care and protection plan. It is anticipated that the package of measures will increase the number of care and protection plans in place at year end by some 4% per annum. Activity will be kept under review and the performance indicator revised accordingly and categorised by Programme of Care.				
Data source:	HSC Board			
	Web link			
Frequency of Data Reporting	<u>Annually</u>			
Milestone values	Q1	Q2	Q3	Q4
2012-13				965
2013-14				1,004
2014-15				1,043
Availability of data	2 months delay			
Historic data available	No			
If yes, provide details of recent trends				
UK/Rol comparisons available	No			
If yes, provide details of most recent UK/Rol comparisons				
PfG 2008-11 Indicator	No			
If yes, provide details				

MEASUREMENT ANNEX

PERFORMANCE INDICATOR 4 (repeat for each indicator)

Indicator title:	Regulation of the social care workforce - The number of registrations with NISCC will increase to 20,000			
Outline how indicator relates to overall PfG 2011-15 commitment				
<p>Social care workers work with some of the most vulnerable people in our society. A significant number have taken up voluntary registration with NISCC which brings them under its regulation. Following a consultation was held in 2009, following which it was agreed to introduce compulsory registration for the following specified groups of social care workers with the NISCC on a staged basis:</p> <ul style="list-style-type: none"> • managers of residential, day care and domiciliary care; • social care workers in residential child care; and • social care workers in adult residential homes and nursing homes. <p>Voluntary registration with the NISCC remains open to all other categories of social care workers including domiciliary care workers. Introduction of compulsory registration for the remaining groups of social care workers will be considered following the consolidation of the introduction of compulsory registration to the groups identified above.</p>				
Data source:	Northern Ireland Social Care Council			
	Web link			
Frequency of Data Reporting	<u>Annually</u>			
Milestone values	Q1	Q2	Q3	Q4
2012-13				20,000
2013-14				N/A
2014-15				N/A
Availability of data	2 month delay			
Historic data available	Yes			
If yes, provide details of recent trends				
At 31 March 2011: 14,034 registrants				
UK/Rol comparisons available	No			
If yes, provide details of most recent UK/Rol comparisons				
PfG 2008-11 Indicator	No			
If yes, provide details				

Programme for Government Delivery Plan

Commitment 61



Introduce a package of measures aimed at improving safeguarding outcomes for children and vulnerable adults across Northern Ireland

Annual Milestones

2012/13	Develop a Strategic Plan for Adult Safeguarding in Northern Ireland and produce a joint Domestic and Sexual Violence and Abuse Strategy
2013/14	Open new Sexual Assault Referral Centre at Antrim Area Hospital
2014/15	Develop an updated inter-departmental Child Safeguarding Policy Framework

Declaration by Senior Responsible Officer:

In the main progress is being made towards achievement of PfG Commitment 61. A number of Key Actions have been completed and progress continues to be made against each remaining Key Action.

Significant progress towards Milestone 1 has been made. The Northern Ireland Adult Safeguarding Partnership Adult Safeguarding Strategic Plan 2013-2018 was published by the HSC Board on 14 October 2013. Production of a Joint Domestic and Sexual Violence Strategy will be achieved by summer 2015. Milestone 2 has already been achieved. Progress towards Milestone 3 remains on target.

Drafting of a Mental Capacity Bill has been completed, and as at 31 March, the Executive was considering a draft paper seeking approval to introduce the Bill in the Assembly. Whilst the timetable is very tight, and progress of the Bill through its legislative stages will be a matter for the Assembly, advice from OFMDFM is that if the Bill has reached Committee stage before the summer recess, there is, in theory, sufficient time to achieve Royal Assent before the end of the current mandate.

Strategic Context

The groups that will benefit from the Commitment are children and/or vulnerable adults of all types. Processes and practice in relation to the protection of children continue to evolve. However, awareness of the phenomenon of abuse of vulnerable adults; the scale and range of the problem; and the factors that leave adults at increased risk of harm is growing. Abuse, whether of children or vulnerable adults, is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another; it is an abuse of human rights and often a serious crime. Abuse can take many forms and can occur right across society and is not bound by age, gender, race, ethnic or religious group, sexual orientation, wealth, disability, geography or setting.

DHSSPS with its partner organisations will bring forward overarching policy frameworks for safeguarding children and for safeguarding vulnerable adults. Grounded in children's rights and human rights approaches, the frameworks will stipulate a number of policy objectives ranging from prevention (a shared responsibility with individuals, families, agencies and wider society) through to ensuring effective responses from lead protection agencies (principally the police and social services) when abuse occurs or is suspected. The aim is to continue to shift the balance of emphasis towards prevention (keeping children and adults safe and helping them to keep themselves safe) and away from protection (being reactive to abuse), without exposing any vulnerable individual to unnecessary risk. In addition to strengthening of safeguarding infrastructures (children and adults), the package of safeguarding measures being introduced over the PfG period include: bringing forward new capacity-based legislation; introducing a new disclosure and barring service aimed at improving safeguards for children and vulnerable adults in workplace situations; producing a policy guide on the development and commissioning of advocacy services; ensuring effective working arrangements and relationships and clarity of purpose across all safeguarding and protection services; and strengthening of the regulation of the social care workforce. The package is intended to contribute to the creation of an environment where the risk of harm to children and vulnerable adults is reduced and, where harm occurs, it is met with effective, individualised and humane responses. Implementation of the full package of measures is likely to lead to an increase in safeguarding and protection referrals and protective interventions; a diversification of referral sources; and an expansion of options for tailored safeguarding and protective interventions.

Strongly promoted by the Bamford Review, advocacy services can be invaluable to vulnerable people when they are facing decisions being made about their care, treatment or support. Advocacy can give them a voice, help them access information and secure their rights. We have provided guidance for commissioners on the principles and standards we would expect advocacy services to adhere to, thus underpinning quality and helping develop these vital services.

Sexual Violence and Abuse can have a devastating impact on victims and their families. The Tackling Sexual Violence & Abuse Strategy recognises that 1 in 4 females and 1 in 6 males will experience some form of sexual violence or abuse in their lifetime, either as a child or an adult. The level of reporting of sexual crimes remains low with an estimated 85% not being reported. The Strategy aims to work towards preventing sexual abuse from happening, protect those who have suffered, make perpetrators accountable and support those who have been victimised. The biggest strategic outcome in terms of support for victims is the development of a specialist Sexual Assault Referral Centre (SARC) at Antrim Area Hospital in Northern Ireland, which started operating in May 2013. It provides support services for children and adults who have been sexually assaulted and/or abused. It is a regional facility through a partnership arrangement between Health and Social Care and the Police Service of Northern Ireland. New Mental Capacity legislation was also a key recommendation of the Bamford Review, and is being taken forward jointly by DHSSPS and DOJ (as it will apply to the general population and those in the criminal justice system).

Risk Register			
Risk	Mitigation	Probability	Impact
1. Sufficient resources to fully develop policy/strategy in a complex area of work, which requires the careful balance of the State's responsibilities toward its citizens and the citizen's right to self-determination.	Seek appropriate level of resource; re-prioritise work load; extend partnership network.	3	4
2. Cross-DHSSPS and inter-departmental support for Safeguarding Policy.	Establishment of intra and inter-departmental working groups and regular meeting of those groups.	2	4
3. That the Mental Capacity Bill will not be passed within the current mandate of the Assembly.	A Bill has been drafted and the Executive is currently considering approval to introduce in the Assembly. Advice from OFMDFM is that if the Bill has reached Committee stage before the summer recess, there is, in theory, sufficient time to achieve Royal Assent before the end of the current mandate.	3	3

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
1. Ensure delivery of key commitments and milestones is fully embedded in mainstream DHSSPS business planning, risk management and performance assurance arrangements	To be in Place by April of each year Apr 2012 – Actioned Apr 2013 – Actioned Apr 2014 –	DHSSPS	On-going.
2. Secure sufficient resources to deliver programmes or policies		DHSSPS	On-going.
3. Department to develop the Commissioning Plan Direction and separate Indicators of Performance Direction to steer the development by the HSCB and PHA of the Commissioning Plan	To be in Place by December of each year Dec 2012 – Actioned Dec 2013 – Actioned Dec 2014 –	DHSSPS	On-going.

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
4. HSCB to develop a Commissioning Plan ensuring that it sets out fully the specific services to be commissioned to deliver on the contents of the commissioning plan direction including PFG key commitments and milestones	To be in Place by February of each year Feb 2013 – Actioned Feb 2014 – Actioned Feb 2015 –	HSCB	On-going.
5. Department to approve Commissioning Plan ensuring that it sets out fully the specific services to be commissioned to deliver on PFG key commitments and milestones	To be in Place by February of each year Feb 2013 – Actioned Feb 2014 – Actioned Feb 2015 –	DHSSPS	On-going.
6. HSC Trust to develop Trust Delivery Plan ensuring that it details how it is to deliver on the requirements of the commissioning plan including the achievement of key commitments and milestones set out in <i>PfG</i>	To be in Place by March of each year Mar 2013 – Actioned Mar 2014 – Actioned Mar 2015 –	HSC Trust	On-going.

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
7. HSCB to ensure that the Trust's Delivery Plans details how they will deliver on the requirements of the commissioning plan including the achievement of key commitments and milestones set out in <i>PfG</i>	To be in Place by March of each year Mar 2013 – Actioned Mar 2014 – Actioned Mar 2015 –	HSCB	On-going.
8. Establish Safeguarding Board for Northern Ireland (SBNI)	2012	DHSSPS; DOJ & DE and SBNI partner organisations	Action complete. Established September 2012
9. Development of and consultation on draft Government Policy on Safeguarding Vulnerable Adults, including consultation on legislative proposals to support the policy.	March 2014	DHSSPS and DOJ	On-going. Consultation closed on 31 January 15 Subject to necessary approval of Ministers, Assembly Committees and the NI Executive, it is intended to publish the final policy before Summer 2015.

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
10. Publish adult safeguarding policy	December 2014	DHSSPS and DOJ	Dependent on completion of Action 9. See Action 9.
11. Support implementation of the adult safeguarding policy by: (a) fully implementing Adult Safeguarding Partnerships in Northern Ireland; (b) updating all adult safeguarding operational policies, procedures and protocols; (c) developing an Adult Safeguarding Bill [subject to the outcome of the policy consultation].	(a) 2013 (b) 2014 (c) 2015	(a) HSC Board/PHA/NIASP & LASPs (b) HSC Board/PHA/NIASP & LASPs (c) DHSSPS and DOJ	On-going. (a) Action complete. (b) On-going. The Operational Policy and Procedures Workstream of NIASP is currently taking forward a review of Operational Policies and Procedures. To be completed after Action 9 is completed. (c) Development of an Adult Safeguarding Bill is dependent on completion of Action 9. See Action 9.

Key actions for delivery of Commitment

Action	Date	Responsible person or organisation	Progress as of end March 2015
<p>12. Production of a joint Strategy on tackling Domestic and Sexual Violence, which will build on what has been achieved under the existing separate Strategies and will take account of issues which have emerged since they were developed.</p>	<p>March 2015</p>	<p>DHSSPS and DOJ</p>	<p>On-going. The responses received to the consultation on the Strategy have been analysed and a Consultation Response Report prepared. Following approval by the Inter Ministerial Group, the Report and the responses received will be published. Amendments are being made to the Strategy. Due to the number of comments and additional budgetary considerations, we now expect publication in Summer 2015.</p>

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
13. Develop, consult on and publish Guidance on the Welfare and Protection of Adult Victims of Human Trafficking.	2012-13	DHSSPS and DOJ	Action complete. The Guidance was published in October 2012.
14. Introduce to the Assembly new Mental Capacity legislation providing a range of additional safeguards for people who lack capacity to take decisions for themselves in respect of their health, welfare or finances.	2015	DHSSPS and DOJ (DHSSPS lead)	On-going. Significant progress on the development of the Mental Capacity Bill continues to be made. A consultation on the draft Bill (as it relates to the civil population), together with a policy statement on criminal justice issues and an update on children issues, took place between May and September 2014. A Bill has now been drafted and as at 31 March the Executive is considering approval to introduce in the Assembly.

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
15. Produce subordinate legislation and Code of Practice in support of Mental Capacity legislation	To synchronise with enactment of the Mental Capacity Act	DHSSPS, in conjunction with DoJ	<p>On-going.</p> <p>This is contingent on successful completion of action 14. See Action 14. However, drafting of the Code has started, and a working group to assist with detailed drafting has been formed. A reference group will comment on early drafts.</p> <p>Scoping of subordinate legislation requirements has also been carried out. Drafting of SRs has started, but these cannot be made and laid until the Bill receives Royal Assent and regulation-making powers commenced.</p>

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
16. Bring forward Regulations to introduce and enforce compulsory registration with the NISCC for specified groups of social care workers which will enhance the Public Protection and Safeguarding arrangements through improving the quality of the social care workforce.	October/ November 2013.	DHSSPS, in consultation with DOJ as necessary, and NISCC	Action complete. Regulations introduced October 2013.
17. Produce revised procedural guidance to replace extant Regional Child Protection Committee's (previously Area Child Protection Committees') Regional Policy and Procedures	2015	SBNI	Dependent on completion of Action 18. This action is being taken forward by the Policy and Procedures Committee of the SBNI See Action 18.
18. Revise the inter-departmental Child Safeguarding Policy Framework.	March 2015	DHSSPS	On-going. Work on the development of the new child safeguarding policy framework is progressing. It is planned to issue a draft for public consultation in April/May 15.
19.-Undertake a Review of the Families Matter implementation plan and refocus to prioritise early intervention strategies for work with families.	March 2015	DHSSPS	While implementation of the Early

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
			<p>Intervention Transformation Programme will roll out the key early intervention approaches piloted by Families Matter, the review of the Strategy has been postponed. It is anticipated work will commence on the review during the 2015/16 financial year.</p>

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
20. Improve reporting arrangements in relation to Safeguarding issues in the HSC Trust and HSC Board's Delegated Statutory Functions reports and as part of DHSSPS Accountability Meetings with HSC Trusts and HSC Board.	March 2014	HSC Trusts/HSCB/DHSS PS	<p>On-going.</p> <p>We are progressing as planned. A review of the DSF Circular, intended to be completed by end March 2014 is on-going but is nearing completion.</p> <p>Target date September 2015</p> <p>Trust end year Delegated Statutory Functions reports and HSCB overview report for 2013/14 and monthly children's monitoring returns have informed DHSSPS accountability meetings with HSC ALBs in-year. Action plans have been put in place by HSCB with Trusts to address areas of concern.</p>

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
21. Provide a Sexual Assault Referral Centre (SARC) to support children and adult victims of sexual abuse and/or assault.	May 2013	DHSSPS PSNI NHSCCT HSCB	<p>Action complete.</p> <p>Opening of the SARC was initially delayed due to construction delays.</p> <p>The SARC started operating on 7 May 2013. At the outset, PSNI referrals only were accepted by the Centre to enable new practice and operational protocols to become fully embedded.</p> <p>A full service (including self referrals and third party referrals, for example from GPs) became available from Monday 2 September 2013.</p> <p>A staged implementation plan is in keeping with practice relating to the establishment of SARCs in other parts of the UK.</p>

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
22. Develop performance indicators and data information requirements for SARC services.	31 December 2012	DHSSPS PSNI NHSCCT HSCB	Action complete. Indicators for the SARC have been put in place by the SARC Project Steering Group. The Centre's Service Manager produces a monthly service profile which is circulated to key stakeholders for information.
23. Provide: a. an Independent Domestic Violence Adviser (IDVA) Service to support high risk victims of domestic violence; and	December 2014		Delayed. DOJ leads on this work. The business case for the IDVA service was approved in April 2013. The funding agencies have agreed the service specification and the service is now ready to go out for the provision of services. Budget constrains within DHSSPS and other funders have

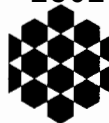
Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
<p>b. an Independent Sexual Violence Adviser Service (ISVA) to support of sexual violence.</p>	<p>December 2014</p>		<p>impacted the proposed IDVA service delivery. The funders are evaluating the ongoing need for the proposed service.</p> <p>On-going.</p> <p>DOJ leads on this work. DHSSPS will progress action in line with DOJ timeframe. Robust operational data from the SARC will be used as the basis of the business case which is required to secure funding for the ISVA service. Budget constrains may also impact service delivery. The December 2014 target will not be met</p>
<p>24. Produce a policy guide for commissioners of advocacy services which will put in place principles and standards for their future commissioning and delivery.</p>	<p>April 2012 - completed</p>	<p>DHSSPS in consultation with Working Group chaired by Patient and Client Council</p>	<p>Action complete.</p>

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
25. Work with departmental statisticians to further develop a performance indicator set and targets linked to safeguarding children and vulnerable adults.	April 2013	DHSSPS	Action Complete. Processes are in place to capture information on safeguarding vulnerable adults and information is available on children at risk. The Department is in the process of identifying priority safeguarding targets and performance indicators for inclusion in the Commissioning Plan Direction to the HSCB.
26. Commence consultation on the draft strategic plan	July 2013	NIASP	Action Complete. Consultation commenced on 15 April 2013. Consultation closed on 21 June 2013.

Key actions for delivery of Commitment			
Action	Date	Responsible person or organisation	Progress as of end March 2015
27. Publish final version of strategic plan	September 2013	NIASP	Action Complete. A Strategic Plan (2013 - 2018) for Adult Safeguarding was developed by the Northern Ireland Adult Safeguarding Partnership. The Strategic Plan was approved by the HSC Board and published on 4 October 2013.

Equality Implications		
Will the commitment have a positive impact on:	Yes /No	Detail
Equality	Yes	The Policy Framework will take an overall population approach to safeguarding. It also seeks to raise general awareness and to give priority to at risk groups and communities.
Good Relations	Yes	The Policy will seek to raise awareness, educate and break down barriers that leave individuals/families vulnerable and isolated.
Poverty/Social Inclusion	Yes	Focus on reducing risk and promoting community involvement and safeguarding awareness will help address causes of abuse and promote social inclusion.
Sustainable Development	Yes	The financial cost of abuse to society is enormous; the human cost incalculable. A focus on prevention will help reduce cost of remedial action, promote social justice and generally enhance population well-being.

From the Permanent Secretary
and HSC Chief Executive



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

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Our Ref: AMCC 2877

Date: 30 March 2011

Dear Glenn,

REVIEW OF SAFEGUARDS IN PLACE FOR CHILDREN AND VULNERABLE ADULTS IN MENTAL HEALTH AND LEARNING DISABILITY HOSPITALS IN HSC TRUSTS

Further to the report of June 2008 in respect of the thematic review undertaken by RQIA during 2007 in the five Health and Social Care (HSC) Trusts, I now write to ask that RQIA schedule a follow-up review in each of the Trusts within the next 12 months.

The aim of this follow-up review would be to build on the June 2008 report findings and provide an independent assurance to me that recommendations made in the report have been implemented and that all Trusts are adhering to relevant good practice guidance.

I am conscious that there may be some overlap between this review and the proposed RQIA review of implementation of risk assessment and management guidance, which was previously commissioned by Linda Brown but nonetheless I consider that we must ensure that we maximise implementation of best practice in the safeguarding of children and vulnerable adults in mental health and learning disability institutions.

I would appreciate your views on this and an outline of what such a review might encompass, recognising that each Trust developed an action plan/ recommendations following completion of the retrospective sampling exercise on abuse in mental health and learning disability institutions. As you know, this work was commissioned by the Department in 2007.

A response by 15 April 2011 would be appreciated.

Yours sincerely

Andrew McCormick

ANDREW McCORMICK

cc: Dr Michael McBride CMO
Dr Maura Briscoe
Martin Bradley
Sean Holland
Mr John Compton HSCB
Ms Fionnuala McAndrew



REVIEW OF THE "SAFEGUARDS IN PLACE FOR CHILDREN AND VULNERABLE ADULTS IN MENTAL HEALTH AND LEARNING DISABILITY HOSPITALS" IN HSC TRUSTS

**OVERVIEW REPORT
RQIA - JUNE 2008**

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EXECUTIVE SUMMARY

This thematic review by the RQIA was undertaken during September and October 2007 in all five Health and Social Care (HSC) trusts and was in response to a request from the DHSSPS for independent assurance that the necessary safeguards were in place for children and vulnerable adults in learning disability and mental health hospitals.

In particular, the review drew on the matters raised in correspondence (September 2006) from the Permanent Secretary at the DHSSPS to board and legacy trust chief executives requesting assurance in relation to the procedures in place within each trust to prevent abuse and to ensure that any incidents, which may arise, are dealt with properly.

The findings from this review have highlighted key elements of the work ongoing within HSC trusts in relation to child and adult protection and provide a baseline position against which future progress can be assessed.

Reviewers were able to evidence that whilst service users and carers were engaged in a variety of ways within all trusts, their participation in the delivery and evaluation of mental health services was very limited. The involvement of service users and carers in learning disability services was much better established. The review also highlighted that in the main, there was an absence of corporate policies in relation to service user and carer involvement.

Information returned from all trusts in relation to key training was of poor quality, therefore it was not possible to make direct comparisons across trusts in respect of the numbers and percentages of staff trained.

Within all trusts, review teams were informed that the admission of a child or young person to an adult ward was considered a Serious Adverse Incident and the DHSSPS, the Mental Health Commission and the commissioning Health and Social Services Board were formally notified. Trusts also reported that constant supervision was generally put in place for such children, individual rooms were allocated as far as possible and a strong emphasis placed on risk assessment throughout their stay, both in regard to the child and for other patients on the ward.

Based on the findings from this review, RQIA are concerned at the numbers of children being admitted to adult wards and the work that remains outstanding within HSC trusts to ensure all staff receive dedicated training in the areas of child and adult protection. In particular, trusts should:

- work in collaboration with the DHSSPS to minimise the numbers of children admitted to adult wards,
- ensure that child and adult protection training is provided in accordance with regional guidance, to all staff and volunteers working in mental health and learning disability services,
- fully implement the Regional Adult Protection Policy and Procedural Guidance¹,

¹ The Regional Adult Protection Policy and Procedural Guidance (DHSSPS, 2006)

- ensure that appropriate policies and procedures are in place for Looked After Children (LAC) and that all staff work in accordance with LAC guidance,
- ensure that information in relation to the named nurse and named doctor for child protection is made available to all staff

The recommendations made within both individual HSC trust reports and this overview report continue to be underpinned by regional child and adult protection policies and procedures, DHSSPS and other publications.

The findings from this review and any subsequent follow-up review will be shared with the minister for health, social services and public safety and made available in the context of open reporting.

1 SETTING THE SCENE

1.1 Regulation & Quality Improvement Authority - Role & Responsibilities

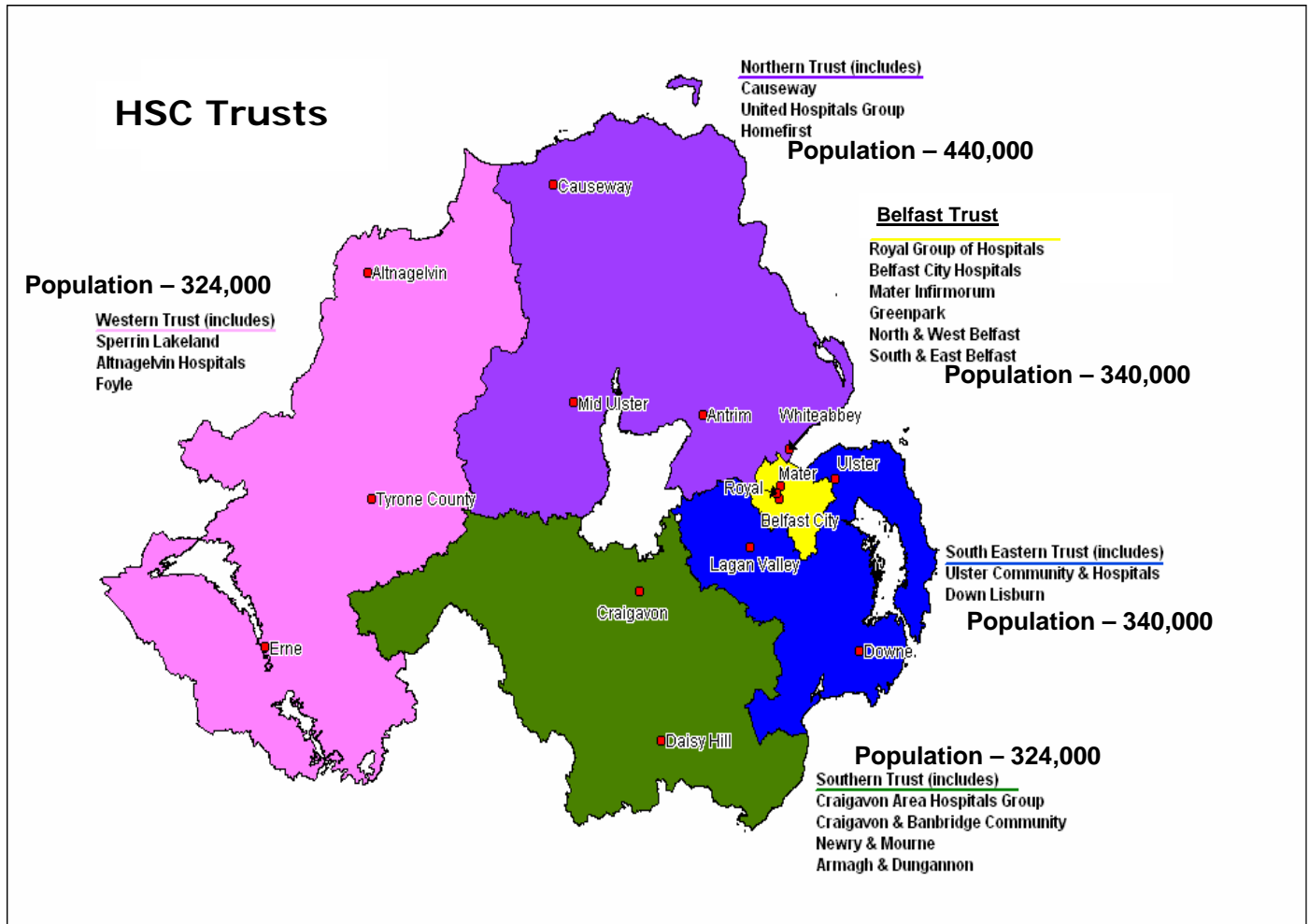
The Regulation and Quality Improvement Authority is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the Department of Health, Social Services and Public Safety, with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 places a statutory duty of quality on Health and Social Care (HSC) organisations, and requires the RQIA to encourage continuous improvement in the quality of care and services throughout all sectors in Northern Ireland.

In order to fulfil its statutory responsibilities the RQIA has developed a planned programme of clinical and social care governance reviews of mental health and learning disability services within HSC organisations in N. Ireland. RQIA will also carry out commissioned reviews at the request of the DHSSPS.

Clinical and social care governance is described as a framework within which HSC organisations can demonstrate their accountability for continuous improvement in the quality of services and for safeguarding high standards of care and treatment. Organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver, monitor and promote safety and quality improvements in the provision of health and social care.

Table 1: Geographical Overview of HSC Trusts Reviewed



1.2 Safeguards for Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals

This thematic review was undertaken in response to a request from the DHSSPS for independent assurance that the necessary safeguards are in place for children and vulnerable adults in learning disability and mental health hospitals. In-patient mental health services are also provided in a range of units attached to general hospitals and these were also considered within the scope of this review. Throughout the report the term ‘mental health hospitals’ is used to describe the totality of hospital based mental health services.

This review evaluated those procedures in place within each HSC trust to prevent abuse and to ensure that any incidents, which may arise, are dealt with properly. In particular, the review drew on the matters raised in correspondence (September 2006) from the Permanent Secretary at the DHSSPS to board and legacy trust chief executives.

The review also examined the involvement of service users and carers, advocacy arrangements, voluntary sector involvement and key training for staff in relation to child and

adult protection. The review further considered the number of children and young people being admitted to adult wards in mental health and learning disability hospitals.

1.3 The Review Methodology

The RQIA operates within a value system that supports the belief that learning is at the heart of improvement. To ensure a clear focus on improvement, organisations need to have effective systems, which can identify performance standards and support the learning necessary for improvement. This review considered the systems in place within each trust to safeguard children and vulnerable adults within mental health and learning disability hospitals.

1.3.1 The Review Team

Review teams were multidisciplinary, and included both health and social care professionals (Peer Reviewers) and members of the public (Lay Reviewers) who had undertaken training as reviewers provided by the RQIA.

Lay reviewers came from a range of backgrounds and from all over Northern Ireland. They each played a vital role in review teams, bringing new insights and providing a lay person's perspective on all aspects of the provision of health and social care services.

Peer reviewers worked at a senior level in both clinical and non-clinical roles in HSC organisations. For this review, they had particular expertise in the areas of mental health, learning disability, child/adult protection and governance and possessed a commitment to improving health and social care.

Review teams were managed and supported by RQIA project managers and project administrators.

An identified leader for each review team worked closely with the RQIA project manager during the review to guide the team in its work and ensure that team members were in agreement about the assessment reached.

1.3.2 The Review Process

The review process had three key elements; self-assessment (including completion of self declaration), pre-visit analysis and the validation visit by the review team.

1.3.3 Self Assessment

Self-assessment is based on the statutory duty of quality as enshrined in the legislation and the underpinning requirements for HSC organisations to self assess their progress against the quality standards for health and social care. Self-assessment as a technique is used widely in health and social care regulation, accreditation and licensing across the UK and internationally.

The methodology adopted within this review required trusts to complete self-assessment pro-forma and return this information to RQIA for analysis prior to validation visits by peer and lay reviewers. The questions asked within pro-forma were designed specifically by the RQIA to

capture relevant information and provide opportunity for trusts to present evidence of the safeguards in place for children and vulnerable adults within mental health and learning disability hospitals.

Article 34 of the HPSS (Quality Improvement and Regulation) (NI) Order 2003, places a statutory duty of quality on statutory organisations to; "put and keep in place arrangements for the purpose of monitoring and improving the health and personal social services that it provides to individuals; and the environment in which it provides them". In meeting this legislative responsibility, the trust chief executive signed a declaration confirming the accuracy of the self-assessment return to RQIA.

1.3.4 Pre-visit Analysis of Self Assessment

Self-assessment pro-forma and supporting evidence documentation were analysed by the RQIA review team prior to validation visits. The relevant information was collated onto an information system with commentary on the quality of information and evidence outlined in narrative on an analysis framework, which was then used by the review teams during validation visits.

1.3.5 The Review Visit

Review teams carried out reality testing of the self-assessment during the visits. Based on the initial analysis, review teams used a semi-structured interview schedule in relevant clinical and non-clinical areas. Enquiry was directed at staff, service users and their carers and centred on group and one-to-one interviews.



Reviewers also examined records (clinical/non clinical), relevant policies, procedures and protocols and directly observed clinical and non-clinical environments.

Initial feedback from the review team was given to each HSC trust at the end of the review visit outlining the findings of the review under the headings - strengths, challenges and exemplars.

1.3.6 Reports

Following each review visit, the RQIA project manager drafted trust specific reports detailing the findings of the review team and recommendations for improvement. This draft report was sent to the review team for comment, and then to the organisation to check for factual accuracy.

Once agreement was reached, RQIA compiled an overview report for the DHSSPS on the overall findings of the review across all HSC trusts.

The overview report is made available to the general public in print, the RQIA web site and other formats on request.

2 SERVICES WITHIN TRUSTS

At the time of the review, the new HSC trusts in Northern Ireland were in the very early stages of development following the merging of legacy trusts. These mergers created a considerable challenge for organisations in the development of trust-wide policies and procedures.

Services were to a large extent still organised along legacy trust lines and the self-assessment information returned by trusts generally reflected this approach and as a consequence, findings are at times described in terms of settings.

2.1 General Overview

Trusts' submitted proforma for each mental health and learning disability hospital within their geography. This information is presented in Table 2.

Across all trusts, reviewers were generally impressed with the caring, conscientious and open approach of staff to the vulnerable people in their care and the loyalty shown to the employing trust. Staff demonstrated commitment and dedication to providing the best and safest care possible and were co-operative and helpful in providing information to reviewers. Service users who spoke with reviewers were in the main, complimentary of staff and of the care being provided.

As the focus of this review was on the safeguards in place for children and vulnerable adults within mental health and learning disability hospitals, reviewers did not overly focus on environmental issues. It is acknowledged however, that within individual trust reports, mention has been made of specific issues relevant to reviewers' findings.

Table 2: Mental Health and Learning Disability Hospitals

Trust	Mental Health Hospital	Learning Disability Hospitals
Belfast HSC Trust	Belfast City Hospital Donard Unit (In-patient Adolescent Unit at Knockbracken) Family and Child Psychiatry Unit (located at Forster Green Hospital) Knockbracken Hospital Mater Hospital	Muckamore Abbey Hospital
Northern HSC Trust	Holywell Hospital Causeway Hospital Whiteabbey Hospital	
South Eastern HSC Trust	Ards Hospital Downshire Hospital Lagan Valley Hospital	
Southern HSC Trust	Craigavon Hospital St Luke's Hospital	Longstone Hospital
Western HSC Trust	Gransha Hospital Tyrone & Fermanagh Hospital	Lakeview Hospital

3 TRUST RESPONSES TO CORRESPONDENCE FROM THE PERMANENT SECRETARY

This section of the report focuses on the matters raised in correspondence from the permanent secretary to trust chief executives in relation to the following four issues: -

- Comprehensive risk assessment processes are in place to manage any risk of abuse presented by patients either to other patients or to members of staff,
- Appropriate child and vulnerable adult protection procedures are in place with regard to the recruitment, supervision and management of staff,
- Recording and reporting mechanisms, both within the trust and to appropriate external agencies, are in place, understood by staff and adhered to, and
- Appropriate policies and procedures to prevent and where they occur, detect and manage allegations and incidents of abuse, are in place and are being consistently and robustly applied.

3.1 Comprehensive risk assessment processes are in place to manage any risk of abuse presented by patients either to other patients or to members of staff

All HSC trusts reported that risk and vulnerability assessment processes were in place to take account of the risk of abuse presented by patients either to themselves, other patients or members of staff.

The Belfast HSC Trust reported that comprehensive risk assessment processes were in place across all mental health and learning disability hospital sites to manage the risk of abuse. A clinical risk assessment group has been established in Muckamore Abbey Hospital and the review team noted that initial risk assessment was undertaken for all children admitted to the hospital with further risk assessment and management plans put in place to safeguard children when they are admitted to adult wards. The evidence gathered through site visits satisfied the review team that staff were proactive in the prevention and management of risk.

When a child or young person was admitted to an adult ward within the Northern HSC Trust, a multi-disciplinary meeting was convened to address all risk factors associated with that admission including those risks posed by patients currently on the ward.

In the South Eastern HSC Trust the review team was satisfied that risk assessment was carried out in those inpatient settings visited although had some concerns that the risk assessment tool being used did not adequately address the particular needs of children or young people whilst inpatients on adult wards.

In the Southern HSC Trust, the review team was satisfied with the risk assessment and pre-admission planning and processes in place. However a risk assessment tool examined by the review team in the Craigavon Psychiatric Unit did not provide the necessary detail and analysis to allow for the development of a clear management plan, including the management of risk presented by patients either to other patients or to members of staff. Within Longstone Hospital, a comprehensive process of risk management is undertaken on admission, using the Salford Tool. The review team evidenced that policies and procedures had been implemented in relation to forensic clients and the risks posed to other vulnerable patients. Furthermore, the accommodation within the Interim Assessment and Treatment Unit (IATU) allowed for the separation of male and female living areas when this was deemed necessary.

Whilst the Western HSC Trust had in place risk assessment tools that took account of the risk of abuse, there was evidence that all relevant staff had not received training on their use. Training provision in this area was variable, and noticeably absent within the learning disability programme. The review team also reported variability in staff insights and levels of understanding and knowledge around the concept of risk assessment. Within Lakeview Hospital, the review team were advised that a risk assessment tool being piloted within the learning disability programme alerted hospital staff to patient's traits, behaviours and propensities, which could pose a risk to self or other patients. An untoward incident monitoring group reviewed all incidents on a monthly basis and included representation from the trust's risk management department.

3.2 Appropriate Child and Vulnerable Adult Protection Procedures are in place with regard to the recruitment, supervision and management of staff

All HSC trusts reported through their self assessment returns that a series of pre-employment checks on staff and volunteers were undertaken and which included for example, Protection of Children and Vulnerable Adults (POCVA), Occupational Health, references, (including current employer) professional registration, qualifications, proof of identity and checks in relation to continuous employment or breaks in service.

The self assessment returns and the information provided to review teams during site visits indicated that whilst arrangements for supervision and appraisal were generally in place, these were not always being applied consistently. Delays in fully assimilating staff unto 'Agenda for Change' has adversely impacted on rolling out the knowledge and skills framework. Furthermore, the review teams also noted that the regional guidance for the Clinical Supervision for Mental Health Nurses had not been consistently applied within all mental health hospitals.

RECOMMENDATION:

Trusts should establish robust individual and group supervision structures, which take into account the relevant professional guidelines and ensure that supervision is embedded throughout all professional groups.

3.3 Recording and reporting mechanisms, both within the Trust and to appropriate external agencies, are in place understood by staff and adhered to

Trust self-assessment returns indicated that recording and reporting mechanisms were in place to notify senior trust staff, Health and Social Services Boards, the DHSSPS and the Mental Health Commission of all Serious Adverse Incidents. The evidence elicited by review teams during site visits indicated that arrangements were in place within all trusts to enable the analysis of trends; learning from incidents and for feedback to front line staff through a variety of mechanisms that included ward manager meetings, staff meetings and team briefs.

Members of staff who were interviewed by review teams were familiar with incident reporting procedures, appeared open to reporting incidents and recognised the channels of accountability for incident reporting.

3.4 Appropriate policies and procedures to prevent and where they occur, detect and manage allegations and incidents of abuse, are in place and are being consistently and robustly applied

It is acknowledged that at the time of this review, HSC trusts were endeavouring to co-ordinate and harmonise all legacy trust policies and procedures, which has presented as a considerable challenge. Self-assessment returns indicated that within each HSC trust, a Child Protection Committee was in place and Area Child Protection Committees (ACPC) Policies and Procedures were available and accessible to all staff working within mental health and learning disability hospitals. However work was still required to ensure the regional adult protection guidance was fully implemented within all HSC trusts.



3.4.1 Policies and Procedures

The Belfast HSC Trust reported that a range of processes were in place to review and update policies, procedures and protocols to take account of legislative change and new/revised best practice guidance. Within the Mater Hospital, the review team was satisfied that a robust policy was in place, which ensured the delivery of safe and effective care to children. The review team was also impressed with the liaison arrangements with Child and Adolescent Mental Health (CAMH) services. A range of initiatives have been put in place in Muckamore Abbey following publication of the Social Services Inspectorate report (DHSSPS, 2003) which included; designated Child Protection Nurse specialists supporting Muckamore Abbey Hospital, hospital representation on trust child protection panel and the establishment of a hospital child protection steering group. Whilst the very significant action taken in response to child protection is acknowledged, a number staff who spoke with the review team in Fintona North and Finglass Wards, were not aware of who had lead responsibility for adult protection.

The Northern HSC Trust reported that there were policies and procedures in place regarding the admission and management of young people and vulnerable adults in hospital. The review team was informed that the senior nurse for child protection was responsible for all child protection arrangements, which included the provision of awareness training, the provision of advice/guidance to mental health staff and the induction of new staff.

The South Eastern HSC Trust had set up a trust-wide safeguarding children project to examine trust-wide processes and communications that included defining roles, responsibilities and lines of accountability. This project demonstrated a good example of

collaborative working between mental health and child care services. The trust stated members of staff had been trained to act as 'Safeguarding Children Advisors', which provided staff with a point of contact for information and advice.

Within the Southern HSC Trust, staff interviewed in Craigavon Psychiatric Unit were knowledgeable about child protection issues and were aware of their roles and responsibilities, legislative requirements, statutory functions and patient and carer rights. However, other members of staff interviewed had not received sufficient training and were unable to demonstrate good awareness of child protection issues.

Within the Western HSC Trust, the review team were complimentary of the robust policies and procedures in place governing the admission of children and young people to adult mental health and learning disability wards and of the awareness of staff in putting in place the necessary safeguards.

3.4.2 Looked After Children (LAC) review and audit activity

The information returned from HSC trusts, indicated that within the Belfast, Southern and Western HSC Trusts, reviews had been undertaken in accordance with LAC guidance although LAC reviews were not always subject to audit activity.

The Northern HSC Trust reported that LAC review associated audit activity was 'not applicable' within mental health services, although during site visits, the review team identified at least two cases, which should have been taken forward in accordance with LAC guidance.

The South Eastern HSC Trust reported that LAC reviews were undertaken within Lagan Valley Hospital but not within the psychiatric unit at Ards Hospital or the Downshire Hospital. Notwithstanding, the trust also reported that in 2004/05, one young person had been in the Ards Psychiatric Unit for 176 days. Members of staff who were questioned by the review team regarding the LAC guidance were unaware of the procedures and arrangements and there was no indication from the files examined that any LAC procedures were being followed.

3.4.3 Named Nurse & Named Doctor for Child Protection

Self-assessment returns indicated that within each HSC trust, arrangements were in place to ensure the availability of a named nurse and named doctor for child protection. Within the Southern and South Eastern HSC Trusts, it was further reported that the role of named nurse and named doctor was supported through contact arrangements with Child Protection Nurse specialists.

However, the review team noted that within those wards visited in the Belfast HSC Trust, a number of staff were unaware of the identity of the named doctor for child protection.

Within the South Eastern HSC Trust, a number of staff working in Ards Psychiatric Unit were unable to identify either the named nurse or named doctor with responsibility for child protection.

Similarly, within the Northern HSC Trust, a number of staff within the Ross Thompson Unit did not know the identity of the named doctor with responsibility for child protection.

3.4.4 Children as Visitors

At the time of this review, draft policies in relation to children as visitors were in place within the Belfast, South Eastern and Western HSC Trusts.

However, there was no policy in place within either the Northern or Southern HSC Trusts outlining the arrangements for children visiting adult wards or in relation to children whose parents had been admitted to mental health hospitals.

RECOMMENDATIONS:

Trusts should ensure that appropriate policies and procedures are in place for Looked After Children (LAC) and that all staff work in accordance with LAC guidance.

Trusts should ensure that information in relation to the named nurse and named doctor for child protection is made available to all staff.

4 SERVICE USER INVOLVEMENT AND ADVOCACY ARRANGEMENTS

Through this review, review team members met service users, carers and advocates in a number of ways that included individual and group interviews, incidental discussion during site visits and formal meetings. Whilst reviewers were able to evidence that service users and carers were engaged in a variety of ways within all trusts, their participation in the delivery and evaluation of mental health services was very limited. However, reviewers noted that the involvement of service users and carers in learning disability services was much better established. There was also in the main, an absence of corporate policies in relation to service user and carer involvement.

Trust self assessment returns and the evidence obtained by reviewers through on-site visits indicated that partnership working with a range of different groups and advocacy services was in place across all trusts; however in a number of settings these arrangements required further development.

Reviewers were complimentary of the arrangements in place within learning disability hospitals to engage patients and carers and provide independent advocacy services. Opportunities therefore exist within trusts for shared learning between learning disability and mental health services and settings to further develop this important area.

4.1 Involvement of Service Users and Carers

Public and service user involvement is one of the fundamental principles which underpins the Quality Standards for Health and Social Care and the views and experiences of service users, carers, staff and local communities should be taken into account in the planning, delivery, evaluation and review of services.

Belfast Health & Social Care Trust

Across all mental health services within the trust there was good evidence of service user and carer involvement. At the time of the review, a service user consultant post was being advertised which represented a unique initiative in Northern Ireland.

Within Muckamore Abbey Hospital, the review team commented on the open and transparent culture and the involvement of non-statutory organisations in the planning, delivery and evaluation of care. A number of wards within the hospital had patient/carer forums as well as a larger day care forum which in the main acted to safeguard patients' rights but has in the past provided a service user perspective on significant capital and policy developments.



Northern Health & Social Care Trust

The trust did not have a policy in place in relation to service user and carer involvement although senior managers were able to demonstrate to the review team how service users had been enabled to become involved in policy development. On the Holywell Hospital site, a public advisory group had been involved with the hospital management team in strategy planning and the development of new services and examples were provided to the review team of how service users helped shape services such as “*The Oasis*”. On the Whiteabbey Hospital site, the review team found there was no mechanism in place to obtain feedback from service users on their experiences of the care provided.

South Eastern Health & Social Care Trust

Whilst it is acknowledged that a ‘Mental Health Alliance’ of service users and carers was in place within the trust, no service users or carer representatives were available to meet with

the review team on the Downshire site and the review team were of the opinion that service user and carer involvement in the planning, delivery and evaluation of services was limited. However, within the Ards Psychiatric Unit, the review team were satisfied with the examples of good practice that were shared with them in relation to the operational involvement of service users and carers.

Southern Health & Social Care Trust

The Assistant Director for Health and Wellbeing has been tasked with the development of service user involvement strategies, including monitoring, feedback and action planning to encourage public involvement. Service user and carer forums were operational within some areas of the trust although the actual involvement of service users and their carers was variable. Within St Luke's Hospital, service users and carers were involved in the 'Mind the Gap Project' and the ongoing evaluation of home treatment. The review team noted that whilst patients were given opportunity to voice concerns during impromptu meetings in the Craigavon Psychiatric Unit, this appeared to be driven by the needs of the service rather than service users. Within Longstone Hospital, the review team witnessed good rapport and interaction between patients and staff during site visits.

Western Health & Social Care Trust

At the time of the review the trust had yet to formalise the involvement of service users/carers at a strategic level to ensure a more patient centred approach was taken in relation to the planning and implementation of mental health services. A mental health 'Acute Care' forum was in place and the review team were able to evidence service user and carer involvement in the development and improvement of practice. However, those carers who met with the review team expressed a desire for greater inclusion in relation to admission and discharge processes.

4.2 Advocacy Arrangements & Voluntary Sector Involvement

In 2003, a review was undertaken at the behest of The Northern Ireland Human Rights Commission examining the human rights issues associated with mental health law and practice. In 'Connecting Mental Health and Human Rights'², the authors noted that "there is no right to representation or advocacy under The Mental Health (Northern Ireland) Order 1986, and people are not automatically offered or allocated a lawyer or advocate". The report concluded that the need for advocacy and voluntary sector involvement in mental health services is critical to ensure that the human rights of service users are fully upheld through all aspects of the care pathway, which for some service users may be life-long. These conclusions are equally applicable to learning disability services.

Belfast Health & Social Care Trust

The trust highlighted their commitment to using advocacy services and the review team evidenced this during site visits. Advocacy services were provided by a range of organisations, for example, the NI Association for Mental Health (NIAMH), (CAUSE), Bryson House, Voice of Young People in Care (VOYPIC), and the Chinese Welfare Association.

Within Forster Green Hospital whilst there was no independent advocacy arrangements in place, the review team was informed of discussions with NIAMH and CAUSE to develop this

² 'Connecting Mental Health and Human Rights' (Northern Ireland Human Rights Commission, 2003)

initiative. Notwithstanding, at the time of this review, a patient advocate service was involved in obtaining children's views in relation to the plans for a new build and associated service developments although this involvement was not on an ongoing basis.

Within Muckamore Abbey Hospital, the review team noted the strong drive to enhance advocacy and service user involvement through the use of independent organisations such as Bryson House and Mencap.

Northern Health & Social Care Trust

Independent advocacy services were available throughout the trust and a service level agreement was in place with NIAMH although this service was not available out of hours. During site visits, the review team observed posters for the mental health charity "Rethink" and the Citizens Advice Bureau.

South Eastern Health & Social Care Trust

The trust indicated that independent advocacy arrangements were in place for all mental health service users. The review team observed that posters and leaflets advising service users about advocacy services were readily available and staff reported that service users are informed about advocacy services on admission and throughout their treatment. On the Ards Hospital site, the review team evidenced good partnership working between advocates and staff, however due to the variety of advocacy services available, staff were not always clear about which service was best for particular service users. On the Lagan Valley site, a number of staff interviewed were unable to provide information in relation to the advocacy services available.



Southern Health & Social Care Trust

A number of voluntary sector organisations were involved in partnership working with the trust, for example, Praxis and NIAMH, Mencap, Downs Syndrome Association but the trust itself did not use volunteers. The review team noted that trust involvement was through service user advocates and carer representatives. At the time of this review, Mencap was providing an independent advocacy service within Longstone Hospital and although the service was only provided 8 hours per week, it covered a caseload of approximately 170 patients.

Western Health & Social Care Trust

Advocacy services were provided to relatives and carers of people with mental health problems by the peer led mental health charity, CAUSE. A service user group '*Heads Together*' represented the general views of service users and representatives from that group were key members on the Acute Care Forum and other relevant committees. The review team also evidenced the involvement of a number of self-help organisations, for example, "*Foyle Advocates*" and "*Mind Yourself*".

Within the learning disability programme, the trust commissioned advocacy services from a group known as the Western Area Learning Disability Action Group (WALDAG), an umbrella organisation, made up of parents and friends of patients with a learning disability. In addition to providing independent advocacy for a named group of patients, WALDAG have also contributed to the planning and development of Lakeview Hospital and at the time of the review were involved in the development of a replacement facility for Mourne House. Arrangements were also in place that enabled WALDAG to advocate for patients within a local nursing home.

RECOMMENDATIONS:

In addressing the HPSS Quality Standards for Health and Social Care, HSC trusts should continue to develop policies and procedures that actively engage service users and their carers in the planning, delivery and evaluation of mental health and learning disability services.

Trusts should develop clear service user and carer involvement strategies that set out how service users, carers, volunteers, staff and local communities can be actively involved in the planning, delivery, evaluation and review of mental health and learning disability services.

5 KEY TRAINING FOR STAFF AND VOLUNTEERS

Training is a key requirement for safeguarding children and vulnerable adults in mental health and learning disability hospitals. Analysis of a number of Serious Adverse Incident reviews indicated that specific training should be provided to all staff and volunteers in the areas of child protection, adult protection and the management of aggression and challenging behaviour.

Information returned from all HSC trusts in relation to key training was of poor quality, therefore it was not possible to make direct comparisons across trusts in respect of the numbers and percentages of staff trained.

5.1 Child Protection Training

The Area Child Protection Committees' (ACPC) Regional Policy and Procedures³ state, *"Effective child protection depends on the knowledge and judgment of all staff working directly with children and those who provide guidance, supervision and direction. It is important; therefore that staff in direct contact with children and those in supervisory and management positions receive relevant training. Training should be tailored to meet the needs of different staff"*. In 'Co-operating to Safeguard Children'⁴ three levels of training are detailed to meet the needs of staff based on their roles and responsibilities. These are described in Table 3.

Table 3: Stages of Child Protection Training

Stages of Child Protection Training	
Stage One	Introduction to the safeguarding of children, having regular contact with children and/or parents
Stage Two	Foundation training for staff working with children and families where there may be a high risk of significant harm, but the staff are not involved directly in child protection services
Stage Three	Specialist training for staff directly involved in investigation, assessment and intervention to protect children considered to be at risk of significant harm

In applying this guidance, there is an expectation that at a minimum, all staff working in mental health and learning disability services should be trained to stage one. Training at stages 2 and 3 should be provided to staff working in more specialist areas. The provision of dedicated child protection training is essential for the provision of safe and effective services. Within this review, trusts were asked to provide information on the numbers of staff who received formal child protection training over a 3-year period (2004/05–2006/07). This information is presented in Table 4.

The information returned from trusts indicated that there had been limited provision of child protection training for staff working within mental health and learning disability hospitals and the figures presented in Table 4 indicated that not all staff had received stage 1 training. This was supported by review teams findings in a number of areas, for example, at the time of this review, no formal training had been provided to staff working in the Ross Thompson Unit (Northern HSC Trust) and the Ards Psychiatric Unit (South Eastern HSC Trust).

The review team also noted that in the main, child protection training was almost exclusively taken up by nursing staff with little involvement of medical and other clinical and non-clinical grades of staff.

The review team evidenced that all staff in Donard Regional Adolescent Unit had been trained to stage 2.

³ Area Child Protection Committees' Regional Policy and Procedures (DHSSPS, 2005)

⁴ Co-operating to Safeguard Children (DHSSPS, 2003)

Table 4 - Child Protection Training in Mental Health and Learning Disability Hospitals

Child Protection Training	2004 - 2005	2005 – 2006	2006 – 2007
	Number of staff trained	Number of staff trained	Number of staff trained
Stage 1			
Belfast HSC Trust	10	86	142
Northern HSC Trust	0	63	12
South Eastern HSC Trust	15	35	25
Southern HSC Trust	56	70	70
Western HSC Trust	0	0	181
Stage 2			
Belfast HSC Trust	0	21	4
Northern HSC Trust	0	0	0
South Eastern HSC Trust	0	0	15
Southern HSC Trust	0	0	0
Western HSC Trust	0	0	0
Stage 3			
Belfast HSC Trust	0	3	0
Northern HSC Trust	0	0	0
South Eastern HSC Trust	0	0	14
Southern HSC Trust	0	0	0
Western HSC Trust	0	0	0

Within the Southern HSC Trust, staff within the two identified adult wards which admit children (Interim Assessment and Treatment Unit at Longstone and Cloughmore Ward at St Luke's) had been prioritised for child protection training although no evidence was found indicating staff had been trained to stage 2.

Ward staff at Lagan Valley Hospital told the review team that child protection training was not provided, as children were not admitted to the ward. However, this fails to take into account the number of service users who had children as dependents or visitors.

5.2 Adult Protection Training

The Regional Guidance states that the “*procedures detail the processes that must be followed in the event of a suspicion or allegation that a vulnerable adult is at risk of abuse, exploitation or neglect*”. It is important therefore that all staff receive dedicated training in relation to adult protection, are familiar with the regional guidance document and work in accordance with it.

The self-assessment returns from all trusts for the 3-year period (2004/05–2006/07) indicated that only very small numbers of staff had been provided with formal training on adult protection, for example, the information returned from the Northern, Western and South Eastern HSC Trusts indicated that a total of only 85 staff received training on adult protection

(over the three year period 2004-2007) within both mental health and learning disability hospitals.

Staff informed the review teams that local adult protection policies and procedures were still in use within the Belfast and Northern HSC Trusts despite those organisations having endorsed the regional guidance.

5.3 Management of Challenging Behaviour and Aggression Training

Within all trusts, the review teams were advised that training on the management of challenging behaviour and aggression was mandatory for all staff. However the information submitted by trusts in relation to the numbers of staff who had accessed this training over the three-year period (2004-2007) did not support this contention. The relatively low numbers suggest that not all staff had received training.

Analysis of trust self assessment returns and information obtained by review teams during site visits indicated that dedicated training on the management of aggression and challenging behaviour was principally uni-disciplinary and in the main provided to nursing staff by nursing staff. Other clinical and non-clinical staff did not always have access to this important training.

Within legacy trusts, training had been commissioned from a range of different providers, e.g. Management of Aggression and Potential Aggression (MAPA), Honestas, Educare and Social Services Training Units. Therefore, within new trust structures, the potential exists for conflict between the various methodologies in use and within the Southern HSC Trust staff voiced this concern to the review team.

5.4 Volunteer Training

In the main, there was very limited use of volunteers in mental health hospital services within all trusts. Where volunteers were used, this was by way of service level agreements with a number of voluntary organisations that were responsible for providing training to their staff. There was no indication from the information submitted by trusts or through review visits that the training provided had been quality assured by the commissioning trust. Furthermore, mandatory training provided to staff e.g. child and adult protection and the management of aggression was not always made available to volunteers.

Within learning disability hospitals, there was a higher reported level of engagement with volunteers; in particular, the Western HSC Trust self-assessment returns indicated that for Lakeview Hospital, 100 volunteers had been trained in 2004/05; 130 in 2005/06 and 168 in 2006/07. Volunteer input was specific to a four-week summer scheme activity programme for children with a learning disability based within Lakeview Hospital. All volunteers were POVCA checked and were issued with an honorary contract.

In Muckamore Abbey Hospital, there was limited volunteer provision in the wards visited, however volunteers were utilised within the hospital in a range of settings and at the time of this review, the trust was in the process of identifying the training needs of volunteers.

**RECOMMENDATIONS:**

Trusts should develop information systems, which ensure that details of attendance at training events is captured and provides assurance that all staff receive relevant training on a regular basis.

Trusts should ensure that child protection training is provided (in accordance with regional guidance) to all staff and volunteers working in mental health and learning disability services.

Trusts should ensure that adult protection training is provided to all staff and volunteers working in mental health and learning disability services.

Trusts should ensure that all staff (clinical and non-clinical) and volunteers working in mental health and learning disability services are formally trained in the management of aggression / challenging behaviour.

Trusts should adopt a consistent approach to the management of aggression.

Trusts should ensure that the training provided by those organisations from which it commissions services is of a satisfactory standard.

6 CHILDREN & YOUNG PEOPLE IN MENTAL HEALTH AND LEARNING DISABILITY HOSPITALS AS PATIENTS

Within the self-assessment pro-forma, trusts were asked to report the number of children and young people inappropriately admitted to adult wards within mental health and learning disability hospitals. Within all trusts, review teams were informed that the admission of a child or young person to an adult ward was considered a Serious Adverse Incident and the DHSSPS, the Mental Health Commission and commissioning HSS Board were formally notified.

Trusts also reported that constant supervision was generally put in place for such children, individual rooms were allocated as far as possible and a strong emphasis placed on risk assessment throughout their stay, both in regard to the child and for other patients on the ward. The admission of children and young people to adult mental health and learning disability wards is an issue that requires urgent action on a regional basis.

6.1 Children & Young People in Mental Health Hospitals as Patients

In the Belfast, South Eastern and Southern HSC Trusts, the review team evidenced that policies and protocols were in place to manage the placement of children and young people on adult wards and for those staff providing their care.

At the time of this review, the Belfast HSC Trust was in discussion with CAMH services to enhance the interface with adult services to more effectively address the needs of children and young people being cared for on adult wards. The review team was informed that additional dedicated teams were to be established to deal with crisis response and out of hours services for adolescents.

Within the Northern HSC Trust, two nurses in Holywell Hospital had completed additional training through Queens University Belfast in relation to adolescent mental health and when children or young people required admission to an adult ward, the trust endeavoured to provide such placements in Holywell Hospital. Similar arrangements were reported in the Belfast and Southern HSC Trusts.

Within the Western HSC Trust, the review team was complimentary of a forum that had been established in conjunction with the Western Health and Social Services Board which monitored and audited the issue of children being placed on adult wards.

The number of children and young people admitted to mental health hospitals and the total length of stay reported by HSC trusts is illustrated in Table 5.

Analysis of the information returned from trusts indicated that there were a total of 273 admissions of children and young people to adult wards in mental health hospitals over the period 2004 – 2007. Whilst it was difficult to undertake further analysis of this information in the absence of a greater understanding of the drivers for admission, the data returned indicated that 94 admissions (34%) occurred within the Western HSC Trust.

Table 5 - Children & Young People in Mental Health Hospitals as Patients

Total Number of Children & Young People (< 18 yrs) who spend time as patients in adult wards (average length of stay in brackets)		2004-2005	2005-2006	2006-2007
Belfast HSC Trust	Knockbracken*	10 (14.6 days)	5 (39.2 days)	2 (7 days)
	Mater	0	9 (56 days)	8 (29 days)
	Windsor	5 (10.6days)	5 (23 days)	4 (14.7 days)
Northern HSC Trust	Holywell	14 (46 days)	11 (38 days)	7 (57 days)
	Ross Thompson	3 (21 days)	11 (21 days)	2 (71 days)
	Whiteabbey	0	0	0
South Eastern HSC Trust	Downshire	7 (23 days)	2 (26 days)	1 (25 days)
	Lagan Valley	11 (5 days)	6 (58 days)	4 (33 days)
	Ards	1 (176 days)	5 (104 days)	5 (46 days)
Southern HSC Trust	Craigavon**	17 (24 days)	15 (46 days)	6 (60 days)
	St Luke's	2 (3 days)	0	1 (6 days)
Western HSC Trust	Gransha	21 (15 days)	16 (31 days)	15 (25 days)
	Tyrone & Fermanagh	16 (21.4 days)	14 (17.3 days)	12 (16.3 days)

Notes:

* Donard Ward (Knockbracken) and the Child and Family Unit at Forster Green Hospital are specialist services for children and young people and therefore admissions to these units are not included in the figures.

** These figures also include those children and young people admitted to Cloughmore Ward on the St. Luke's Hospital site.

6.2 Children & Young People in Learning Disability Hospitals as Patients**Muckamore Abbey Hospital**

A policy was in place, which set out very specific responsibilities when a child required placement on an adult ward. The review team were informed that such children were placed at the highest level of supervision; risk assessments were completed and additional safeguards put in place as necessary.

Lakeview Hospital

Staff, working both in the children's unit in Lakeview Hospital and throughout the trust were knowledgeable with regard to the ACPC child protection guidance and were clear about safeguards that should be put in place when children spend time on adult wards.

During the site visit to Lakeview Hospital, the review team became aware that there were significant periods of time when a registered nurse was not always present on Crannog Lodge particularly during the evening and at night. This issue was brought to the attention of the Director and the trust subsequently made provision for trained night cover within Crannog Lodge.

Longstone Hospital

At the time of the review, Longstone Hospital had a draft protocol for the admissions of under 18's to the Interim Assessment and Treatment Unit, which was out for consultation. This protocol included the requirement that each admission of an under 18 must be reported but did not state the mechanisms for reporting or who would take responsibility at each stage of the process. The review team felt the draft policy should include timeframes, including immediate allocation of one to one supervision prior to placement of a child on the ward. Following the review, the trust has taken action to ratify this policy.

The number of children and young people admitted to learning disability hospitals and the total length of stay reported by trusts is illustrated in Table 6.

Table 6 - Children & Young People in Learning Disability Hospitals as Patients

Total Number of Children & Young People (< 18 yrs) who spend time as patients in adult wards (average length of stay in brackets)		2004-2005	2005-2006	2006-2007
Belfast HSC Trust	Muckamore	10 (201.6 days)	11 (140.2 days)	7 (161.4days)
Southern HSC Trust	Longstone	4 (128 days)	4 (240 days)	2 (75 days)
Western HSC Trust	Lakeview	9 (49 days)	8 (41 days)	6 (15 days)

RECOMMENDATION:

The DHSSPS should work closely with HSC organisations to minimise the number of children and young people admitted to adult wards in mental health and learning disability hospitals.

6.3 Child Protection Investigations

Within the self-assessment returns, HSC trusts were asked to report on the number of child protection investigations undertaken during the 3-year period 2004-2007. The Northern, South Eastern and Southern HSC Trusts reported that no child protection investigations had been undertaken in relation to hospital services.

Within the Belfast HSC Trust, 6 investigations had been carried out of which 1 allegation had been substantiated and 4 unsubstantiated. At the time of this review, 1 investigation was still ongoing.

Within the Western HSC Trust, whilst 2 investigations had been undertaken, the allegations were unsubstantiated.

6.4 Adult Protection Investigations

At the time of this review, the review team had an expectation that all trust staff would be working in accordance with the regional adult protection guidance. However the review team noted that local legacy trust policies and procedures continued to be in use in a number of sites visited and copies of the regional guidance was not always available within facilities. This was particularly the case within the Belfast and Northern HSC Trusts.

Within self assessment returns, HSC trusts were asked to report on the number of adult protection investigations undertaken during the 3 year period 2004-2007. However, the information returned in relation to mental health hospitals was at times incomplete or inaccurate. As a consequence, it is not possible to provide a regional overview of the number of investigations undertaken.

In relation to the number of adult protection investigations undertaken within learning disability hospitals, the information provided was of a much higher quality allowing for the following overview to be presented.

Table 7 – Number of Adult protection Investigations in Learning Disability Hospitals

Hospital	Substantiated allegations	Unsubstantiated allegations
Muckamore Abbey	3	23
Longstone	3	1
Lakeview	3	6

Whilst this review did not examine the nature of substantiated abuse, the information returned from HSC trusts indicated that in the main, substantiated incidents of abuse were of a physical nature.

RECOMMENDATION:

Trusts should fully implement the Regional Adult Protection Policy and Procedural Guidance.

7.0 CONCLUSION

This overview report which is further informed by the individual trust reports sets out the performance of trusts in relation to the safeguards in place for children and vulnerable adults within mental health hospitals and learning disability hospitals.

This review focused on policy and procedural development, the numbers of children and young people treated in adult wards and the relevant areas of training for staff in child and adult protection. In particular, the review drew on the matters raised in correspondence from the permanent secretary to legacy trust chief executives.

As part of the review process, trusts were provided with immediate feedback on the findings of the individual review teams. This feedback was based on the challenges and strengths identified within each trust. Whilst there were a significant number of examples of good practice identified throughout the review, RQIA are concerned at the work that remains outstanding within all trusts, especially in relation to the deficits in staff training and the numbers of children and young people being treated on adult wards.

Within new trust structures, the opportunity now exists for organisations to work much more collaboratively to take this work forward in a consistent and cohesive manner. Within this overview report, RQIA recommends that HSC organisations work collaboratively with the DHSSPS to address the significant issue of children and young people being admitted to adult wards.

8.0 SUMMARY OF KEY RECOMMENDATIONS

User Involvement

- In addressing The Quality Standards for Health and Social Care, HSC trusts should continue to develop policies and procedures that actively engage service users and their carers in the planning, delivery and evaluation of mental health and learning disability services.
- Trusts should develop clear service user and carer involvement strategies that set out how service users, carers, volunteers, staff and local communities can be actively involved in the planning, delivery, evaluation and review of mental health and learning disability services.

Recruitment, supervision and management of staff procedures

- Trusts should establish robust individual and group supervision structures, which take in to account the relevant professional guidelines and ensure that supervision is embedded throughout all professional groups.

Appropriate policies and procedures

- Trusts should ensure that appropriate policies and procedures are in place for Looked After Children (LAC) and that all staff work in accordance with LAC guidance.
- Trusts should ensure that information in relation to the named nurse and named doctor for child protection is made available to all staff.

Key Training for Staff and Volunteers

- Trusts should develop information systems, which ensure that details of attendance at training events is captured and provides assurance that all staff receive relevant training on a regular basis.
- Trusts should ensure that child protection training is provided (in accordance with regional guidance) to all staff and volunteers working in mental health and learning disability services.
- Trusts should ensure that adult protection training is provided to all staff and volunteers working in mental health and learning disability services.
- Trusts should ensure that all staff (clinical and non-clinical) and volunteers working in mental health and learning disability services are formally trained in the management of aggression / challenging behaviour.
- Trusts should adopt a consistent approach to the management of aggression.
- Trusts should ensure that the training provided by those organisations from which it commissions services is of a satisfactory standard.

Children and Young People in Adult Wards

- The DHSSPS should work closely with HSC organisations to minimise the number of children and young people admitted to adult wards in mental health and learning disability hospitals.

Adult Protection Guidance

- Trusts should fully implement the Regional Adult Protection Policy and Procedural Guidance.

Appendix 1 – Peer and Lay Reviewer

Paul Bell Consultant Psychiatrist Belfast Health and Social Care Trust	Oscar Daly Clinical Director Psychiatry South Eastern Health & Social Care Trust	Eileen Harvey Social Work Manager South Eastern Health & Social Care Trust
Annie Burrell Lay Reviewer	Dr Diana Day-Cody Consultant Psychiatrist Western Health and Social Care Trust	Yvonne Kirkpatrick Governance Manager Belfast Health & Social Care Trust
Raymond Buckley Lay Reviewer	Paul Davidson Lay Reviewer	Anne Madill Senior Governance Manager Southern Health & Social Services Board
Mark Campbell Inspector RQIA	Maurice Devine Consultant Nurse Learning Disability South Eastern Health & Social Care Trust	Gerry Marshall Inspector RQIA
Margaret Cassidy Lead Nurse Psychiatrist Belfast Health & Social Care Trust	Trevor Fleming Assistant Director Mental Health Nursing Northern Health & Social Care Trust	Dr Estelle McFarland Consultant Psychiatrist Northern Health & Social Care Trust
Patrick Convery OT Manager/Mental Health Commissioner Western Health & Social Services Trust	Dr Peter Gallagher Consultant Child Psychiatrist Northern Health & Social Care Trust	Martine McNally Governance Manager Northern Health & Social Care Trust
Pat Cullen Lead Commissioning Nurse Eastern Health & Social Services Board	Mandy Gormley Risk Manager Western Health & Social Care Trust	Mairead Mitchell Assistant Director Service Improvement & Governance Belfast Health & Social Care Trust
Suzanne Cunningham Inspector RQIA	Janet Haines-Wood Clinical Governance Manager Belfast Health & Social Care Trust	

Aisling Curran
OT Services Manager
Belfast Health & Social
Care Trust

Patricia Patten
Lay Reviewer

John Rafferty
Head of Home
Cloughreagh House
Southern Health &
Social Care Trust

Janice Molloy
Lay Reviewer

Robert Porter
Lay Reviewer

Jim Simpson
Service Planner Mental
Health & Learning
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Western Health & Social
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Consultant Psychiatrist
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Principal Nurse
Disability Services
South Eastern Health &
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Peter Murray
Lay Reviewer

Philip O'Hara
Children's Inspector
RQIA

Appendix 2 – RQIA Project Team**Project Management**

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Project Administrator
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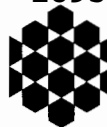
Laura Sharples
Administrative Team Leader
RQIA

Appendix 3 - Glossary of Key Terms & Abbreviations

Glossary of Key Terms & Abbreviations

Term	Definition
Accountability	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
Adverse incident	An incident, accident or occurrence, relating to systems or procedures which results in harm, or an injury, or near miss to a patient, member of staff or the public.
Appraisal	Examination of people or the services they provide in order to judge their professional qualities, successes or needs.
Audit	The process of measuring the quality of services against explicit standards.
CAMH Services	Child and Adolescent Mental Health Services
Clinical and Social Care Governance (CSCG)	A framework within which HSC is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
Peer Review	Review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review.
POCVA	Acronym for the Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA). POCVA aims to improve existing safeguards for children and vulnerable adults by preventing unsuitable people working with them in paid or voluntary positions.
Risk-Assessment	The identification and analysis of risks relevant to the achievement of objectives.

- RESTRICTED -



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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From the Permanent Secretary
Dr Andrew McCormick

To: Chief Executives Trusts (North & West Belfast,
Down Lisburn, South & East Belfast, Homefirst,
Armagh & Dungannon, Sperrin Lakeland, Foyle)

c.c. Board Chief Executives

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22 September 2006

Dear Chief Executive

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS IN LEARNING DISABILITY HOSPITALS AND MENTAL HEALTH HOSPITALS

Information has emerged recently suggesting the possibility of sexual abuse of children and vulnerable adults, while inpatients in Muckamore Abbey Hospital. While this relates to incidents dating back some years, it remains essential that we have in place appropriate and proportionate procedures to prevent such abuse and to ensure that any incidents that may arise are dealt with properly and effectively. Hence I am writing to you as Chief Executive of your Trust to seek your formal assurance that:

- comprehensive risk assessment processes are in place to manage any risk of abuse presented by patients either to other patients or to members of staff;
- appropriate child and vulnerable adult protection procedures are in place with regard to the recruitment, supervision and management of staff;
- recording and reporting mechanisms, both within the Trust and to appropriate external agencies, are in place, understood by staff and being adhered to; and
- all appropriate policies and procedures to prevent and where they occur, detect and manage allegations and incidents of abuse, are in place and are being consistently and robustly applied.



Given the need to maintain the confidence of patients, their carers and families and the wider public, the Department needs to be assured that services are safe and where instances may have occurred in the past, patients and their carers have been appropriately supported. It is also vital that any risk of abuse that may have been perpetrated either by patients or staff has been appropriately identified and dealt with so as to minimise any further risk.

I would advise you that the Department has asked the Regulation and Quality Improvement Authority (RQIA) to provide independent assurance in this matter for inpatients of Learning Disability hospitals and Mental Health hospitals on a regional basis. RQIA is expected to complete this work programme by May 2007.

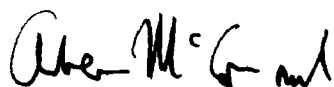
Due to the extended time period over which the initial allegations of abuse were made i.e. from the late 1950s, I would ask you to consider the need for a retrospective review of notes of inpatients.

Given that criminal offences may have occurred it would be necessary that any such review would be carried out according to a strict methodology agreed centrally with PSNI. Such a review has already been carried out by the EHSSB and the N&W Belfast Trust, and they would be willing to provide a process template for such a review should you consider it necessary.

I should also advise that the EHSSB and the N&W Belfast Trust will shortly be writing to you in relation to this matter, where the information collected to date has potentially identified the involvement of patients now resident within your Trust/Board area.

I would welcome your formal response by 31 October 2006 and I would thank you in advance for your co-operation in this sensitive matter.

Yours sincerely



DR ANDREW McCORMICK
Permanent Secretary

c.c. Other Trust Chief Executives

CE MHC
CE RQIA
David Sissling
Andrew Hamilton
Michael McBride
Paul Martin
Martin Bradley
Leslie Frew
Ian McMaster
Pat Newe



Adult Protection Bill

Consultation Analysis Report

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Questions	Summary of responses	Way forward
Defining the scope of the Bill		
<p>Question 1 Part A - Do you agree with the title 'Adult Protection Bill'</p> <p>Question 1 Part B – if no, what would you suggest as an alternative name</p> <p>Question 2 - What are your views on a definition of 'adult at risk and in need of protection'?</p>	<p>Title of the Bill</p> <p>A small majority of responses (52%) are in favour of the suggested bill title. The main issue raised centres on the Bill's purpose rather than its title, with a number of responses highlighting that they would like more focus on safeguarding as opposed to focusing exclusively on protection (19 of 64 – 30%). Others felt prevention should be given some consideration within the bill rather than focusing solely on protection (18 of 64 – 28%)</p> <p>Definition of an adult at risk</p> <p>A sizeable percentage of respondents (29%) were in agreement with the definition provided. 40% of respondents felt clarification was needed which may directly reference the need for statutory guidance. It is clear that terms included in the definition, such as</p>	<p>Retain the title as it stands: Adult Protection Bill.</p> <p>Include the definition for an adult at risk and in need of protection as is but with clear thresholds and accompanying statutory guidance that includes examples.</p>

	serious harm, needed to be clearly defined and thresholds for intervention also need to be clarified.	
Principles		
<p>Question 3 Part A - Do you agree with the list of principles proposed?</p> <p>Question 3 Part B - If no, what would you suggest as an alternative approach?</p> <p>Question 4 Part A - What are your views on principles being set out on the face of legislation or in Statutory Guidance?</p> <p>Question 4 part B – Please explain your answer</p>	<p>Further discussion is needed on this particular provision. Strong majority in favour of current principles (71% in agreement) but lots of additional suggestions made, including greater focus on families (10 of 66 responses to part B – 15%). More discussion is needed on the language used with some respondents finding it difficult to understand (8 of 66 responses to part B – 12%).</p> <p>There is a clear preference for the principles to be in legislation (68%) although there is also support for additional statutory guidance (8 of 72 responses to part B – 11%).</p>	Principles as agreed should be included on the face of the legislation.
Duties to (i) report and (ii) make enquiries		
<p>Question 5 Part A - Do you agree with mandatory reporting?</p> <p>Question 5 Part B - Should there be a new</p>	<p>Mandatory reporting</p> <p>There was broad agreement with the introduction of mandatory reporting (77% answered ‘yes’ to part A). However, a significant number of responses raised concerns about potential over-</p>	Introduce mandatory reporting with clearly defined thresholds and consideration given to additional resources and training required.

<p>duty to report to the HSC Trust where there is a reasonable cause to suspect that an 'adult is at risk and in need of protection'?</p> <p>Question 6 Part A - Should a new duty be placed on HSC Trusts to make follow up enquiries?</p> <p>Question 6 Part B – Further information</p>	<p>reporting (9 of 80 responses - 11%), the same number of responses (11%) referenced the need for additional resources for such a duty and many feeling thresholds for reporting needed to be clearly defined (11 of 80 - 14%).</p> <p>Follow-up enquiries Strong majority in favour of follow-up enquiries (74% answered 'yes' to part A). A substantial number of responses felt additional resources (7 of 72 responses to part B – 10%) and training (10 of 72 responses to part B – 14%) would be needed to effectively implement this within the Bill.</p>	<p>Introduce follow-up enquiries, with clear thresholds and guidance.</p>
<p>Power of entry to interview an adult in private</p>		
<p>Question 7 Part A - What are your views on a power of entry to allow a HSC professional access to interview an adult in private? Do you think any</p>	<p>There is overall support for the introduction of a Power of Entry (54 of 86 responses – 63%). However, it is clear that well defined thresholds for its use are required as well as clear guidance for those who will be entrusted with it.</p>	<p>Introduce a Power of Entry with clearly defined thresholds for use.</p>

<p>additional powers should be available on entry?</p> <p>Question 7 Part B – what additional powers should be available upon entry?</p> <p>Question 8 - How many times in the past 12 months, have you been aware of a situation where, had a power of entry existed, it would have been appropriate to use it? What were the circumstances?</p>	<p>The Current Scottish legislation appears to be positively viewed (cited by 9 of 54 responses in agreement with PoE) and could be used as template, particularly in relation to any additional powers after entry.</p> <p>The issue of an individual’s consent (referenced in 5 responses) must also be given careful consideration, especially due to the potential impact with regards to Human Rights of this power (referenced in 9 responses).</p>	
<p>Independent Advocacy</p>		
<p>Question 9 - What are your views on statutory provision for independent advocacy in the context of adult protection?</p>	<p>There is broad agreement with the introduction of a statutory provision of independent advocates (46 of 62 responses – 74%) but consideration must be given to:</p> <ul style="list-style-type: none"> • The level of independency advocates have and their links to the Trusts (referenced in 9 of 46 responses) • How this provision would dovetail with similar existing powers within the MCA (referenced in 9 of 46 responses) 	<p>Further consideration will be given to including independent advocacy within the legislation, including how it would be managed and resourced.</p>

	<ul style="list-style-type: none"> Financial and training resources required to provide an adequate service (referenced in 12 of 46 responses) 	
<p>Independent Adult Protection Board</p>		
<p>Question 10 Part A - Do you agree that an Independent Adult Protection Board should be established and placed on a statutory footing?</p> <p>Question 10 Part B - Please explain your answer</p> <p>Question 11 Part A - Do you agree with the introduction of Serious Case Reviews?</p> <p>Question 11 part B – please explain your answer</p>	<p>Strong majority in favour of establishing the Board and placing it on a statutory footing (87% responded yes). The independence of the board is important to stakeholders (referenced by 13 of 66 responses to part B – 20%). The membership of the board is also important with suggestions for nurses, midwives and people with lived experience being referenced (referenced in 10 of 66 responses to part B – 15%)</p> <p>Serious Case Reviews</p> <p>The majority of respondents are in favour of the introduction of Serious Case Reviews (86% answered ‘yes’ to part A). There needs to be a focus on ensuring an outcomes based approach and that lessons learned from cases are implemented within a culture that is open to change (38 of 71 responses to part B – 54%).</p>	<p>Establish the board through legislation.</p> <p>Introduce Serious Case Reviews</p>

	<p>Findings should be distributed to help positively influence best practice moving forward (14 of 71 responses to part B – 20%).</p>	
<p>Cooperation and information sharing</p>		
<p>Question 12 Part A - Do you agree with the proposal to introduce a duty to cooperate?</p> <p>Question 12 Part B - Are there any aspects of the duty that you would change?</p> <p>Question 13 Part A - Do you think there should be a new power to access an adult’s financial records as part of an adult protection enquiry? If yes, which organisations should be given this power?</p> <p>Question 13 Part B - If yes, which organisation(s) should be given this power?</p>	<p>Duty to cooperate</p> <p>The majority of responses were in favour of introducing a duty to cooperate (86%). Multiple responses felt the duty needed to be clarified in terms of who it applied to and which organisations it affected, with a significant number wishing to see it expanded to a wider number of organisations (15 of 74 responses to part B – 20%). The issue of GDPR was also raised in multiple responses (7 of 74 responses to part B – 9%).</p> <p>Power to access an adult’s financial records</p> <p>There is broad agreement that this power should be introduced and would be beneficial in combatting financial abuse (65% answered ‘yes’). However it should only be used in circumstances where the threshold for financial abuse has been met and this threshold, as well as the act of financial abuse, must be clearly defined in the legislation.</p>	<p>Introduce a duty to cooperate through legislation.</p> <p>Introduce powers to access financial records, but include thresholds for use and safeguards. Further consideration to be given to which organisations should be given this power.</p>

	<p>The possibility of asking for an individual’s consent before using this power was also raised multiple times (11 of 70 responses to part B – 16%).</p>	
<p>Offences of ill-treatment and wilful neglect</p>		
<p>Question 14 Part A - Do you agree that new offences of ill treatment and wilful neglect should be introduced?</p> <p>Question 14 Part B – Further information</p> <p>Question 15 Part A - Are there any new offences that should be considered?</p> <p>Question 15 Part B - Please provide further detail</p>	<p>Offences of ill treatment and wilful neglect</p> <p>There is broad agreement for the introduction of both new offences (78% answered ‘yes’ to part A), with the caveats that they are clearly defined and appropriate thresholds are put in place for their use (12 of 71 responses to part B – 17%). A number of responses (8 of 71 responses to part B – 11%) referenced other legislation in this area (Mental Capacity Act and Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021) so it is important that consideration is given as to how these offences within the Adult Protection Bill will interact with them</p> <p>Additional new offences</p> <p>Almost a quarter of respondents did not provide an answer to Question 15A. Of those that did, a small majority did not see a need for any additional offences to be included (35 of 89 – 39%).</p>	<p>Both offences to be introduced with consideration given to thresholds. Consideration given to additional offences of coercive control and failure to report.</p>

	<p>Of those who did want to see additional offences included, failure to report (6 of 41 responses to part B – 15%) and coercive control (5 of 41 responses to part B – 12%) were referenced most often, as well as in multiple stakeholder engagement sessions.</p>	
<p>Other Provisions</p>		
<p>Question 16 - Are there any other provisions that you would like to see included in the Adult Protection Bill?</p>	<p>There are a wide range of additional provisions which it has been suggested should be included within the proposed Adult Protection Bill. The most commonly referenced are the creation of statutory guidance (14%) and additional resources and training to help implement proposed changes within the bill (12%). No other suggestion was made by more than 4 responses (7%), however, increased use of CCTV was referenced in 2 responses (3%) and strongly advocated for in a number of stakeholder engagement sessions.</p>	<p>Include provision for statutory guidance. Additional resources and training will need to be discussed in parallel with discussions on the draft Bill, as the Department will need to give adequate resourcing to the new arrangements it puts in place. Consideration should also be given to whether increased use of CCTV can or should be legislated for within the draft Bill.</p>

Defining the scope of the Bill

Question 1 Part A - Do you agree with the title 'Adult Protection Bill'

Yes	46 (52%)
No	30 (34%)
Did not respond	13 (14%)
Total	89 (100%)

Question 1 Part B – if no, what would you suggest as an alternative name

- 64 of 89 respondents provided an answer

There were 14 alternative titles suggested by respondents:

1. Adult Protection Bill for those at risk
2. Adult Safeguarding Bill
3. Adult Support and Protection Bill (twice)
4. Adult and Social Care protection Bill
5. Adult Care Protection Bill/ Care and Protection of Adults Bill
6. Adult Protection and Support Bill
7. Adult Protection NI Order
8. Adult Safeguarding and Protection Bill (three times)
9. Elderly, Vulnerable and Those at Risk Adult Protection Bill
10. Mental Capacity Act (Northern Ireland) 2016
11. Protection of Adults at Risk
12. Protection of Personal Wellbeing Bill
13. Safeguarding bill
14. Vulnerative (sic) Adult Protection Bill

Of the alternative titles suggested, two them were suggested multiple times; Adult Safeguarding and Protection Bill (three times) and Adult Support and Protection Bill.

Adult Safeguarding and Protection Bill was also suggested in some of the engagement sessions as was Adult Safeguarding Bill

19 of 64 (30%) respondents referenced safeguarding in their responses. They felt that the purpose of the bill needed to be expanded to include safeguarding and that the title should reflect that. There were suggestions that a focus on protection rather than safeguarding would lead to a reactive approach and wouldn't stop issues that arise earlier the safeguarding continuum.

18 responses also referenced prevention. Some of these noted that the purpose of the bill was protection but felt prevention should be given some consideration, whilst others wanted to see prevention given equal weighting to protection in the purpose of the bill.

6 respondents referenced the Scottish Adult Support and Protection Bill (2007) in their response, suggesting inclusion of the word support would be beneficial in the title.

Of those who agreed with the title (46 of 89) 25 provided further response. Of those, 15 (60%) felt that the title provided clarity of the Bills intention and felt it was the correct title for a bill that is to focus on the protection element of the safeguarding continuum.

Summary of responses

A small majority of responses (52%) are in favour of the suggested bill title. The main issue raised centres on the Bill's purpose rather than its title, with a number of responses highlighting that they would like more focus on safeguarding as opposed to focusing exclusively on protection (19 of 64 – 30%). Others felt prevention should be given some consideration within the bill rather than focusing solely on protection (18 of 64 – 28%)

Way forward

Retain the title as it stands: Adult Protection Bill.

Question 2 - What are your views on a definition of 'adult at risk and in need of protection'?

- 87 of 89 respondents provided an answer

In total, 25 responses (29%) expressed agreement, either explicitly or in principle with the definition provided.

34 responses (40%) felt a need to ensure clarity around the definition with the majority of these highlighting the importance of statutory guidance for this purpose.

A further 8 responses (9%) felt clear thresholds were needed within the definition and a further 8 responses (9%) highlighted the importance of being compatible with related legislation (including the Mental Capacity Act, Domestic Abuse and Child Protection laws).

Multiple responses referenced existing definitions in the other parts of the UK, including:

- 5 responses wishing to emulate the Welsh definition
- 4 responses wishing to emulate the Scottish definition
- 1 response wishing to emulate the English definition

There were 5 responses in favour of including serious harm within the definition and also 4 responses who expressed concern about its inclusion, how preferred to keep it as 'harm'. 4 responses also felt the definition was too narrow whilst 2 respondents thought it too broad.

A number of individual responses wanted to see greater emphasis on particular groups of people, including:

- Older people
- People with mental ill health
- People with disabilities
- People 'being cared for' (2 responses)
- People with an addiction (2 responses)

A number of alternative definitions were provided. These included:

- Adult who is no longer able to make an informed decision regarding giving consent for either treatment or care provision to themselves
- An adult who is vulnerable because they cannot speak for themselves or have the capacity to make an informed decision for the betterment of their own life. They depend on others to assist them with their daily tasks
- A vulnerable adult unable to speak for themselves
- Adult in need of protection: is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their: a) Personal characteristics AND/OR. b) Life circumstances AND. c) Who is unable to protect their own well-being, property, assets, rights or other.
- Anyone over 18 years old who has a career where emotional or physical neglect is occurring, or where this is suspected of occurring.
- Adult at risk and in need of protection, refers to a person who needs preventative strategies in their lives. Prevention is a sound method of safeguarding.

Summary of responses

A sizeable percentage of respondents (29%) were in agreement with the definition provided. 40% of respondents felt clarification was need which may directly reference the need for statutory guidance. It is clear that terms included in the definition, such as serious harm, needed to be clearly defined and thresholds for intervention also need to be clarified.

Way forward

Include the definition for an adult at risk and in need of protection as is but with clear thresholds and accompanying statutory guidance that includes examples.

Principles

Question 3 Part A - Do you agree with the list of principles proposed?

Yes	63 (71%)
No	15 (17%)
Did not respond	11 (12%)
Total	89 (100%)

Question 3 Part B - If no, what would you suggest as an alternative approach?

- 66 of 89 respondents provided an answer

Of the 66 responses to part B, 12 (18%) directly referenced Human Rights, and the need for principles and the bill to be set within a Human Rights Framework. 3 of these response were particularly interested in how the human rights of people with learning disabilities are being embedded in all organisations especially the Health & Social Care System.

10 (15%) responses felt that families needed to be included in a greater capacity within the principles. They argued that more recognition was needed for the care provided by family members and that their input should be sought, particularly in instances where an individual's capacity is limited.

8 (12%) responses referenced the language being used within the principles and raised concerns that it was overly complicated and that simplifying it should be considered. An additional 2 responses also felt the principles were ambiguous and open to interpretation.

7 (11%) responses wanted to see prevention of harm be given greater significance within the bill as a whole and some suggested it could be added as a principle.

A number of additional potential principles were suggested across all responses. These included:

- Inclusion (3 times)
- Collaboration (2 times)
- Abuse of power
- Abuse, neglect, complicity and falsification of information made a crime for both corporate bodies and individuals.
- Accountability
- An updated, reformed and fit for purpose inspectorate
- Care partners
- Conflict of interest and cap on care business lucrative profits
- Convenience decline
- Dignity and respect
- Do not resuscitate, feeding by tube, other lifesaving treatments and death pathways
- Duty of Candour
- Duty of Care
- Equality and fairness
- Equality and human rights
- Failure to act and protracted investigations
- Family 24/7 mobile phone camera protection
- Family as voice when cognitively is impaired
- Independent Advocacy
- Learning Culture
- Long term solution and meaningful system rebuild
- Mixed economy of care/statutory sector National Care Service
- Pooled data base of complaints/concerns
- Prevention
- Protection
- Recognition that family and friends protect and safeguard

- Residents and family as service users are best placed to evaluate the service they receive
- Security of Tenure
- Self-funding by selling home before death
- Staff to resident ratio and allocated time for domiciliary care
- Transparency
- Whistleblowing

Summary of responses

Further discussion is needed on this particular provision. Strong majority in favour of current principles (71% in agreement) but lots of additional suggestions made, including greater focus on families (10 of 66 responses to part B – 15%). More discussion is needed on the language used with some respondents finding it difficult to understand (8 of 66 responses to part B – 12%).

Way forward

Principles as agreed should be included on the face of the legislation.

Question 4 Part A - What are your views on principles being set out on the face of legislation or in Statutory Guidance?

Agree principles should be in legislation	61 (68%)
Agree principles should in Statutory Guidance	7 (8%)
Did not answer	21 (24%)
Total	89 (100%)

Question 4 part B – Please explain your answer

- 72 of 89 respondents provided an answer

Of the 61 responses that felt the principles should be in legislation, 8 (13%) reasoned that having the principles in statutory guidance wouldn't provide a high enough level of protection compared to legislation.

A further 8 responses (13%) felt that the principles should be in legislation but supplemented with statutory guidance. They felt this would provide the best of both options.

6 of these 61 responses (10%) felt that having the principles in legislation would allow for greater accountability.

Of the 7 responses to prefer the principles in statutory guidance, 6 (86%) felt that having the principles in guidance offered greater flexibility and would allow for updates and changes to be made more easily.

Summary of responses

There is a clear preference for the principles to be in legislation (68%) although there is also support for additional statutory guidance (8 of 72 responses to part B – 11%).

Way forward

Include the principles in legislation.

Duties to (i) report and (ii) make enquiries

Question 5 Part A - Do you agree with mandatory reporting?

Yes	69 (77%)
No	7 (8%)
Did not respond	13 (15%)
Total	89 (100%)

Question 5 Part B - Should there be a new duty to report to the HSC Trust where there is a reasonable cause to suspect that an 'adult is at risk and in need of protection'?

- 81 of 89 respondents provided an answer

11 of 81 responses (14%) felt it was important to define the thresholds for mandatory reporting, particularly the threshold for reasonable cause.

10 responses (13%) wanted to see some level of independence when it comes to mandatory reporting. Many were concerned about the thought of the Trusts being solely responsible for mandatory reporting, particularly if they or their staff were involved in the incident being investigated.

9 responses (11%) were concerned that making reporting mandatory would lead to a scenario of over reporting or a risk averse approach to reporting from staff. 1 additional response referenced mandatory reporting in child safeguarding and how it has led to complications in reporting there.

9 responses (11%) referenced the need for either additional resources or training for staff to help implement any additional reporting. Resources mainly referred to additional staff to help deal with an influx of reports.

7 responses (9%) were concerned that introducing mandatory reporting could impinge upon an individual's right to autonomy. They argued that introducing this power would remove an individual's ability to make their own decisions, particularly if these may not be in their own best interests.

Summary of responses

There was broad agreement with the introduction of mandatory reporting (77% answered 'yes' to part A). However, a significant number of responses raised concerns about potential over-reporting (9 of 80 responses - 11%), the same number

of responses (11%) referenced the need for additional resources for such a duty and many feeling thresholds for reporting needed to be clearly defined (11 of 80 - 14%).

Way forward

Introduce mandatory reporting with clearly defined thresholds and consideration given to additional resources and training required.

Question 6 Part A - Should a new duty be placed on HSC Trusts to make follow up enquiries?

Yes	66 (74%)
No	7 (8%)
Did not answer	16 (18%)
Total	89 (100%)

Question 6 Part B – Further information

- 73 of 89 respondents provided an answer

Of the 73 responses, 10 (14%) felt that additional training was needed to help staff better identify when the thresholds for making an enquiry had been met. There were references to this process being too subjective at present with suggestions that training may help with standardisation.

Similarly, 7 responses (10%) felt additional resources would be need to adequately meet this new duty, with some requests for new staff to deal with a potential increase in cases.

7 responses (10%) also wanted clarity around both the thresholds for making follow up enquiries and the consequences of not making a follow up enquiry when deemed necessary.

6 responses (8%) raised the issue of independence, stating they did not think it should be for the HSC Trusts to make follow up enquiries, particularly if the

investigation was in relation to them. One further response felt this could be decided on a case by case basis with any enquiries in to the Trusts being carried out by an independent body.

3 responses referenced timeframes, with all of them feeling there needed to be a set time limit on enquiries to be completed to avoid the loss of momentum.

There was one suggestion that rather than calling it a 'duty to make follow up enquiries' that it should be called a 'duty to investigate'. The respondent stated that they felt the term follow-up enquiry lowered expectations and using the word investigate would make it a more robust duty.

Summary of responses

Strong majority in favour of follow-up enquiries (74% answered 'yes' to part A). A substantial number of responses felt additional resources (7 of 72 responses to part B – 10%) and training (10 of 72 responses to part B – 14%) would be needed to effectively implement this within the Bill.

Way forward

Introduce follow-up enquires, with clear thresholds and guidance.

Power of entry to interview an adult in private

Question 7 Part A - What are your views on a power of entry to allow a HSC professional access to interview an adult in private? Do you think any additional powers should be available on entry?

- 87 of 89 respondents provided an answer. Of those 1 provided a response of 'nil'

54 of the 86 responses (63%) expressed direct agreement with the introduction of a Power of Entry, either totally or in principle.

Of these 54 responses, 9 (17%) directly referenced the current legislation in Scotland as a good example of how this power could be handled and implemented.

9 (17%) also referenced Human Rights, with some specifically referencing the European Convention of Human Rights, and the importance of balancing an individual's human rights against the importance of their personal safety.

10 responses (19%), although in favour of introducing it, felt clarity was needed on who the power would be available to and also on the threshold for using this power. It was also noted that guidance on when this power could be used would be useful.

5 responses (9%) raised the issue of consent. They felt that this power should only be granted if the individual in question agreed to it. There was one suggestion from these responses that interviews should be recorded also.

8 of the total 86 responses (9%) felt that the existing powers were adequate and that offering clear guidance on what these are would be more beneficial than introducing a new Power of Entry. One of these responses felt that expanding the existing remit of domestic abuse legislation would be sufficient.

Of the 32 responses who were not in favour or did not state a preference for a Power of Entry, 6 (19%) had concerns about such a power being given to HSC staff/trusts. They felt any such power, if it were brought in to existence, should only be given to independent bodies.

Question 7 Part B – what additional powers should be available upon entry?

- 35 of 89 respondents provided an answer. Of those 9 provided a response of 'none' or 'N/A'

Of the 26 responses to provide a response the additional powers suggested were:

- 4 (15%) directly referenced the Scottish Model and their powers
- 4 (15%) referenced assessment orders
- 6 (23%) referenced removal orders
- 5 (19%) referenced banning/detention orders
- 3 (12%) agreed for the need for additional powers without mentioning specific powers

2 of the responses that referenced banning/detention orders preferred this option to removal orders as they considered it less detrimental to the individual in comparison to removing them. There were also single references to communication support for the service user, protection for HSC staff and clear guidance for the use of any additional powers.

Question 8 - How many times in the past 12 months, have you been aware of a situation where, had a power of entry existed, it would have been appropriate to use it? What were the circumstances?

- 69 of 89 respondents provided an answer. Of those 69, 25 provided a response of 'N/A'

Of the 44 respondents to provide an answer that was not 'N/A', the following answers were provided:

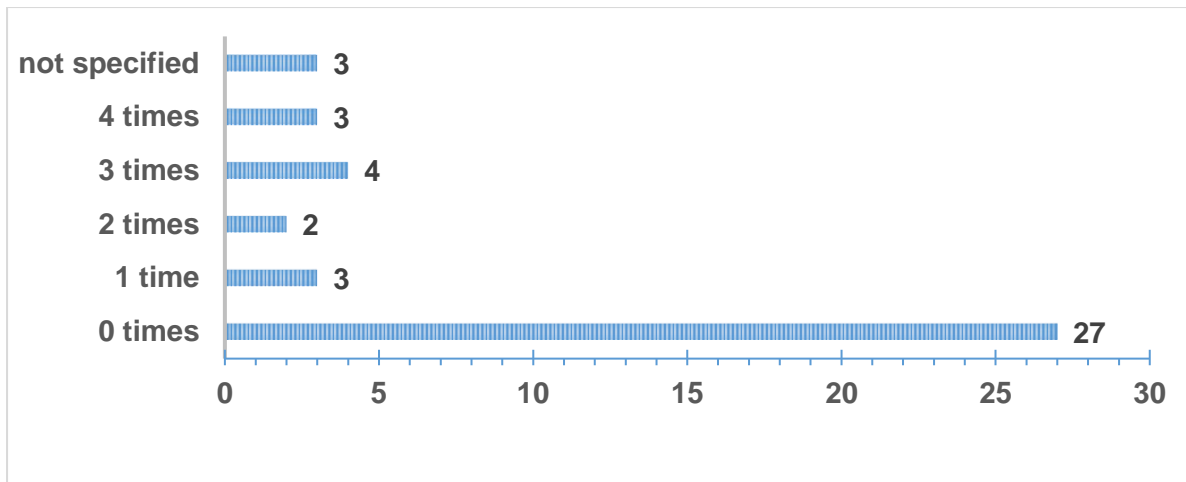


Figure 1 – Table of responses to Question 8 - ‘How many times in the past 12 months, have you been aware of a situation where, had a power of entry existed, it would have been appropriate to use it?’
Total responses: 44

Of the 15 responses that supplied examples there were a range of circumstances outlined, including situations that led to physical, emotional and mental abuse. Neglect was referenced twice.

There were also examples of self-neglect and refusal by an individual to submit to medical assessment. Domestic abuse was mentioned in two responses as well as financial abuse and physical abuse in one response each. Coercive control was also referenced.

Summary of responses

There is overall support for the introduction of a Power of Entry (54 of 86 responses – 63%). However, it is clear that well defined thresholds for its use are required as well as clear guidance for those who will be entrusted with it.

The Current Scottish legislation appears to be positively viewed (cited by 9 of 54 responses in agreement with PoE) and could be used as template, particularly in relation to any additional powers after entry.

The issue of an individual's consent (referenced in 5 responses) must also be given careful consideration, especially due to the potential impact with regards to Human Rights of this power (referenced in 9 responses).

Way forward

Introduce a Power of Entry with clearly defined thresholds for use.

Independent Advocacy

Question 9 - What are your views on statutory provision for independent advocacy in the context of adult protection?

- 67 of 89 respondents provided an answer. 5 of these were 'no comment'.

Of the 62 respondents to provide a response, 46 stated in their answer that they agreed with the statutory provision of independent advocates (74%).

Of the 62 respondents to provide a response 23 of them referenced capacity in some way (37%). 16 directly referenced the Mental Capacity Act 2016, (26%) and 9 (15%) felt it important to give careful consideration to how the provision of independent advocates interfaces and dovetails with the same provision as part of the Mental Capacity Act.

Two respondents felt it important that the provision of independent advocates within the MCA was evaluated to measure its impact before it is agreed to include such a service within any Adult Protection Bill. Another respondent added that the role of independent advocates within the Adult Protection Bill should be separate to that of advocates in the MCA and not just an extension of their current responsibilities.

12 of 61 responses (20%) raised the issue of resources, both financial and training. They felt it important that money be made available to help ensure a usable service

is available should the provision of independent advocates be included in the bill, with one response suggesting money should be ring-fenced.

15 of 62 responses (24%) highlighted the need for independence in the provision of independent advocates. 9 of these made it clear that they felt there should be no link whatsoever, particularly financial between the Trusts and advocates. A further response said the same in relation to RQIA and another in relation to any relevant authority which was being investigated. Two respondents who referenced independence felt a clear definition of what constituted an independent advocate would be beneficial.

Summary of responses

There is broad agreement with the introduction of a statutory provision of independent advocates (46 of 62 responses – 74%) but consideration must be given to:

- The level of independency advocates have and their links to the Trusts (referenced in 9 of 46 responses)
- How this provision would dovetail with similar existing powers within the MCA (referenced in 9 of 46 responses)
- Financial and training resources required to provide an adequate service (referenced in 12 of 46 responses)

Way forward

Further consideration should be given to including independent advocacy within the legislation, including how it would be managed and resourced.

Independent Adult Protection Board

Question 10 Part A - Do you agree that an Independent Adult Protection Board should be established and placed on a statutory footing?

Yes	77 (87%)
No	2 (2%)
Did not answer	10 (11%)
Total	89 (100%)

Question 10 Part B - Please explain your answer

- 66 of 89 respondents provided an answer

Of the 66 responses to Part B, 13 (20%) cited independence as being an important factor. Many directly referenced the potential relationship between the board and the Department of Health, RQIA and health trusts as barriers to independence.

An additional 10 (15%) responses had issues with the potential membership of the board. There were suggestions to include:

- Nurses and midwives
- Members of the public, including family members with lived experience
- Individuals from the voluntary care sector
- Other agencies, including councils

A further 4 responses (6%) referenced transparency and its importance to any potential board. To ensure transparency, these response suggested regular changes to board membership and separation from the Department of Health.

6 (9%) referenced the Safeguarding Board for Northern Ireland (SBNI), also known as the Children's Safeguarding Board. Of the 6, 4 referenced that it was on a statutory footing and that a similar approach for the proposed Adult Protection Board would be suitable. The other response referenced the SBNI negatively and cited it as an example of what can go wrong when such a board is established.

3 responses (5%) referenced Scottish powers and suggested any board should have similar powers and functions to those available in Scotland.

Summary of responses

Strong majority in favour of establishing the Board and placing it on a statutory footing (87% responded yes). The independence of the board is important to stakeholders (referenced by 13 of 66 responses to part B – 20%). The membership of the board is also important with suggestions for nurses, midwives and people with lived experience being referenced (referenced in 10 of 66 responses to part B – 15%)

Way forward

Establish Board through legislation.

Question 11 Part A - Do you agree with the introduction of Serious Case Reviews?

Yes	76 (85%)
No	2 (2%)
Did not answer	11 (12%)
Total	89 (100%)

Question 11 part B – please explain your answer

- 71 of 89 respondents provided an answer

Of the 71 respondents who provided additional information, 38 (54%) cited the potential for learning from serious case reviews as a reason for implementing them as part of the Bill. There was a particular focus on sharing the lessons learned and implementing the findings made. In particular respondents wanted to see findings used to inform best practice, influence learning and training moving forward (14 – 20%). They wanted clear outcomes with actionable changes rather than an arbitrary ‘lessons learned’ approach.

The use of Serious Case Review findings to help inform future policy decisions was also cited as a key reasons for their introduction.

Those who were opposed (2 respondents) to the introduction of Serious Case Reviews cited issues with how findings and outcomes from the current system, in particular Serious Adverse Incidents translated in to practice. It was suggested focus should be on fixing the current system as opposed to creating a new process.

Summary of responses

The majority of respondents are in favour of the introduction of Serious Case Reviews (86% answered 'yes' to part A). There needs to be a focus on ensuring an outcomes based approach and that lessons learned from cases are implemented within a culture that is open to change (38 of 71 responses to part B – 54%). Findings should be distributed to help positively influence best practice moving forward (14 of 71 responses to part B – 20%).

Way forward

Introduce Serious Case Reviews.

Cooperation and information sharing

Question 12 Part A - Do you agree with the proposal to introduce a duty to cooperate?

Yes	76 (86%)
No	3 (3%)
Did not respond	10 (11%)
Total	89 (100%)

Question 12 Part B - Are there any aspects of the duty that you would change?

- 79 of 89 respondents provided an answer. Of these 79, 5 were either 'no' or 'nil response'

Of the 74 responses, 15 (21%) wanted to see this duty expanded to include other organisations not included in the consultation document. The most commonly referenced organisation was independent service providers.

7 responses (9%) wanted clear guidance on how and when information would be shared and who it would be shared with.

Similarly, 7 responses (9%) wanted assurances that the sharing of information would take data protection in to consideration and that only relevant information would be shared in line with GDPR.

5 responses (7%) wanted the proposed duty of candour to be incorporated in to this as well or at least taken in to consideration if this duty were introduced. Another 5 responses (7%) felt the introduction of a duty to cooperate would help with accountability in relation to ongoing cases of potential harm.

2 responses felt training would be necessary to ensure information sharing was being carried out effectively, with one of these suggesting specialist teams could be created for this specific duty to avoid delays in information sharing that may occur if this were added to existing staffs workload.

Summary of responses

The majority of responses were in favour of introducing a duty to cooperate (86%). Multiple responses felt the duty needed to be clarified in terms of who it applied to and which organisations it affected, with a significant number wishing to see it expanded to a wider number of organisations (15 of 74 responses to part B – 20%).

The issue of GDPR was also raised in multiple responses (7 of 74 responses to part B – 9%).

Way forward

Introduce a duty to cooperate through legislation.

Question 13 Part A- Do you think there should be a new power to access an adult's financial records as part of an adult protection enquiry? If yes, which organisations should be given this power?

Yes	58 (65%)
No	10 (11%)
Did not answer	21 (24%)
Total	89 (100%)

Question 13 Part B - If yes, which organisation(s) should be given this power?

- 70 of 89 respondents provided an answer

There were 12 respondents (17%) who felt the power should be given to Health and Social Care Trusts in some capacity. 1 further responses suggested the HSC Board be given the power.

10 respondents (14%) suggested the power should be given to the PSNI. One such response clarified that it should be PSNI with specialist training.

8 respondents (11%) felt the power should be given to an independent organisation or individual.

4 responses (6%) thought the power should be given to the proposed Interim Adult Protection Board (IAPB). The Office of Care and Protection (OCP), RQIA and independent providers were all suggested in 2 responses (3%). The courts, Probation Board, Public Health Agency (PHA), an appointed solicitor and the most senior individual involved were all suggested by 1 response (1%).

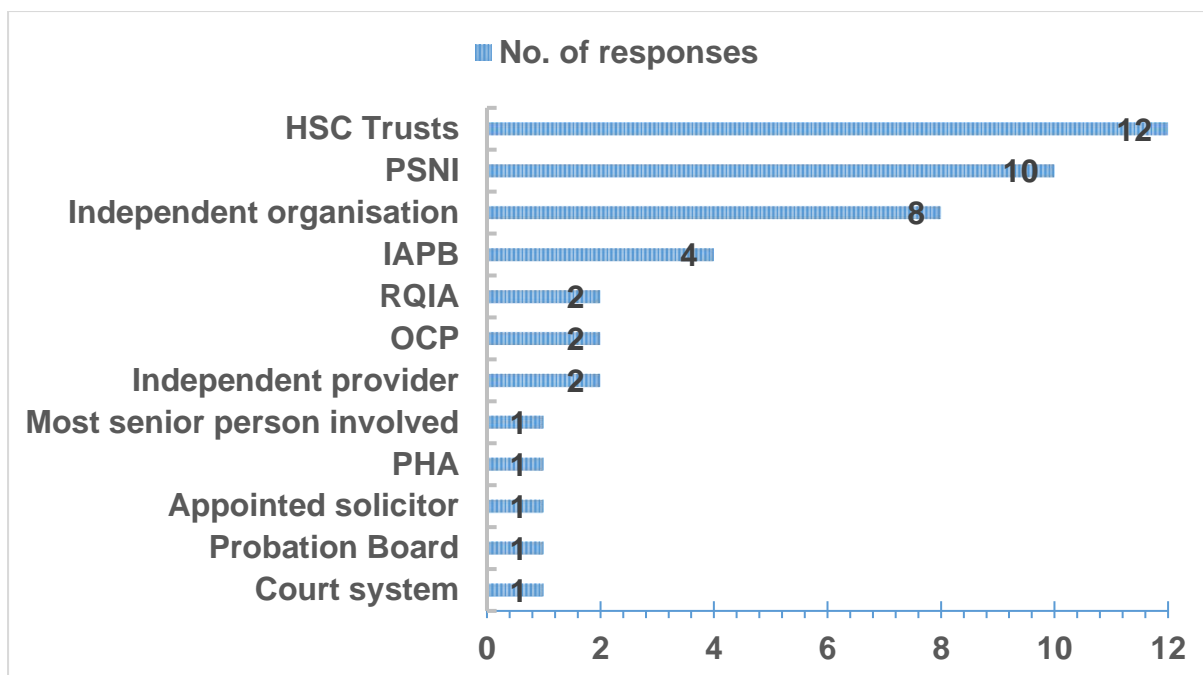


Figure 2 Table of responses to Question 13B – If yes, which organisation(s) should be given this power? Based on 30 responses

The issue of consent was raised by 11 respondents (16%) who felt that any access to an individual’s financial records should only be granted once you person involved had agreed to it.

Clarity around the definition of financial abuse (4 responses) and the threshold required for this power to be used (3 responses) were both raised multiple times.

Existing powers available to both the PSNI and the Office for Care and Protection (OCP) were raised in multiple responses. Some suggested that these powers could either be expanded or amended to avoid the need for a new power to be created. Others highlighted that any new power would need to be implemented in a way that was complimentary to these powers.

Summary of responses

There is broad agreement that this power should be introduced and would be beneficial in combatting financial abuse (66% answered ‘yes’). However it should

only be used in circumstances where the threshold for financial abuse has been met and this threshold, as well as the act of financial abuse, must be clearly defined in the legislation.

The possibility of asking for an individual's consent before using this power was also raised multiple times (11 of 70 responses to part B – 16%).

Way forward

Introduce power, but include thresholds for use.

Offences of ill-treatment and wilful neglect

Question 14 Part A - Do you agree that new offences of ill treatment and wilful neglect should be introduced?

Yes	69 (78%)
No	4 (4%)
Did not answer	16 (18%)
Total	89 (100%)

Question 14 Part B – Further information

- 71 of 89 respondents provided an answer

Of the 71 responses to this part of the question 12 (17%) felt there needed to be clear definitions of what would constitute both proposed offences to help provide clarity on what they mean. 4 of these responses specifically wanted clarity on the thresholds needed to meet these offences. One specific response within this group wanted to clarify if an offence would be committed if an individual at risk refused to cooperate.

Of these 12 responses, 5 were in favour of the introduction of the new offences and answered part A 'yes'. The remaining 7 did not answer part A.

6 responses (9%) wanted to know how the new offences would fit in with similar offences in other pieces of legislation, namely the Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021 and the Mental Capacity Act. There were some concerns of overlap and one of these responses suggested a preference for one piece of legislation which housed all offences from these multiple locations.

A further 2 responses directly referenced the Mental Capacity Act and felt that it sufficiently covered these offences and that new offences would not be required under the Adult Protection Bill.

4 responses, all of which were in favour of introducing the new offences in this bill, highlighted the current gap in legislation which does not offer protection to people who are cared for with capacity as a key reason why they were in favour.

Summary of responses

There is broad agreement for the introduction of both new offences (78% answered 'yes' to part A), with the caveats that they are clearly defined and appropriate thresholds are put in place for their use (12 of 71 responses to part B – 17%).

A number of responses (8 of 71 responses to part B – 11%) referenced other legislation in this area (Mental Capacity Act and Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021) so it is important that consideration is given as to how these offences within the Adult Protection Bill will interact with them.

Question 15 Part A - Are there any new offences that should be considered?

Yes	30 (34%)
No	36 (40%)
Did not respond	23 (26%)
Total	89 (100%)

Question 15 Part B - Please provide further detail

- 52 of 89 respondents provided an answer. Of these, 11 were 'nil response' or similar.

Of the 41 responses, 5 (12%) referenced the use of restrictive practices by staff who were not suitably trained as a potential offence they would like to see added.

6 responses (15%) referenced failure to report as an additional offence to be considered. Some felt this was particularly important as a duty to report could not be fully enforced if there was no consequences.

5 responses (12%) wanted coercive control to be considered as an additional offence. This was also raised in stakeholder engagement sessions.

4 responses (10%) felt specific consideration should be given to protecting the elderly and that age should be considered a protected characteristic or that abuse against the elderly should be considered a hate crime.

3 (7%) responses wanted special consideration given to technological developments that have led to an increase in online abuse. There were references to online abuse, trolling, exploitation via social media revenge porn within these responses.

3 (7%) responses did not see the need for any additional offences as they felt they would be covered by existing legislation, namely, The Domestic Abuse and Family Proceedings Bill and the Mental Capacity Act.

A number of other offences were suggested in one response, including:

- False imprisonment
- Prevention of access to health or social care services
- Prevention of access to an individual by family members
- Domestic abuse

Summary of responses

Almost a quarter of respondents did not provide an answer to Question 15A. Of those that did, a small majority did not see a need for any additional offences to be included (35 of 89 – 39%). Of those who did want to see additional offences included, failure to report (6 of 41 responses to part B – 15%) and coercive control (5 of 41 responses to part B – 12%) were referenced most often, as well as in multiple stakeholder engagement sessions.

Way forward

Both offences to be introduced with consideration given to thresholds. Consideration given to additional offences of coercive control and failure to report.

Other Provisions

Question 16 - Are there any other provisions that you would like to see included in the Adult Protection Bill?

- 69 of 89 respondents provided an answer. Of these 10 were a 'nil' response

Of the 59 responses, there were multiple suggestions for additional provisions to be included. These were:

- Criminal sanctions:
 - Inclusion of criminal sanctions within the bill (3 responses)
 - Ban on adults with previous offences working in this sector (2 responses)
 - Ban on organisations with poor records running care home (1 response)
 - Corporate liability (1 response)
 - Institutional abuse to be added as an offence (1 response)

- Documentation and training:
 - Statutory guidance (8 responses)
 - Additional training and resources, including infrastructure to help implement new legislation and refresher training on a regular basis (7 responses)
 - Accessible documentation made available, for example easy read versions of guidance (4 responses)
 - Greater acknowledgement and training around the impact arising from certain conditions (1 response)

- Rights of families and voluntary carers:
 - Acknowledgement of family carers and their rights (1 response)
 - Support for the family of an adult at risk and in need of protection (1 response)

- Additional duties:
 - Inclusion of or reference to a Duty of candour (3 responses)
 - Duty to publish findings (1 response)

- Protection:
 - Protection for those suffering from addiction (2 responses)
 - Protection of staff (2 responses)
 - Restrictive practices removed (2 responses)
 - Protection measures specific to those living in domestic settings (1 response)
 - Protection measures specific to those residing in care homes (1 response)
 - Recognition that family and friends protect and safeguard (1 response)
 - Robust provisions in whatever is formulated, including compliance and accountability along with action to improve where there are issues which have the potential to lead to safeguarding concerns (1 response)
 - Power to ban a suspected 'abuser' from contacting an individual or attending a particular location (1 response)

- more proactive provisions on how to ensure prevention and good practice (1 response)
- More emphasis on safeguards (1 response)
- Whistle-blower protections to be strengthened (2 responses)
- Other legislation:
 - Self-neglect to remain under Mental Capacity Act (2 responses)
 - New bill to be appropriately aligned with existing legislation (2 responses)
 - Statutory duty on agencies who are involved with adults in need of protection to consider the needs of any children who may live at that address or be involved with that particular family (1 response)
 - A better understanding of capacity (1 response)
- General/Other:
 - Increased use of CCTV (2 responses)
 - Independent organisation at the centre of adult safeguarding (1 response)
 - Acknowledgement of wider multi- disciplinary involvement in both assessment and decision making in the area of adult protection (1 response)
 - Expanded remit of bill (1 response)
 - Greater degree of consistency in respect of these matters across all health and social care settings in Northern Ireland (1 response)
 - Sign language interpreters to be allowed to make a disclosure without being in breach of confidentiality (1 response)

Summary of responses

There are a wide range of additional provisions which it has been suggested should be included within the proposed Adult Protection Bill. The most commonly referenced are the creation of statutory guidance (14%) and additional resources and training to help implement proposed changes within the bill (12%). No other

suggestion was made by more than 4 responses (7%), however, increased use of CCTV was referenced in 2 responses (3%) and strongly advocated for in a number of stakeholder engagement sessions.

Way forward

Include provision for statutory guidance. Additional resources and training will need to be discussed in parallel with discussions on the draft Bill, as the Department will need to give adequate resourcing to the new arrangements it puts in place.

Consideration should also be given to whether increased use of CCTV can or should be legislated for within the draft Bill.

Notes

Late responses

Of the 89 responses to the consultation, eight were received after the deadline of 8 April 2021. Seven of these were received within four days of the consultation closing. One was only received on 5 May due to an administration error within the organisation that provided it. The lateness of these responses had minimal impact on the analysis of the consultation.

Incomplete responses

There were six responses to the consultation which did not respond directly to the questions asked and therefore could not be added to Citizen Space for analysis. There were a range of reasons why these responses could not be added to Citizen Space, including:

- Not responding directly to the questions or only responding to a small number of questions
- Only referencing specific topics which were not including in the consultation, for example Universal Credit and other benefits or Data Sharing

- Providing a response in the form of a letter outlining personal experiences relating to one aspect of the consultation

Adult Protection Bill – Draft Final Policy Proposals for Ministerial Consideration (July 2021)

1. Title and purpose of the Bill

- The draft Bill will be called the ‘Adult Protection Bill’; it will introduce additional protections to strengthen and underpin the adult protection process.

2. Definition of ‘adult at risk and in need of protection’

- The draft Bill will introduce a legal definition of an ‘adult at risk and in need of protection’ as:
 - a) a person aged 18 or over;
 - b) whose exposure to harm through abuse, neglect or exploitation may be increased by their personal characteristics and/or life circumstances;
 - c) who is unable to protect their own well-being, property, assets, rights or other interests; and
 - d) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

3. Principles

- The draft Bill will set out Principles which should be adhered to by everyone involved in adult safeguarding and adult protection.
- These Principles are:

1. Prevention

“Organisations across all sectors should ensure that adults at risk in their care are always as safe as possible and should commit to fostering environments where harm to adults is not tolerated and suspected harm is investigated as quickly as possible.”

2. Autonomy

“A presumption that adults have capacity to make their own decisions unless there is evidence to the contrary. This includes the capacity to give or withhold consent and to make what some people would view as unwise decisions.”

3. Empowerment

“To support and encourage adults to make informed choices about their lives, avoid unnecessary intervention, take the view views of adults into account and help adults to maximise their opportunities to participate in wider society and keep themselves safe and free from harm.”

4. Dignity

“A rights based approach, promoting and respecting the dignity of adults.”

5. Proportionality

“Any intervention in an adult’s life should be in the best interests of the adult, should not cause the adult any further harm and should be the least restrictive option.”

6. Partnership

“Adults at risk, their families, friends, carers and organisations across all sectors all have a part to play in ensuring there is meaningful collaboration in order to prevent, detect and report harm and keep the adult at the centre of decision-making processes.”

7. Accountability

“Accountability and transparency with roles and responsibilities clearly understood.”

4. Duty to report

- The draft Bill will place a statutory duty on the HSC Trusts, PSNI, HSC Board, Public Health Agency, RQIA and independent providers commissioned or contracted to provide health and social care services to report to the relevant HSC Trust any cases where they believe there is reasonable cause to suspect that an adult meets the criteria of 'an adult at risk and in need of protection'.

5. Duty to make enquiries

- The draft Bill will place a statutory duty on HSC Trusts to make follow up enquiries into all cases where someone who is suspected of being an 'adult at risk and in need of protection' is brought to its attention.

6. Power of entry

- The draft Bill will introduce a new power of entry to interview an adult at risk. The draft Bill will also introduce associated additional powers, equivalent to the Scottish Assessment Order, Removal Order and Banning Order.
- A summary of the power of entry and associated additional powers is as follows:
 - The power of entry would permit a suitably experienced, trained and qualified social worker to enter the home (or other relevant premises) of an adult at risk and in need of protection to interview the adult in private and ascertain if the adult is making decisions freely.

- The Assessment Order would permit a suitably experienced, trained and qualified social worker to take the adult from that premises to a more suitable location to carry out the interview.
- The Removal Order would permit a suitably experienced, trained and qualified social worker to remove the adult from the premises to another location for up to seven days if the adult is likely to be seriously harmed.
- The Banning Order would ban a person from being in a specified location for up to six months if the adult is being or is likely to be seriously harmed by that person.
- The draft Bill will contain the following provisions, restrictions and requirements in relation to the power of entry and associated additional powers:
 - Magistrate approval will be required for use of the power of entry and additional powers on every occasion.
 - There must be a reasonable attempt to seek the consent of the adult at risk when applying to a magistrate to use the additional powers (note – consent will not be required for an application to the magistrate for the initial power of entry). Consent could be sought in person after entering the home, by telephone, or in writing and the application to the magistrate for the Assessment/Removal/Banning Order would indicate whether the adult at risk had consented. Where there is evidence that the adult at risk had not consented but is under duress or subject to coercion, the Magistrate could grant approval anyway, overruling withheld consent.
 - The power of entry and additional powers should be used by a suitably experienced, trained and qualified social worker only (consideration will

be given to creating a new cadre of Social Workers for the purpose of using Adult Protection Bill/Act powers).

- A statutory requirement to take all reasonable steps to support the adult at risk to understand what the power is and why it is being used.
- Anyone who is using the power of entry or additional powers will be able to request PSNI support (but will not be required to).
- An adult at risk will have the right to be supported by a witness rather than be interviewed alone and should be advised of this right.
- There will be the right to appeal the Banning Order only.
- There will be legal consequences to obstructing a social worker who is seeking to apply a power of entry or additional power that has been approved by a magistrate (consideration will be given to issuing fines).

7. Independent advocates

- The draft Bill will introduce a statutory provision of independent advocates who can assist adults at risk to be involved in and influence decisions taken about their care.
- The draft Bill will include a regulatory making power setting out any future requirements in respect of independent advocacy, including eligibility criteria.

8. Independent Adult Protection Board

- The draft Bill will establish the Independent Adult Protection Board (IAPB) and place it on a statutory footing.

- The draft Bill will set out the following core IAPB functions:
 - To publish a strategic plan each year
 - To publish an annual report
 - To make arrangements and have responsibility for Serious Case Reviews (see point 9.)
- The draft Bill will give the IAPB the power to request the supply of information relevant to the exercise of its functions.
- The draft Bill will include a regulatory making power to set out further operational details in relation to the membership and procedures of the IAPB.

9. Serious Case Reviews

- The draft Bill will introduce Serious Case Reviews (SCRs). SCRs are multi-agency reviews that look into the circumstances surrounding the death of, or serious harm to, an adult at risk and in need of protection. The purpose of SCRs is to establish whether there are lessons to be learned from a case about the way in which agencies and professionals work together and to action change as a result.

10. Duty to cooperate

- The draft Bill will place a statutory duty on the HSC Trusts, PSNI, Probation Board for NI, HSC Board, Public Health Agency, RQIA and independent providers commissioned or contracted to provide health and social care services to cooperate with both HSC Trusts and PSNI when those bodies are making enquiries into a case where there is reasonable cause to suspect that an adult meets the criteria of 'an adult at risk and in need of protection'.

- The draft Bill will include provision that the organisations that are required to cooperate do not have to do so where doing so would conflict with the exercise of their functions.

11. Power to access financial records

- The draft Bill will introduce a new power to access any relevant financial records where there is suspected financial abuse. This includes the financial records of the adult at risk and any other records that are relevant to the enquiry.
- The draft Bill will contain the following provisions, restrictions and requirements in relation to the power to access financial records:
 - Magistrate approval will be required for use of the power to access financial records on every occasion.
 - The power to access financial records will be held by the HSC Trusts and be used by a suitably experienced, trained and qualified social worker only (consideration will be given to creating a new cadre of Social Workers for the purpose of using Adult Protection Bill/Act powers).
 - A statutory requirement to take all reasonable steps to support the adult at risk to understand what the power is and why it is being used.
 - There must be a reasonable attempt to seek the consent of the adult at risk before application to the magistrate to use this power; however if consent is not given, the magistrate will be able to grant permission to access. Consent could be sought in person after entering the home, by telephone, or in writing.

- There will be legal consequences to obstructing a social worker who is seeking to apply a power to access financial records that has been approved by a magistrate (consideration will be given to issuing fines).

12. Offences of ill-treatment and wilful neglect

- The draft Bill will introduce new offences of ill-treatment and wilful neglect.
- The draft Bill will include two tiers of offence of ill-treatment and wilful neglect:
 - Care worker offence – an offence for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully neglect that individual.

‘Care worker’ generally means an individual who, as paid work, provides health or social care for an adult. It also includes an individual who, as paid work, supervises or manages individuals providing such care or is a director or similar officer of an organisation which provides such care.

- Care provider offence – a care provider commits an offence if:
 - a) an individual who has the care of another individual by virtue of being part of the care provider’s arrangements ill-treats or wilfully neglects that individual,
 - b) the care provider’s activities are managed or organised in a way which amounts to a gross breach of a relevant duty of care owed by the care provider to the individual who is ill-treated or neglected, and
 - c) in the absence of the breach, the ill-treatment or wilful neglect would not have occurred or would have been less likely to occur.

'Care provider' generally means a body corporate or unincorporated association which provides or arranges for the provision of health care or social care for an adult; or an individual who provides such care and employs, or has otherwise made arrangements with, other persons to assist him or her in providing such care.

13. Statutory Guidance

- The draft Bill will be supported by new Statutory Guidance, the development of which will include a further public consultation. It is intended that the Statutory Guidance will replace the Prevention and Protection in Partnership Policy 2015.

Chief Executive/General Manager
of Each Health and Social Services Trust
Director of Finance
of each Health and Social Services Trust

March 1999

Dear Sir/Madam

**HSS TRUST FINANCE MANUAL - MODEL STANDING FINANCIAL
INSTRUCTIONS**

Please find attached a new chapter 3.2 "Model Standing Financial Instructions" to be inserted into your copy of the Trust Finance Manual.

Yours faithfully

PAULA A MAGEE

3.2 Model standing financial instructions

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Introduction

- 3.2.1 Each Trust board operates within a statutory framework within which it is required to adopt Standing Orders. Trust boards are also asked to adopt Standing Financial Instructions (SFIs) setting out the responsibilities of individuals as a matter of good practice to ensure they meet the standards laid down. In addition to Standing Orders and Standing Financial Instructions, Trusts are required to adhere to the Codes of Conduct and Accountability and may produce financial procedures notes and locally generated rules and instructions. Collectively these must comprehensively cover all aspects of financial management and control. In effect, they set the business rules which directors and employees (including employees of third parties contracted to the Trust acting on behalf of the Trust) must follow when acting on behalf of the board.
- 3.2.2 This chapter provides a check list and explanation of the main matters which should be considered for inclusion by all Trusts in their SFIs. Although these proforma instructions are not themselves mandatory, once locally tailored SFIs have been adopted by the board they should become mandatory on all directors and employees of the organisation.
- 3.2.3 These SFIs detail the financial responsibilities, policies, and procedures to be adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.
- 3.2.4 These SFIs identify the financial responsibilities which apply to directors and employees (including employees of third parties contracted to the Trust acting on behalf of the Trust). They do not provide detailed procedural advice. These statements should therefore be read in conjunction with locally generated detailed guidance. All financial procedures must be approved by the Director of Finance.
- 3.2.5 The advice of the Director of Finance **must be sought before acting** should any difficulties arise regarding the interpretation or application of any of the SFIs. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's Standing Orders.

Terminology

- 3.2.6 Any expression to which a meaning is given in Health and Personal Social Services Orders, or in the Financial Directions made under the Orders, shall have the same meaning in these instructions;
- (a) "Trust" means the HSS Trust;
 - (b) "board" means the board of the Trust;
 - (c) "budget" means a resource, expressed in financial terms, proposed by the Trust for the purpose of carrying out, for a specific period, any or all of the functions of the Trust;

- (d) “Chief Executive” means the chief officer of the Trust;
- (e) “Director of Finance” means the chief financial officer of the Trust;
- (f) “Budget Holder” means the Director or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation; and
- (g) “Legal Adviser” means the properly qualified person appointed by the Trust to provide legal advice;
- (h) “Funds held on Trust” shall mean those funds which the Trust received on distribution by statutory instrument or chooses subsequently to accept under powers derived under Paragraph 16(1)(c) of Schedule 3 to the HPSS (NI) Order 1991.

3.2.7 Wherever the title Chief Executive, Director of Finance, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them.

3.2.8 Wherever the term “employee” is used it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

Responsibilities and Delegation

3.2.9 The board exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets within approved allocations/overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- (d) defining specific responsibilities placed on directors, and employees as indicated in the Scheme of Delegation Document (see HSS(PDD) 8/94).

3.2.10 The board will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegations Document adopted by the Trust. (The extent of delegation should be kept under review by the board.)

3.2.11 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the board and as Accountable officer to the Accounting Officer of the HSS Executive for ensuring that the board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust’s activities, is responsible to the board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust’s system of internal control.

- 3.2.12 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they remain accountable for financial control.
- 3.2.13 It is a duty of the Chief Executive to ensure that existing directors and employees and all new appointees are notified of and understand their responsibilities within these instructions.
- 3.2.14 The Director of Finance is responsible for:
- (a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;
 - (b) ensuring that detailed financial procedures and systems incorporating the principles of segregation of duties and internal checks are prepared, documented and maintained to supplement these SFIs;
 - (c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time.
- 3.2.15 Without prejudice to any other functions of directors and employees to the Trust, the duties of the Director of Finance include:
- (a) the provision of financial advice to the Trust and its directors and employees;
 - (b) the design, implementation and supervision of systems of financial control; and
 - (c) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.
- 3.2.16 All directors and employees, severally and collectively, are responsible for:
- (a) the security of the property of the Trust;
 - (b) avoiding loss;
 - (c) exercising economy and efficiency in the use of resources; and
 - (d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.
- 3.2.17 Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

- 3.2.18 For any and all directors and employees who carry out a financial function, the form in which financial records are kept and the manner in which directors and employees discharge their duties must be to the satisfaction of the Director of Finance.

Audit

Audit Committee

- 3.2.19 In accordance with Standing Orders (and as set out in guidance issued by the HSS Executive under HSS(PDD) 8/94), the board shall establish an Audit Committee which will provide an independent and objective view of internal control by:
- (a) overseeing internal and external audit services;
 - (b) reviewing financial systems;
 - (c) ensuring compliance with Standing Orders and Standing Financial Instructions;
 - (d) reviewing schedules of losses and compensation payments and making recommendations to the board.
- 3.2.20 Where the Audit Committee feel there is evidence of transactions that are *ultra vires*, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the chairman of the Audit Committee should raise the matter at a full meeting of the board. Exceptionally, the matter may need to be referred to the HSS Executive (to the Director of Financial Management in the first instance).
- 3.2.21 It is the responsibility of the Director of Finance to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when an internal audit service provider is changed.

Director of Finance

- 3.2.22 The Director of Finance is responsible for:
- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an internal audit function;
 - (b) ensuring that the internal audit function is adequate and complies with the NHS mandatory audit standards;
 - (c) deciding at what stage to involve the police in cases of fraud, misappropriation, and other irregularities;
 - (d) ensuring that an annual audit report is prepared for the consideration of the Audit Committee and the board. The report must cover:

- (i) a clear statement on the effectiveness of internal control;
- (ii) major internal financial control weaknesses discovered;
- (iii) progress on the implementation of internal audit recommendations;
- (iv) progress against plan over the previous year;
- (v) strategic audit plan covering the coming three years;
- (vi) a detailed plan for the coming year.

3.2.23 The Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) access at all reasonable times to any land, premises or employee of the Trust;
- (c) the production of any cash, stores or other property of the Trust under an employee's control; and
- (d) explanations concerning any matter under investigation.

Role of Internal Audit

3.2.24 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;
- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration;
 - (iii) poor value for money or other causes.

3.2.25 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the

exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.

- 3.2.26 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee Members, the Chairman and Chief Executive of the Trust.
- 3.2.27 (Each organisation to add their reporting system for internal audit here.)

External Audit

- 3.2.28 The external auditor is appointed by the Department and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. Should there appear to be a problem, then this should be raised with the external auditor and referred on to the HSS Executive if the issue cannot be resolved.

Business Planning, Budgets, Budgetary Control, and Monitoring

Preparation and Approval of Business Plans and Budgets

- 3.2.29 The Chief Executive will compile and submit to the board an Annual Business Plan which takes into account financial targets and forecast limits of available resources. The Annual Business Plan will contain:
- (a) a statement of the significant assumptions on which the plan is based;
 - (b) details of major changes in workload, delivery of services or resources required to achieve the plan.
- 3.2.30 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the board. Such budgets will:
- (a) be in accordance with the aims and objectives set out in the Annual Business Plan;
 - (b) accord with workload and manpower plans;
 - (c) be produced following discussion with appropriate budget holders;
 - (d) be prepared within the limits of available funds; and
 - (e) identify potential risks.
- 3.2.31 The Director of Finance shall monitor financial performance against budget and business plan, periodically review them, and report to the board.
- 3.2.32 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.

- 3.2.33 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

Budgetary Delegation

- 3.2.34 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- (a) the amount of the budget;
 - (b) the purpose(s) of each budget heading;
 - (c) individual and group responsibilities;
 - (d) authority to exercise transfers between budgets;
 - (e) achievement of planned levels of service; and
 - (f) the provision of regular reports.
- 3.2.35 The Chief Executive and delegated budget holders must not exceed the budgetary total or budget transfer limits set by the board.
- 3.2.36 Any budgeted funds not required for their designate purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of budget transfer.
- 3.2.37 Non recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

Budgetary Control and Reporting

- 3.2.38 The Director of Finance will devise and maintain systems of budgetary control. These will include:
- (a) monthly financial reports to the board in a form approved by the board and containing:
 - (i) income and expenditure to date showing trends and forecast year end position;
 - (ii) movements in working capital;
 - (iii) capital project spend and project outturn against plan;
 - (iv) explanations of any material variances from plan;
 - (v) details of any corrective action, where necessary, and the view of the Chief Executive and/or Director of Finance as to whether such actions are sufficient to correct the situation;
 - (b) the issue of timely, accurate and comprehensive advice and financial reports to each budget holder, covering the areas for which they are responsible;
 - (c) investigation and reporting of variances from financial, workload and manpower budgets;
 - (d) monitoring of management action to correct variances; and
 - (e) arrangements for the authorisation of budget transfers.
- 3.2.39 Each budget holder is responsible for ensuring that:
- (a) any likely overspending or reduction of income which cannot be met by budget transfer is not incurred without the prior consent of the board;
 - (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of budget transfer; and
 - (c) no permanent employees are appointed without the approval of the Chief Executive other than those provided for in the budgeted establishment as approved by the board.
- 3.2.40 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Business Plan and a balanced budget.

Capital Expenditure

- 3.2.41 The general rules applying to delegation and reporting shall also apply to capital expenditure.

Monitoring Returns

- 3.2.42 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the appropriate directorate within HSS Executive.

Annual Accounts and Reports

- 3.2.43 The Director of Finance, on behalf of the Trust, will:
- (a) prepare annual accounts in accordance with the Direction given by the HSS Executive, the Trust's accounting policies, and generally accepted accounting practice;
 - (b) prepare, certify and submit audited annual accounts to the HSS Executive in accordance with the prescribed timetable; and
 - (c) submit annual reports and other financial returns to the HSS Executive for each financial year in accordance with the prescribed timetable.
- 3.2.44 The Trust's audited annual accounts must be presented to a public meeting.
- 3.2.45 The Trust will publish an Annual Report, in accordance with guidelines on local accountability (See HSS (PDD) 8/94), and present it at a public meeting. The document will include inter alia:
- (a) the annual accounts of the Trust;
 - (b) details of relevant directorship and other significant interests held by board members;
 - (c) composition of the Remuneration and Terms of Service Committee;
 - (d) remuneration of the Chairman, highest paid director, and other directors and higher-paid employees;

in accordance with guidance given in the HSS Trusts Manual For Accounts.

Bank Accounts

- 3.2.46 The Director of Finance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the HSS Executive.
- 3.2.47 The board shall approve the banking arrangements.

- 3.2.48 The Director of Finance is responsible for:
- (a) bank accounts;
 - (b) establishing separate bank accounts for the Trust's non exchequer funds;
 - (c) ensuring payments made from bank accounts do not exceed the amount credited to the account, except where arrangements have been made; and
 - (d) reporting to the board all arrangements made with the Trust's bankers for accounts to be overdrawn.

Banking Procedures

- 3.2.49 The Director of Finance will prepare detailed instructions on the operation of bank accounts which must include:
- (a) the conditions under which each bank account is to be operated;
 - (b) the limit to be applied to any overdraft; and
 - (c) those authorised to sign cheques or other orders drawn on the Trust's accounts.
- 3.2.50 The Director of Finance must advise the Trust's bankers in writing of the conditions under which each account will be operated.

Income Systems

- 3.2.51 The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due, including "Internal Market" transactions (or transactions from any alternative systems established under the Fit for the Future Review).
- 3.2.52 The Director of Finance is also responsible for the prompt banking of all monies received.

Fees and Charges

- 3.2.53 The Trust shall follow the HSS Executive's advice contained in the Costing and Pricing Contract Cost Allocation Principles, as amended by the HPSS costing guidance, and supplements, issued in July and August 1998 respectively, and subsequent contracting guidelines letters setting prices for internal market contracts.
- 3.2.54 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the HSS Executive or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

- 3.2.55 All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

Debt Recovery

- 3.2.56 The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.
- 3.2.57 Income not received should be dealt with in accordance with losses procedures detailed in HSS(F) Circular 38/98.
- 3.2.58 Overpayments should be detected (or preferably prevented) and recovery initiated.

Security of Cash, Cheques and Other Negotiable Instruments

- 3.2.59 The Director of Finance is responsible for:
- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
 - (b) ordering and securely controlling any such stationery;
 - (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
 - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.
- 3.2.60 Official money should not, under any circumstances, be used for the encashment of private cheques.
- 3.2.61 All cheques, postal orders, cash, etc should be banked intact. Disbursements should not be made from cash received, except under arrangements approved by the Director of Finance.
- 3.2.62 The holders of safe keys should not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It should be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

Long Term Service Agreement for Provision of Services

- 3.2.63 The Chief Executive is responsible for negotiating long-term service agreements for the provision of services to patients in accordance with the Business Plan, HSS Executive guidance and the aims of the HPSS Management Plan 1999-2002. In carrying out these functions the Chief Executive should take account of the advice of the Director of Finance regarding:

- (a) costing and pricing of services;
 - (b) payment terms and conditions; and
 - (c) amendments to agreements.
- 3.2.64 Agreements should be so devised as to minimise risk whilst maximising the Trust's opportunity to generate income.
- 3.2.65 The Director of Finance shall produce regular reports detailing actual and forecast income with a detailed assessment of the impact of the variable elements of income.
- 3.2.66 Any pricing of agreements at marginal cost must be undertaken by the Director of Finance and reported to the board.

Terms of Service and Payments of Directors and Employees

- 3.2.67 The board should formally agree and record in the minutes of its meetings, the precise terms of reference of the Remuneration and Terms of Service Committee, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. (The constitution of this committee will be covered in Standing Orders, see guidance in HSS (PDD) 8/94.)
- 3.2.68 The Remuneration and Terms of Service Committee will:
- (a) advise the board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors (and other senior employees' terms), including:
 - (i) all aspects of salary (including any performance-related elements/bonuses);
 - (ii) provisions for other benefits (including pensions and cars); and
 - (iii) arrangements for termination of employment and other contractual terms;
 - (b) make such recommendations to the board on the remuneration and terms of service of Executive Directors (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff (where appropriate);
 - (c) monitor and evaluate the performance of individual Executive Directors (and other senior employees); and

- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments (taking account of such national guidance as is appropriate).
- 3.2.69 The Committee shall report in writing to the board the basis for its recommendations. The board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Executive Directors. Minutes of the board's meetings should record such decisions.
- 3.2.70 The board will approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees not covered by the Committee.
- 3.2.71 The Trust will remunerate the Chairman and non-Executive Directors in accordance with the Payment of Remuneration to Chairmen and Non-Executive Members Determination issued by the HSS Executive.

Funded Establishment

- 3.2.72 The manpower plans incorporated within the annual budget will form the funded establishment, ie posts that are funded but not necessarily filled.
- 3.2.73 The funded establishment of any department may not be varied without the approval of the Chief Executive.

Staff Appointments

- 3.2.74 No director or employee may engage, re-engage, or regrade employees, either on a permanent or temporary basis, hire agency staff, or agree to changes in any aspect of remuneration:
 - (a) unless authorised to do so by the Chief Executive; and
 - (b) within the limit of his approved budget and funded establishment.
- 3.2.75 The board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc for employees.

Processing of Payroll

- 3.2.76 The Director of Finance is responsible for:
 - (a) specifying timetables for submission of properly authorised time records and other notifications;
 - (b) the final determination of pay;
 - (c) making payment on agreed dates; and

(d) agreeing methods of payment.

3.2.77 The Director of Finance will issue instructions regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee;
- (h) methods of payment by cheque, bank credit, or cash to employees;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;
- (k) maintenance of regular and independent reconciliation of pay control accounts;
- (l) separation of the duties of preparing records and handling cash; and
- (m) a system to ensure the recovery from leavers of sums of money and property due by them to the Trust.

- 3.2.78 Appropriately nominated managers have delegated responsibility for:
- (a) submitting time records, and other notifications in accordance with agreed timetables;
 - (b) completing time records and other notifications in accordance with the Director of Finance's instructions and in the form prescribed by the Director of Finance; and
 - (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately.
- 3.2.79 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

Contracts of Employment

- 3.2.80 The board shall delegate responsibility to a manager for:
- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the board and which complies with employment legislation; and
 - (b) dealing with variations to, or termination of, Contracts of Employment.

Non-pay Expenditure Delegation of Authority

- 3.2.81 The board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.
- 3.2.82 The Chief Executive will set out:
- (a) the list of managers who are authorised to place requisitions for the supply of goods and services; and
 - (b) the maximum level of each requisition and the system for authorisation above that level.
- 3.2.83 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

- 3.2.84 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply should be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance (and/or the Chief Executive) should be consulted.
- 3.2.85 The Director of Finance is responsible for the prompt payment of accounts and claims. Payment of contract invoices should be in accordance with contract terms, or otherwise, in accordance with prompt payment guidance issued by the HSS Executive.
- 3.2.86 The Director of Finance will:
- (a) advise the board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and regularly reviewed;
 - (b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;
 - (c) be responsible for the prompt payment of all properly authorised accounts and claims;
 - (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) a list of directors/employees (including specimens of their signatures) authorised to certify invoices.
 - (ii) certification that:
 - goods have been duly received and examined and are in accordance with specification and prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;

- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
- (iii) a timetable and system for submission to the Director of Finance of accounts for payment. Provision should be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
- (iv) instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received (but see paragraph 3.2.87).

3.2.87 Prepayments are only permitted where **exceptional** circumstances apply. In such instances:

- (a) the appropriate Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet its commitments;
- (b) the Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed; and
- (c) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

3.2.88 Official Orders must:

- (a) be consecutively numbered;
- (b) be in a form approved by the Director of Finance;
- (c) state the Trust's terms and conditions of trade; and
- (d) only be issued to and used by those duly authorised by the Chief Executive.

3.2.89 Managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- (a) all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;

- (b) contracts above specified thresholds are advertised and awarded in accordance with EU and GATT rules on public procurement specified in HSS(PDD) 2/93;
- (c) where consultancy advice is being obtained, the procurement of such skills must be in accordance with guidance issued by the HSS Executive;
- (d) no order is issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - (ii) conventional hospitality, such as lunches in the course of working visits;
- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- (f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
- (g) verbal orders are only issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order clearly marked "Confirmation Order";
- (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- (j) changes to the list of directors/employees authorised to certify invoices are notified to the Director of Finance;
- (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance; and
- (l) petty cash records are maintained in a form as determined by the Director of Finance.

3.2.90 The Chief Executive **must** ensure that the Trust's Standing Orders are compatible with the requirements of the estates policy issued by the HSS Executive in respect of building and engineering contracts (CONCODE) and The Land and Property Transactions Handbook. The technical audit of these contracts shall be the responsibility of the relevant Director. The Director of Finance should ensure that

the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

External Borrowing

- 3.2.91 The Director of Finance will advise the Board of Directors concerning the Trust's ability to pay interest on, and repay, both the originating capital debt and any proposed new borrowing, within the limits set by the HSS Executive. The Director of Finance is also responsible for reporting periodically to the board concerning the originating capital debt and all loans and overdrafts.
- 3.2.92 Any application for a loan or overdraft is only to be made by the Director of Finance or by an employee so delegated by him.
- 3.2.93 The Director of Finance must prepare detailed procedural instructions concerning applications for loans and overdrafts.
- 3.2.94 All short term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position. Any short term borrowing requirement in excess of one month must be authorised by the Director of Finance.
- 3.2.95 All long term borrowing must be consistent with the plans outlined in the current Business Plan.

Investments

- 3.2.96 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Department and authorised by the board.
- 3.2.97 The Director of Finance is responsible for advising the board on investments and should report periodically to the board concerning the performance of investments held.
- 3.2.98 The Director of Finance should prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

Capital Investment

3.2.99 The Chief Executive:

- (a) should ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and
- (c) should ensure that capital investment is not undertaken without confirmation of purchasers(s) support and the availability of resources to finance all revenue consequences, including capital charges.

3.2.100 For every capital expenditure proposal the Chief Executive should ensure:

- (a) that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
 - (ii) appropriate project management and control arrangements; and
- (b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case;
- (c) that HSS Executive approval is obtained for projects costing more than the Trust's delegated limit for capital schemes;
- (d) schemes requiring HSS Executive approval are re-submitted to the Executive for re-consideration if any of the conditions specified in the Capital Investment Manual apply.

3.2.101 For capital schemes where contracts stipulate stage payments, the Chief Executive should issue procedures for their management, incorporating the recommendations of The Land and Property Transactions Handbook.

3.2.102 The Director of Finance should issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

3.2.103 The approval of a capital programme should not constitute approval for expenditure on any scheme.

3.2.104 The Chief Executive should issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;

- (b) authority to proceed to tender;
 - (c) approval to accept a successful tender.
- 3.2.105 The Chief Executive should issue a scheme of delegation for capital investment management in accordance with The Land and Property Transactions Handbook and the Trust's Standing orders.
- 3.2.106 The Director of Finance should issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

Private Finance

- 3.2.107 Where the Trust proposes to procure the use of a capital asset and associated services other than through its EFL, the following procedures should apply:
- (a) the Director of Finance should demonstrate that the use of private sector resources in the provision of capital assets and their associated support services represents value for money and genuinely transfers risk to the private sector;
 - (b) where the sum involved exceeds delegated limits, a business case must be referred to the HSS Executive;
 - (c) the proposal must be specifically agreed by the board.

Asset Registers

- 3.2.108 The Chief Executive is responsible for the maintenance of asset registers, taking account of the advice of the Director of Finance concerning the form of any register, the method of updating, and arrangements for a physical check of assets against the asset register to be conducted once a year.
- 3.2.109 Each Trust shall maintain an asset register recording fixed assets. The minimum data to be held within these registers shall be as specified in the Capital Charges Manual as issued by the HSS Executive. (NB It is strongly recommended that this minimum data is expanded).
- 3.2.110 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and

- (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 3.2.111 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 3.2.112 The Director of Finance should approve procedures for reconciling balances on fixed asset accounts in ledgers against balances on fixed asset registers.
- 3.2.113 The value of each asset shall be indexed to current values in accordance with methods specified by the HSS Executive.
- 3.2.114 The value of each asset, where appropriate, shall be depreciated using methods and rates specified by the HSS Executive.
- 3.2.115 The Director of Finance shall calculate and pay capital charges as specified in the Capital Charges Manual issued by the HSS Executive.

Security of Assets

- 3.2.116 The overall control of fixed assets is the responsibility of the Chief Executive.
- 3.2.117 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure should make provision for:
- (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;
 - (d) physical security of assets;
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset; and
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 3.2.118 All discrepancies revealed by verification of physical assets to fixed asset registers should be notified to the Director of Finance.
- 3.2.119 Whilst each employee has a responsibility for the security of property of the Trust, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security practices in relation to HSS property as may be

determined by the board. Any breach of agreed security practices must be reported in accordance with instructions.

- 3.2.120 Any damage to Trust premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses.
- 3.2.121 Where practical, assets should be marked as Trust property.

Stores and Receipt of Goods

- 3.2.122 Stores, defined in terms of controlled stores and general stores (for immediate use) should be:
- (a) kept to a minimum;
 - (b) subjected to annual stocktake;
 - (c) valued at the lower of cost or net realisable value.
- 3.2.123 Subject to the responsibility of the Director of Finance for the systems of control, overall responsibility for the control of stores should be delegated to an employee by the Chief Executive. Day-to-day responsibility may be delegated by him to Trust employees and store managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of Pharmaceutical stocks should be the responsibility of a designated Pharmaceutical Officer and the control of fuel oil and coal the responsibility of a designated Estates Manager.
- 3.2.124 Responsibility for security arrangements and the custody of keys for all stores and locations should be clearly defined in writing by the designated Manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as Health Service property.
- 3.2.125 The Director of Finance should set out procedures and systems to regulate the stores including records for receipt of goods, issues and returns to stores, and losses.
- 3.2.126 Stocktaking arrangements should be agreed with the Director of Finance and there should be a physical check covering all items in store at least once a year.
- 3.2.127 Where a complete system of stores control is not justified, alternative arrangements should require the approval of the Director of Finance.
- 3.2.128 The designated Manager/Pharmaceutical Officer should be responsible for a system approved by the Director of Finance for review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Manager/Officer should report to the Director of Finance any evidence of significant overstocking and any evidence of negligence or malpractice (see also paragraph 3.2.135 - Disposals and

Condemnations and paragraph 3.2.139 - Losses and Special Payments). Procedures for the disposal of obsolete stock should follow procedures set out for disposal of all surplus and obsolete goods.

- 3.2.129 For goods supplied via the Regional Supplies Service the Chief Executive should identify those authorised to requisition and accept goods from the store. The authorised person should check receipts against the delivery notes before forwarding these to the Director of Finance who should satisfy himself that goods have been received before accepting the recharge.

Bankruptcies, Liquidations and Receiverships

- 3.2.130 The Director of Finance should make every effort to appraise himself/herself, at the earliest point possible, of the bankruptcy, liquidation or receivership of any supplier.
- 3.2.131 When a bankruptcy, liquidation or receivership is discovered, all payments should cease pending confirmation of the bankruptcy etc. As a matter of urgency, a statement must be prepared listing the amounts due to and from the Trust.
- 3.2.132 The Director of Finance must ensure that any payments due by the Trust are made to the correct person.
- 3.2.133 The Director of Finance must ensure that any claim by the Trust is properly lodged with the correct party and without delay.
- 3.2.134 If the Trust has a contract with a person or body which is bankrupt etc, it normally has the right to summarily terminate the contract. However, there are ramifications arising from this and, in any case, it will probably be prudent to take legal advice.

Disposals and Condemnations

- 3.2.135 The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.
- 3.2.136 When it is decided to dispose of a Trust asset, the officer responsible for the decision will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.
- 3.2.137 All unserviceable articles should be:
- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;
 - (b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries should be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

- 3.2.138 The Condemning Officer should satisfy himself/herself as to whether or not there is evidence of negligence in use and should report any such evidence to the Director of Finance who will take the appropriate action.

Losses and Special Payments

- 3.2.139 The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments in line with the requirements of Circular HSS(F)38/98.
- 3.2.140 Any employee discovering or suspecting a loss of any kind must immediately report the loss and the action taken to the appropriate authority, who must immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved, but if the case involves suspicion of fraud, then the particular circumstances of the case will determine the stage at which the police are notified.
- 3.2.141 The Director of Finance must notify the HSS Executive of all frauds.
- 3.2.142 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness (except if trivial and where fraud is not suspected), the Director of Finance must immediately notify:
- (a) the Board of Directors, and
 - (b) the Statutory Auditor.
- 3.2.143 Within limits delegated to it by the HSS Executive, the board of the Trust should approve the write-off of losses. Losses and special payments in excess of the Trust's delegation must be referred for approval to the HSS Executive's Policy and Accounting Unit.
- 3.2.144 The Director of Finance should be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 3.2.145 For any loss, the Director of Finance should consider whether any insurance claim can be made against insurers.
- 3.2.146 The Director of Finance should maintain a Losses and Special Payments Register in which write off action is recorded.
- 3.2.147 No special payments exceeding delegated limits should be made without the prior approval of the HSS Executive.

Information Technology

- 3.2.148 The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the Trust, should:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which he/she is responsible, from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1984;
 - (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - (c) ensure that adequate controls exist so that computer operations are separated from development, maintenance and amendment;
 - (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.
- 3.2.149 The Director of Finance should satisfy himself/herself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy should be obtained from them prior to implementation.
- 3.2.150 In the case of computer systems which are proposed General Applications (ie normally those applications which HSS bodies wish to sponsor jointly) all responsible directors and employees should send to the Director of Finance:
- (a) details of the outline design of the system;
 - (b) the operational requirement, in the case of packages acquired either from a commercial organisation, from the HSS, or from another public sector organisation.
- 3.2.151 The Director of Finance should ensure that contracts for computer services for financial applications with another HSS body or any other agency should clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 3.2.152 Where another HSS body or any other agency provides a computer service for financial applications, the Director of Finance should periodically seek assurances that adequate controls are in operation.
- 3.2.153 Where computer systems have an impact on corporate financial systems the Director of Finance should satisfy himself/herself that:
- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) finance staff have access to such data; and
- (d) such computer audit reviews as are considered necessary are being carried out.

Patients' Private Property

- 3.2.154 Trusts have a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 3.2.155 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:
- notices and information booklets,
 - hospital admission documentation and property records,
 - the oral advice of administrative and nursing staff responsible for admissions,
- that the Trust will not accept responsibility or liability for patients' property brought into HSS premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.
- 3.2.156 The Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) to all staff whose duty it is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.
- 3.2.157 Separate bank accounts for patients' money, a requirement of para 3.3.5, HSS Trust Finance Manual, should be opened and operated under arrangements agreed by the Director of Finance.
- 3.2.158 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to Administration of Estates (Small Payments) Act (NI) 1967, as amended by S.R.1985 No 9), the production of Probate or Letters of Administration is required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity should be obtained.
- 3.2.159 Staff should be informed on appointment, by the appropriate authority, of their responsibilities and duties for the administration of the property of patients.

- 3.2.160 Where patients' property or income is received for specific purposes and held for safekeeping, the property or income should be used only for that purpose, unless any variation is approved by the donor or patient in writing.

Retention of Documents

- 3.2.161 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained under guidance contained in Circular HSS(F) 18/99 on the Preservation and Destruction of Financial and Associated Records issued by the HSS Executive.
- 3.2.162 The documents held in archives shall be capable of retrieval by authorised persons.
- 3.2.163 Documents held under HSS Executive guidance shall only be destroyed at the express instigation of the Chief Executive, records shall be maintained of documents so destroyed.

Risk Management

- 3.2.164 The Chief Executive shall ensure that the Trust has a programme of risk management which will be approved and monitored by the board.
- 3.2.165 The programme of risk management shall include:
- (a) a process for identifying and quantifying risks and potential liabilities;
 - (b) engendering among all levels of staff a positive attitude towards the control of risk;
 - (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control;
 - (d) contingency plans to offset the impact of adverse events;
 - (e) audit arrangements including internal audit, clinical audit, health and safety review;
 - (f) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will provide assurance on the adequacy of internal financial controls as required by HSS(F) 13/98, Supplement 1.

TRUST FUNDS

Funds held on Trust

- 3.2.166 Trust responsibilities are distinct from responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes. The Director of Finance should ensure that each fund is managed appropriately with regard to its purpose and requirements.
- 3.2.167 This Section of the SFIs should be interpreted and applied in conjunction with the rest of these instructions, subject to modifications contained herein.
- 3.2.168 The board hereby nominates the Director of Finance to have primary responsibility to the board for ensuring that these SFIs are applied in close liaison with the board's Legal Adviser.

Existing Trust Funds

- 3.2.169 The Director of Finance should arrange for the administration of all existing trust funds in conjunction with the Legal Adviser. They should ensure that a governing instrument exists for every trust and should produce detailed codes of procedure covering every aspect of the financial management of funds held on trust, for the guidance of directors and employees. Such guidelines should identify the restricted nature of certain funds.
- 3.2.170 The Director of Finance should periodically review the funds in existence and should make recommendations to the board regarding the potential for rationalisation of such funds within statutory guidelines.
- 3.2.171 The Director of Finance may recommend an increase in the number of funds where this is consistent with policy for ensuring the safe and appropriate management of restricted funds, eg, designation for specific wards or departments.

New Trust Funds

- 3.2.172 The Director of Finance should, in conjunction with the Legal Adviser, arrange for the creation of a new trust fund where funds and/or other assets, received in accordance with policies, cannot adequately be managed as part of an existing trust fund.
- 3.2.173 The Legal Adviser should present the governing document to the board for adoption as required in Standing Orders for each new trust. Such document should clearly identify, inter alia, the objects of the new trust, the capacity to delegate powers to manage and the power to assign the residue of the trust to another fund contingent upon certain conditions, eg, discharge of original objects.

Sources of New Funds

Donations

- 3.2.174 In respect of donations, the Director of Finance should:
- (a) provide guidelines to officers of the trust fund as to how to proceed when offered funds. These include:
 - (i) the identification of the donors intention;
 - (ii) where possible, the avoidance of new trust funds;
 - (iii) the avoidance of impossible, undesirable or administratively difficult objects;
 - (iv) sources of immediate further advice; and
 - (v) treatment of offers for personal gifts.

- (b) provide secure and appropriate receipting arrangements which will indicate that funds have been accepted directly into trust funds and that the donor's intentions have been noted and accepted.

Legacies and Bequests

3.2.175 In respect of legacies and bequests, the Director of Finance should:

- (a) provide guidelines to officers covering any approach regarding:
 - (i) the wording of wills;
 - (ii) the receipt of funds/other assets from executors;
- (b) where necessary, obtain grant of probate, or make application for grant of letters of administration, where the trust fund is the beneficiary;
- (c) be empowered to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty; and
- (d) be directly responsible, in conjunction with the legal Adviser, for the appropriate treatment of all legacies and bequests.

Fund-Raising

3.2.176 In respect of fund-raising, the Director of Finance shall:

- (a) after consultation with the Legal Adviser, deal with all arrangements for fund-raising by and/or on their behalf and ensure compliance with all statutes and regulations;
- (b) be empowered to liaise with other organisations/persons raising funds and provide them with an adequate discharge. The Director of Finance shall be the only officer empowered to give approval for such fund-raising subject to the overriding direction of the board;
- (c) be responsible, along with the Legal Adviser, for alerting the board to any irregularities regarding the use of the trust fund's name or its registration numbers; and
- (d) be responsible, after due consultation with the Legal Adviser, for the appropriate treatment of all funds received from this source.

Trading Income

3.2.177 In respect of trading income, the Director of Finance shall:

- (a) be primarily responsible, along with the Legal Adviser and other designated officers, for any trading undertaken; and
- (b) be primarily responsible, along with the Legal Adviser, for the appropriate treatment of all funds received from this source.

Investment Income

3.2.178 In respect of investment income, the Director of Finance should be responsible for the appropriate treatment of all dividends, interest and other receipts from this source (see below).

Investment Management

3.2.179 The Director of Finance should be responsible for all aspects of the management of the investment of funds held on trust. The issues on which he should be required to provide advice to the board should include:

- (a) the formulation of investment policy in conjunction with the Legal Adviser within the powers of the trust fund under statute and within governing instruments to meet its requirements with regard to income generation and the enhancement of capital value;
- (b) the appointment of advisers, brokers, and where appropriate, fund managers. The Director of Finance should agree, in conjunction with the Legal

Adviser, the terms of such appointments and for such appointments written agreements should be signed by the Chief Executive;

- (c) pooling of investment resources and the preparation of a submission to the Department of Health and Social Services for them to make a scheme;
- (d) the participation in common investment funds and the agreement of terms of entry and withdrawal from such funds;
- (e) that the use of Trust investments shall be appropriately authorised in writing and charges raised within policy guidelines;
- (f) the review of the performance of brokers and fund managers;
- (g) the reporting of investment performance.

Disposition Management

3.2.180 The exercise of dispositive discretion shall be managed by the Director of Finance in conjunction with the board. In so doing he shall be aware of the following:

- (a) the objects of various funds and the designated objectives;
- (b) the availability of liquid funds within each trust fund;
- (c) the powers of delegation available to commit resources;
- (d) the avoidance of the use of exchequer funds to discharge trust fund liabilities (except where administratively unavoidable), and to ensure that any indebtedness to the Exchequer shall be discharged by trust funds at the earliest possible time;
- (e) that funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the trust fund; and
- (f) the definitions of “charitable purposes” as agreed by the Department of Health and Social Services.

Banking Services

3.2.181 The Director of Finance should advise the board and, with its approval, should ensure that appropriate banking services are available to the trust fund. These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Department of Health and Social Services.

Asset Management

- 3.2.182 Assets in the ownership of or used by the trust fund, shall be maintained along with the general estate and inventory of assets. The Director of Finance shall ensure:
- (a) in conjunction with the legal Adviser, that appropriate records of all assets owned are maintained, and that all assets, at agreed valuations, are brought to account;
 - (b) that appropriate measures are taken to protect and/or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses;
 - (c) that donated assets received on trust rather than into the ownership of the Department of Health and Social Services shall be accounted for appropriately;
 - (d) that all assets acquired from funds held on trust which are intended to be retained within the trust funds are appropriately accounted for, and that all other assets so acquired are brought to account in the name of the DHSS.

Reporting

- 3.2.183 The Director of Finance shall ensure that regular reports are made to the board with regard to, inter alia, the receipt of funds, investments, and the disposition of resources.
- 3.2.184 The Director of Finance shall prepare annual accounts in the required manner which shall be submitted to the board within agreed timescales.
- 3.2.185 The Director of Finance, in conjunction with the Legal Adviser, shall prepare an annual trustees' report (separate reports for charitable and non-charitable trusts) and the required returns to the HSSE for adoption by the board.

Accounting and Audit

- 3.2.186 The Director of Finance shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.
- 3.2.187 The Director of Finance shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. He will liaise with external audit and provide them with all necessary information.
- 3.2.188 The board shall be advised by the Director of Finance on the outcome of the annual audit. The Chief Executive shall submit the Management Letter to the board.

Administration Costs

- 3.2.189 The Director of Finance shall identify all costs directly incurred in the administration of funds held on trust and, in agreement with the board, shall charge such costs to the appropriate trust accounts.

Taxation and Excise Duty

- 3.2.190 The Director of Finance shall ensure that trust fund liability to taxation and excise duty is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**
www.dhsspsni.gov.uk
Subject:

Financial governance model documents

Circular Reference: **HSS (F)13 /2007****Date of Issue: 8 March 2007****For Action by:**

New Trusts

For Information to:

Existing Trusts, Boards and Agencies

Summary of Contents:

Model financial governance documents for new Trusts

Enquiries:

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Related documents:**Superseded Documents:***Expiry Date:*

N/A

Status of Contents:

Action

Implementation:

Immediate

Additional Copies:

Pat McCarney [REDACTED]

FINANCIAL GOVERNANCE MODEL DOCUMENTS FOR NEW HSS TRUSTS

Purpose

1. The purpose of this circular is to draw your attention to a set of model documents covering a number of financial governance issues that can be used by the new HSS Trusts from 2007/08 onwards. These documents are not prescriptive and may be adapted as appropriate to suit individual HSS Trust circumstances.

Background

2. As part of the RPA implementation, a Finance group was set up to identify the significant Finance issues that must be addressed during the implementation of the reform and modernisation of the HPSS, whilst ensuring that financial stability, propriety and continuity are maintained throughout and beyond the transition period. Subsequently a working subgroup was established to consider the development of model governance documents that would give a common set of guidelines on such issues as standing orders, standing financial instructions and other key financial governance issues.
3. The subgroup was made up of representatives from across the HPSS and the Department and worked closely with the Internal Auditors Group. The group researched examples of best practice and used these as a basis for initial drafts. Final drafts were then issued to members of the RPA Finance Group for consideration, and all comments have now been incorporated into the final versions.

Documents

4. The following documents have now been placed on the extranet.

[Whistleblowing Policy](#)

[Audit Committee - Terms of reference](#)

[Endowments & Gifts Committee - Terms of reference](#)

[Fraud Policy Statement](#)

[Fraud Response Plan](#)

[Gifts & Hospitality Policy - Terms of reference](#)

[Remuneration & Terms of Service Committee](#)

[Schedule of Delegated Authority](#)

[Standards of business conduct](#)

[Standards of Business Conduct leaflet](#)

[Standing Orders, Delegation of Powers & Standing Financial Instructions](#)

These documents may not apply to all HSS Trusts. For e.g. not all Trusts have

An Endowment & Gifts Committee.

Trusts should however seek to adopt those documents where appropriate so that consistency is achieved across all HSS Trusts.

Enquiries

5. Any enquiries on the content of this circular should be addresses to myself [REDACTED] or alternatively to Seamus Wade, Chair of the working group.
Seamus can be contacted @ [REDACTED]

Yours faithfully

PAULA SHEARER
Financial Accounting Unit



Northern Ireland Audit Office

General Report on the Health and Social Care Sector by the Comptroller and Auditor General for Northern Ireland - 2009



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
30 June 2010



Northern Ireland Audit Office

Report by the Comptroller and Auditor General for Northern Ireland

Ordered by the Northern Ireland Assembly to be printed and published under the authority of the Assembly, in accordance with its resolution of 27 November 2007

General Report on the Health and Social Care Sector by the Comptroller and Auditor General for Northern Ireland - 2009

This report has been prepared under Article 8 of the Audit (Northern Ireland) Order 1987 for presentation to the Northern Ireland Assembly in accordance with Article 11 of that Order.

K J Donnelly
Comptroller and Auditor General

Northern Ireland Audit Office
30 June 2010

The Comptroller and Auditor General is the head of the Northern Ireland Audit Office employing some 145 staff. He, and the Northern Ireland Audit Office are totally independent of Government. He certifies the accounts of all Government Departments and a wide range of other public sector bodies; and he has statutory authority to report to the Assembly on the economy, efficiency and effectiveness with which departments and other bodies have used their resources.

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Abbreviations

AfC	Agenda for Change
BAFO	Best and Final Offer
BHSCT	Belfast Health and Social Care Trust
BSO	Business Services Organisation
C&AG	Comptroller and Auditor General
CFU	Counter Fraud Unit
CRL	Capital Resource Limit
CSA	Central Services Agency
CTF	Charitable Trust Fund
DHSSPS	Department of Health, Social Services and Public Safety
DfP	Department of Finance and Personnel
EPES	Electronic Prescribing and Eligibility System
EPF	Executive Programme Funds
GMS	General Medical Services
GP	General Practitioner
HSC	Health and Social Care
HSCB	Health and Social Care Board
HPSS	Health and Personal Social Services
ICT	Information Communication Technology
KSF	Knowledge and Skills Framework
MHRA	Medicines and Healthcare products Regulatory Agency
MRSA	Methicillin-Resistant Staphylococcus Aureus
NAO	National Audit Office
NDPB	Non-Departmental Public Body
NHS	National Health Service
NIAO	Northern Ireland Audit Office
NIAS	Northern Ireland Ambulance Service Trust
NIBTS	Northern Ireland Blood Transfusion Service
NPfIT	National Programme for IT
OGC	Office of Government Commerce
PAC	Public Accounts Committee

Abbreviations

PCC	Patient and Client Council
PCIS	Person-Centred Community Information System
PFI/PPP	Private Finance Initiative/Public Private Partnership
PHA	Public Health Agency
PPE	Post Project Evaluation
PSA	Public Service Agreement
RSS	Regional Supplies Service
RPA	Review of Public Administration
RQIA	Regulation and Quality Improvement Authority

Part One:
Introduction



Part One: Introduction

Background

- 1.1.1 The financial audit of the accounts of the bodies comprising the Health and Social Care (HSC) sector in Northern Ireland became the responsibility of the Comptroller and Auditor General for Northern Ireland (C&AG) from 1 April 2003. In June 2009 the C&AG published the second General Report on the Health and Social Care Sector, looking principally at the results of the 2007-08 accounts audits, but also considering some of the important issues identified in the 2005-06 and 2006-07 audits.
- 1.1.2 This report focuses on the results of the 2008-09 audits and also looks back to issues raised in 2007-08.

The Scope of the Audit and this Report

- 1.2.1 The report covers the audits of 16 health bodies. These include all health and social services boards (the boards), all health and social care trusts (the trusts) and a number of agencies and special agencies established by the Department of Health, Social Services and Public Safety (the agencies). It does not cover the results of the audit of the Department of Health, Social Services and Public Safety (DHSSPS/the Department). A full list of the bodies covered is shown at Figure 1.
- 1.2.2 Health service audit is carried out under statute by staff from the Northern Ireland Audit Office (NIAO), although a significant amount of work is contracted out to the private sector. The work of the private

sector firms is completed to NIAO quality standards and the audit certificates are signed by the Comptroller and Auditor General. Quality control is maintained by approving the plans of contractor firms before audit work commences, regular monitoring of the progress of audits and by quality assurance reviews of the completed audit work by Audit Office staff before the C&AG signs the certificate.

Figure 1: Bodies in the Health and Social Care Sector 2008-09 Covered by this Report

Trusts

Belfast Health & Social Care Trust
 Northern Health & Social Care Trust
 South Eastern Health & Social Care Trust
 Southern Health & Social Care Trust
 Western Health & Social Care Trust
 NI Ambulance Service Health & Social Care Trust

Boards

Eastern Health & Social Services Board
 Northern Health & Social Services Board
 Southern Health & Social Services Board
 Western Health & Social Services Board

Agencies

NI Blood Transfusion Service
 NI Central Services Agency
 NI Guardian Ad Litem Agency
 NI Health Promotion Agency
 NI Medical and Dental Training Agency
 NI Regional Medical Physics Agency

Overall conclusion

- 1.3.1 It is becoming apparent that, in the context of delivering health and social care, the sector's performance has undergone a step change improvement in recent years. On measures such as waiting times, prevention of and mortality from heart disease and cancer, the HSC sector is delivering a markedly better service than five years ago. With the implementation of revised structures under the Review of Public Administration (RPA), new pay regimes for health and social care professionals and staff and a considerable capital investment in the health estate, the building blocks for making and sustaining further progress are being established.
- 1.3.2 The financial stability of trusts is coming under increased pressure and this has the potential to affect the HSC sector's performance on some key targets. In addition, the required HSC response to swine 'flu and the need to hold back funding to offset outstanding deficits may also adversely impact upon progress to date and the ongoing achievement of its objectives. For example, a range of service developments have been necessarily delayed in the short term (including bowel cancer screening and some services for people with long-term health conditions such as stroke and heart disease). The Minister has also highlighted that further progress in reducing waiting times in Accident and Emergency and incidences of healthcare related infections is necessary. The challenge of embedding good governance - in all aspects of the HSC sector's work - remains ever present.
- 1.3.3 Realising the benefits of major change programmes of recent years is an important challenge for the health and social care sector. Progress has been achieved, undoubtedly, but direct evidence of the contribution to this made by, for example, RPA and the Agenda for Change (AfC) is limited. The monitoring of the monetary benefits from the first phase of RPA, i.e. the reduction in the number of trusts, is fully integrated in the Department's Comprehensive Spending Review efficiency monitoring arrangements. However, both of these initiatives are still ongoing and the Department has established plans to undertake formal benefits realisation plans. We look forward to the outcomes of these. They are likely to have much to say to inform the major change process elsewhere in the public sector.

Part Two: Performance



Part Two: Performance

2.1.1 The Department requires that health and social care bodies meet a number of financial targets each year, and that they disclose their financial performance in their annual reports. Some of these targets are statutory, while others represent best practice.

2.1.2 This section provides an overview of health and social care bodies' financial and operational performance in 2008-09.

Overall financial performance

2.2.1 Trusts are required by statute to ensure that their income is sufficient to meet their expenditure taking one year with another -

the break even duty¹. An explanation must be provided in the accounts if a deficit of greater than 0.5 per cent of income arises. The Department requires that agencies and boards conform to the general requirement of good financial management and specific targets have been established for these bodies to break even each year.

2.2.2 Two trusts failed to achieve break even in 2008-09. The Northern Trust reported a deficit of £958,000 and the Belfast Trust's deficit was £511,000. However, these deficits were well within the tolerance limits of 0.5 per cent of income. The remaining trusts reported surpluses of between £38,000 and £670,000. The Western Trust achieved a surplus of £44,000 and

Figure 2: Trusts' financial outturns 2008-09 and 2007-08



Source: HSC trusts' accounts, 2008-09 and 2007-08

1. Article 15 (1) The Health and Personal Social Services (Northern Ireland) Order 1991

as a result, the Department confirmed that it would not be required to make good the £3.4m deficit inherited from the Sperrin Lakeland Trust at 1 April 2007.

2.2.3 A number of factors contributed to these results. All trusts experienced a significant increase in expenditure on healthcare provided by the private sector, largely as a result of the drive to meet waiting list access targets whilst at the same time responding to increasing demand for these services. The costs of utilities (gas, oil, electricity) also rose to a peak during the early part of the year. A considerable decline in income from interest on bank deposits was also experienced in 2008-09 as new arrangements, to ensure the more timely draw down of cash, were introduced by the Department in compliance with Department of Finance and Personnel (DFP) treasury management requirements. For example, this reduced the level of investment income available to the Northern Trust by £3.5m compared to 2007-08.

2.2.4 Two boards, Eastern and Southern, returned small revenue deficits in 2008-09 of £39,000 and £86,000 respectively. Each of these results was well within the tolerance limit of 0.5 per cent of turnover set by the Department. The other boards returned small surpluses. Agencies were able generally to contain their expenditure within their income this year, although the Central Services Agency returned a deficit of £66,408.

2.2.5 The HSC financial regime includes a number of other financial targets:

- the Capital Resource Limit (CRL), a fixed annual capital spending limit for each trust, set by the Department;
- the commissioning administration ceiling (commissioning cost), a statutory target for the administrative costs at each board of commissioning health and social care from providers, set by the Department as a percentage of relevant income;
- management costs, a best practice measure of trusts' efficiency. All trusts are expected to maintain their management costs² within a ceiling of 5 per cent of overall expenditure; and
- the prompt payment policy, a best practice measure, applies to all HSC bodies³. No actual target for performance is set, but best practice suggests that 95 per cent of payments to creditors should be made within 30 days.

2.2.6 Performance against these targets was generally sound. All trusts met their CRL in 2008-09, as did the agencies⁴. The Department spent £204m capital, 99.8 per cent of its capital budget allocation of £204.3m. DHSSPS attributed this to its pro-active management by ensuring it made full use of and invested all of its available capital resources. Management costs were contained within the 5 per cent ceiling in five trusts, with only the Northern Ireland Ambulance Service (NIAS) returning above this figure. While it returned a figure of 6.92 per cent, the

2. The calculation of management costs is based on the Audit Commission definition and reflected in Departmental guidance to trusts

3. The Department requires that all HSC bodies pay their non-HSC trade creditors in accordance with the Confederation of British Industry's Prompt Payment Code and associated Government Accounting rules, and that they disclose annually the extent to which they comply with these requirements

4. With the exception of the Guardian Ad Litem Agency which was marginally over by £404.

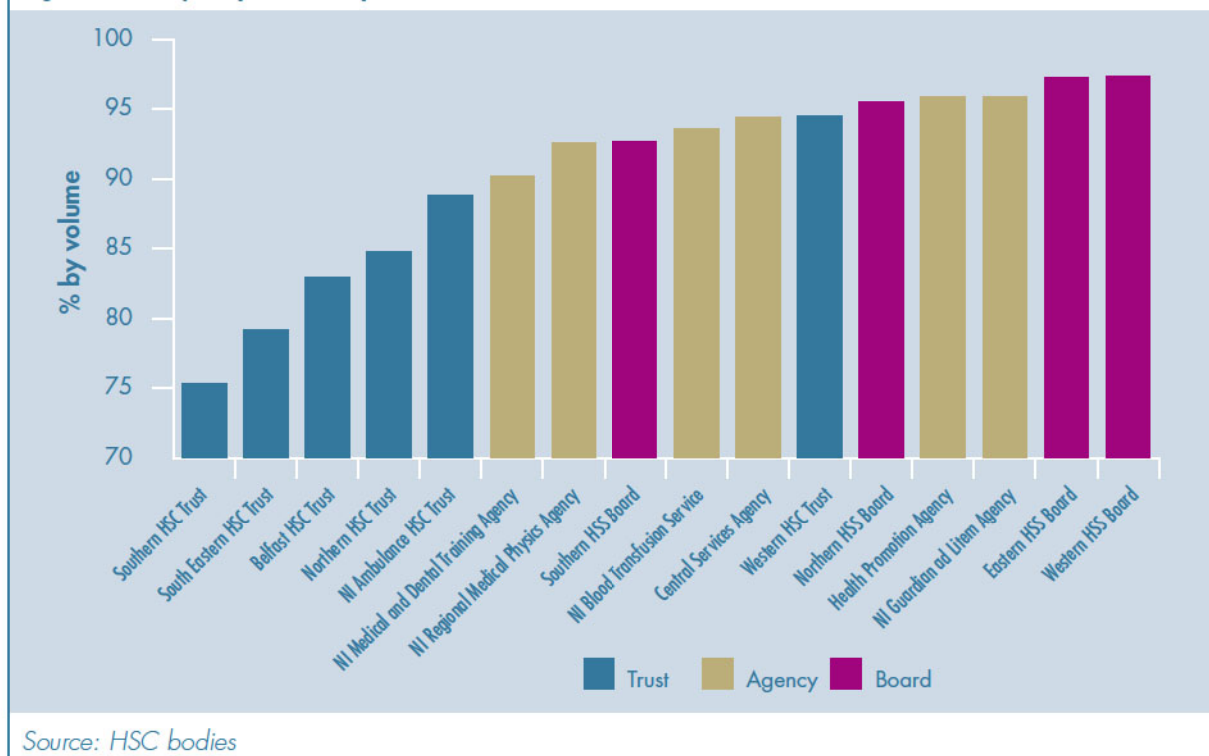
Part Two: Performance

Department advised that this was in accord with other ambulance trusts in the UK. NIAS shows a figure of 6.32 per cent (adjusted for capital charges to compare with other UK ambulance trusts) compared to the median of other ambulance trusts of 6.47 per cent in 2008-09. As a much smaller organisation in terms of income and employees, compliance with good governance in the Ambulance Service means that management costs are relatively higher than in larger trusts. The boards continued to focus on commissioning costs, reporting costs as a percentage of relevant income of between 0.95 per cent (in the

Eastern Board) and 1.45 per cent (the Southern Board). All the boards met their commissioning costs' targets.

2.2.7 As in 2007-08, the common exception to this performance was in compliance with the prompt payment policy. Only five out of sixteen bodies – the Northern, Western and Eastern Boards, the Health Promotion Agency, and the Guardian Ad Litem Agency - achieved the 95 per cent target (see Figure 3). Nevertheless, this is an improvement on the last year's results, when only one HSC body achieved the target.

Figure 3: Prompt Payment Policy 2008-09



2.2.8 While some bodies came close to meeting the target – the Western Trust and the Central Services Agency both achieved above 94 per cent - the overall picture is one of average compliance at around 91 per cent, an improvement on last year's average (90 per cent). However, some bodies fell well below the target: the Southern and South Eastern trusts achieved 75.3 per cent and 79.2 per cent respectively. It is clear that HSC bodies need to remain focused on achieving the standard expected. The Department continues to monitor performance in compliance with the policy. Given these results, the DFP request to departments and agencies in November 2008, to support a ten day target for prompt payments, and to report performance against the ten-day commitment on a more frequent basis⁵, presents a major challenge to the HSC sector. The Department reminded HSC bodies of their obligations on this front, in February 2010.

Operational performance

2.3.1 The sector's performance in delivering health and social care improved again in the year to 31 March 2009. The Minister's announcement in June 2009 highlighted a number of successes:

- significant improvements in waiting times for in-patient, diagnostic and outpatient treatment;
- reductions in healthcare associated infections, for example, methicillin-resistant staphylococcus aureus (MRSA);

- the resettlement of increasing numbers of long stay mental health and learning disability patients in the community; and
- the NI Ambulance Service responded to 74 per cent of Category A (life threatening) calls within 8 minutes in March 2009.

2.3.2 Maintaining this improvement could prove to be a challenge. Monitoring reports in 2009-10 show a varying position with, for example, the September 2009 quarterly results showing a decrease in the total number of people waiting for a first outpatient appointment but an increase in the number of these patients waiting over the nine weeks target. The total number of patients waiting for diagnostic services had decreased from the previous quarter, but this was still higher than the previous year and more were waiting over the maximum waiting time target. Clearly, this aspect of health sector performance will require continued attention.

2.3.3 In his June 2009 statement, the Minister also pointed to the areas where performance needs to improve further:

- further reductions in healthcare associated infections are necessary; and
- some patients still wait longer than they should for treatment. Urgent improvements in this regard are necessary in Accident & Emergency services. We reported on this subject in April 2008⁶.

5. Circular DAO(DFP) 12/08, Department of Finance & Personnel, 27 November 2008

6. *Transforming Emergency Care in Northern Ireland*, NIAO, April 2008

Part Two: Performance

Obesity & diabetes

2.3.4 We published our report, *Obesity and Type 2 Diabetes in Northern Ireland* in January 2009⁷. This examined what contribution the Department's investment in health promotion had made to preventing the occurrence of Type 2 diabetes.

2.3.5 The increasing levels of obesity and diabetes in Northern Ireland are of concern to the Department, and the link between the two conditions is well known and acknowledged. The need to tackle obesity through addressing lifestyle factors such as physical activity and eating habits is also well established and the Department told us that it has been part of its overall public health approach to the issue for a number of years – reflected in the work carried out in the mid-1990s in developing a physical activity strategy and work to develop a food and nutrition strategy. More recently, as the evidence base for childhood obesity has become clearer, the Department has increased the focus on tackling childhood obesity through a cross-departmental strategy *Fit Futures*⁸. A Public Service Agreement (PSA) target has also been established aimed at halting the rise in childhood obesity. There is currently one 2008-11 PSA target on obesity, performance against which is measured by two indicators:

Target: *By 2011, halt the rise in obesity.*

Indicators:

- *By 2011, stop the increase in levels of obesity among children aged 2-10;*

- *By 2011, stop the increase in levels of obesity among adults aged 16+.*

2.3.6 Following the publication in Great Britain of *Foresight – Tackling Obesities: Future Choices*⁹ in October 2007, the Department adopted a strategic approach to obesity, putting in place an Obesity Prevention Steering Group, supported by four Advisory Groups addressing the issues of physical activity, food and nutrition, education and prevention, and data collection and research. These groups will take forward the *Fit Futures* recommendations and also advise the Department on the development of a strategic framework to tackle obesity across the whole of the Northern Ireland population. The Obesity Prevention Strategic Framework is planned for publication in June 2010.

2.3.7 While addressing the problem of obesity has been a Departmental priority since the mid-1990s, the full impact of its primary prevention strategies on reducing the burden of Type 2 diabetes has still to be realised. Against this background, our review looked at how health promotion activities could be strengthened in order to deliver behavioural interventions capable of providing cost-effective benefits. In addition, we found scope to improve the evidence base and the targeting and monitoring of effort.

2.3.8 The Department states that it has already begun to consider the findings within the report and is seeking to identify any areas for specific further action. As noted, there are actions in train to address what is very

7. *Obesity and Type 2 Diabetes in Northern Ireland*, NIAO, January 2009

8. *Fit Futures: Focus on Food, Activity and Young People*, Report to the Ministerial Group on Public Health, December 2005.

9. *Foresight – Tackling Obesities: Future Choices*, Government Office for Science, Department of Innovation, Universities and Skills, DIUS/2K/10/07/NP, October 2007.

much a worldwide trend in growth in both obesity and diabetes.

Financial outlook

Revenue

- 2.4.1 Financial pressures on HSC bodies continued to build in 2009-10. The new Health and Social Care Board (HSCB), established on 1 April 2009 following the dissolution of the four health and social services boards, played a leading role in managing resources of more than £4bn for health and social care services in 2009-10. Once again, trusts were predicting deficits throughout the early part of the year. The Belfast Trust initially forecast a £40m shortfall. After implementing contingency plans and other cost saving measures, and receiving additional income in recognition of the exceptional demand pressures in 2009-10, the Trust was again in a position to forecast break even as the year end approached. The Northern Trust was initially predicting a £14.7m deficit and by midyear, this had declined to a forecast deficit of some £29m. However, implementing contingency plans and other savings measures, and receiving further funding support has enabled the Trust also to forecast breakeven in the run-up to the 2009-10 year end. As regards the other HSC trusts the pattern in 2009-10 has been similar, if somewhat less severe, but again in all cases it is now anticipated that they can achieve effective break even in 2009-10.
- 2.4.2 In the light of the indications of threatened shortfalls at earlier stages of the 2009-10 year, we were unable to provide positive assurances to the Department about trusts' financial standing at the conclusion of the 2008-09 audits. The Department continues to monitor closely the financial position of all HSC organisations on an ongoing basis and requires individual organisations to take corrective action where necessary in order to achieve the mandatory break even target. As indicated above, significant progress has been made in resolving the financial position for 2009-10, and it now appears that the necessary overall financial balance will be regained by the end of the year. Going forward into 2010-11, the challenge will be to balance financial resources with the need for continual improvement in performance, while at the same time responding to ever increasing demands for services.
- 2.4.3 During 2009-10 the World Health Organisation declared the world wide outbreak of swine 'flu to be a pandemic, albeit of moderate severity. Its impact in Northern Ireland rolled out through 2009-10 with a phased vaccination programme for vulnerable groups. By February 2010, the Minister declared that around 327,000 people had been vaccinated, and although swine flu had contributed to the deaths of 18 people in Northern Ireland, the virus was by then circulating much less widely in the community. Nevertheless, it was recognised that any significant outbreak would place considerable pressure on healthcare resources. With the estimated 2009-10 costs revised to some £44m as at February 2010, plans have been

Part Two: Performance

reformulated. The Department continues to recognise swine flu and other pandemic threats as a major risk factor in its financial planning.

Capital

2.4.4 The Investment Strategy for Northern Ireland earmarked £728m to be spent on improving primary care and hospital modernisation against a £1.1bn bid for resources. The £728m included assumed annual income from disposal of surplus assets totalling £95m. Failure to achieve this level of income effectively reduces the available capital budget. The Department advised us that the economic downturn and the impact on the local property market has rendered the £95m unattainable and it revised its estimate to £45m. This means that the available budget has been cut to £678m. These funds will modernise and reform health infrastructure and help to transform health and social care delivery by providing more treatment and care in local, community based settings, reducing the need for hospital admissions. At the same time, investment in a series of core acute hospitals across the region, and in local hospitals, has begun to modernise an estate which, in many cases, dates from the late 19th and early 20th centuries.

2.4.5 To this end, the Department invested more than £204m in 2008-09 on a range of schemes across the hospital and primary care sectors, including major projects such as Ulster Hospital Redevelopment Phase A, Downe Enhanced Local Hospital, Altnagelvin Area Hospital Redevelopment and the Royal Victoria Hospital Phase 2B

Critical Care Building. A further £190m has been invested in 2009-10, which, in addition to the above schemes, will also enable several other priority schemes to move forward including: the Trauma & Orthopaedics Unit at Craigavon Area Hospital; Portadown Health & Social Care Centre; and Regional Adolescent and Child & Family Units at the Forster Green site. The total estimated costs of the major projects in the HSC sector are more than £1.1bn over the next ten years.

2.4.6 In working towards these goals, the strategy established a number of key milestones:

- a new local enhanced hospital at Downpatrick by 2009. This facility opened in June 2009;
- a new mental health facility at Gransha Park by 2010. Funding restraints have required this scheme to be delayed by at least two years. Design of the facility is now complete and work is in hand for the scheme to go out to tender;
- completing Phase A of the Ulster Hospital redevelopment by 2010. This project remains on schedule for completion;
- opening five new health and well-being centres by 2011 at the Grove, Castlereagh, Andersonstown, Shankill and Portadown. The Grove, Castlereagh and Portadown centres have been completed. Shankill and Andersonstown will complete by 2011;

- opening the new South West acute hospital by 2012. This PFI scheme remains on schedule for completion by the target date; and
- a new local enhanced hospital in Omagh by 2013. The Department has requested a reassessment of value for money offered by the procurement route for this scheme. Until that work is complete, it is not possible to confirm the timescale.

2.4.7 We remain engaged with the Department in reviewing technical accounting advice on PFI/PPP projects – most recently, on the South West hospital project - and in considering the value for money of the proposals. We will continue to review the progress of the HSC capital programme in the coming year.

Part Three:
Health service initiatives

Health Care
Reform?



Part Three: Health service initiatives

3.1.1 In our last General Report we commented upon a number of the major change programmes in the health and social care sector, including new professional contracts for consultants, GPs and health and social care staff and the continuing organisational changes arising from the Review of Public Administration (RPA). In this section, we discuss more recent developments in:

- the Review of Public Administration; and
- Agenda for Change.

Review of Public Administration

3.2.1 The latest phase of RPA in health and social care saw the establishment on 1 April 2009 of the new Health and Social Care Board (HSCB), the Business Services Organisation (BSO), the Public Health Agency (PHA) and the Patient and Client Council (PCC). These new organisations replaced and subsumed the functions of:

- the four health and social services boards;
- the Central Services Agency;
- the Health Promotion Agency; and
- the four health and social services councils.

In addition, a number of functions housed formerly within the Department and the Beeches Management Centre, such as IT

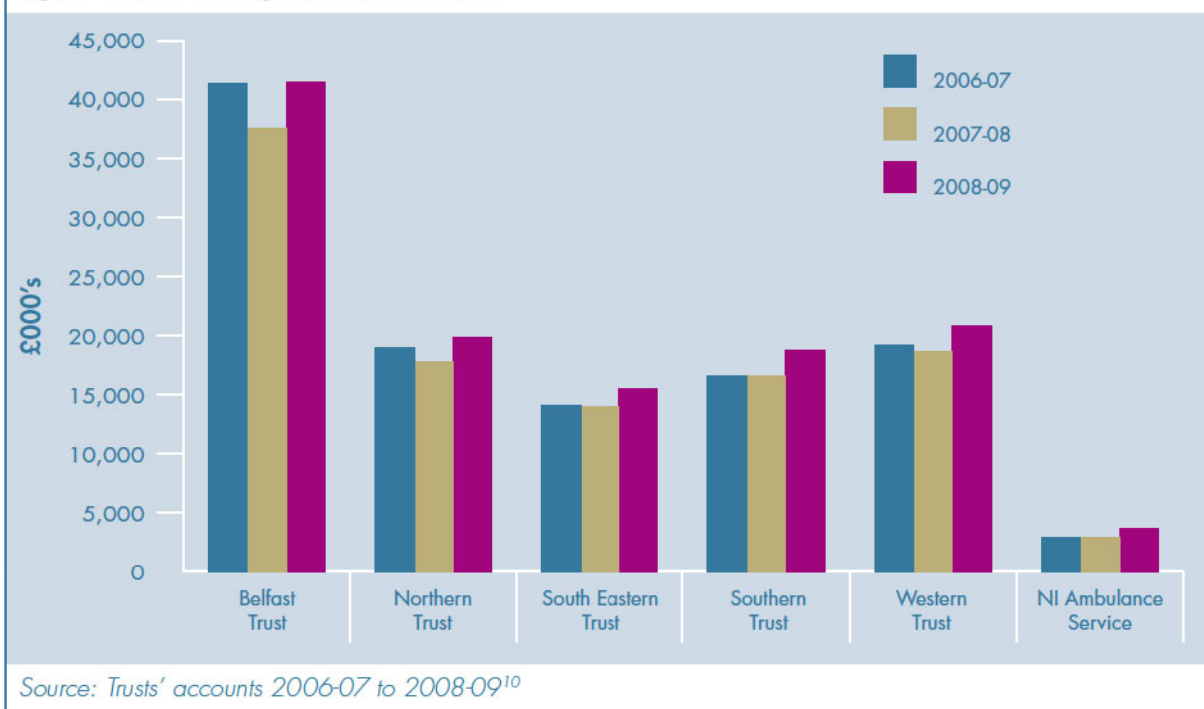
support and internal audit, transferred to the Business Services Organisation.

3.2.2 In our last General Report we commented upon some of the challenges faced by the organisations newly created under RPA - of integrating the diverse financial and operating systems of the predecessor organisations; of maintaining a skilled and committed workforce in a time of change and uncertainty; and of creating a unified organisational culture in the new body - and observed that the benefits of the reorganisation could take some time to emerge. Certainly, the Department does not expect that the final RPA phase will be completed until 2011. However, there are some emerging indicators.

3.2.3 The first phase of RPA in the health and social care sector created five trusts from a series of mergers of eighteen smaller, legacy trusts on 1 April 2007. The NI Ambulance Service (NIAS) was unaffected by the RPA restructuring. Amongst a range of success factors for RPA was an overall reduction in management and administration costs. Analysis of the management costs reported in the 2006-07 accounts of the nineteen legacy trusts shows a total spend of over £113m. In 2007-08, the six new trusts reported spending on management of £107.5m, a saving of £5.6m. By 2008-09 however, the trusts' management costs had risen to £120m.

3.2.4 The gains of 2007-08 disappeared in 2008-09: two years after the creation of the new trusts, their management costs had risen to exceed those of the legacy

Figure 4: Trusts' management costs 2006-09



trusts by £7m in cash terms. This overall rise included some significant increases in individual bodies. Management costs in the NI Ambulance Service rose by 27 per cent and in the Southern Trust (including its legacy trusts) by 13 per cent, between 2006-07 and 2008-09. On this evidence, it remains to be seen whether the targeted RPA reductions in management costs will be achieved.

3.2.5 However, the Department has emphasised the importance of putting the increase in management costs into context, and explained that a contributing factor to the increase in 2008-09 was the large rise in employer's superannuation costs (on 1 April 2008 this increased from 7 per cent

to 15.7 per cent). In addition, 2006-07 and 2008-09 saw the assimilation of managers to Agenda for Change bands. This accounted for all of the growth in the NI Ambulance Service management costs over the period. The Department asserts that when the 2006-07 management costs are rebased to 2008-09 levels factoring in inflation, Agenda for Change contracted progression and a change in employer's superannuation rate, there is a real terms savings on management costs of almost £6.7m.

3.2.6 A wider perspective of the impact of RPA is that trusts have been set a target of achieving £38m in reduced costs across their entire operations as a result

10. 2006-07 figures amalgamate the management costs of the legacy trusts which merged to form the new trusts on 1 April 2007

Part Three: Health service initiatives

of reorganisation by 2010-11. Against an interim target in 2008-09 of £18m in efficiency savings, trusts achieved £19m. The interim cumulative target for 2009-10 is £37m, that is, trusts will need to achieve a further £18m. Overall, the HSC sector plans to deliver efficiency savings of £53m as a result of RPA by 2010-11. The savings to be delivered by the trusts are: Belfast £13.4m, South Eastern £6.4m, Southern £5.5m, Western £5.7m and Northern £7.2m. The minimum efficiencies to be delivered by 2010-11 from the RPA bodies formed on 1 April 2009 have been set as follows: HSCB £4.96m, PHA £1.96m, BSO £1.99m and PCC £0.11m, with a further £1.4m to have been decided upon in January 2010. A further £4m of savings will be delivered through the shared services organisation, the BSO.

3.2.7 These savings are not without cost. By September 2009, the cost of RPA related voluntary redundancies and voluntary early retirements on the grounds of redundancy, in the five new trusts, had exceeded £48m. The Department told us that, overall, it expects to spend £74m in this way, in bodies affected by RPA, by the time the process is complete.

3.2.8 The advent of the new bodies on 1 April 2009 creates some new challenges. In particular, the structure provides for a high degree of integration between the bodies, and with the rest of the HSC sector. The HSCB will be responsible for ensuring the effective use of £4bn to be spent on commissioning health and social care. A single integrated commissioning plan will be developed in partnership with and

with the agreement of the Public Health Agency. The HSCB's Local Commissioning Groups are co-terminus with the five trusts, and aim to drive effective locality based commissioning. The HSCB will also need to work closely with the Department, trusts, the PHA and the Regulation and Quality Improvement Authority to deliver on a wide range of objectives. For its part, the BSO will provide key support services such as procurement across the HSC sector, as well as providing financial management services to a number of agencies and NDPBs. The PCC is charged with representing the interests of patients and clients in the commissioning and delivery of health and social care services. Effective partnership working by all parties will clearly be a necessity for success under these arrangements.

3.2.9 The Department's Modernisation and Improvement Programme Board has agreed a RPA benefits realisation plan to facilitate monitoring of the overall benefits anticipated by the programme. These include financial benefits and others, such as benefits in health and social care outcomes. Some of these benefits will not start to materialise until after the reforms have been implemented. It will therefore be important to maintain the benefits realisation plan beyond project delivery through to complete realisation. Also important will be mechanisms to measure specifically the achievement of the benefits identified within the plan. While some of the projected benefits include hard monitoring data, such as costs and staff numbers, others identify less specific measurements, for example

using the accountability framework to measure progress. The Department will need to ensure that it establishes robust measurement of all the benefits anticipated from RPA. It may also be useful to include stakeholders' views – those of patients, clients, staff and the wider public – in the benefits assessment process. We will monitor the Department's progress closely.

Agenda for Change

- 3.3.1 The Minister's announcement in June 2008 that all HSC staff had been assimilated at the new pay points was a significant milestone in the Agenda for Change (AfC) process. A UK wide initiative, AfC provided for a new pay structure for health and social care staff. Commencing in December 2004, it affected more than 60,000 HSC employees in Northern Ireland.
- 3.3.2 The process has been intensive. All staff either had their job matched to a benchmark job profile or where that was not possible, the job was subject to a job evaluation. Once a job was graded and checked for consistency, a transfer from the old pay system to the new system was affected. Inevitably, this took some considerable time. Even after the Minister's announcement, the process was not complete. Whenever the assimilation took place, its effective date was in October 2004: consequently, arrears of pay had to be calculated and paid. Staff appeals against their re-grading had still to be heard. In a minority of cases, re-grading resulted in staff being assimilated at pay points lower than under the old pay system and overpayments of salary had to be recovered.
- 3.3.3 Given the sheer scale of the exercise the progress made has been impressive, although it has taken considerably longer than envisaged. It has also not been without its problems. The internal auditors at the trusts, the largest employers in the HSC sector, have reported consistently on significant levels of error in the overpayment calculations. There are, inevitably, some unhappy employees: for example, the Northern Trust is dealing with around 600 requests (covering 2,000 employees) from staff to have their Agenda for Change grading reviewed. The recovery of overpayments has generally been pursued by HSC bodies in line with established guidance, but this has also presented difficulties.
- 3.3.4 At the Northern Ireland Medical and Dental Training Agency, errors in the calculation and assimilation process resulted in overpayments to staff of £22,000 in 2007-08. Ordinarily, this would not be a matter for particular concern. However, £9,000 of the overpayment was made to two senior officers responsible for the process. The Agency did not initially seek to recover the overpayments; neither did it re-assimilate staff at the correct points on the pay scale. As a consequence, the overpayments increased during 2008-09 to a total of £34,000. This matter caused us to qualify the regularity opinion and issue a report on the Agency's 2008-09 accounts. The Department has requested that the Agency makes efficiencies each

Part Three: Health service initiatives

year within its existing budget allocation to meet the overpayment incurred. This will be a reducing figure as individuals reach their correct pay point over time.

3.3.5 A key part of AfC is a process for encouraging staff development and improving staff performance known as the Knowledge and Skills Framework (KSF). With the emphasis upon the assimilation process, progress in establishing the KSF has, so far, lagged behind. It was intended that all HSC staff should receive an annual performance review under the KSF, with its associated personal development plan. For most staff, this is not yet a reality. There is an intention within the AfC regional joint working group (including representatives from the Department, HSC employers and the trade unions) to focus on the full implementation of the KSF in 2009-10. With this in mind, the Department launched the Regional Learning and Development Strategy in April 2009. It will be important to support this with detailed action plans to deliver the resources necessary for success, for example, training needs assessments, the associated IT structure and funding for training.

3.3.6 As the process of implementing AfC draws to an end, the focus will shift to realising the benefits. The experience in the NHS demonstrates some of the pitfalls and these are highlighted in the report of the Westminster Public Accounts Committee¹¹ published in June 2009 (although these relate to the Department of Health and the National Health Service in Great Britain, there are lessons for DHSSPS and the

HSC in Northern Ireland). The Westminster Report highlighted that:

- the Department of Health and NHS trusts did not establish ways of measuring the effects of Agenda for Change and there was no active benefits realisation plan;
- the NHS pay bill for staff employed on Agenda for Change terms and conditions of service had risen by 5.2 per cent a year on average since 2004-05 while productivity fell by 2.5 per cent a year on average between 2001 and 2005; and
- by autumn 2008 (nearly two years after trusts had completed transferring staff to Agenda for Change terms and conditions and pay rates) only 54 per cent of staff had participated in a knowledge and skills review.

3.3.7 The Department will need to ensure that it can demonstrate clearly the impact of AfC in its mission to improve the health and social well-being of the people of Northern Ireland. As the process draws towards its conclusion, it is perhaps an appropriate point to undertake an initial benefits assessment. The Department has plans to undertake a review of benefits realisation. For our part, we will consider this subject further in the coming year.

11. HC 310, Westminster Public Accounts Committee 'NHS Pay Modernisation in England: Agenda for Change'

Part Four: Project Management – ICT Projects



Part Four: Project Management – ICT Projects

4.1.1 Project management is defined by the Office of Government Commerce (OGC) as a unique set of co-ordinated activities, with definite starting and finishing points, undertaken by an individual or team to meet specific objectives within defined time, cost and performance parameters. There is no established approach to guarantee that a project is successful, but there are several proven techniques available to help plan and manage projects. The principles of project management are well-embedded in the public sector.

4.1.2 Nevertheless, the history of information communication technology (ICT) projects in the UK public sector provides a number of examples of failed project management. The National Audit Office recently reported on the National Offender Management Service's attempt to build a single offender management IT system for the prison and probation services. It found the project had not delivered value for money, hampered by poor management leading to a three-year delay, a doubling in project costs and reductions in scope and benefits.¹² Other reports, such as that on the National Programme for IT in the NHS¹³, have also raised significant project management issues.

4.1.3 Our audit in 2009 identified a number of ICT projects in the HSC which, for various reasons, did not deliver the benefits expected. These included:

- the Person-Centred Community Information System (PCIS);

- the Electronic Prescribing and Eligibility System (EPES); and
- the GMS probity (IT services) project.

4.1.4 There was also a backlog in post project evaluations (PPE) of completed projects within the HSC which has now been addressed by the Department. We discuss each of these issues below.

Person-Centred Community Information System

4.2.1 PCIS was conceived as a means to address the information needs of the community sector of the HSC by way of a single ICT solution to be used by 10 community trusts to replace all of their ICT systems across social care, mental health, children's and community services. PCIS commenced on approval of a project initiation document in August 2000. An invitation to tender for the provision of ICT services was placed by the Department in January 2001. From 23 expressions of interest, six tenders were received. Due to the scale and complexity of the requirement and the number of stakeholders, short listing took six months. Contract negotiations with three potential suppliers began in October 2002.

4.2.2 The Department told us that the procurement process had to cope with substantial change, with the result that subsequent activities were protracted. With OGC guidance, the original objective was to establish a framework contract from which trusts could purchase elements of the overall solution as

12. The National Offender Management Information System, National Audit Office, March 2009

13. The National Programme for IT in the NHS, National Audit Office, May 2008

and when funding became available. However, in April 2004 central funding was secured and, based on OGC advice, the objective of the procurement became the establishment of a single contract for the delivery of the PCIS solution. Contracts were then negotiated and well advanced when, in early 2005, in common with other major public sector contracts, OGC required PCIS to change to its new National Programme for IT (NPFIT) contract terms and conditions rather than using the model recommended previously. As a result, the project lost a further 7 months in re-writing contract terms and conditions to the NPFIT format.

4.2.3 One of the candidates withdrew in June 2004, due to a change in their business direction, but by November 2005, draft contracts with the remaining bidders were in place. The non-financial evaluation concluded in January 2006. During the Best and Final Offer (BAFO) evaluation, which commenced in January 2006, concerns were raised over the commercial viability of one of the bidders. Following a period of intense "due diligence" this bidder withdrew in October 2006. The evaluation process was completed with the formal conclusion that the remaining bidder and its solution were acceptable. This bidder was awarded "preferred bidder" status in November 2006. A final business case, containing the preferred bidder's BAFO costs and contractual timescales, was approved in July 2007. However, during the process leading to the signing of the contract, serious concerns emerged over the preferred bidder and its nominated sub-contractor.

The preferred bidder sought to lengthen already agreed delivery timescales and increase already agreed costs, and made requests to change previously agreed terms and conditions. Once it transpired that the preferred (and only remaining) bidder was unable to meet its best and final offer commitments, the procurement was terminated in October 2007.

4.2.4 By this time, the overall project had spent more than £9.3m. £7.7m of this was spent on service modernisation, £4.3m of which was provided by the Executive Programme Funds (EPF) Modernisation Fund. The EPF post project evaluation report indicated that the EPF funding was spent productively on service improvement. The independent "Review of the PCIS Procurement Project" in January 2008 also concluded that PCIS had made a considerable contribution to service modernisation and that solid foundations had been laid for any successor project. Nevertheless, it also recognised that while the failure of the procurement was in the end due to the inability of the bidder to meet its best and final offer commitments, there were wide ranging lessons to be learned and that important project management disciplines were lacking:

- the need for 'the right people, with the right skills at the right time' was not met (the report concluded that PCIS was under resourced for an exercise of this scale and complexity);
- a distinct budget for project management costs was not established and monitored;

Part Four: Project Management – ICT Projects

- there was no evidence of a formal procurement strategy being established before the original tender in January 2001, although the project formally agreed and documented the procurement route to be followed and the Office of Government Commerce was involved throughout, providing ongoing professional procurement advice and guidance; and
- time taken to complete key procurement activities was excessive. The Department told us that this was largely due to the scale and complexity of the requirement and the number of stakeholders as well as the changes in circumstance.

4.2.5 The cost of the project was £9.3m. Of this, £7.7m was spent on service modernisation by the trusts, which wrote off £0.8m in 2007-08 as a result of the termination of the procurement. Of the remaining £1.6m, the Department was able to use £0.33m of PCIS assets on other projects and wrote off other expenditure worth £0.34m in 2007-08. A series of re-usable products were also developed and lessons learnt which the Department believes will bring significant benefit to future projects in this area.

Electronic Prescribing and Eligibility System

4.3.1 The EPES project was initiated by the Department to explore the feasibility and potential benefits of a system to apply ICT solutions around the prescription process and to support fraud control within the health and social care sector. A business

case was approved in May 2006 and, following a competitive procurement process, the system was implemented and operational on 1 May 2008.

4.3.2 The original primary objective of EPES was to identify and reduce prescription fraud committed through false patient exemption claims. Secondary objectives were around improving the laborious business processes within the Central Services Agency. To this end, the Department budgeted for £16.8m in resources over the period 2006-07 to 2013-14 (£4.3m in capital, £12.5m in revenue funding). The anticipated financial benefits, in reduced fraud and improved business processes, were estimated to be more than £60m¹⁴.

4.3.3 In practice, these are unlikely to be realised. The Ministerial announcement in September 2008 of the introduction of free prescriptions in Northern Ireland from 1 April 2010 in effect negated EPES' primary purpose and its anticipated financial benefits.

4.3.4 This is not to argue that the system has no value. Outdated business systems and processes in the Family Practitioners Service have been replaced and the Counter Fraud Unit in the new Business Services Organisation (BSO) has access to an enhanced range of data to facilitate its work.

4.3.5 The Department told us that, in the absence of prescription charges, patient fraud with regard to prescription payments ceases to be an issue. So the business case for EPES was revisited and it was concluded that

the system - which can provide data on the patient's identity, age, social security status, identity of the prescribing GP or other health professional, prescription items prescribed and dispensed (as well as exemption claim status and whether any evidence of eligibility was produced) - would continue to offer an invaluable resource of information on prescribing and dispensing probity, and assist in the identification of other fraudulent activity in the prescription service. This would, of itself, justify its introduction (for example, to examine prescribing and dispensing trends, to provide a link between primary and secondary care drugs data at individual patient level, or for probity purposes) even if prescription fraud were no longer an issue.

4.3.6 Moreover, it told us that EPES has already:

- given the HSC sector one of the first, fully patient-centred prescribing databases in Europe, that will continue to have a positive impact in the assessment of patient safety, the probity of the prescribing cycle, prescribing costs, and treatment outcomes;
- computerised the BSO payments processes for the cost of drugs dispensed and dispensing fees, which have previously been paper-driven. This is a major operation dealing with some 1.4 million prescription items a month, and rising, currently at a rate of some 5 per cent a year (as in other parts of the UK);

- allowed electronic on-line access to scanned images of the prescriptions, saving time, costs and effort in manual prescription retrieval from off-site storage and internal office handling;
- allowed the probity in medicine prescribing, ophthalmic provision and dental services, to be cross referenced against individual practitioners, patients and their associated demographics;
- reduced the dangers and errors that arise from unclear or illegible prescriptions, thereby improving patient safety; and
- improved the efficiency and accuracy of reimbursement to pharmacists.

4.3.7 The full benefits of EPES to the business process will not be realised until the Department can reach agreement with the Pharmaceutical Contractor Committee, who represent the community pharmacists in Northern Ireland, on implementing the second phase of the project to allow the electronic transfer of monthly claims and payment files between community pharmacies and the BSO (known as eClaims). At this time, there is no sign of agreement being reached. As a result, and recognising these wider issues, the EPES project has re-evaluated and re-assessed the benefits and projected spend for the completion of eClaims. A revised and updated business case for EPES (Phase 2 eClaims), which reduces the anticipated spend to £5.7m, is currently under

Part Four: Project Management – ICT Projects

review by the Department to assess if the introduction of eClaims remains a feasible and value for money option.

GMS probity project

- 4.4.1 A new General Medical Services (GMS) contract was implemented across the UK on 1 April 2004. Updated guidance on post payment verification by the boards was issued by the Department in July 2006 to take account of the new contract. In response, the boards agreed that an ICT based approach should be taken to routine post payment verification. The Eastern Board, on behalf of the four boards, proceeded to tender through the Regional Supplies Service for an IT consultant to produce a suite of queries for use in GMS probity checking in 2006.
- 4.4.2 A contract valued at £58,000 was awarded in February 2007 to the only tenderer. However, progress was slow, due to problems with the software used to write the enquiries and to the withdrawal of GPs' cooperation in the pilot to test the new suite of queries. Consequently, the contractor was able to deliver only a limited proportion of the objectives built into the contract as triggers for payment.
- 4.4.3 In September 2007, the contractor issued a compensation claim for £45,000 in addition to the value of the contract. The Eastern Board, acting on legal advice, terminated the contract from 4 April 2008 while continuing negotiations with the contractor. These proved unsuccessful and in June 2008 a writ was served on all the

boards for the fair value of the contract, the compensation claim and damages. The claim was settled out of court for £50,000 plus costs and each of the boards reported its share of the losses in the 2008-09 accounts.

Post project evaluations

- 4.5.1 It is a core principle, set out in HM Treasury's Green Book (promulgated in Northern Ireland by the Department of Finance and Personnel), that when a policy, programme or project has been completed, it should be evaluated to examine the outturn against what was expected and to ensure that lessons learned are fed back into the decision-making process. DFP's Practical Guide to the Green Book (currently being revised) and other documentation provides further guidance on when, and how, these evaluations should be carried out.
- 4.5.2 At the time of this review in 2009, forty one such policies, programmes and projects – covering capital, revenue and ICT proposals and going back to June 2007 - in the HSC sector had yet to be subject to post project evaluation (PPE).¹⁵ The Department told us that it has now made significant improvements in the timeliness of its PPE preparation and monitoring. All PPEs have now been submitted to DFP.
- 4.5.3 The Assembly's Finance and Personnel Committee has taken evidence on post project evaluation which pointed to a wide range of initiatives in the public sector that

15. DFP letter to the clerk of the Finance and Personnel Committee, 5 December 2008

under current rules should be subject to PPE, but which are not actually 'projects', for example business cases for the use of consultants. DFP considers that it would be more beneficial if departments focused on major projects and the preparation of lessons learned reports and other evaluations rather than requiring a PPE for every business case which is prepared. DFP is currently revising its economic appraisal guidance in this context and may not request copies of every PPE in the future. We would then expect the Department to re-focus its attention on learning the lessons from the significant projects undertaken in the HSC sector. Under current guidance, the Department must continue to complete PPEs for all projects. We will consider this subject further in the coming year.

more robust implementation of PRINCE2 would have highlighted the weaknesses in resource planning and resource management which damaged PCIS. Without these disciplines, these projects were exposed to a high risk of failure.

4.6.2 The EPES project appears fundamentally different. It has been successful. The HSC sector now has a single, patient-centred, electronic history of prescribing and dispensing in primary care; and the ability to electronically call up and view each of the 16.8 million prescription forms returned annually to the BSO. This replaces the paper based manual handling systems that the Central Services Agency was previously dependent on. EPES' primary purpose is now a very different one to that which was approved in the 2006 business case. We will follow its progress with interest in the coming year.

Learning the lessons

4.6.1 We consider that these ICT projects hold important lessons for the HSC sector. Projects fail typically when they are not well-managed; inadequately planned; insufficiently resourced; poorly led; or exposed to risks that have not been mitigated. The adoption and rigorous implementation of a project management methodology, for example PRINCE2, would have done much to identify and mitigate the unanticipated risks of software incompatibility and GPs' lack of cooperation which held back the GMS probity project. The PCIS independent review concluded that the PCIS "project team were under-resourced for an exercise of this scale and complexity." A

Part Five: Third party funds



Part Five: Third party funds

5.1.1 Stewardship, as with all public sector organisations, is an essential part of the HSC sector's responsibilities. HSC bodies are required to account for the public funds that they administer in their annual financial statements. Some HSC bodies also hold funds on behalf of third parties, namely charitable funds and patients' and residents' monies. This section discusses the administration of these funds.

Charitable funds

5.2.1 HSC trusts operate Charitable Trust Funds (CTFs) side by side with their public funds. CTFs are much smaller in value than public funds: trusts held balances of £41m at 31 March 2009 (£47m at 31 March 2008). The Northern Ireland Blood Transfusion Service also held a very small charitable fund. Charitable funds arise generally from patients and third parties making donations to hospitals or other bodies in recognition of treatment received or as a contribution towards research. HSC bodies account for these funds each year through a separate set of financial statements which are audited by the Northern Ireland Audit Office. Trustees are appointed for each body, usually board members, and Charitable Funds Advisory Committees are delegated powers to act in the management and governance of trust funds.

5.2.2 Where there is a legal restriction on the purposes to which a fund may be put, that is, where funds have been donated for specific purposes, the funds are classified as restricted funds. Endowment funds are those where the capital is held to generate

income for charitable purposes and the capital cannot be spent. All other funds are classified as unrestricted funds. Thus, while HSC bodies have the responsibility of stewardship over all donated funds, they do not have unfettered power to dispose of all these funds in any way they choose.

5.2.3 The governance of such funds is an essential aspect of proper financial stewardship. In recent years, we have reported some concerns:

- at South Eastern Trust, the Trust Fund Committee did not meet during the year ended 31 March 2008. However, the Department told us that the Committee had previously approved the level of funds to be expended during 2008-09. The investment management of the funds is undertaken by the NI Charitable Funds Investment Committee in a pooled arrangement for all HSC bodies. This fund had a balance in excess of £6m. While the Trust Fund Committee did meet during 2008-09, it is essential for the Committee to continue to meet regularly to facilitate effective management of the funds;
- a lack of established procedures at the legacy trusts resulted in inconsistent standards of documentation at the Belfast Trust during 2007-08; and
- record keeping at the Southern Trust was not undertaken in a timely manner in 2007-08. Income and expenditure records were not updated on a regular basis on the accounting system and bank reconciliations were not

completed promptly. The use of Gift Aid forms was not promoted or maximised to increase the value of donations. Nevertheless, financial records were complete by the year end and the trust fund accounts received an unqualified audit opinion.

5.2.4 We have noted a tendency for balances in charitable funds within the HSC to build over the longer term, as annual expenditure fails to keep pace with income. The Department drew attention to trustees' strategic approach to balance expenditure with income each year. For a number of years, the capital base of these funds has benefitted significantly from market growth, but the recent economic downturn has reversed this. Reliance on income, which has taken a downward trend, has had to be backed up by interest income generated from this accumulated capital base, particularly to meet recurrent expenditure.

5.2.5 We believe that this strategic approach is a valid one, and it is not, of course, desirable to spend funds merely to reduce an accumulating balance. However, health bodies risk failing in their duty of stewardship if they do not disperse the funds to achieve the wishes and objectives of the individual patients, businesses and others who make these gifts and bequests. Also, failure to use charitable funds in circumstances where their use is justified potentially creates further pressure on public funds. Figure 5 illustrates trusts' use of charitable funds in 2008-09 and shows that the accumulated balance of £46.9m of funds held at 31 March 2008 had reduced to £41.3m by 31 March 2009, yet income at £5.9m was greater than expenditure at £4.3m during the year.

5.2.6 What may be interpreted as a conservative approach to spending has had some unforeseen consequences. Whilst it is

Figure 5: CTFs income & expenditure 2008-09

HSC Trust	Balance at 31 March 2008 £000s	Income £000s	Expenditure £000s	Balance at 31 March 2009 ¹⁶ £000s
Belfast	29,805	2,845	2,054	25,589
Northern	4,702	945	935	4,367
NI Ambulance Service	16	3	3	15
South Eastern	6,398	738	288	5,754
Southern	2,811	831	520	2,711
Western	3,139	570	477	2,836
Total	46,871	5,932	4,277	41,272

Source: Trusts' CTF accounts 2008-09

16. Includes realized losses on the value of investments during 2008-09 – see paragraph 5.2.6.

Part Five: Third party funds

recognised that the investment of funds in the past has led to the enhancement of balances because of favourable market conditions, the decline in the global stock market during 2008-09 has had a significant impact on the value of charitable funds' investments over that period. The value of investments in the Common Investment Fund fell by £6.2m (18 per cent) in the twelve months to 31 March 2009. This is value which, unless market values rise again in the long term, may be lost to the vagaries of the market in the aftermath of the credit crunch. Trustees of these funds must question whether these losses could have been alleviated if fund managers in the trusts had taken a more active approach to managing their charitable fund balances. This may have included increasing expenditure from funds when it was evident that market conditions were likely to take a downturn. We urge the HSC sector to make greater efforts to realise the value in charitable funds for the benefit of patients, staff and the public.

- 5.2.7 Substantial cash balances continued to be held with Irish banks during the latter part of 2008, despite the increasing evidence of their financial instability before the Irish government stepped in to guarantee deposits. The Department told us that no losses were incurred during this period. Neither were there investments affected by the widely reported failure of the Icelandic banking system. However, in our view, this demonstrated a very passive attitude to safeguarding these funds. The Department withdrew its list of approved financial institutions for investment, which included a number of banks at risk, in February

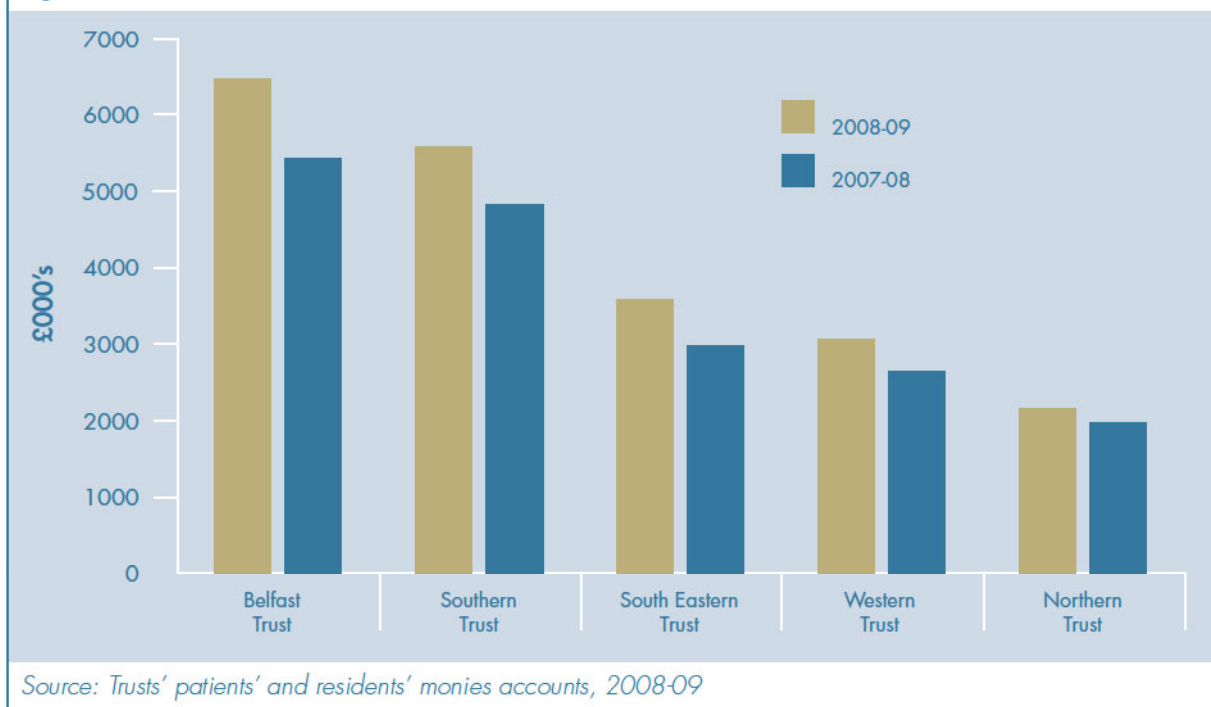
2009 and health bodies subsequently took steps to transfer funds away from the banks which apparently present the highest risk.

Patients' and residents' monies

- 5.3.1 Trusts' patients' and residents' monies accounts turned over (that is, received or paid out) almost £18m in 2007-08. This increased to nearly £21m in 2008-09 (Figure 6). Typically, these accounts hold the funds of long-stay patients (often accrued from social security benefits), although an element derives from the cash and property held by patients undergoing short term hospital care. These monies are accounted for separately from public funds and are subject to audit.
- 5.3.2 The audits in 2007-08 identified a number of issues, including examples of inadequate record keeping:
- failure to record transfers of cash between hospital wards and the cash office;
 - failure to lodge monies received in the cash office to the bank. As a consequence, money was not recorded in the accounts; and
 - failure to receipt the return of cash to the patient.

In each case, trusts' management committed to addressing the issues identified. With the exception of the Belfast Trust, the 2007-08 patients' and

Figure 6: Patients' and residents' monies - turnover, 2007-09



residents' monies accounts received unqualified audit certificates.

5.3.3 Weakness in the controls and procedures at the Belfast Trust led to audit qualifications of the accounts in 2007-08 and 2008-09. Significant issues also arose at the Western Trust in 2007-08 and the Trust introduced procedures to strengthen controls. While the audits at HSC trusts in 2008-09 demonstrated progress, and other than Belfast received unqualified audit certificates, we continued to report the failure to receipt the return of cash to the patient. We also noted a number of cases of theft from patients and residents. In December 2009 the Department issued a reminder to organisations of the mandatory

controls that should be in place in respect of the handling of residents' monies in statutory homes and seeking assurance that trusts' residents' interests are protected when placed in independent sector care homes.

5.3.4 Of further concern, during 2007-08, the Mental Health Commission failed to discharge its statutory responsibility to undertake an evaluation of trusts' arrangements to safeguard patients' and residents' monies. This was a major failing. The importance of proper regulation of these funds cannot be over-emphasised. Patients' and residents' monies are not public funds: rather, they are the personal property of some of the most vulnerable members of society, care of which is

Part Five: Third party funds

entrusted to the HSC sector. The Regulation and Quality Improvement Authority (RQIA) assumed responsibility for the functions of the Mental Health Commission on 1 April 2009 and was required to meet its statutory responsibilities in respect of patients' and residents' monies. A programme of work was established, consisting of the following actions:

- requesting assurances from trusts concerning records and procedures for monitoring patients' and residents' monies;
- assessing and evaluating the responses from trusts;
- seeking further information as necessary where gaps in information and assurances have been identified; and
- on the basis of the information obtained, drawing up and agreeing with trusts a monitoring format and timetable on a continuing basis.

5.3.5 We understand that the RQIA has completed actions one and two, and the third is in progress. We will continue to monitor this area of HSC activity.

Part Six: Governance



Part Six: Governance

6.1.1 Governance is the system of accountability, to service users, stakeholders and the wider community, within which organisations lead and direct their activities to achieve their objectives. In our last General Report we commented upon a number of positive developments in the governance of the HSC sector and highlighted some issues for further attention. In this report we consider some of the latest developments in the governance of the health and social care sector:

- the governance review of the NI Ambulance Service Trust;
- quality inspection of the NI Blood Transfusion Service;
- conflicts of interest;
- remuneration of senior employees; and
- the assurance framework.

Governance review of the NI Ambulance Service Trust

6.2.1 In 2008, we reviewed the governance arrangements in the Trust as a standalone exercise to test the implementation of best practice within a public sector environment, including compliance with the Department's guidance. Specifically, we considered:

- governance structures;
- systems;
- accountability arrangements;

- clinical and social care governance; and
- risk management.

6.2.2 Overall, corporate governance arrangements at the Trust were strong and appropriate to the nature and size of the organisation. We noted a number of features of good practice, including:

- the Board's clear understanding of the role of the Trust as a public body, and the development and communication of its function, vision, mission and core values to stakeholders;
- the cross-fertilisation of skills between the Audit, Clinical Governance and Risk Management Committees, which sees the Chair of the first two committees also sitting on the third; and
- a strong focus on risk management within the Board and the Clinical Governance Committee, as well as the Risk Management Committee.

6.2.3 We identified some significant issues:

- a need for effective succession planning at Board level, for instance in managing the transition between the Chairman and his successor;
- neither of the non-executives on the Clinical Governance Committee had a clinical background which may have limited their ability to act as an effective challenge. However, following a review to match skills and roles, the

Clinical Governance Committee is now chaired by a recently appointed non-executive director with a clinical professional background;

- a need for formal performance assessments of the Board and its sub-committees; and
- a need for improved controls to prevent and detect errors in and manipulation of performance data.

6.2.4 We made a number of recommendations for action by the Trust and the Department in our report issued in July 2008. The Trust has embarked on a major restructuring of its governance arrangements and is using the results of our review to inform its thinking. Action to implement recommendations made is continuing. We, in turn, will continue to monitor the Trust's implementation of its plans.

Quality inspection of the NI Blood Transfusion Service

6.3.1 During March and April 2008, the NI Blood Transfusion Service (NIBTS) was subject to a routine inspection by the Medicines and Healthcare products Regulatory Agency (MHRA), under the terms of the Blood Safety and Quality Regulations 2005. This revealed a number of serious control weaknesses with respect to NIBTS's Quality Management System. MHRA concluded that significant failings in elements of good practice meant that the operation was not sufficiently robust and had the potential to result in patient harm,

although there was no evidence that any patient had come to harm. Amongst the findings were:

- weaknesses in managing incidents, such that quality failures were not investigated and remedial action taken promptly in response;
- inadequate document control, for example, obsolete records of cleaning of equipment;
- poor equipment maintenance and calibration; and
- inadequate control of laboratory operations.

6.3.2 A re-inspection was planned for November 2008. The potential implications of repeated failure to meet regulatory requirements would have included the withdrawal of the Blood Establishment Authorisation licence for the Blood Transfusion Service. In July 2008, NIBTS submitted a business case for £85,500 to the Department for approval to engage consultants for the period 8 June to 30 November 2008, to help implement a series of corrective measures. This was revised in liaison with the Department and a final business case for this work, valued at £112,000, was submitted to DFP in mid November 2008. A second business case for £31,600 was submitted to DFP on 3 December 2008.

6.3.3 In February 2009, DFP confirmed approval of £13,600 of the second business case and advised the Department

Part Six: Governance

that retrospective approval for project expenditure totalling £130,000 (that is £112,000 from the first business case plus £18,000 from the second) would not be granted, as:

- a suitable business case had not been completed and approved before engaging the consultants in June 2008; and
- the Minister for Health had not approved the project before consultants were engaged.

6.3.4 As a consequence, this expenditure was deemed to be irregular and we qualified the regularity opinion on the Blood Transfusion Service's 2008-09 accounts. There is no question that the expenditure was necessary and urgent, but the failure of NIBTS and the Department to submit the business case in time contravened DFP regulations.

6.3.5 Of more concern is why the systems and controls within NIBTS deteriorated to the extent identified by MHRA. NIBTS told us that it was more the case that systems and controls were not sufficiently enhanced to meet the requirements of the Blood Safety and Quality Regulations 2005. A repeat inspection was undertaken by MHRA in November 2008 for which there was a satisfactory outcome. Action plans were developed to address recommendations made as a result of the November 2008 inspection. A further inspection undertaken in July 2009 resulted in a satisfactory outcome and MHRA indicated it would return NIBTS to a normal bi-annual inspection cycle.

6.3.6 Given the risks involved it will be important that the Department, as the sponsoring body, satisfies itself that the situation which led to the adverse MHRA report in April 2008 has been properly addressed and that there are no prospects of it recurring.

Conflicts of interest

6.4.1 Avoiding conflicts of interest is a vital issue for the public sector. The PAC has reported critically on a number of cases where conflicts of interest have damaged the business and the reputation of the organisation concerned. The PAC reports on the Hospitality Association of Northern Ireland¹⁷ and the Northern Ireland Tourist Board¹⁸ are noteworthy recent examples.

6.4.2 Public sector bodies have a range of controls and procedures to assist them in avoiding actual and perceived conflicts of interest. Registers of interest record the outside interests of senior managers which could be perceived to have an impact on their conduct of public business. Registers of gifts and hospitality record the offering, refusal or acceptance of gratuities by public servants which could be perceived to influence their decision making. FRS8¹⁹ requires the disclosure in the annual accounts of the details of any significant related party transactions, i.e. financial transactions between bodies that could be perceived to have been influenced by the existence of an undisclosed relationship between those bodies – for example, where a senior manager in one organisation is also a board member of another organisation.

17. 36/07/08R Public Accounts Committee 'Report on Hospitality Association of Northern Ireland: A Case Study in financial management and the public appointments process'

18. 35/07/08R Public Accounts Committee 'Report on Northern Ireland Tourist Board – Contract to Manage the Trading Activities of Rural Cottage Holidays Limited'

19. Financial Reporting Standard 8, Related Party Transactions

6.4.3 These arrangements are established in the HSC sector, but the practice of disclosing related party transactions is not yet well-developed. Isolated examples of good practice exist - the Western Trust can be commended for a comprehensive disclosure in its 2008-09 accounts – but overall, the quality of FRS8 disclosures is poor. Few health bodies disclosed relationships, even where they were known to exist. Where disclosures were made they were incomplete, lacking financial detail.

6.4.4 This is not a desirable state of affairs. The PAC has made its intentions clear: *The Committee regards full disclosure of related party transactions as a valuable safety net for ensuring that potential conflict of interest issues are addressed in annual accounts.*²⁰ We consider that all HSC bodies should be disclosing significant related party transactions where they exist, and we will focus on this issue in 2009-10.

Remuneration of senior employees

6.5.1 Since 2003-04 there has been an expectation that senior employees of HSC bodies should disclose their salary and pension details in the accounts each year. In last year's General Report we noted the gradual adoption of this practice in the last few years, culminating in comprehensive disclosures in the 2007-08 accounts by most bodies. Only in three cases in the Northern Board did current senior managers withhold permission for these details to be published after proper assessment and approval by the Board. Another two former executives of

legacy trusts, whose severance payments should properly have been reported in the accounts of the new merged trusts, also withheld consent.

6.5.2 This position was sustained in 2008-09. The same three individuals in the Northern Board withheld permission to publish salary and pension details, and once again these cases were assessed and supported by the Board. All others in the HSC sector made this disclosure. While it is disappointing that full disclosure was not made across the health and social care sector, we are encouraged by the levels of disclosure that were achieved. It will be important to sustain this in 2009-10, when a cadre of senior managers - some of whom may be unfamiliar with these requirements - in the new health bodies created under RPA will be called upon to make these disclosures. We understand that disclosure is now a contractual requirement for senior employees in the HSC sector. We will continue to review compliance.

The assurance framework

6.6.1 Good governance depends on having clear strategic objectives; sound business practices; a clear understanding of the risks and internal controls associated with the organisation's operations; and effective monitoring arrangements. The Department has taken a number of important steps to promote good governance in HSC organisations in the last few years – prescribing codes of accountability and conduct, introducing mandatory risk management arrangements and requiring

20. 36/07/08R Public Accounts Committee 'Report on Hospitality Association of Northern Ireland: A Case Study in financial management and the public appointments process'

Part Six: Governance


the Accounting Officer to disclose the effectiveness of the system of internal control in an annual statement. From 2009-10 the Accounting Officer is also required to issue a mid-year assurance statement attesting to the continuing robustness of the organisation's system of internal control.

- 6.6.2 Perhaps the most important recent development is the introduction of a mandatory assurance framework for HSC bodies. Based upon guidance issued in 2006 and updated to reflect the experience gained since then, the assurance framework is designed to provide a clear, concise structure for reporting key information to the board of the HSC body about the organisation's governance. It identifies which of the organisation's objectives are at risk because of inadequacies in control, or where the organisation has insufficient assurance about the operation of controls. It should also provide structured assurance about how risks are managed effectively to deliver agreed objectives. The Department believes that the updated guidance is critically relevant to the maintenance of control as the HSC sector continues to undergo major change.
- 6.6.3 The guidance is extensive and in principle, provides a sound basis for maintaining effective governance in the HSC sector. However, HSC bodies should recognise that good governance flows not just from the structures and processes established, but also from the rigour with which they are operated. The true test of effectiveness lies in the difference that these arrangements make to the day to day business of

delivering health and social care in Northern Ireland.

- 6.6.4 There are some important lessons to be learned from the experience in the NHS, where a mandatory assurance framework has been established for some time. Certainly, the existence of an assurance framework did not serve to prevent some high profile failures in patient care, such as those at Maidstone and Tunbridge Wells NHS Trust and Mid Staffordshire NHS Foundation Trust. The Audit Commission, in reviewing the process of how trust boards gain their assurance, has highlighted some of the limitations of the approach²¹:
- few NHS trusts had a manageable number of clear strategic objectives that would enable risks to be readily identified and managed;
 - some trusts found it difficult to embed risk management in the day-to-day running of the organisation and had not linked it effectively to performance management and performance information;
 - controls and assurances were often poorly defined, making it difficult to see how boards could be clear that the controls were working effectively and that assurances were sound. Risks and controls were not always aligned to strategic objectives; and
 - in the worst cases, the assurance framework had become a paper chase rather than a critical examination of the effectiveness of the trust's internal

21. Taking it on trust, Audit Commission, April 2009




controls and risk management
arrangements.

- 6.6.5 In light of the Audit Commission's review, HSC organisations attended a master class given by the consultant who carried out the review, on developing and maintaining Assurance Frameworks. This enabled participating organisations to learn from the experiences of the NHS in developing, implementing and maintaining Assurance Frameworks. It is clear that these are lessons which the HSC sector cannot afford to ignore. The importance of a positive organisational culture – one which promotes and endorses good governance, from the boardroom to the shop floor – is now well established as an essential principle. We will undoubtedly return to this matter in future reports.
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NIAO Reports 2009-2010

Title	HC/NIA No.	Date Published
Absenteeism in Northern Ireland Councils 2007-08	–	9 January 2009
Obesity and Type 2 Diabetes in Northern Ireland	NIA 73/08-09	14 January 2009
Public Service Agreements – Measuring Performance	NIA 79/08-09	11 February 2009
Review of Assistance to Valence Technology: A Case Study on Inward Investment	NIA 86/08-09	25 February 2009
The Control of Bovine Tuberculosis in Northern Ireland	NIA 92/08-09	18 March 2009
Review of Financial Management in the Further Education Sector in Northern Ireland from 1998 to 2007/ Governance Examination of Fermanagh College of Further and Higher Education	NIA 98/08-09	25 March 2009
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The Management of Social Housing Rent Collection and Arrears	NIA 104/08-09	6 May 2009
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MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Subject:

Circular Reference: HSS (F) 45/2009

**Misappropriation of Patients' Monies –
Implementation of Controls**

21 July 2009

For Action by:

Chief Executive & Director of Finance of each HSC Trust, Special Agency, NDPB, HSC Board, Business Services Organisation;
Directors in Public Health Agency and Head of Operations and Head of Development & Corporate Services in the Patient & Client Council;
HSC Heads of Internal Audit

Summary of Contents:

The purpose of this circular is to remind organisations of the mandatory controls that should be in place in respect of the handling of patients' monies in both statutory and private Care Homes and requires your urgent attention.

Enquiries:

Any enquiries about the contents of this Circular should be addressed to:

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Related documents:

Residential Care Homes –
Minimum Standards
HSS (F) 13/2007

**Status of Contents:
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BACKGROUND

The Department has recently been notified of two incidents where there has been misappropriation of patients' monies, one in respect of Trust patients in a private care home and the other in a Trust facility. The purpose of this guidance is to remind you of your responsibility in relation to ensuring that patients' interests are safeguarded. In particular it is important to ensure that basic controls are operating successfully and that these controls are reviewed on a regular basis. It is essential that Accountable Officers ensure that the following controls are operating in both Care Homes and Trust facilities and that they are in compliance with extant Departmental guidance.

CONTROLS

- ◆ **Supervision** – appropriate systems of supervision should be put in place to safeguard patients' funds;
- ◆ **Authorisation of Withdrawals from Bank Accounts** – withdrawals of patients' monies should be countersigned by at least two appropriate officers;
- ◆ **Monitoring of Expenditure** – regular detailed monitoring of patients' expenditure and bank deposit balances should be undertaken and reviewed regularly through the Audit function;
- ◆ **Review of Individual Bank Account Balances** – examination and consideration of excessive withdrawals of monies from individual bank accounts should take place and patients spending patterns monitored;
- ◆ **Reconciliations** – reconciliations of individual bank deposit account balances should be evidenced and recorded at least quarterly;
- ◆ **Private Patient Property Cash withdrawal books/ records** - Regular checks should be undertaken to ensure that forms are being appropriately completed, that the correct nominated officer is authorising the cash withdrawal and where larger cash withdrawals are made that there is a record of the specific need. Books should regularly be retained for inspection.

- ◆ Checks on authorising signatures for cash withdrawals on Patients' Private Property

Forms should be undertaken for evidence of alteration;

- ◆ HSC Trust Managers are reminded of the need to regularly review residents' expenditure for reasonableness where their Trust monies are managed by Private Home staff.

MANDATORY DEPARTMENTAL GUIDANCE

In addition, your attention is drawn to the existing mandatory Departmental guidance which can be accessed through the following links:-

Residential Care Homes – Minimum Standards

http://www.dhsspsni.gov.uk/care_standards_-_residential_care_homes.pdf

HSS (F) 13/2007 – Financial Governance Model for New HSS Trusts

http://www.dhsspsni.gov.uk/hss_f_13-2007.pdf

Patients and Clients' Property can be found in chapter 28 of the Standing Financial Instructions http://www.dhsspsni.gov.uk/sos_res__del_of_p_sfis_mar_07.pdf

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

RQIA, the independent health and social care regulator and quality improvement body for Northern Ireland is responsible for monitoring and inspecting the availability of health and social care services and encouraging improvements in the quality of these through its programmes of inspections and reviews; e.g. it is responsible for inspecting all residential, nursing and children's homes in Northern Ireland on a regular basis.

RECOMMENDATIONS

Working for a Healthier People

Accountable Officers should review existing controls operating in Care Homes and Trust facilities to satisfy themselves that these controls are in place and that they are in compliance with extant Departmental guidance. Independent assurance should be obtained periodically as to the effectiveness of the operation of such controls and compliance with Departmental guidance.

RQIA will determine compliance with the mandatory regulations and continue to look for evidence that standards are being met in all Care Homes.

Subject:

Circular Reference: HSS (F) 57/2009

**Misappropriation of Residents' Monies –
Implementation and Assurance of Controls in
Statutory and Independent Homes.**

7 December 2009

For Action by:

Chief Executive and Director of Finance of each HSC Trust, HSC Board and Business Services Organisation.

For Information to:

Chief Executive and Directors in Public Health Agency and Head of Operations and Head of Development and Corporate Services in the Patient & Client Council

HSC Head of Internal Audit.

Summary of Contents:

The purpose of this circular is to remind organisations of the mandatory controls that should be in place in respect of the handling of residents' monies in statutory homes and seeks assurance that Trusts' residents' interests are protected when placed in independent sector care homes.

Enquiries:

Any enquiries about the contents of this Circular should be addressed to:

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Related documents:

Residential Care Homes –
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HSS (F) 13/2007

Superseded document:

Misappropriation of
Patients' Monies –
Implementation and
assurance of controls
HSS (F) 45/2009

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BACKGROUND

The purpose of this guidance, which supersedes HSS (F) 45/2009 - Misappropriation of Patients' Monies – Implementation of controls, is to remind you of your responsibility to ensure that residents' interests are safeguarded both within statutory and independent sector care homes. This follows recent incidents concerning misappropriation of residents' monies, one at a private care home and the other in a Trust facility.

It is important to ensure that basic controls in statutory homes are operating successfully, are in compliance with extant Departmental guidance and that they are reviewed on a regular basis. Accounting Officers must be able to demonstrate that they have taken reasonable steps to ensure that adequate financial controls are in place within independent care homes to ensure that Trusts' residents' interests are protected. The Trust's responsibility in this regard is to the residents, regardless of the Trust area in which they reside.

1. CONTROLS IN STATUTORY HOMES

It is essential that Accounting Officers ensure that the following controls are operating in Trust facilities:

- ◆ **Supervision** – appropriate systems of supervision are in place to safeguard residents' funds;
- ◆ **Authorisation of Withdrawals from Residents' Bank Accounts** – withdrawals of residents' monies should be countersigned by at least two appropriate officers;
- ◆ **Monitoring of Residents' Expenditure** – regular detailed monitoring of residents' expenditure which considers residents' spending patterns, appropriateness of expenditure and adequacy of supporting receipts/supporting documentation;
- ◆ **Review of Residents' Individual Balances in Trust Residents' Property Account** – examination and consideration of excessive withdrawals of monies from individual bank accounts and reconciliations of residents' individual balances should be evidenced and recorded at least quarterly;

- ◆ **Review of Residents' individual Bank Account Balances** – In statutory homes, Trust involvement with residents' individual bank accounts may vary. Where Trust involvement is necessary, the Trust should monitor withdrawals of monies from these accounts frequently;

- ◆ **Residents' cash withdrawal books/records** – Regular checks should be undertaken to ensure that forms are being appropriately completed, that the correct nominated officer is authorising the cash withdrawal and where larger cash withdrawals are made that there is a record of the specific need. Books should be retained for regular inspection; and

- ◆ **Authorising signatures** – checks on authorising signatures for cash withdrawals on Residents' withdrawal forms should be undertaken for evidence of alteration.

Where applicable these controls should be applied to the administration of residents' monies in the Adult Supported Living sector i.e. those tenants who are not capable of handling their affairs and whose monies are held or administered by Trusts.

2. ACCOUNTABILITY ARRANGEMENTS/ CONTROLS WHEN TRUST RESIDENTS ARE PLACED IN INDEPENDENT SECTOR HOMES.

It is accepted that Accounting Officers cannot be held **directly** accountable for the ongoing operation of controls in non statutory homes not owned by the Trust. However, regardless of the particular setting in which care is delivered, Trusts have a statutory duty of care to its residents. Trusts ensure that satisfactory levels of care (including robust arrangements for handling residents' monies) are delivered by entering into a contractual process with the independent care home and this contracting process provides recourse where the level of care is not as expected or where there are circumstances involving financial issues. It is further recognised that the Care Management/Social Work/Key Worker review arrangements, complaints and

untoward incidents reporting mechanisms provide additional monitoring arrangements for each Trust. Notwithstanding this, it is important that Accounting Officers can also demonstrate that they have taken appropriate steps to ensure that adequate financial controls are in place to safeguard residents' interests. It will be for each Accounting

Officer to decide what these steps are, but as a minimum, the Department requires the following controls to be put in place.

- Written assurances that appropriate controls are in place to be received from the home on a regular basis; and
- Periodic spot checks should be undertaken by the Trust to test the operation of the controls in place.

Internal controls similar to those recommended for the statutory sector are expected to be in place in the independent sector.

Each Trust will decide how it will gain the assurances it needs over the circumstances in homes in which it places its residents or where tenants for whom it has responsibility are in an Adult Supported Living setting.

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

RQIA, the independent health and social care regulator and quality improvement body for Northern Ireland, is responsible for monitoring standards for residential and nursing home care as well as Mental Health provision under the Mental Health Order (NI) 1986 and the 2003 Health and Personal Social Services (Quality Improvement and Regulation) Northern Ireland Order. It is responsible for inspecting the availability of health and social care services and encouraging improvements in the quality of service provision. Its work provides assurance to the Department in respect of compliance with the regulations and minimum standards and the quality of service provision. RQIA's reports are copied to Trusts when it is considered that they should be aware of the findings.

As a regulatory body, RQIA monitors compliance with the relevant regulations and minimum standards for residential and nursing home care through its programmes of inspections and reviews. RQIA takes action as necessary to rectify non-compliance.

RQIA will share its reports with Trusts as necessary and will alert Trusts immediately of

any instances it may find of actual or potential abuse of vulnerable adults as well as actual or potential financial irregularity. It is not part of its role or responsibilities to carry out such further investigations or audits as may be necessary; it is for Trusts to determine and take appropriate action on behalf of its residents. However, RQIA will require reports from Trusts on the timescale and outcome of such enquiries when complete.

For practical purposes, responsibility for an investigation will generally rest with the Trust in whose area the home is located and it will communicate and liaise closely with other Trusts which have placed their residents in the home.

RECOMMENDATIONS

Accounting Officers should ensure that existing controls operating in Trust facilities are reviewed to satisfy themselves that there are appropriate controls in place and that they are in compliance with extant Departmental guidance. Accounting Officers should also take steps to ensure that there are adequate financial controls in place in independent sector homes to ensure that Trusts' residents' interests are protected.

MANDATORY DEPARTMENTAL GUIDANCE

In addition, your attention is drawn to the existing mandatory Departmental guidance which can be accessed through the following links:-

Residential Care Homes – Minimum Standards

http://www.dhsspsni.gov.uk/care_standards_-_residential_care_homes.pdf

HSS (F) 13/2007 – Financial Governance Model for New HSS Trusts

http://www.dhsspsni.gov.uk/hss_f_13-2007.pdf

Patients and Clients' (Residents') Property can be found in section 28 of the Standing Financial Instructions within Circular HSS (F) 13/2007

http://www.dhsspsni.gov.uk/sos_res__del_of_p_sfis_mar_07.pdf

This Circular supersedes HSS (F) 45/2009 Misappropriation of Patients' monies – implementation of controls.

Peter Toogood
Director of Finance



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

By Email:

To: Accounting Officers and
Directors of Finance in HSC Trusts

Castle Buildings
Belfast

BT4 3SQ

Tel: [REDACTED]

Fax: [REDACTED]

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Date: 28 June 2012

Dear Colleagues

CIRCULAR REFERENCE: HSS (F) 57/2009 'MISSAPPROPRIATION OF RESIDENTS MONIES – IMPLEMENTATION AND ASSURANCE OF CONTROLS IN STATUTORY AND INDEPENDENT HOMES'

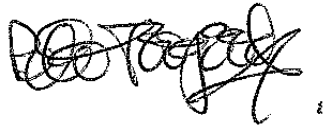
In light of a recent RQIA review into HSC Trust arrangements to safeguard residents' monies, I am writing to remind you of your responsibility to ensure that residents' interests are safeguarded both within statutory and independent sector care homes. The above circular HSS (F) 2009 provides detailed guidance on the controls that should be in place in respect of the handling of residents' monies in statutory homes and also sets out the accountability arrangements when Trust residents are placed in independent sector homes.

The Regulation and Quality Improvement Authority for Northern Ireland (RQIA) monitors compliance with the relevant regulations and minimum standards for residential and nursing home care through its programmes of inspections and reviews, and takes action to rectify financial irregularity. A recent report from the RQIA and the Comptroller and Auditor General has raised concerns about the procedures used in dealing with patients' monies, and in particular, that no specific audits of Mental Health and Learning Disability inpatient wards were undertaken during the 2010/11 or 2011/12 financial years in any Trust.

In addition to this, you will be aware that the current limit on the level of a patient's funds which can be held by a Trust without seeking the consent of the RQIA is £5,000. On the basis that that this limit was established almost 20 years ago and also that many patients within the Trusts now have sums held on their behalf greater than this amount, I would advise that the Department is currently considering whether to increase the level at which RQIA consent is required.

As detailed in the above circular, Accounting Officers should ensure that existing processes operating in Trust facilities are reviewed regularly to satisfy themselves that there are appropriate controls in place, and that they are in compliance with extant Departmental guidance. Accounting Officers should also take steps to ensure that there are adequate financial controls in place in the independent sector homes to ensure that Trusts' residents' interests are protected.

Yours sincerely



PETER TOOGOOD
Director of Finance

cc: Andrew McCormick
John Compton
Glenn Houston
Julie Thompson
Sean Holland
Christine Jendoubi
Jim Livingstone
Colin McMinn
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Christine Jendoubi
Director of Mental Health, Disability and Older People



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Chief Executive of
Health and Social Care Board

Chief Executive of each Health & Social Care Trust

Chair of the Regulation and Quality Improvement
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10 September 2012

Dear Colleague

PATIENTS' MONIES – MAXIMUM SUM

Article 116 of the Mental Health (Northern Ireland) Order 1986 permits Boards to receive and hold money on behalf of the patient. Paragraph 116 (4), however, states that "a Board shall not receive or hold on behalf of any one patient without the consent of the Commission (now the RQIA) money or valuables exceeding in the aggregate such sum as the Department may from time to time determine".

Attached is a copy of the Regional Board and HSC Trusts (Maximum Sum) Determination (Northern Ireland) 2012 increasing this sum from £5,000 to £20,000.

Yours sincerely

Christine Jendoubi

THE MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986**THE REGIONAL BOARD AND HSC TRUSTS (MAXIMUM SUM) DETERMINATION (NORTHERN IRELAND) 2012**

The Department of Health, Social Services and Public Safety^(a) in exercise of the powers conferred by Article 116(4) of the Mental Health (Northern Ireland) Order 1986^(b) makes the following determination:-

Citation and commencement

1. This determination may be cited as the Regional Board^(c) and HSC Trusts^(d) (Maximum Sum) Determination (Northern Ireland) 2012 and shall come into operation on 10 September 2012.

Interpretation

2. In this determination –

“HSC Trust” means a Health and Social Care Trust;

“the Order” means the Mental Health (Northern Ireland) Order 1986;

“patient” is to be construed in accordance with Article 116(1) and (6) of the Order;

“the Regional Board” means the Regional Health and Social Care Board;

“RQIA” means the Health and Social Care Regulation and Quality Improvement Authority.^(e)

Maximum Sum


3. (1) The Regional Board or a HSC Trust shall not receive or hold under Article 116(1) of the Order on behalf of any one patient without the consent of RQIA money or valuables exceeding in the aggregate the sum of £20,000.

Revocation

4. The Health and Social Services Boards and HSS Trusts (Maximum Sum) Determination (Northern Ireland) 1993 is revoked.

Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on 10 September 2012.




A senior officer of the Department of Health,
Social Services and Public Safety

^(a) S.I. 1999/283 (N.I. 1) Article 3(6)

^(b) S.I. 1986/595 (N.I. 4)

^(c) 2009 c.1 (N.I.) established by Section 7. The functions of the Health and Social Services Boards under Mental Health (Northern Ireland) Order 1986 transferred to the Regional Board via s.24(2) of 2009 c.1 (N.I.)

^(d) S.I. 1991/194 (N.I. 1) established by Article 10 and renamed by s.1(3) of 2009 c.1(N.I.)

^(e) S.I. 2003/431 (N.I. 9) established by Article 3 and renamed by s.1(2) of 2009 c.1(N.I.)

Monitoring of Article 116 of the Mental Health (Northern Ireland) Order 1986

2012/13



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1.0 Introduction

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body established under the provision of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for providing independent assurance concerning the quality, safety and availability of health and social care services in Northern Ireland. Moreover RQIA endeavors to encourage improvements in the quality of services and to safeguard the rights of service users. The Mental Health & Learning Disability Team (MHLDT) undertakes a range of responsibilities for people with mental ill health and those with a learning disability, in accordance with the Mental Health (Northern Ireland) Order, 1986 (MHO).

1.2 Monitoring of Patient Finances by RQIA in accordance with the Mental Health (Northern Ireland) Order, 1986

Article 116 of the MHO outlines specific expectations in relation to the trusts' handling of patients' property as follows:

(1) Subjects to paragraphs (4) and (5), where it appears to a trust that any patient in any hospital or in any accommodation administered by it under the Health and Social Services (Northern Ireland) Order 1972 is incapable, by reason of mental disorder, of managing and administering his property and affairs, the trust may receive and hold money and valuables on behalf of that patient.

(2) A receipt or discharge given by a trust for any such money or valuables shall be treated as a valid receipt.

(3) Where a trust holds money or valuables on behalf of a person in pursuance of paragraph (1), it may expend that money or dispose of those valuables for the benefit of that person and in the exercise of the powers conferred by this paragraph, the trust shall have regard to the sentimental value that any article may have for the patient, or would have but for his mental disorder.

(4) A trust shall not receive or hold under paragraph (1) on behalf of any one patient without the consent of the RQIA money or valuables exceeding in the aggregate such sum as the Department may from time to time determine. (This sum was increased mid audit period on 10 September 2012 to £20,000 by the Department of Health, Social Services and Public Safety (DHSSPS)).

(5) Paragraph (1) shall not apply where a controller has been appointed in Northern Ireland in relation to the property and affairs of the patient.

The MHO also defines a role for RQIA in relation to oversight of patients' property at Article 86 (2) (c) (iv) in "preventing or redressing loss or damage to [patients] property";

RQIA is required to monitor the arrangements put in place by trusts to safeguard patients' monies. Specifically under Article 116(4) of the MHO, trusts are not permitted to receive or hold balances in excess of an agreed sum without the consent of RQIA. This sum was set by the Department of Health, Social Services and Public Safety at no more than £5,000 for any single mental health or learning disability patient, rising to £20,000 in September 2012.

The five Health and Social Care Trusts hold approximately £8.5 million on behalf of patients. There are approximately 500 MHLD patients with balances of £5,000 or more.

1.3 Methodology

To assist RQIA in discharging its statutory function in 2012/2013, set out under Article 116 of the MHO, we commissioned the Business Services Organisation Internal Audit Unit to conduct a review of MHLD patients' monies across four Health and Social Care Trusts.

The Southern Health and Social Care Trust (SHSCT) mental health and learning disability hospitals and Muckamore Abbey Hospital were excluded from the scope of this review as these facilities had been subject to internal audits commissioned by the respective trusts prior to this review.

Internal Audit testing sought to obtain assurances that trusts apply best practice in their management of patients' property and monies through:

- Compliance with DHSSPS Circular 57/2009 - Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes. This applies to all Health & Social Care (HSC) facilities including hospitals;
- Application of accounting policies as detailed in their Standing Financial Instructions (SFIs);
- Implementation of comprehensive local procedures; and
- Application of Standard 15 of the DHSSPS Nursing Homes Minimum Standards, 2005 (in so far as this can be applied to hospital patients).

The Internal Audit Team visited **21 wards** across four Trusts (Northern Health and Social Care Trust (NHSCT); South Eastern Health and Social Care Trust (SEHSCT); Belfast Health and Social Care Trust (BHSCT) and Western Health and Social Care Trust (WHSCT) as part of this review.

The wards visited as part of the audit are detailed in Appendix A.

The audit was undertaken from September 2012 to November 2012. A sample of 81 patient records was selected across all wards visited to review the following:

- Cash and valuables were held securely;
- Appropriate and complete income and expenditure records were maintained;
- All transactions in the audit period were appropriately recorded and supported by a receipt where necessary;
- Amounts received from finance departments were recorded and received intact and in full at the of the relevant wards;
- Expenditure recorded appeared to be reasonable;
- Regular checks had been undertaken by ward managers on patients' income and expenditure records to confirm that entries were dual signed and expenditure was supported by receipts, where necessary, and that patients' balance reports were received on a monthly basis from the finance department and reviewed by ward managers.

The review of documentation included:

- Availability of appropriate written procedures for the Handling of Patients' Private Property (PPP) and Cash;
- Staff access to and awareness of the procedures;
- Staff training in the application of the procedures;
- Records relating to group expenditure, where applicable, to determine whether the expenditure was appropriate and whether records were complete;
- Assessment of the system in place to ensure that all income had been appropriately recorded, receipted and lodged;
- Patients' Property Admissions books to ensure that these had been completed appropriately and promptly.

Testing was carried out at finance departments for the period of September 2012 to November 2012 to ensure that:

- All benefits due, (Income Support, Disability Living Allowance etc.) had been received intact and on time; and,
- Withdrawals / payments made were supported by official stationery / receipts, where applicable.

Internal Audit identified all patients for whom the trusts managed monies in excess of £5,000 who had been discharged or who had died during the period from June 2012 to November 2012 to ensure that:

- All valuables and monies held had been returned to them or their next of kin and that appropriate evidence was retained to demonstrate that the Trust had discharged their responsibilities appropriately.

2.0 Findings

2.1 Key Findings

Internal Audit identified the following key findings as a result of this review:

- Permission is not sought from RQIA requesting consent for trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient by any of the four HSCTs. This is required under Article 116(4) of the MHO.
- In all seven wards visited in the BHSCT, monies withdrawn from patients' accounts at the cash office by nursing staff for patients' use were not always recorded in cash record books at the wards and there was no evidence of receipt of these monies by patients. IAT was therefore unable to confirm that these monies were used appropriately.
- In the BHSCT, monies were still held for seven former patients who had been transferred to Private Nursing Homes. Amounts were paid over to the homes on request from the homes or by Social Workers. Checks had not been subsequently carried out to ensure that the patients received the monies paid to them or that the monies had been spent to make purchases on their behalf.
- Where group expenditure was in place, at two wards in two hospitals (BHSCT and WHSCT), a formal agreement to these arrangements by patients was not in place in nine of 14 instances.
- In one ward in the WHSCT, records of monies spent had not been maintained and at another ward in the WHSCT, cash held by staff for group spend purposes was not stored securely.
- Records of property/ valuables held for three patients at three facilities in the BHSCT did not correspond with items actually held.
- In four wards (SEHSCT and BHSCT) access to keys of storage units where patients' monies / valuables were held was not strictly controlled and in one ward, patients' monies and valuables were held in the drugs cupboard.
- Patients' Property admission books had not been completed at five wards in two hospitals (SEHSCT and BHSCT). At a further four wards in two hospitals (BHSCT and WHSCT) whilst the books had been completed, entries were not always signed by the patient and one staff member or by two staff members as per the relevant procedures.
- Transactions in patients' cash record books (mainly withdrawals) were not signed by the patient and one staff member or by two staff members as per relevant procedures in 211 of 576 transactions examined at BHSCT hospital visited. At three hospitals (WHSCT, BHSCT and SEHSCT), 36 instances of 192 transactions examined (19%) were noted where receipts for expenditure incurred on behalf of patients had not been retained.
- At 14 wards in four hospitals across all four trusts, there was no evidence of monitoring of patients' expenditure by managers through review of cash record books and / or patients' balance reports.

- In seven wards (WHSCT and BHSCT) it was noted that receipts had not been issued to patients' relatives where monies had been handed in for patients' use.
- Patients' Property accounts relating to 25 patients at one hospital (BHSCT) were reviewed. A total of 421 withdrawals were examined, and the following exceptions were noted:
 - In two instances (withdrawals of £60.00 and £5.00) corresponding receipts could not be located.
 - In one instance, a withdrawal of £300.00 from a patient's account was requested, approved and collected by the same staff member – this was recorded as monies withdrawn for Christmas shopping but receipts had not been retained.

3.0 Conclusions

On the basis of the findings from audit testing and subject to the control weaknesses noted below and in detail at Appendices B - E, the Internal Audit Team was of the opinion that Patients' Private Property in the Mental Health and Learning Disability units visited had generally been managed appropriately and patients' monies and valuables were being properly safeguarded. However, 13 control issues were identified and relevant recommendations have been made to the relevant trusts, to address these issues.

Internal Audit reported by exception only, and where no issues and recommendations are made, the result of the work undertaken indicated that the key objectives and risks were being managed and that procedures had been adequately adhered to.

4.0 Recommendations

4.1 Recommendations for Health and Social Care Trusts

Each trust was issued with a separate report of the findings relevant to their trust area, and asked to submit a robust plan to RQIA to address each of the identified control issues. The relevant Quality Improvement Plan findings for each trust are included at Appendices B – E.

4.2 Recommendations for RQIA

It is recommended that RQIA:

- Consider application from Trusts to hold money or valuables in excess of £20,000 (Revised limit by DHSSPS) for MHL D patients on an annual basis;
- Review the action plans submitted by each trust to address the lack control issues and ensure RQIA is satisfied that each trust provide adequate assurances in relation to the safeguarding of patients' monies;
- Provide consent where appropriate.
- Undertake further finance inspections.

5.0 Next steps

RQIA will undertake further financial inspections to MHL D wards in 2013/2014, to include the wards not part of this commissioned review, and will provide each Trust with a report of their findings.

RQIA will hold information events in each of the four trusts in June 2013 reviewed, to ensure that the findings and recommendations are widely disseminated and understood.

RQIA will continue to monitor the management of patient finances by the process of inspection as part of its statutory function in accordance with the MHO.

BSO Internal Audit Team and RQIA would like to thank the management and staff from WHSCT, NHSCT, SEHSCT and BHSCT for their assistance and co-operation throughout the review.

Appendix A

Wards Inspected as part of 2012-13 Review

No	Trust	Site	Number of Patients Sampled
1	Western Health & Social Care Trust	Cedar Ward, Gransha Hospital	3
2	Western Health & Social Care Trust	Carrick Ward, Grangewood, Gransha	3
3	Western Health & Social Care Trust	Evisk Ward, Grangewood, Gransha	1
4	Western Health & Social Care Trust	Strule Lodge, Lakeview Hospital, Gransha	5
5	Western Health & Social Care Trust	Beech Villa, Tyrone & Fermanagh Hospital	7
6	Northern Health & Social Care Trust	Holywell Hospital – Carrick 1	2
7	Northern Health & Social Care Trust	Holywell Hospital - Carrick 3	3
8	Northern Health & Social Care Trust	Holywell Hospital - Carrick four	8
9	Northern Health & Social Care Trust	Holywell Hospital - Inver 1	3
10	Northern Health & Social Care Trust	Holywell Hospital - Inver four	2
11	Northern Health & Social Care Trust	Holywell Hospital – Lissan 1	3
12	Northern Health & Social Care Trust	Holywell Hospital – Tardree	4
13	South Eastern Health & Social Care Trust	Downshire - Kilclief (Ward 27)	5
14	South Eastern Health & Social Care Trust	Downshire - Wards 28 /29 combined	7

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15	Belfast Health & Social Care Trust	Knockbracken Hospital – Avoca	5
16	Belfast Health & Social Care Trust	Knockbracken Hospital – Clare	4
17	Belfast Health & Social Care Trust	Knockbracken Hospital - Continuing Rehabilitation Unit	7
18	Belfast Health & Social Care Trust	Knockbracken Hospital - Dorothy Gardiner Unit	4
19	Belfast Health & Social Care Trust	Knockbracken Hospital – Inishfree	3
20	Belfast Health & Social Care Trust	Knockbracken Hospital – Rathlin	1
21	Belfast Health & Social Care Trust	Knockbracken Hospital – Valencia	1

APPENDIX B

SPECIFIC FINDINGS RELEVANT TO BELFAST HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
WITHDRAWAL OF PATIENTS' MONIES	
2	278 of the 421 withdrawals sampled at Knockbracken Hospital were performed by one nurse and passed either directly to patients or used to purchase items on their behalf. Patients do not sign to evidence receipt of monies passed to them and these transactions are not always recorded in the patients' cash record books, transactions were generally low value and appeared reasonable. Receipts for items purchased on patients' behalf and any change, where appropriate, are not pursued by Cash Office staff. Any receipts that were returned to the Cash Office by nurses are not filed with the original cash request making them difficult to locate.
WITHDRAWALS FROM FORMER PATIENTS' ACCOUNTS	
3	<p>At Knockbracken Hospital monies belonging to 7 patients who had been discharged from the hospital to private nursing homes was still held in the Patients' Private Property account. It was noted that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amounts were transferred to the Homes from these accounts but there was no formal mechanism in place for requesting these e.g. in the case of one patient, a payment was requested by e-mail from the Home Administrator and for a second patient requests for payments were made by Trust Social Workers, at the Cash Office, using Trust withdrawal forms. <p>No checks are carried out at the Private Homes to confirm that monies requested are received intact by the former patients or used on their behalf.</p>
GROUP EXPENDITURE	
4	Group expenditure was in place at the Continuing Care Unit, Knockbracken Hospital. 4 from a sample of 10 group spends reviewed were not supported by receipts. All 4 were recorded as 'Chippy' and total cost was £180.00. No formal confirmation has been obtained from patients indicating that they have consented to the use of their funds for group expenditure. There may be a risk of future disputes over the use of patients' monies for group spend where patients' formal agreement has not been obtained.

No	Findings
SECURITY OVER PATIENTS' PROPERTY / MONIES	
5	Property held for patients in the cash office at Knockbracken Hospital did not correspond to details recorded in the safe register in the following instances: <ul style="list-style-type: none"> • A ring, an electoral ID card and a key listed in the safe register could not be located. • An ATM Card located in the safe was not recorded in the safe register.
6	At the Continuing Rehabilitation Unit and Dorothy Gardiner Unit, Knockbracken Hospital, the keys to storage units used to hold patients' monies were kept on key racks in the offices and were accessible by all staff on duty increasing the risk of unauthorised access.
PATIENT PROPERTY BOOKS	
7	Patients' Property Admission books were not used at 4 of the sample of 7 Wards visited. This occurred at Clare, Inishfree, Dorothy Gardiner Unit and Valencia. At the Continuing Rehabilitation Unit the patients' property admission book was not signed by a staff member and the patient / next-of-kin or by 2 staff members in 45 from 141 instances (32%) examined. All 45 were signed by 1 staff member. This increases the risk of loss / misappropriation of patients' monies.
CASH RECORD BOOKS	
8	At Knockbracken Hospital, Cash Record Books relating to a sample of 25 patients were reviewed. 211 from 576 (37%) transactions were signed by 1 staff member only. 16 from 92 (17%) transactions related to expenditure that was not supported by a receipt. None of these were high value items.
MANAGEMENT REVIEW	
9	At all 7 Wards visited in Knockbracken Hospital, there was no evidence that the Ward Managers reviewed either the patients' cash record books or the Patients' Balance Reports. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
10	Patient listings by Ward provided to Internal Audit by Finance staff at BHSCT was not up to date. Some patients had been transferred to other wards. This will impact on Ward Managers' ability to conduct a complete and thorough review of the reasonableness of account activity for patients in their wards.
RECEIPTS	
11	On occasions patients' relatives pass monies to ward staff for patients use. These monies should be officially receipted with a copy issued to the relatives. Receipt books were not being used at Avoca, Clare, Continuing Care Unit, Dorothy Gardiner Unit and Inishfree at Knockbracken Hospital. This increases the risk of misappropriation or loss of monies handed over for patients' use.

No	Findings
PATIENTS' INCOME & EXPENDITURE RECORDS	
12	<p>Patients' Property accounts relating to the 25 patients sampled were reviewed. From a total of 421 withdrawals examined, the following 8 exceptions were noted:</p> <ul style="list-style-type: none"> ○ In 2 instances (withdrawals of £60.00 & £5.00) back-up could not be located. ○ In 1 instance the withdrawal of £300.00 from a patient's account was requested, approved and collected by the same staff member – this was recorded as monies withdrawn for Christmas shopping but no receipts were retained. In the remaining 5 instances, Cash Office staff had debited the wrong accounts. 4 related to one patient whose account was debited £10.00 on 4 separate occasions in error and 1 related to a client whose account was debited £8.00 in error.
13	<p>1 patient withdrew £20.00 from his account but Cash Office staff debited another patient's account in error. This was subsequently fixed after being flagged up by Internal Audit.</p>
14	<p>Nursing staff used the wrong forms to make withdrawals at the Cash Office on a significant number of occasions. There are 2 forms in use. 'Form 1' should be used by patients to withdraw monies themselves and 'Form 2' should be used by Nurses when withdrawing monies on the patients' behalf. This ensures traceability i.e. if Form 2 then an entry in the patients cash ledger would be expected.</p>
15	<p>Nursing staff at the Dorothy Gardiner Unit used photocopies of pre-numbered cash request forms several times i.e. serial no. 544 used was used 4 times and number 575 was used on 5 occasions. Audit trail is compromised where more than one copy of pre-numbered controlled stationery is used.</p>
PATIENTS' PRIVATE PROPERTY PROCEDURES	
16	<p>Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Avoca, Claire, Dorothy Gardiner Unit, Rathlin and Valencia, Knockbracken Hospital.</p>

APPENDIX C

SPECIFIC FINDINGS RELEVANT TO NORTHERN HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
MANAGEMENT REVIEW	
2	At 2 of the 7 Wards visited, there was no evidence that the Ward Manager reviewed the patients' cash record books or Patients' Balance Reports. This occurred at Inver 1 and Inver 4, Holywell Hospital. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
3	Staff at Carrick 1, 3 and 4, Lissan 1 and Tardree at Holywell Hospital have no involvement with patients' monies i.e. patients manage their own monies within the patients' property account and cash record books are not maintained. Ward Managers do not monitor patients' balances to ensure that account activity appears reasonable. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
PATIENTS' INCOME & EXPENDITURE RECORDS	
4	Staff at both Inver 1 and Inver 4 held cash for a number of patients in the Dangerous Drugs Cupboard rather than a safe. Patients' expenditure is recorded on the top copy of cash requisition sheets that are used to request the monies from the Cash Office rather than cash record books rather than on cash record books - this makes transactions more difficult to monitor.
5	15 from 347 (4%) withdrawals made by nurses on patients' behalves were not signed by the patients or 2 nurses as required when monies were taken to the wards. The risk of loss /misappropriation / loss is increased where 2 staff members do not witness transactions.
PATIENTS' PRIVATE PROPERTY PROCEDURES	
6	Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Carrick 1, 3 and 4, Inver 1 and 4, Lissan 1 and Tardree at Holywell Hospital.

APPENDIX D

SPECIFIC FINDINGS RELEVANT TO WESTERN HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
GROUP EXPENDITURE	
2	Group expenditure was in place at Beech Villa, Tyrone & Fermanagh Hospital and Cedar Villa, Gransha Hospital. At Cedar Villa specific records detailing monies spent as group expenditure for all patients were not maintained. Cash held for group spend at the time of the audit visit was £31.58 and this was held in a money bag in an unlocked drawer in the office. At Beech Villa receipts were not filed with expenditure records making it difficult to reconcile expenditure to receipts. Cash held for group spend at the time of the audit visit was £11.89 and was held in a money bag in an unlocked drawer in the office. There was no evidence that 2 from 7 patients in the sample had consented to the group spend arrangement.
PATIENTS' PROPERTY BOOKS	
3	At 3 of the 5 Wards visited, patients' property admission books were not always signed by a staff member and the patient / next-of-kin or by 2 staff members when belongings were handed over for safekeeping. At Carrick, 3 from 20 entries were signed by 1 staff member only. At Evish, 2 from 54 entries were signed by 1 staff member only. At Strule, 1 from 21 entries was signed by 1 staff member only and 1 was unsigned. This increases the risk of loss / misappropriation of patients' monies.
PATIENTS' INCOME & EXPENDITURE RECORDS	
4	Cash Record Books for a sample of 19 patients were reviewed. 49 from 1533 (3%) transactions noted were not appropriately signed, 40 were not signed and 9 were signed by only 1 staff member. 18 from 97 (19%) transactions related to expenditure that was not supported by receipts. This increases the risk of loss / misappropriation of patients' monies.
5	In 1 instance £300.00 was debited to the wrong patient's account in error.

MANAGEMENT REVIEW	
6	At 3 of the 5 Wards visited there was no evidence that Ward Managers reviewed patients' cash record books. This occurred at Cedar Villa, Beech Villa and Strule. At 2 of the 5 Wards visited there was no evidence that the Ward Manager reviewed Patients' Balance Reports. This occurred at Cedar Villa and Strule. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
7	Staff at Carrick and Evis, Grangewood have no involvement with patients' monies i.e. patients manage their own monies within the patients' property account and cash record books are not maintained. Ward Managers do not however monitor patients' balances to ensure that account activity appears reasonable. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
RECEIPTS	
8	On occasions patients' relatives pass monies to ward staff for patients use. These monies should be officially receipted with a copy issued to the relatives. Receipt books were not being used at Beech Villa, Tyrone & Fermanagh Hospital and Cedar Villa, Gransha Hospital.
PATIENTS' PRIVATE PROPERTY PROCEDURES	
9	Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Beech Villa, Carrick, Cedar Villa and Evis.

APPENDIX E

SPECIFIC FINDINGS RELEVANT TO SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
SECURITY OVER PATIENTS' PROPERTY /MONIES	
2	At Ward 28/29 (combined), Downshire Hospital the key to the storage unit was kept in an unlocked drawer in the main office and was accessible by all staff on duty.
3	At Kilclief (Ward 27), Downshire Hospital an envelope containing \$50.00 (dollars) was found in the petty cash box at the time of the audit visit. The name of a patient together with a date (22/10/08) was recorded on the envelope. This patient is no longer resident on the Ward. Staff stated that they were unaware of the existence of this envelope. This money should have been lodged to the cash office for safekeeping
PATIENTS' PROPERTY BOOKS	
4	A patients' property book was not used at Wards 28/29 (combined), Downshire Hospital.
PATIENTS' INCOME & EXPENDITURE RECORDS	
5	Cash Record Books relating to the 12 patients were reviewed. 2 transactions were for expenditure that was not supported by receipts and no change was provided.
6	<p>In 6 instances patients' cash at hand did not agree with that expected as per cash record books.</p> <ul style="list-style-type: none"> <input type="checkbox"/> In 1 instance cash record book indicated a balance of £60.00 as at 02/07/12 - no cash was held. <input type="checkbox"/> In 1 instance cash record book indicated a balance of £56.31 but only £40.88 was held - a shortfall of £15.43. <input type="checkbox"/> In 1 instance cash record book indicated a balance of £45.00 but only £5.00 was held. <input type="checkbox"/> On 3 other occasions minor differences of £1.00, £1.50 and £2.00 were noted.

MANAGEMENT REVIEW	
7	At both Kilclief (Ward 27) and Ward 28/29 there was no evidence that the Ward Manager reviewed either the patients' cash record books or Patients' Balance Reports. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
8	Patient listings by Ward provided to Internal Audit by Finance staff at SEHSCT were not up to date. Some patients had been transferred to other wards. This will impact on Ward Managers' ability to conduct a complete and thorough review of the reasonableness of account activity for patients in their wards.
PATIENTS' PRIVATE PROPERTY PROCEDURES	
9	Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Kilclief (Ward 27) and Ward 28/29 (combined) at the Downshire Hospital.

**Monitoring of Article 116
of The Mental Health (Northern Ireland)
Order 1986**

2013/2014



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1.0 Introduction

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body established under the provision of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for providing independent assurance concerning the quality, safety and availability of health and social care services in Northern Ireland. Moreover RQIA endeavours to encourage improvements in the quality of services and to safeguard the rights of service users. The Mental Health & Learning Disability Team (MHLDT) undertakes a range of responsibilities for people with mental ill health and those with a learning disability, in accordance with the Mental Health (Northern Ireland) Order, 1986 (MHO).

1.2 Monitoring of Patient Finances by RQIA in accordance with the Mental Health (Northern Ireland) Order, 1986

Article 116 of the MHO outlines specific expectations in relation to the trusts' handling of patients' property as follows:

(1) Subjects to paragraphs (4) and (5), where it appears to a trust that any patient in any hospital or in any accommodation administered by it under the Health and Social Services (Northern Ireland) Order 1972 is incapable, by reason of mental disorder, of managing and administering his property and affairs, the trust may receive and hold money and valuables on behalf of that patient.

(2) A receipt or discharge given by a trust for any such money or valuables shall be treated as a valid receipt.

(3) Where a trust holds money or valuables on behalf of a person in pursuance of paragraph (1), it may expend that money or dispose of those valuables for the benefit of that person and in the exercise of the powers conferred by this paragraph, the trust shall have regard to the sentimental value that any article may have for the patient, or would have but for his mental disorder.

(4) A trust shall not receive or hold under paragraph (1) on behalf of any one patient without the consent of the RQIA money or valuables exceeding in the aggregate such sum as the Department may from time to time determine.

(5) Paragraph (1) shall not apply where a controller has been appointed in Northern Ireland in relation to the property and affairs of the patient.

The MHO also defines a role for RQIA in relation to oversight of patients' property at Article 86 (2) (c) (iv) in "preventing or redressing loss or damage to [patients] property";

RQIA is required to monitor the arrangements put in place by trusts to safeguard patients' monies. Specifically under Article 116(4) of the MHO, trusts are not permitted to receive or hold balances in excess of an agreed sum without the consent of RQIA. This sum was set by the Department of Health, Social Services and Public Safety at no more than £20,000 for any single mental health or learning disability patient in September 2012.

1.3 Methodology used by RQIA to Monitor Compliance with Article 116

In the 2013/2014 inspection year, RQIA monitored compliance with Article 116 through a programme of financial inspections. Financial inspections were undertaken in 63 mental health and learning disability wards. The finance inspector sought to obtain assurances that trusts apply best practice in the management of patients' property and monies through:

- Compliance with DHSSPS Circular 57/2009 - Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes. This applies to all Trust facilities including hospitals;
- Application of accounting policies as detailed in their Standing Financial Instructions (SFIs);
- Implementation of comprehensive local procedures; and,
- Application of Standard 15 of the Nursing Homes Minimum Standards (in so far as this can be applied to hospital patients).

The inspections involved the review of:

- Availability of appropriate written procedures for the Handling of Patients' Private Property and Cash;
- Staff access to and awareness of the procedures;
- Staff training in the application of the procedures;
- Review of processes relating to withdrawal of patient's monies;
- Review of patient property books;
- Review of cash record books; and,
- Patients' income and expenditure records.

The inspector met with the ward manager, deputy ward manager or nurse in charge on each ward to discuss the processes in place to safeguard patients' monies and property. A report of inspection findings and a Quality

Improvement Plan (QIP) detailing recommendations was issued to each Trust in March 2014. Individual Trust reports and QIPs are available at [http://www.rqia.org.uk/what we do/mental health and learning disability/inspection reports.cfm](http://www.rqia.org.uk/what_we_do/mental_health_and_learning_disability/inspection_reports.cfm) .

2.0 Summary of Inspection Findings

Table 1 - Number of recommendations made per trust

Trust	Number of wards inspected	% of inspections undertaken (n=63)	Number of recommendations made	% of recommendations made (n=161)
Belfast	22	35%	39	24%
Northern	12	19%	41	25%
South Eastern	7	11%	15	9%
Southern	8	13%	18	11%
Western	14	22%	48	30%

Table 1 lists the number of wards inspected in each of the five trust areas, the percentage of the total number of inspections undertaken and the number of recommendations made. The number and overall percentage of wards inspected in the Belfast Health and Social Care Trust (BHSCT), South Eastern Health and Social Care Trust (SEHSCT) and Southern Health and Social Care Trust (SHSCT) areas appears to be proportionately reflected in the corresponding number and percentage of recommendations made for each respective Trust.

In the Western Health and Social Care Trust (WHSCT) area just over one fifth of inspections undertaken resulted in just under one third of the total number of recommendations made.

In the Northern Health and Social Care Trust (NHSCT) area just under one fifth of inspections undertaken resulted in just over a quarter of the total number of recommendations made.

In terms of the percentage of inspections undertaken, the number of recommendations made in the Western and Northern Trusts is proportionately higher than the number of recommendations made in the Belfast, South Eastern and Southern Trust areas. This is due to the concerns noted in a number of wards in both of these Trusts in relation to the lack of robust practices of recording, receipting, verification and reconciliation.

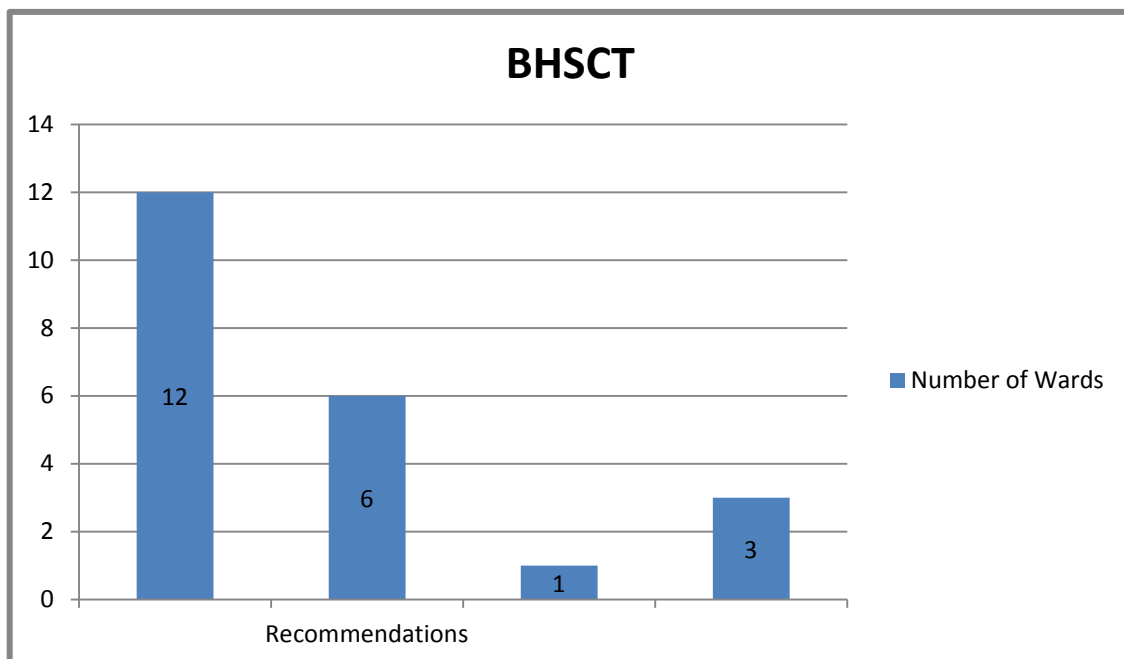
Table 2 - Number of recommendations made in specific programmes of care

Type	Number of wards inspected	% of inspections undertaken	Number of recommendations made
Mental Health	36	57%	91
Learning Disability	14	22%	37
Older People	13	21%	33

Table 2 reflects a proportionate distribution of the number of recommendations made corresponding to the percentage of inspections undertaken in across wards in the three relevant programmes of care; wards for people with mental ill health, wards for people with learning disability and wards for older people with mental ill health.

2.1 Belfast Health and Social Care Trust

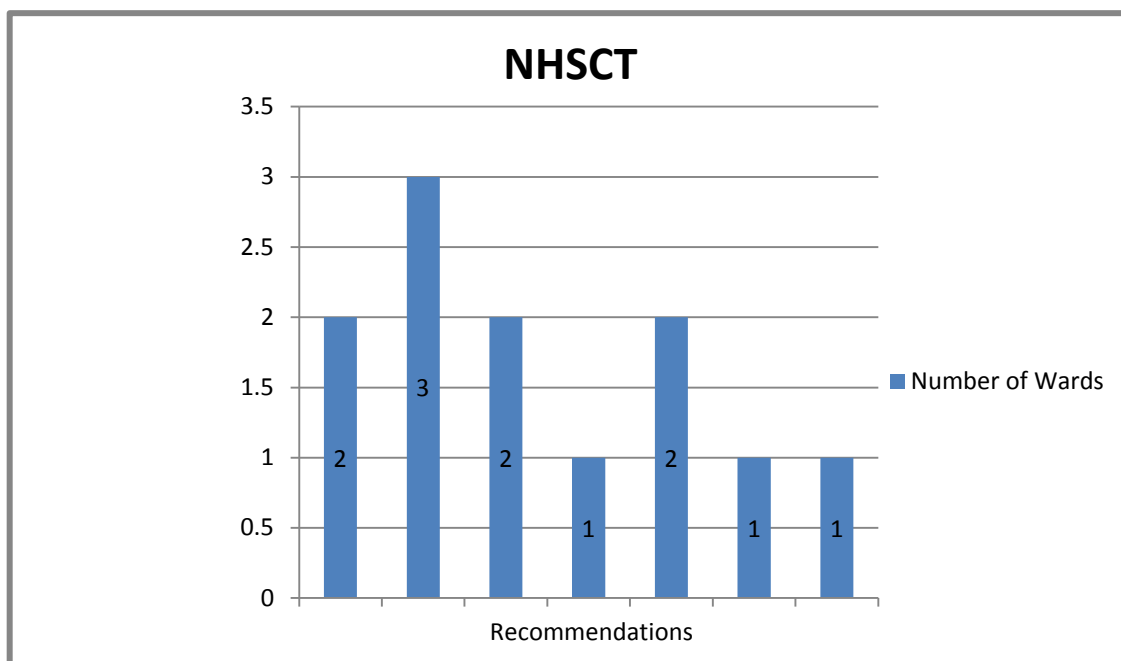
The inspector visited 22 wards across three hospital sites in the BHSCT. A total of 39 recommendations were made. There were examples of good practice noted in individual wards in relation to receipting and verification of purchases, and twice daily checking of safe contents.



There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. However, several concerns were noted in relation to staff implementation of policies and procedures and accuracy of record keeping, across all hospital sites. These included 24 recommendations across 21 wards in relation to ward processes for keeping patients' monies safe in terms of where monies are kept by staff on each ward. The recommendations also related to the management of risk in access to these monies. Five recommendations were made for four wards in relation to the updating of policies and procedures to guide and support staff practice. Other areas to be addressed included seven recommendations across three wards relating to the management of group expenditure and how this is equally and fairly managed for individual patients, and the charging arrangements for transport and therapeutic activities. The BHSCT is the only Trust where recommendations were made in relation to group expenditure and charging patients for items required for therapeutic and recreational activities.

2.2 Northern Health and Social Care Trust

The inspector visited 12 wards across two hospital sites in the NHSCT. A total of 41 recommendations were made for 10 wards. It was good to note that no recommendations were made following inspections of two wards. There were examples of good practice noted in individual wards in relation to accurate receipting of money and property, and lodging of money and valuables in the cash office.

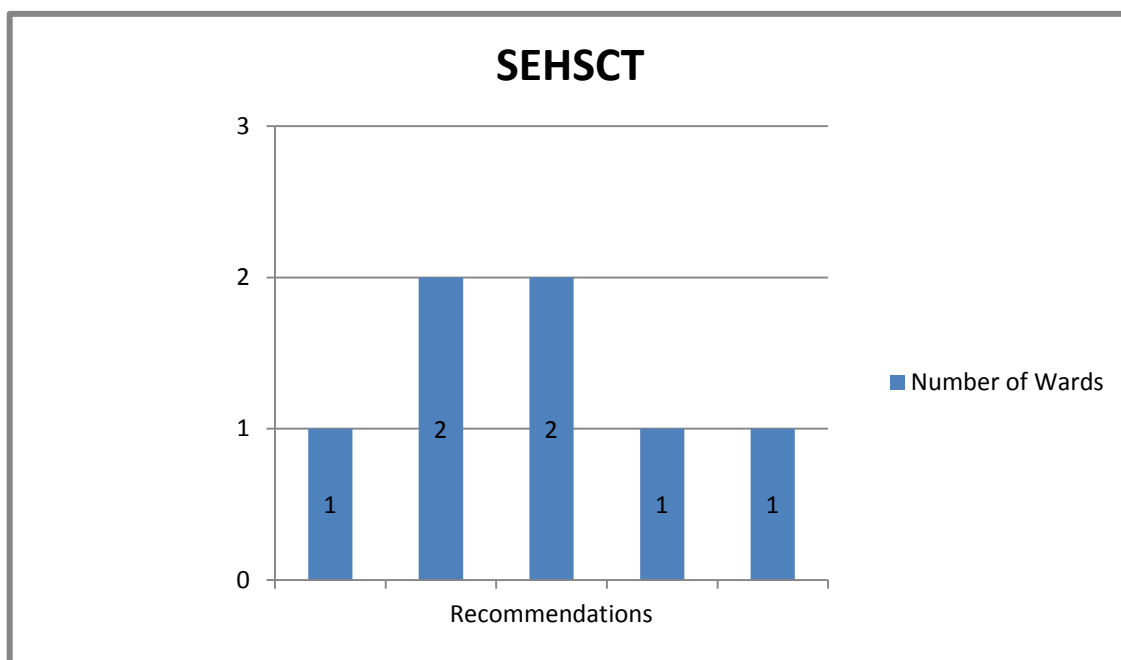


There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. Particular concerns were noted in relation to staff training and implementation of policies and procedures, and accuracy of record keeping, across both hospital sites. This resulted in 27 recommendations for nine wards, including recommendations in relation to

ward processes for keeping patients' monies safe in terms of where monies are kept by staff on each ward. These recommendations also related to receipting of transactions and the management of risk in access to patients' monies. Other areas to be addressed included review of the interface between the ward and the cash office, the access by numerous individuals to patients' accounts and the updating of policies, procedures and training, to guide and support staff practice.

2.3 South Eastern Health and Social Care Trust

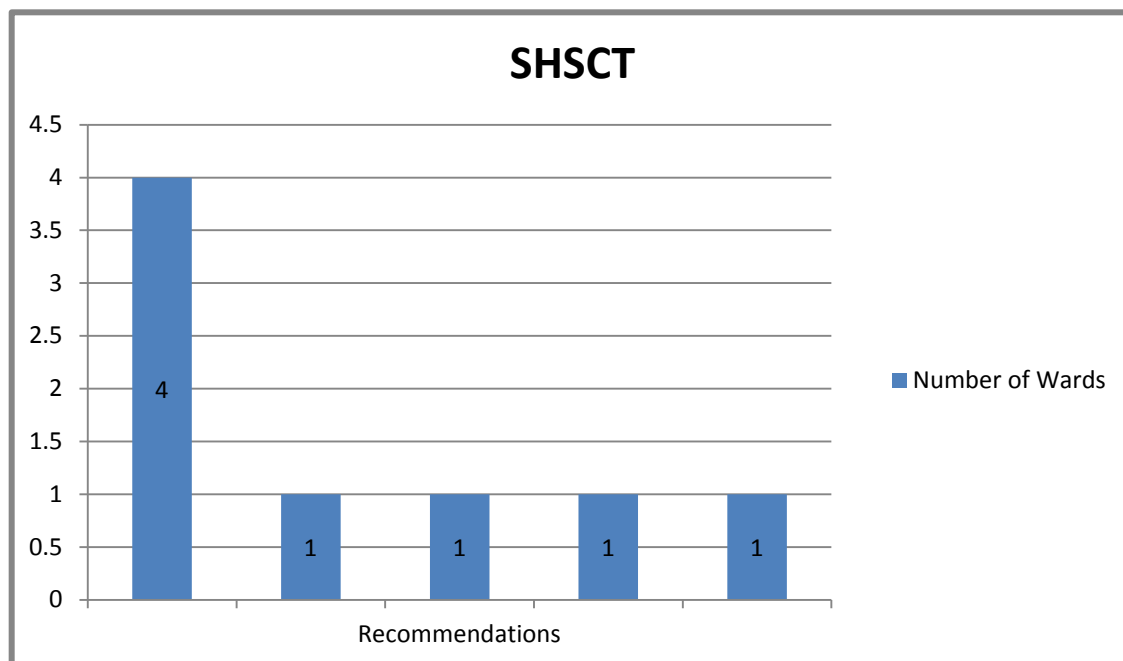
The inspector visited seven wards across four hospital sites in the SEHSCT. A total of 15 recommendations were made for six wards. It was good to note that no recommendations were made following inspections of one ward. There were no recommendations made for wards in the SEHSCT in relation to interfaces with the cash office, which was an area for recommendation for three of the five other trusts.



There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. However, concerns were noted in relation to staff implementation of policies and procedures and accuracy of record keeping, across three hospital sites. This included ward processes for keeping patients' monies safe in terms of where monies are kept by staff on each ward, receipting of transactions, resulting in seven recommendations in two wards. These recommendations also related to the management of risk in access to patients' monies resulting in four recommendations for four wards. Other areas to be addressed included the updating of policies, procedures and training, including approval and authorisation of expenditure for larger items, to guide and support staff practice.

2.4 Southern Health and Social Care Trust

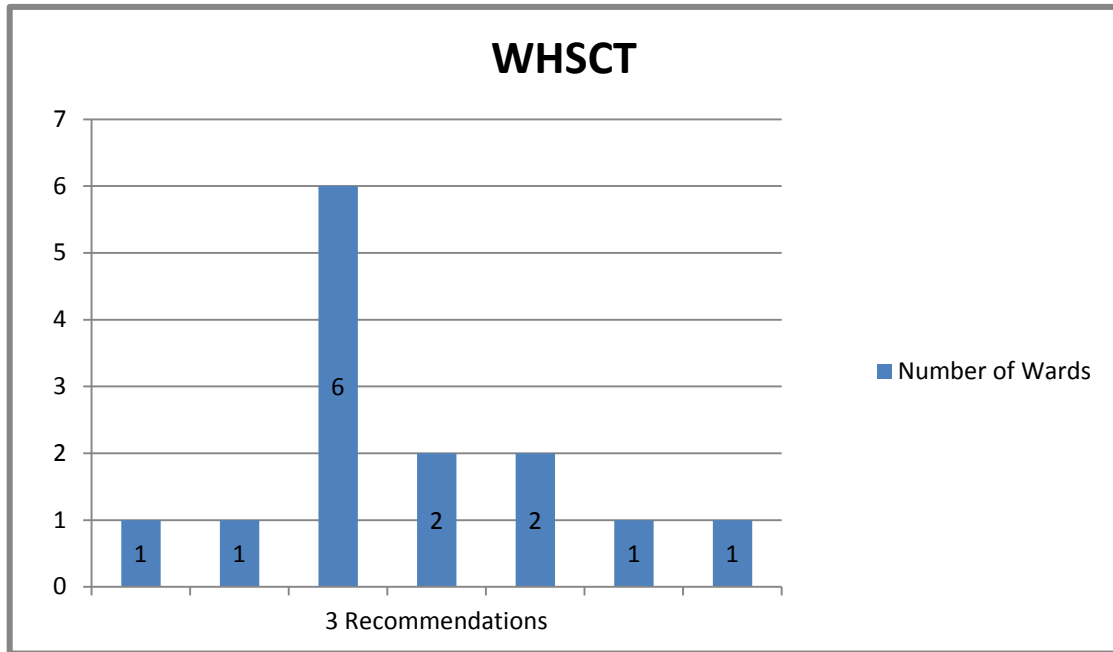
The inspector visited eight wards across three hospital sites in the SHSCT. A total of 18 recommendations were made for all wards. There were examples of good practice noted in individual wards in relation to completion of property books and receipting of monies left on the ward for individual patient expenditure and a robust discharge system in place whereby the patient had acknowledged the return of their money. There were no recommendations made for wards in the SHSCT in relation to interfaces with the cash office, which was an area for recommendation for three of the five other trusts.



There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. However, concerns were noted in relation to policies, procedures, guidance and training for staff. Additionally concerns were noted in relation to processes for keeping patients' monies safe in terms of where monies are kept by staff on wards, resulting in four recommendations for four wards. These recommendations also related to receipting of transactions and the management of risk in access to patients' monies, resulting in nine recommendations for six wards. Another area to be reviewed included the receipting of removal of items by relatives on admission.

2.5 Western Health and Social Care Trust

The inspector visited 14 wards across five hospital sites in the WHSCT. A total of 48 recommendations were made for 13 wards. It was good to note that no recommendations were made following the inspection of one ward. Some areas of robust processes consistent with best practice were also noted. There were examples of good practice noted in individual wards in relation to completion of property books and receipting of monies left on the ward for individual patient expenditure.



There were no concerns noted in relation to discrepancies of balances of monies in patients’ accounts. However, there were individual wards where the lack of robust practices of recording, receipting, verification and reconciliation, and implementation of systems and processes presented a realistic risk of misappropriation of patients’ monies. There were 20 recommendations made (42% of recommendations made for this trust area) in relation to systems and processes for 13 wards (93% of wards inspected in this trust area). The WHSCT is the only trust where recommendations were made in relation to systems and processes in this number. Review of policies, procedures, staff guidance and staff training also required to be addressed.

2.6 Common Themes

A number of common themes emerged across trust areas. Although these themes resulted in a number of recommendations made in three or more trust areas, the percentage of recommendations made were significantly higher for individual trusts in three of the commonly themed areas. These are as follows:

2.7 Keys, Safes and Associated Records

- Total number of recommendations made **48**
- Total number of Trust areas where recommendations were made **5**

Recommendations related to:

- access to keys and safes
- associated records for any person who obtains the keys.

There were 48 recommendations made for 43 wards (68%) across all trusts. This equates to 30% of the total number of recommendations made.

The highest number of recommendations in this area were made in the BHSCT where 50% of the total number of recommendations in relation to access to keys and safes and associated record keeping were made . It should be noted that more wards were inspected in the BHSCT than other trust areas (35%),

2.7.1 Record Keeping Processes and Processes in relation to Receipting of Transactions

- Total number of recommendations made **43**
- Total number of Trust areas where recommendations were made **5**

Recommendations related to:

- review of record keeping processes and processes in relation to receipting of transactions between the ward and the patient, the ward and a relative and the ward and the cash office

There were 43 recommendations made for 24 wards across all trusts. This equates to 27% of the total number of recommendations made.

The highest number of recommendations were made in the NHSCT. This equates to 92% of wards inspected in the NHSCT and 40% of the total number of recommendations made in relation to record keeping processes and processes in relation to receipting of transactions.

Recommendations in relation to record keeping processes and processes in relation to receipting of transactions were made for 75% of wards in the SHSCT and 44% of wards in the WHSCT.

2.7.2 Interface with the Cash Office

- Total number of recommendations made **15**
- Total number of Trust areas where recommendations were made **3**

Recommendations related to:

- interfacing with the cash office
- ensuring that the cash office provided individual patient statements to facilitate verification of transactions.

There were 15 recommendations made for 12 wards across three trusts. This equates to 9% of the total number of recommendations made.

The highest number of recommendations were made in the NHSCT; 11 recommendations were made, representing 73% of the total number of recommendations in this area.

2.7.3 Implementation of/updating of Policy and Procedure

- Total number of recommendations made **15**
- Total number of Trust areas where recommendations were made **4**

Recommendations related to:

- implementation of/updating of policy and procedure for the management of patients' monies and property.

There were 15 recommendations made for 15 wards across four trusts. This equates to 9% of the total number of recommendations made.

The number of recommendations made were spread evenly across the Belfast, South Eastern, Southern and Western Health and Social Care Trusts.

2.7.4 Staff Training

- Total number of recommendations made **5**
- Total number of Trust areas where recommendations were made **4**

Recommendations related to:

- Staff training in the procedures governing the management of patients' monies and property.

Five recommendations were made. Although the number of recommendations made represents only 7% of the total number of recommendations made, these recommendations were made in four of the five trust areas, the exception being the NHSCT.

3.0 Conclusions from Inspection Findings

Inspection findings would indicate that patients' monies and property in the Mental Health and Learning Disability wards inspected had generally been managed appropriately and were being properly safeguarded. It was good to note some areas of robust processes consistent with best practice, and these practices are to be commended. However, in other wards the lack of robust practices of recording, receipting, verification and reconciliation presented a realistic risk of misappropriation of patients' monies. A number of control issues were identified and relevant recommendations have been made to address these issues in all trust areas. Trusts were advised that these recommendations should be implemented immediately to mitigate risks.

4.0 Next Steps

RQIA will evaluate the implementation of recommendations on individual wards as part of a planned programme of inspections in 2014/2015. RQIA will continue to monitor the management of patient finances as part of its statutory functions in accordance with the Mental Health (Northern Ireland)

Order 1986. This will include reviewing Trusts' Standing Financial Instructions, policies and procedures, and management of Trust held funds for individual patients' monies and valuables with balances greater than £20,000.

Appendix 1 Wards Inspected**Belfast Trust**

No	Trusts	Hospital	Wards	Date of Visit
1	BHSCT	Mater Hospital	Ward J - Mater	30/12/2013
2	BHSCT	Mater Hospital	Ward K - Mater	30/12/2013
3	BHSCT	Mater Hospital	Ward L - Mater	30/12/2013
4	BHSCT	Knockbracken	Shannon Clinic Ward 1	30/12/2013
5	BHSCT	Knockbracken	Shannon Clinic Ward 3	30/12/2013
6	BHSCT	Knockbracken	Shannon Clinic Ward 2	30/12/2013
7	BHSCT	Knockbracken	Valencia	30/12/2013
8	BHSCT	Knockbracken	Clare Ward	30/12/2013
9	BHSCT	Knockbracken	Avoca Ward	30/12/2013
10	BHSCT	Knockbracken	Innisfree	30/12/2013
11	BHSCT	Knockbracken	Dorothy Gardiner	30/12/2013
12	BHSCT	Knockbracken	Rathlin	30/12/2013
13	BHSCT	Muckamore Abbey	Cranfield Female	31/12/2013
14	BHSCT	Muckamore Abbey	Cranfield ICU	31/12/2013
15	BHSCT	Muckamore Abbey	Killead	31/12/2013
16	BHSCT	Muckamore Abbey	Cranfield Male	31/12/2013
17	BHSCT	Muckamore Abbey	Six Mile	31/12/2013
18	BHSCT	Muckamore Abbey	Erne	31/12/2013
19	BHSCT	Muckamore Abbey	Moylena	31/12/2013
20	BHSCT	Muckamore Abbey	Greenan	31/12/2013
21	BHSCT	Muckamore Abbey	Donegore	31/12/2013
22	BHSCT	Muckamore Abbey	Oldstone	31/12/2013

Northern Trust

No	Trust	Hospital	Ward	Date of Visit
1	NHSCT	Holywell Hospital	Tobernavreen Centre	02/01/2014
2	NHSCT	Holywell Hospital	Tobernavreen Lower	02/01/2014
3	NHSCT	Holywell Hospital	Tobernavreen Upper	02/01/2014
4	NHSCT	Holywell Hospital	Carrick 1	02/01/2014
5	NHSCT	Holywell Hospital	Carrick 3	02/01/2014
6	NHSCT	Holywell Hospital	Carrick 4	02/01/2014
7	NHSCT	Holywell Hospital	Lissan 1	02/01/2014
8	NHSCT	Holywell Hospital	Tardree 1	02/01/2014
9	NHSCT	Holywell Hospital	Inver 1	02/01/2014
10	NHSCT	Holywell Hospital	Inver 3	02/01/2014
11	NHSCT	Holywell Hospital	Inver 4	02/01/2014
12	NHSCT	Causeway Hospital	Ross Thompson unit	08/02/2014

South Eastern Trust

No	Trust	Hospital	Ward	Date of Visit
1	SEHSCT	Ulster Hospital	Ward 27 - Ulster	03/01/2014
2	SEHSCT	Downshire Hospital	Ward 27 - Downshire	03/01/2014
3	SEHSCT	Downshire Hospital	Ward 28	03/01/2014
4	SEHSCT	Downe Hospital	Dementia Ward	03/01/2014
5	SEHSCT	Downe Hospital	Downe Acute	03/01/2014
6	SEHSCT	Lagan Valley Hospital	Ward 11	03/01/2014
7	SEHSCT	Lagan Valley Hospital	Ward 12	03/01/2014

Southern Trust

No	Trust	Hospital	Ward	Date of Visit
1	SHSCT	Craigavon Area	Silverwood	06/01/2014
2	SHSCT	Craigavon Area	Bronte	06/01/2014
3	SHSCT	Craigavon Area	Cloughmore	06/01/2014
4	SHSCT	Craigavon Area	Willow	06/01/2014
5	SHSCT	St. Luke's Hospital	Gillis Memory Centre	06/01/2014
6	SHSCT	St. Luke's Hospital	Haven Close	06/01/2014
7	SHSCT	St. Luke's Hospital	Ward 3	06/01/2014
8	SHSCT	Longstone	Longstone Assessment	06/01/2014

Western Trust

No	Trust	Hospital	Ward	Date of Visit
1	WHSCT	T&F	Beech	07/01/2014
2	WHSCT	T&F	Ash	07/01/2014
3	WHSCT	T&F	Oak A	07/01/2014
4	WHSCT	T&F	Oak B	07/01/2014
5	WHSCT	T&F	Lime	07/01/2014
6	WHSCT	T&F	Elm	07/01/2014

7	WHSCT	Gransha Hospital	Cedar Ward	08/01/2014
8	WHSCT	Grangewood Hospital	Evisk -	08/01/2014
9	WHSCT	Grangewood Hospital	Carrick	08/01/2014
10	WHSCT	Lakeview Hospital	Strule Lodge	08/01/2014
11	WHSCT	Lakeview Hospital	Brooke Lodge	08/01/2014
12	WHSCT	Waterside Hospital	Ward 1	08/01/2014
13	WHSCT	Waterside Hospital	Ward 3	08/01/2014
14	WHSCT	Shantallow	Slievemore Nursing Unit	08/01/2014



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

Oversight of Service Users' Finances in Residential and Supported Living Settings

June 2014

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reports are submitted to the Minister for Health, Social Services and Public Safety, and are available on the RQIA website at www.rqia.org.uk

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1. Executive Summary

Men and women are living longer into older age. Figures based on the 2011 census indicate that in Northern Ireland, the population aged 65 or over is projected to increase from 266,000 in 2011 to 379,000 by 2026, an increase of 40 per cent.

Transforming Your Care (2012) recommends a greater choice of service provision, particularly non-institutional services using the independent sector. It recommends that care should be provided as close to home as possible, with services continuing to reform and modernise, to respond to growing demand, with an increased emphasis on personal community based services.

The trend, in line with strategic direction is towards supporting service users in their own homes, which may involve them moving to accommodation where a supported living service is included. This has led to a consequent reduction in the number of placements in nursing and residential accommodation.

Financial exclusion and low levels of financial capacity, coupled with cognitive impairment can mean that some older people will become dependent on others to manage their finances and/or access their income or savings. A significant number of people with disabilities, who use these services, also lack capacity to handle their financial affairs.

The vulnerability of some service users, or their reliance on others for assistance, could potentially lead to their abuse, which may include financial abuse, which may take the form of:

- theft
- fraud
- exploitation
- pressure in connection with wills, property, or financial transactions
- misuse or misappropriation of property, possessions or benefits

The prevalence survey report by King's College London and the National Centre for Social Research indicated that financial abuse was the second most common form of mistreatment for those living at home, nearly twice as common as psychological or physical abuse. The study estimated that 57,000 people aged 66 and over in the UK (0.7 per cent) had experienced financial abuse by a friend, relative or care worker in the past year

A report on financial abuse published by the Social Care Institute for Excellence (SCIE) highlighted that some residents of care homes have little or no control over their own money and are reliant on relatives or the home to safeguard their finances.

The report provided a number of examples of financial abuse:

- the person controlling the finances was not using the money to pay for the care of the vulnerable adult
- a family member gained access to accounts and care costs could not be met
- false accounting by a family member
- a care worker claiming money for time they hadn't worked
- a care worker, family member or friend spending a vulnerable adult's budget inappropriately

During consultation, to inform the selection of RQIA review topics for its 2012 to 2015 review programme, several respondents raised issues about service users' finances in residential facilities. The RQIA regulatory finance inspection programme has also identified a number of issues regarding the financial arrangements within homes including management of service users' finances.

This review was subsequently selected for inclusion in the RQIA review programme and seeks assurance from trusts that the controls required for assurance of patient finances are in place. These controls are set out in Circular HSS (F) 57/2009, Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes.

The circular reminded organisations of the mandatory controls that should be in place in respect of the handling of residents' monies in statutory homes, and sought reassurance that residents' interests should be protected when placed in independent sector care homes.

Statistics supplied by HSC trusts showed that the number of independent care homes in Northern Ireland (427) greatly outnumbered the number of statutory facilities (52). The number of places available in the independent sector (14,889) was also much greater than those available in the statutory sector (1,241).

The statistics also showed that the number of service users where either they or their next of kin had control of their finances (11,676) was much greater than those cases where an outside third party organisation such as a trust had control (1,705).

RQIA considered that Circular HSS (F) 57/2009 provides great detail with regard to controls that should be in place in trust statutory facilities. It gives less detail with regard to trust service users placed in independent homes and even less with regard to supported living services.

RQIA has concluded that the emphasis of the circular was appropriate when there were a large number of statutory homes, however as a result of the move towards use of independent facilities and greater use of supported living the content of the circular should be reviewed to take account of this change of emphasis.

The review of the circular should consider the level of assurance necessary in regard to the controls in place in care homes and supported living, to safeguard service users' personal finances and consideration should also be given to seeking greater assurance, in those cases where a representative e.g. family member has responsibility for a service user's finances.

When the circular was issued the trusts focused on putting measures in place to capture assurances from the independent sector which prior to that had not been the subject of any monitoring process.

Trusts should receive annual written assurance from all facilities that satisfactory financial controls are in place. RQIA considers that in some cases these assurances were not being received or followed up.

Following a file audit conducted by members of the RQIA team, RQIA considers that file structures should be standardised to allow a complete picture of a service user's financial position.

RQIA met with senior trust staff and facilitated focus groups with trust care and finance staff and concluded that if the main assurance with regard to service users' finances was going to be provided by an annual care review, care staff should be appropriately trained to deal with individual financial matters.

The report makes seven recommendations to strengthen assurance with regard to service users' finances in residential and supported living settings.

2. Introduction

Men and women are living longer into older age. Figures based on the 2011 census indicate that in Northern Ireland, the population aged 65 or over is projected to increase from 266,000 in 2011 to 379,000 by 2026, an increase of 40%.¹

The largest projected population change will occur in the number of people aged 85 and over, which is predicted to double in the next 17 years.

Statistics from Transforming Your Care (2012)² indicate that:

- Northern Ireland has a population of approximately 1.8m people.
- it has the fastest growing population in the UK and it continues to grow
- the number of people over 75 years is predicted to increase by 40% by 2020.
- the population of over 85 year olds in NI will increase by 19.6% by 2014, and by 58% by 2020 over the 2009 figure

Transforming Your Care also recommends a greater choice of service provision, particularly non-institutional services using the independent sector. It recommends that care should be provided as close to home as possible, with services continuing to reform and modernise, to respond to growing demand, with an increased emphasis on personal community based services.

The current HSC Board target is for at least 48% of care management assessments to recommend a domiciliary care package, rather than nursing home or residential care.

The trend, in line with strategic direction, is towards supporting service users in their own homes, which may also include them moving to accommodation where a supported living service is provided. This has led to a consequent reduction in the number of placements in nursing and residential accommodation.

This system encourages people to take charge of their own lives. However people who are placed in residential accommodation and supported living are among the most vulnerable in society and are a high risk of financial exploitation.

The care assessment process, which includes a financial assessment, is extremely important in determining that service users receive services that appropriately meet their needs. It also means that as service users are placed more often in facilities outside direct trust control, some method of proportionate oversight of their financial arrangements must be put in place.

1 www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html

2 www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf

During consultation, to inform the selection of RQIA review topics, several respondents raised issues about residents' finances in residential facilities. The RQIA regulatory finance inspection programme has also identified a number of issues regarding the financial arrangements, both within care homes and in supported living services. This includes management of residents' finances.

This review was subsequently selected for inclusion in the RQIA review programme and seeks assurance from trusts that the controls required for assurance of patient finances are in place. These controls are set out in Circular HSS (F) 57/2009, Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes.

2.1 Circular HSS (F) 57/2009

In July 2009, the Department of Health, Social Services and Public Safety (DHSSPS) issued a circular entitled Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes. HSS (F) 45/2009 21 July 2009³.

This circular was re-issued in December 2009 as circular HSS (F) 57/2009, Misappropriation of Residents' Monies - Implementation and Assurance of Controls in Statutory and Independent Homes. (Appendix 1)

The circular reminded organisations of the mandatory controls that should be in place in respect of the handling of residents' monies in statutory homes, and sought reassurance that residents' interests should be protected when placed in independent sector care homes.

The circular outlined that one of the reasons for its re-issue to organisations was because of incidents concerning misappropriation of residents' monies, one in an independent care home and the other in a statutory facility.

It tasks accounting officers to be able to demonstrate, that they have taken reasonable steps to ensure that adequate financial controls are in place within independent care homes, to ensure that residents' interests are safeguarded.

The circular required different levels of controls to be in place depending on the setting, as follows.

³ http://www.dhsspsni.gov.uk/hss_f_45-2009.pdf

2.1.1 Controls in Statutory Homes (trust run facilities)

The circular states that accounting officers should ensure that the following controls are operating in trust facilities:

- systems of supervision to safeguard residents' funds
- authorisation of withdrawals from residents' bank accounts
- monitoring of residents' expenditure
- review of residents' individual balances in trust residents' property account
- review of residents' individual bank account balance
- checks of residents' cash withdrawal books/records
- checks of authorising signatures.

2.1.2 Controls in Independent Sector Homes

The circular accepts that accounting officers cannot be held directly responsible for controls operating in homes not owned by the trust. However regardless of the particular setting in which care is delivered, trusts have a duty of care towards service users placed with independent sector providers.

The circular states that, as a minimum, the following controls should be in place:

- written assurances that appropriate controls are in place to be received from the home on a regular basis
- periodic spot checks should be undertaken by the trust to test the operation of the controls in place

2.1.3 Controls in Adult Supported Living

Circular HSS (F) 57 / 2009 states, "Each trust should decide how it gains the assurance it needs over the circumstances in homes in which it places its residents, or where tenants for whom it has responsibility are in an Adult Supported Living setting".

Supported living encompasses a range of services, designed to help people to retain their independence in their local community. It is seen as an alternative to institutional residential care. It is often seen as suitable for people with lower level support needs, but has been used to successfully support people with complex and challenging needs, using detailed planning and focused personal assistance.

Around 170 supported living services in Northern Ireland are regulated by RQIA as domiciliary care agencies, as they meet the definition of a conventional domiciliary care agency, as set out in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

RQIA further defines a supported living service as one that involves a person living in their own home, receiving personal care in order to promote their independence. The care they receive is regulated by RQIA but the accommodation is not.

2.2 Terms of Reference

1. To assess the organisational governance arrangements in place in HSC Trusts relating to the management of the finances of service users/residents in residential and supported living settings.
2. To assess the actions taken by HSC trusts in response to the issue of Circular HSS (F) 57/2009, and to assess the mandatory controls described in the circular which should be in place in respect of the handling of service users/residents' monies, in residential and supported living settings.
3. To carry out an inspection of a sample of service users/residents' files held by care managers and finance directorates in the trusts.
4. To examine any other relevant matters which emerge during the course of the review.
5. To make recommendations for improvement in relation to any issues identified through the review.

2.3 Exclusions

The review will not include:

- finances of patients in mental health facilities.
- finances of private patients who do not fall within the trusts' duty of care in respect of financial matters.
- finances of hospital inpatients
- conventional domiciliary care
- supported living services that do not provide personal care to people in their own homes

2.4 Methodology

Key stages of the review:

- HSC Trusts were asked through self-assessment, to provide information regarding the processes in place for governance of residents/service users' finances. This included information on the response of the trust to the receipt of Circular HSS (F) 57/2009 and a profile of all service users who the trust identified as being subject to the circular.
- A file audit was carried out on a number of service users/residents' files held by care managers and finance directorates to examine the appropriateness of the processes in place in relation to finances.
- Focus groups were held with members of trust finance and social care teams.
- Validation meetings took place with members of trust senior teams, with representation from social care, finance and safeguarding.

2.5 Membership of the Review Team

Cathy McKillop	Independent reviewer Former trust Director of Finance
Ann McCracken	Independent reviewer Accountant DHSSPS
Briege Ferris	RQIA Finance Inspector
Hall Graham Angela Belshaw Janine Campbell	RQIA Lead Project Manager Project Administrator

3. Context

Financial exclusion and low levels of financial capability, coupled with cognitive impairment can mean that some older people will become dependent on others to manage their finances and/or access their income or savings.

The vulnerability of some older people, or their reliance on others for assistance, could potentially lead to their abuse. However elder abuse, including financial abuse may be difficult to quantify. It is frequently hidden, may not be obvious even to the victim, and is likely to be under-reported.

Financial abuse includes:

- theft
- fraud
- exploitation
- pressure in connection with wills, property, or financial transactions
- misuse or misappropriation of property, possessions or benefits

The prevalence survey report by King's College London and the National Centre for Social Research⁴ indicated that financial abuse was the second most common form of mistreatment for those living at home, nearly twice as common as psychological or physical abuse. The study estimated that 57,000 people aged 66 and over in the UK (0.7%) had experienced financial abuse by a friend, relative or care worker in the past year.

This study did not include vulnerable adults living in care homes or people with dementia, however, a literature review carried out by Help the Aged on the subject of financial abuse of older people indicated that 60-80% of financial abuse takes place in the home, and 15-20% in residential care.⁵

Research carried out by Action on Elder Abuse⁶, revealed that around 20% of calls to its helpline were related to financial abuse. Financial abuse was the second most common type of abuse to be brought to the helpline's attention, with psychological abuse being the most common.

⁴ www.elderabuse.org.uk/Documents/AEA%20documents/Prevalence%20Report-Full.pdf

⁵ [www.cpa.org.uk/information/reviews/financialabuse240408\[1\].pdf](http://www.cpa.org.uk/information/reviews/financialabuse240408[1].pdf)

⁶ www.elderabuse.org.uk/

The Parliamentary Health Committee report on elder abuse (2004)⁷ recommended that the regulatory bodies of health and social care increase their surveillance of financial systems including the use of powers of attorney, and, in care homes, the use of service users' personal allowances.

The General Report on the Health and Social Care Sector by the Comptroller and Auditor General for Northern Ireland (2009)⁸ concluded that in relation to trusts' patients' and residents' monies, there was:

- a failure to record transfers of cash between hospital wards and the cash office in HSC trusts
- a failure to lodge monies received in the cash office to the bank
- a failure to receipt the return of the cash to the patient/resident
- a number of thefts from patients and residents.

A report on financial abuse published by the Social Care Institute for Excellence (SCIE)⁹ highlighted that some residents of care homes have little or no control over their own money and are reliant on relatives or the home to safeguard their finances.

The report provided a number of examples of financial abuse:

- the person controlling the finances was not using the money to pay for the care of the vulnerable adult
- a family member gained access to accounts and care costs could not be met
- false accounting by a family member
- a care worker claiming money for time they hadn't worked
- a care worker, family member or friend spending a vulnerable adult's budget inappropriately

It also noted that some care providers did not see it as their role to raise concerns about the decisions of a person nominated to be responsible for a vulnerable adult's finances. Others who had raised concerns with a local authority had been told that nothing could be done.

⁷ www.publications.parliament.uk/pa/cm200304/cmselect/cmhealth/111/111.pdf

⁸ www.niauditoffice.gov.uk/health_report_2009.pdf

⁹ www.scie.org.uk/publications/reports/report49.pdf

3.1 RQIA's Financial Regulation

As part of its regulatory remit, RQIA carries out a rolling programme of inspections of nursing homes, residential homes and supported living schemes. The regulation of services is based on statutory regulations and DHSSPS minimum care standards.¹⁰

The purpose of any inspection is to assess compliance with the relevant regulations and minimum standards. The inspection process is designed to establish how the service is performing against the standards and to identify areas where the quality of the service may be improved. Where significant concerns are identified these are shared with the commissioning trust. If required, enforcement action may be taken by RQIA against the provider.

A number of recurring issues and themes have arisen from the financial inspection programme.

3.1.1 Financial Arrangements

- The purchase of items from service users' funds which should have been supplied by the registered provider e.g. fixtures and fittings, some types of medical equipment.
- Absence of written authorisation from the service user or their representative to enable the provider to make purchases on their behalf.
- Individual service user agreements absent or out of date.
- No financial arrangements included in the service users' agreements.
- No evidence of authorisation for a representative of the home to act as appointee for the service user in respect of social security benefits.
- No written authorisation and/or controls for the management of service users' bank accounts, including the use and management of bank cards.

3.1.2 Record Keeping

- Absence or inadequate records maintained on behalf of the service user e.g. no records of income and expenditure, receipts from purchases, service user agreements, written authorisation for purchases and no signatures recorded against each transaction.
- No written evidence of the reconciliation of service users' monies held being performed on a regular basis by the provider.
- Where service user monies are pooled, as is the practice in some supported living arrangements, (in joint bank accounts) the provider is unable to identify how much belongs to each service user.

¹⁰www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-standards/sqsd-standards-care-standards.htm

3.1.3 Financial Controls

- Service user personal monies being maintained in providers' business bank accounts.
- Significant amounts of money held for individual service users in a pooled bank account, and not transferred to interest bearing individual service user bank accounts where they exist.
- No, or inadequate, written policies and procedures in place for the safeguarding of service users' monies.
- Non adherence to existing policies and procedures, e.g. staff providing loans to service users

3.1.4 Transport Schemes

- Inadequate records showing amounts paid by service users for the use of the vehicle and details of the journey undertaken.
- Service users being charged without agreement, an excessive supervision rate for staff accompanying them on journeys.
- No evidence that the charge to service users is fair and equitable i.e. no records as to how the rate per mile and supervision charge had been calculated.
- Commissioning trust unaware of the system operated for transport in establishments.

RQIA's inspection programme has demonstrated a number of areas where deficiencies have been identified in the controls and processes that should be in place to safeguard residents' finances. This provides part of the rationale for carrying out this review.

4. Background

4.1 Community Care Services

Community care services help people to live as independently as possible in their own homes or in appropriate settings in the community.

DHSSPS's policy paper *People First: Community Care in Northern Ireland for the 1990s*¹¹, places emphasis on the requirement "within available resources, to identify and assess individuals' needs, taking full account of personal preferences (and those of informal carers), and design packages of care best suited to enabling the consumer to live as normal a life as possible".

The central objectives of community care services are:

- helping people to remain in their own homes or in as near a domestic environment as possible, for as long as they wish and it is safe and appropriate to do so
- providing practical support to carers to support them in their caring role
- ensuring that residential care, nursing home and hospital care is reserved for those whose needs cannot be met in any other way

The decision about an individual's most appropriate care arrangement is determined through a care management assessment. Assessment informs decisions about care, for example whether a person should enter a supported living facility or a residential or nursing home. HSC staff are expected to work with service users and their carers, to explore choices and identify and assess risks in order to provide the most suitable choice for the service user.

Care planning is the method for agreeing and managing the health and social care services which are necessary to:

- enable a person to live at home
- manage a long- term condition or
- move into residential or nursing home care.

The result should be a personalised care plan, which:

- reflects the service user's health and social care needs
- ensures that service users and, where appropriate, carers are given details of financial costs and information on financial assessment arrangements
- is monitored at agreed intervals, and part of this monitoring should also include service users' finances.

¹¹ http://www.dhsspsni.gov.uk/people_first.pdf

4.2 Types of Service/Care

Each potential service user should have a detailed assessment. Following assessment, depending on their capabilities, a service user will usually access one of the following types of service:

- day care
- intermediate care
- respite care
- residential or nursing home care
- self-care
- domiciliary care
- supported living (this may include domiciliary care provision)

For the purposes of this review, residential and nursing home care and supported living that includes domiciliary care provision were considered.

4.2.1 Residential and Nursing Care

People entering care homes generally do so because they are no longer able to live independently. It is recognised that there may be a point where the intensity of needs, the safety of the service user and pressure on a carer, or family, may mean that residential or nursing home care becomes the most appropriate care option.

This may be a positive choice in providing a high level of reassurance and security to service users, carers and their families.

While people living in care homes have different reasons for entering care, they all require particular support for daily living. Care homes provide a range of services. Some will provide residential care, providing a place to stay, meals and laundry services, along with a range of personal care, for example, assistance with bathing and eating. Others in addition to personal care, provide nursing care and help residents with their medical needs. Some homes provide a range of more specialised care services, such as dementia care, or care of people with a learning disability.

4.2.2 Supported Living

For the purposes of this review, supported living is taken as a combination of housing, personal care and housing support services provided to help people to be independent, have choices and take control of their own lives.

Supported living aims to:

- provide the opportunity for vulnerable people to live in their own homes, with appropriate support
- provide flexible, individualised support to people, within a wide range of housing options.

4.3 Charging for Service Provision

4.3.1 Residential Care Homes and Nursing Homes

The Care Management assessment determines individual need and required service provision. Where a residential care or nursing home service is being considered, a financial assessment is also required. The Care Management assessment determines need and required service provision. All services / care provision will also require a financial assessment (HSS (ECCU) 1/2013 Charges for Residential Accommodation)¹².

The financial assessment establishes the monetary contribution (if any), which the service user must make towards the cost of their care. It is carried out by a trust representative, either from the social work department, for example a care manager/social worker, or a trust financial assessments officer.

The assessment is based upon:

- the Health and Personal Social Services (Assessment of Resources) Regulations (Northern Ireland) 1993¹³ and the DHSSPSNI Charging for Residential Accommodation Guide 2013(CRAG).¹⁴

The financial assessment includes an assessment of both capital and income, including savings and the person's assets.

There is an upper capital limit (£23,250), above which any service user is considered to be able to meet the full cost of care.

If a person has been assessed as being above the upper capital limit and are able to meet the full cost of their care they can decide if they wish to be a;

- private funder - an individual who chooses to arrange and pay for their own care without HSC Trust involvement or
- self-funder - an individual who chooses to have their care arranged and managed by an HSC Trust.

There is also a lower limit (£14,250) which sets out the level which is excluded from financial assessment.

Any assets falling between these two limits will lead to a means testing process, which will result in the service user paying a contribution towards their care.

¹² <http://www.dhsspsni.gov.uk/circular-eccu-1-2013.pdf>

¹³ <http://www.legislation.gov.uk/nisr/1993/127/contents/made>

¹⁴ <http://www.dhsspsni.gov.uk/charging-for-residential-accommodation-guide-2013.pdf>

All service users who contribute to the cost of their care from their income are entitled to retain a weekly personal allowance, designed to be spent on personal items. From April 2013, the basic personal allowance is £23.90.

Standard 15 of the Nursing Home/Residential Care Minimum Standards outlines how patients' money and valuables should be safeguarded (see Appendix 2).

A financial assessment should occur on an annual basis to determine whether the person's ability to contribute to the cost of their care remains the same or has changed during the year.

HSC trusts' responsibilities regarding service users' finances continue following assessment and commencement of a service. The trust should continue to be actively engaged and has a duty of care to ensure that a person's care needs continue to be met, and that their personal finances are safeguarded appropriately.

4.4 Management of Financial Affairs

Assessment should also determine whether a service user has capacity to deal with their financial affairs. Management of finances is an integral part of care, no matter what the setting.

Due to cognitive impairment, some service users may lack the ability to make some decisions in regard to managing their financial affairs. There are a number of ways of ensuring that a person's financial affairs are managed and appropriately safeguarded.

Safeguarding a service user's finances may involve the appointment of an individual or organisation to act on their behalf.

4.4.1 Nominated Appointee (for social security benefit purposes)

An appointee can be:

- an individual, for example, a friend or relative
- an organization, for example, a HSC Trust (known as corporate appointee) or
- a representative of an organisation, for example a solicitor.

The nominated appointee is responsible for managing the social security benefits of the service user. An individual can only become an appointee if the Social Security Agency (SSA) grants them the legal right to act on behalf of the service user. This involves completion of an SSA form BF56.

Where a HSC trust assumes the role of nominated appointee, the trust must ensure that proper accounting records are maintained. All monies should be receipted and payments should be properly authorised and processed, in line with trust policy.

4.4.2 Controller / Appointed Person

If a person with significant assets lacks capacity to deal with their finances the law permits the appointment of another person to take charge of the service user's financial affairs. The title given to the individual appointed by the court to manage all of the service user's financial affairs is that of controller. Generally before a controller is appointed, the service user has assets in excess of £20,000.

The Office of Care and Protection (OCP) is a section of the Family Division of the High Court and is located in the Royal Courts of Justice, Belfast. Within the High Court system, it is the Office of Care and Protection (Patients Section), which deals with the management of service users' financial affairs and the appointment of a controller.

5. Profile of Service

All HSC trusts were asked to provide the following information:

- a profile of the numbers of nursing homes, residential homes and domiciliary care agencies in both the statutory and independent sectors
- breakdown of service users by programme of care and setting that the trust considers to fall under circular HSS(F) 57/2009
- the number of service users a trust has financial responsibility for as nominated appointee by programme of care and care setting
- the number of service users a trust has financial responsibility for where the service user is under the care of the Office of Care and Protection

Table 1 - Profile of Facilities

Type of Facility	Facilities/ Agencies	Available Places
Statutory Homes	52	1,241
Independent Homes	427	14,889
Statutory Domiciliary Care Agencies (supported living)	50	
Independent Domiciliary Care Agencies (supported living)	129	

This demonstrates that the number of independent homes (427) is much greater than the number of statutory homes (52) and the vast majority of places available in care homes are now situated in independent facilities.

Table 2 - Service Users by HSC Trust and Where Financial Control Lies

	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	TOTAL
Number of service users	3,237	3,174	2,746	2,227	1,997	13,381
Number where HSC trust is appointee	494	285	232	456	102	1,569
Number under control of Office of Care and Protection	6	33	47	34	16	136
Number where next of kin or service user has control	2,737	2,856	2,467	1,737	1,879	11,676

Table 2 illustrates that in the vast majority of cases (11676 out of 13381) the next of kin or the service user themselves has financial control. In only a small number of cases is there direct control by an outside party/organisation. The figures submitted by trusts do not provide an indication as to the number of cases where the provider has direct control of residents' finances

6. Findings

6.1 Actions Taken by Trusts on Receipt of Circular HSC (F)/57/2009

On receipt of Circular HSS (F) 57/2009, trusts, recognising the fact that responsibility for compliance did not rest with one directorate, disseminated it widely to relevant staff within finance and social care directorates.

All trusts considered that there were well established processes and controls in place in statutory trust owned facilities, which were already the subject of a rolling audit programme.

Trust resources were focused on putting procedures in place to capture the assurances required from the independent sector, which, prior to circular HSS (F) 57 / 2009, had not been the subject of any monitoring processes.

All trusts issued the circular to all homes in their area. Accompanying letters were sent to all facilities outlining the need for them to have appropriate arrangements in place regarding financial controls, in relation to service users' finances.

It was reported that trusts, in line with the minimum requirements outlined in the circular, sought an annual written assurance from all facilities that satisfactory financial controls were in place. Following meetings with trust teams it was not clear to the review team that assurances were being received in all cases, or followed up in relation to all facilities that had not responded. The review team considered that in order to comply with the circular trusts should ensure that assurances were received from all facilities.

A regional trust response following receipt of the circular was to engage the HSC Business Services Organisation (BSO) internal audit unit to undertake an annual audit programme in independent sector facilities. This was in line with the minimum requirements of the circular in relation to periodic spot checks in independent facilities.

In each trust ten homes are audited per year. Trusts have an opportunity, based on knowledge of their facilities with regard to incidents, complaints and other intelligence, to influence the composition of the annual audit programme. Audit findings are sent to the facilities and may also be discussed at trust annual contract meetings. Trusts may also ask for written confirmation that audit recommendations have been met.

To ensure that appropriate action is taken internal audit reports/findings are shared with finance colleagues in other trusts at meetings which take place throughout the year. Trusts give immediate notification of any priority one recommendations from other facilities where another trust may have clients placed.

An area of good practice within the Southern Trust is to extend the audit programme into supported living facilities. This was not happening in any other trusts and the review team considered that this should be implemented as soon as possible.

Recommendation 1

Trusts should ensure that, in line with Circular HSS (F) 57/2009, appropriate assurances that satisfactory financial controls are in place, are received from all facilities.

Recommendation 2

All trusts should extend their audit programmes to include supported living facilities.

6.2 Management Structures

In all trusts, standing financial instructions and operational procedures govern how trust finance is conducted. The trust finance director has overall responsibility for any financial matters, including compliance with the circular.

Trusts reported that particular processes regarding matters arising from compliance with the circular are as follows:

Belfast Trust

- Internal audit reports on service users' monies in the independent sector are discussed at the trust audit committee.
- The older peoples' forum reports any issues arising through to the trust assurance group.
- Complaints/adverse incidents are reported via Datix (computerised risk management system).
- Any issues may appear on trust risk registers.

Northern Trust

- Operational procedures are scrutinised by the trust policy committee, issued by the policy unit and placed on the trust intranet.
- Patient private property (PPP) accounts statements are presented annually to the trust board.
- Internal audit reports are examined by the audit committee, which reports to the trust board.
- External audit of the trust accounts reported to the trust board.

South Eastern Trust

- Lack of compliance or a breach of policy would be reported to the responsible director, who would report to the finance director and chief executive.
- In adult disability services, reporting is through the line management system of team leaders, service managers and operations manager to assistant director and director.
- In older peoples' services, reporting is through operational staff, primary care managers, locality manager, operations manager to assistant director and director.

Southern Trust

- The audit committee considers all internal and external audit reports and monitors implementation of associated recommendations on a regular basis.
- The governance committee considers reports from RQIA, and complaints and incidents regarding patient finances.
- The audit committee considers non-compliance by independent sector homes. Fraud is a standing item on the agenda of the audit committee.
- Safeguarding vulnerable adult investigations are reported to the safeguarding team.
- Governance and audit committees report to the trust board.

Western Trust

- In accordance with the trust's fraud response plan, any adverse issues involving finance are brought to the attention of the assistant director of finance, who determines the appropriate action. This may involve further enquiry by finance staff, commissioning a specific review by the trust internal audit department, or referring the matter to the BSO Counter Fraud Unit.
- The assistant director of finance ensures that the finance director and chief executive are briefed as appropriate.
- The trust's audit committee is briefed on all potential fraud investigations
- A formal internal audit report is copied to the senior management team and chief executive.
- Any adverse financial issues could also give rise to an adult safeguarding investigation.

6.3 Operational Processes for Safeguarding Service Users' Finances

There are a number of processes that have been put in place to safeguard service users' finances.

6.3.1 Care Assessment

The main focus of the assessment is to determine the care needs of the individual. However, an assessment of their capacity to manage their finances must also be made. In the majority of cases the service user retains responsibility for their finances, or a family member assumes responsibility. In a smaller number of cases the trust becomes corporate appointee for the individual and assumes direct responsibility for the service user's social security benefits (as per section 3.5.1).

However, in all cases the trust has a duty of care for both care and financial matters. Arrangements for safeguarding finances vary depending upon where, and the circumstances under which a service user is placed.

6.3.2 Self-Funders

If, following assessment, an individual is considered to be capable of dealing with their financial affairs, the trusts consider that they have no obligation to carry out any monitoring of their personal finances.

6.3.3 Trust Patient Private Property Account

In certain circumstances a patient private property (PPP) account may be set up for the service user's personal allowance, plus any other monies they may wish to place in the account.

All trusts have procedures in place to manage PPP accounts and monies can only be accessed on adherence to trust procedures. Each trust has supporting documentation, which has to be completed and signed by the service user, trust officer or other representative, depending on trust policy, before money will be released.

Trust policies outline that transaction ledgers should be maintained by the facilities, showing all money received and spent on behalf of or given to the resident. There is a separate process to follow to facilitate larger items of expenditure. Invoices and receipts should be retained by the facility in support of all expenditure.

Procedures relating to PPP accounts are subject to audit / inspection by trusts' internal audit departments. Trust policy outlines that regular reports on balances should be made available for facility managers and trust officers.

6.3.4 Residents for Whom the Trust is the Appointee

Following an assessment, a service user may be considered not to have capacity to deal with their financial affairs. If there is no other suitable individual willing to take responsibility, the trust may become corporate appointee on their behalf, and assume responsibility for their finances.

If this is the case the service user's personal allowance will be placed in a trust PPP account, but can also be given to:

- the home in which a service user resides
- to a named relative

The review team considered that the most robust safeguards are in place when monies are placed in the trust PPP account, while safeguards are less robust in the other two circumstances.

6.3.5 Service Users for Whom a Member of their Family is the Appointee

If following assessment a service user is considered not to have capacity to deal with their finances, the arrangement may be that their next of kin or friend may assume responsibility.

In these cases there is no trust-monitored PPP account, and any money in personal bank accounts is not regularly monitored. There is little or no monitoring of how the service users personal allowance is being spent. Hence there is less assurance regarding safeguarding of service user's personal finances.

6.3.6 Arrangements in Supported Living

When a service user enters a supported living scheme they will require a greater or lesser degree of assistance, to achieve an appropriate level of autonomy.

In these facilities independence is encouraged and supported, for example by having a personal bank account and having a tenancy agreement in the service user's name. Service user / tenant monies should be safeguarded and accessed in a manner that takes into account their wishes, and reflected in their tenant support plan. Each supported living property must have a locked safe, cash box and a secure place to store cash cards etc. and cash card pin numbers should be held separately in a secure location.

In some cases service users may ask to be accompanied to the bank by facility staff and may leave their monies / cash cards unsecured.

The review team considered that the main issues in supported living are:

- balancing the need for autonomy with gaining assurances that appropriate safeguards are in place with regard to management of finances.
- service user's behaviour in regard to their personal finances
- achieving a proper transparency in retaining and recording transactions in the day to day living expenses of the service user.

6.3.7 Trust Annual Reviews

There are a number of annual reviews, which according to trust policy, should be carried out in regard to service users placed in nursing / residential or supported living facilities.

- facility contract review
- service user finance review
- service user care review

Facility Contract Review

Trusts hold annual contract review meetings with providers. These are high level meetings to discuss contract compliance. Overall financial controls and reporting will be discussed, as will any findings/recommendations from internal audit findings. In the opinion of the review team, it is unlikely that individual patient finances will be considered.

Service User Finance Review

The financial assessment (Declaration of Means) which establishes the monetary contribution (if any), that the service user must make towards the cost of their care is reviewed on an annual basis. The purpose of the review is to determine whether the service user remains within the financial limits, as decided at their initial assessment, and decide whether the contribution, if any, they pay towards the cost of their care remains appropriate.

This review may be held with individual service users and or their family. However, most of these assessments are paper based exercises.

The review team considered that it is unlikely that individual finances in terms of appropriateness of personal spend will be considered as part of this procedure.

Care Review

Care workers hold annual care reviews with service users and their families. The main focus of the care review is to ascertain whether the care received by the individual has been appropriate and of a good standard, and to review if any changes to the care plan need to be made.

This review should also include a finance element, and is an opportunity to assess a resident's overall financial picture, including personal finances.

6.3.8 Adverse Incidents/Complaints

Trusts were asked to outline their processes for dealing with adverse incidents/complaints involving service users' finances and these were discussed further during meetings with trust teams.

The review team considered that trusts had appropriate procedures in place for dealing with incidents/complaints involving service users' finances. These were in line with DHSSPS guidance and legislation.

A number of incidents were discussed during meetings with trust senior teams. It was evident to the review team that they had been managed appropriately, and learning had been shared with relevant staff. Trusts were aware of the potential for financial abuse of service users and that it should form part of any monitoring process.

All trusts demonstrated robust adverse incident procedures and were also aware of the requirement to report such incidents to RQIA.

6.4 Guidance for Staff

Trusts have core policies in place in respect of financial processes. They have also developed a number of guidance documents for staff which detail procedures to be followed when dealing with service users' finances.

Belfast Trust

- procedures for residents' private property
- supported living financial support policy
- cash handling policy and procedures.

Northern Trust

- cash collection and receipting of income (for use by central cash office staff)
- cash collection and receipting of income (for use by staff at facilities)
- patients' and clients' property, corporate appointee for clients in private homes
- patients' and clients' property, people living in the community who are incapable of managing their own affairs
- patients' and clients' property, residential homes- custody of valuables cash and clothing
- statutory residential homes- service users' financial affairs
- supporting people – service users' financial affairs.

South Eastern Trust

- dealing with residents' monies and personal property
- management of service users' finances.

Southern Trust

- mental health and learning disability services – management of tenants finances in supported living
- older people and primary care residential care procedures
- finance department patient private property procedures
- standing financial procedures
- draft care management operational procedures for clients placed in nursing/residential homes and clients in supported living facilities and in their own homes – under development and will be issued in 2013-14.

Western Trust

- cash handling procedures
- patients' property procedures
- theft, fraud and corruption policy and response plan.

6.5 Focus Groups

Focus groups were held across all HSC trusts with staff from both finance and care management directorates.

The purpose was to give staff the opportunity to share with members of the review team their challenges, and provide examples of good practice. All staff reported that their workload had increased with no accompanying increase in resource.

A number of issues emerged:

Financial Controls

Across all trusts staff agreed that there were internal financial processes in place.

Financial Assessment

When completing a declaration of means, all trusts had in place designated finance officers who could, if available, assist service users (or their carer / family member) to complete this task and determine the cost of care.

However, in all trusts lack of resource meant that designated finance officers were not present at all assessment meetings, leaving in many cases, care managers to complete the financial assessment with the carer / family member.

Patient Private Property Accounts

In all trusts staff reported that no service user's monies could be accessed from Patient Private Property (PPP) accounts without proper authorisation. In a situation where a request for monies of a high value or unusual spend was submitted by a staff member the finance department would verify the request before paying out monies.

Receipts

It was acknowledged by all staff that validation of receipts is problematic depending upon the amount spent on an individual item.

Change in Financial Circumstance

Staff reported that should a service user's financial circumstance change and the trust becomes the appointee for their benefits the care manager may not be aware of this.

Examples of Good Practice

The South Eastern Trust routinely emails a print out of individual service user's PPP spend to care management staff.

The Southern Trust has recently upgraded its electronic systems and is now in a position to adopt a similar approach.

Western Trust care managers receive PPP printouts for service users in statutory homes.

Care managers reported that the challenge for them is how to best utilise this PPP information for purpose of the annual care review.

Communication

Across trusts there are regular regional meetings between financial assessment managers.

In all trusts care and finance staff agreed that there were open lines of communication, mainly used for clarification of particular service user's financial issues.

Care managers would often contact finance staff for advice.

Staff reported that there was still some work to be done in regard to clarifying responsibilities for certain tasks which involve finance, for example the reviewing of service users' agreements.

Examples of Good Practice

The Belfast Trust Learning Disability Programme of Care has monthly meetings with finance staff.

The South Eastern Trust's Learning Disability Programme of Care (Down sector) has quarterly meetings with finance and care management staff. It was reported that the trust intended to develop this model of practice across the trust and extend into other programmes of care.

Skills / Training

Care managers, while able to ask questions in regard to a service user's finances were of the opinion that they did not have the necessary skills to carry out financial assessments.

Care managers will however clarify with service users that they have access to their personal monies and will address issues should they arise.

Care managers will consider financial issues as part of the annual care review. However, unless there are known financial issues, there would only be limited assurances that service users' personal finances were being managed appropriately.

Care managers reported that they are not in a position to analyse service users' spend and there may or may not be scrutiny of the facility's / supported living financial records for that service user. Many rely upon the trust internal audit processes and RQIA inspections.

Care managers also highlighted that it may be a family member who looks after the service user's finances and the family member may not always be present at review meetings.

Care managers reported that they may not be aware of any financial abuse until trigger factors emerge. For example, in the situation service user debt accruing to the home, the home will initially contact the trust finance department.

Care managers consider that in regard to service users' finances there is a human rights issue and a balance has to be found regarding control over how a service user spends their personal monies.

Care managers are also aware of variations in practice within and between trusts. Dependent upon the programme of care the annual care review may not be carried out by the care manager but by a key worker / monitoring officer. It also emerged that depending upon which programme of care, and even which team was involved, different finance questions are asked.

All trusts had provided finance training and access to training provided by the Law Centre, but this is not mandatory. Financial abuse training for care management staff had been provided but again this was not mandatory.

Care managers considered that more frequent training opportunities should be made available.

Examples of Good Practice

In the Northern Trust the placement team had developed a set of appropriate financial questions for use with service user / carer. This practice ensured a consistency of approach to service user's finances.

Annual Review

All staff were of the opinion that they could only act upon the information that the service user is prepared to disclose about their financial position. While measures are in place to get an accurate picture of the service user's finances, this is primarily for the purpose of determining the cost of their care.

Should savings not materially affect the cost of care and service users wish to keep this money outside of the trust, the only means to assure trusts that this money was still available is through the annual declaration of means provided by the service user.

Staff reported that unless questions had previously been raised regarding a service user's finances the information contained in an annual declaration of means would not always be thoroughly examined.

Care managers reported that in the majority of cases a service user or a family member looked after the service user's finances. In these cases staff agreed that there was limited assurance that financial abuse was not happening.

However, all staff were in agreement that if financial abuse was suspected or allegations were made to trust staff, the situation would be reported to the appropriate line manager. The trust's vulnerable adults policy would be evoked and an investigation carried out.

6.6 File Audits

An audit of trust held finance and care management files was carried out by members of the review team.

Trust finance staff were asked to select files for the review team and to provide a current finance and care management file for each nominated service user, from across adult programmes of care. A maximum of 10 sets of files were examined in each trust.

The purpose of the audit was to gain assurance that processes outlined in trust policies and procedures were being followed.

The review team examined a number of financial assessment files. These files should contain the following information:

- an annual signed declaration of means
- any accompanying information / bank statements to support information captured on the declaration of means form
- information as to who is responsible for service users' finances
- any known change of financial circumstances.

This information is used to populate the finance electronic information system Abacus. The Abacus system performs the financial calculations for clients regarding their contributions towards the cost of their care.

There is a separate electronic file held on another electronic finance system, Trojan. This system captures the service user's PPP activity. Monthly print outs from this system are held in trust finance ledgers.

The review team also examined a number of care management files. These are primarily used for recording care planning, service provision and recording any other particular service user information. Where appropriate, there should be evidence of information from the annual care review, including financial questions, contained in the care file.

Review Team Findings from File Audits

The review team found that finance assessment annual review of the declaration of means provided evidence of financial calculation, but lacked supporting documentation apart from social security benefits.

Files provided information that a service user had personal savings but evidence of the current position in regards to the level of personal savings was absent.

In the majority of files, information regarding a service user's current financial position, as recorded at the care management annual care review, was minimal.

The review team found that cross referencing between finance and care management paper files was minimal, or in many cases lacking.

Reviewers could see from examination of files that the financial element of the care review differed substantially within and across trusts. In some areas financial questions for a social worker / key worker to ask in the annual care review had been developed but in other areas these questions were minimal.

Example of Good Practice

The Southern Trust has developed a specific proforma for homes to complete in regard to assurance of financial controls.

Conclusions from File Audits

- There was no composite picture of the current financial position of the service user, from either finance or care management to assure trusts that controls as per circular HSS (F) 57/2009 are in place.
- Documentation within files, both finance and care management, across all trusts differed and lacked structure.
- There was no evidence from the documentation of cross communication between finance assessment, PPP accounts and care management.

Recommendation 3

There should be standardisation of file structures within and between trusts to allow a complete picture of a service user's financial position.

7. Discussion and Conclusions

7.1 Compliance with Circular HSS (F) 57/2009

Circular HSS (F) 57/2009 was reissued by DHSSPS on 7 December 2009 in response to incidents involving misappropriation of residents' monies, in both HSC Trust and independent facilities.

The circular requires accounting officers to demonstrate that they have taken reasonable steps to ensure that adequate financial controls are in place within independent care homes, to ensure that residents' interests are protected.

In statutory facilities the circular sets out a rigorous set of controls which have to be in place in terms of:

- supervision of residents' funds
- authorisation of withdrawals from residents' bank accounts
- a monitoring of residents' expenditure
- review of individual balances in trust residents' property accounts
- review of residents' individual bank account balances
- checks of residents' cash withdrawal books
- authorising signatures.

In statutory facilities the review team considered that these controls were mostly in place. There was a question regarding review of service users individual bank account balances. The circular states that where trust involvement is necessary, the trust should monitor withdrawals from these accounts on a regular basis. The review team believes this is an area that needs further consideration as evidence suggests they are not meeting the terms of the circular.

When service users are placed in independent sector facilities the circular recognises that accounting officers cannot be held directly responsible for the operation of controls in non-statutory facilities. However, it reminds trusts that they have a duty of care towards service users, no matter where they are placed.

The circular states that for independent facilities, it is for each accounting officer to decide what steps they need to put in place, but as a minimum they should:

- receive written assurances that appropriate controls are in place from facilities on a regular basis
- conduct periodic spot checks to test the operation of the controls in place.

It also states that similar internal controls to those recommended for the statutory sector should be in place in independent sector services.

The trusts have a regional agreement with internal audit for them to visit ten homes per year in each trust area. The trusts have an opportunity to influence which facilities are visited, using local knowledge including RQIA inspections, complaints, incidents, and assessments. The review team considered if the trusts were content that ten audits provided adequate assurance then they were meeting the requirements of the circular.

The trusts should also receive, on an annual basis, written assurances from the facilities that adequate controls are in place. While these assurances are sought it was not clear to the review team that in all cases assurance was received. If it was not received, it was not clear that any active follow up was carried out.

Despite these annual assurances from facilities, RQIA inspections and internal audit inspections have shown that there is still considerable variation in the level of controls in place within facilities, in regard to service users' finances.

The review team considered that although the trusts partially complied with the minimum requirements of the circular in terms of inspections carried out by internal audit and asking for written assurances from facilities, the level of assurance was not always robust in that written assurances were not always received or followed up. The review team also considered that the circular's minimum requirements could be more detailed in terms of safeguarding service users' finances.

The circular is not specific in relation to financial controls for service users in supported living. It asks trusts to decide how they will gain the assurances they need for those individuals for which it has a responsibility in an adult supported living setting.

Each trust had arrangements in place for service users that had been placed in supported living settings. It was not clear to the review team that these were sufficiently robust, as in most cases no audits were carried out and the main assurance was through annual assessment which might not include an assessment of personal finances.

For the review team, the main issues in supported living were:

- balancing the need for autonomy with gaining assurances that appropriate safeguards are in place with regard to management of finances.
- A service user's behaviour in regard to their personal finances
- achieving a proper transparency in retaining and recording transactions in the day-to-day living expenses of the service user.

Transforming Your Care (2012) recommends a greater choice of service provision, particularly non-institutional services using the independent sector.

It recommends that care should be provided as close to home as possible, with services continuing to reform and modernise, to respond to growing demand, with an increased emphasis on personal community based services.

The current HSC Board target is for at least 48 per cent of care management assessments to recommend a domiciliary care package, rather than a nursing home or residential care.

The trend, in line with strategic direction is towards placing service users in independent living or in supported accommodation, with a consequent reduction in the number of placements in nursing and residential accommodation.

There is also a strategic imperative, when appropriate, giving service users autonomy when it comes to looking after their own affairs, including financial affairs.

Circular HSS (F) 57/2009 provides detailed controls that should be in place in trust statutory facilities. It gives less detail with regard to trust service users placed in independent homes and even less with regard to supported living services.

At present there are 52 statutory residential care /nursing homes and 50 statutory domiciliary care agencies (supported living). there are 427 independent residential care /nursing homes and 129 independent domiciliary care agencies (supported living).

The review team considers that the emphasis of the circular was appropriate when there were a large number of statutory homes, and the trusts largely comply with the minimum requirements set out in the circular.

As a result of the move towards use of independent facilities and greater use of supported living the review team considers that the content of the circular does not meet the needs of the changing picture of care in these areas and should be reviewed to take into account this change in emphasis.

The review team also considers that people in supported living placements are among the most vulnerable members of the population, and greater assurance should be sought regarding the safeguarding of their finances.

The review team is also aware of the resource implications of this approach and also the need to balance the wishes and autonomy of service users with the need for assurance.

The review team considers that any review of the circular should take account of the level of assurance necessary in regard to the controls in place in homes and supported living, to safeguard service users 'personal finances.

The review team considers that in light of the fact that financial abuse is increasing, and that a large percentage of financial abuse was committed by family members, consideration should be given to seeking greater assurance in those cases where family members have responsibility for a service user's finances.

Recommendation 4

DHSSPS should review the content of Circular HSS (F) 57/2009, to reflect an increase in the use of independent facilities and supported living.

Recommendation 5

The review of Circular HSS (F) 57/2009 should include ways of seeking greater assurance in those cases where a representative e.g. family member has responsibility for a service user's finances

7.2 Annual Reviews

Reviews take place in relation to an individual's finance and care arrangements, on an annual basis.

7.2.1 Financial Review

Discussions with trusts, and staff focus group discussions, indicated that the main focus of annual financial reviews, and the main reason for many people becoming trust appointees, appeared to be the prevention of a build-up of bad debt for the trust.

The other focus for the financial reviews was to ensure that service users had not increased their savings to a level that would affect the circumstances of their placement.

The review team considered that a greater focus should be placed on safeguarding service users' personal finances.

7.2.2 Care Review

An annual care review, carried out by a care manager takes place with each service user. This should involve family members where appropriate.

The main focus of this review is on the standard of care an individual is receiving. However, the review also includes a financial element, and in many cases the main assurance around service users' finances comes from this review.

The review team's opinion was that if the care management review was going to provide the main assurance around service users' finances, care managers should question in sufficient depth to assure themselves that the review has captured the complete financial position of the service user.

The review team considered that those carrying out the annual care review, including care managers, should have a greater understanding of financial issues, and would benefit from financial abuse awareness and financial training.

Recommendation 6

Trusts should ensure that sufficient focus is placed on safeguarding service users' personal finances. Trusts should also ensure that care managers are trained to deal with service users' financial matters.

7.2.3 Communication

Safeguarding service users' personal finances is the responsibility of a number of directorates. In each trust this safeguarding process should involve contributions from finance, care management and safeguarding. It is essential that communication between all parts of the system is effective.

As the care management review also forms the basis for safeguarding finances it is important that the care manager has all relevant information.

An important point to emerge from the file audit was that care managers did not appear to have all necessary financial information available to them, at the time of the annual review.

File structures should enable this information to be provided and there should be sufficient cooperation between finance and care management to ensure the quality of this information.

During focus groups and in discussions with trust management teams the review team considered that a greater level of cooperation was needed between the areas that had responsibility for safeguarding patient finances, i.e. finance, care and safeguarding. This would ensure that care managers are supplied with sufficient information to carry out an annual assessment of service users' finances.

Recommendation 7

Trusts should ensure that there is effective partnership working and communication between all areas involved in safeguarding services users' finances.

8. Summary Recommendations

Recommendation 1

Trusts should ensure that, in line with Circular HSS (F) 57/2009, appropriate assurances that satisfactory financial controls are in place, are received from all facilities.

Recommendation 2

All trusts should extend their audit programmes to include supported living facilities.

Recommendation 3

There should be standardisation of file structures within and between trusts to allow a complete picture of a service user's financial position.

Recommendation 4

DHSSPS should review the content of Circular HSS (F) 57/2009, to reflect an increase in the use of independent facilities and supported living.

Recommendation 5

The review of Circular HSS (F) 57/2009 should include ways of seeking greater assurance in those cases where a representative e.g. family member has responsibility for a service user's finances

Recommendation 6

Trusts should ensure that sufficient focus is placed on safeguarding service users' personal finances. Trusts should also ensure that care managers are sufficiently trained to deal with service users' financial matters.

Recommendation 7

Trusts should ensure more effective partnership working between all areas involved in safeguarding services users' finances.

Glossary of Terms

Abacus	Trust corporate financial accounting system
Care manager	A health care professional, typically a nurse or social worker, who arranges, monitors, or coordinates long-term care services (also referred to as a care coordinator or case manager). A care manager may also assess a patient's needs and develop a plan of care, subject to approval by the patient's physician.
Care management	Is a whole concept which embraces the key functions of: case finding; case screening; undertaking proportionate; person-centred assessment of an individual's needs; determining eligibility for service(s); developing a care plan and implementing a care package; monitoring and reassessing need and adjusting the care package as required.
Care plan	The outcome of an assessment. A description of what an individual needs and how these needs will be met.
Corporate Appointee/Nominated appointee	May be a person or a corporate entity. Enables the Trust to collect the resident's benefits. To become an appointee must submit BF56 form to Social Security agency.
Datix	Healthcare safety software and risk management software systems for incident reporting and adverse events.
Monitoring	On-going oversight of people's needs and circumstances to ensure the quality and continued appropriateness of support and services to meet the agreed outcomes for the individual and, where appropriate, his/her carer(s). The person receiving the services, his/her authorised representative and carer(s), where appropriate, and service providers all have a part to play in formal and informal monitoring.
Office of Care and Protection	In all appropriate cases the Office of Care and Protection should be contacted regarding residents' financial affairs.
Patients and Residents monies	Monies handed over by patients/clients to the trust for safe keeping on their behalf when no alternative arrangements exist.
Personal Allowance	2013 /2014 £23.90
Private Patients Property (PPP)	Trust maintained Private Patients Property account (PPP Accounts).
Person-centred planning (PCP)	This is a process of life planning for individuals based on the principles of inclusion and the social model of disability
Service User	A customer/consumer of a service (particularly used in relation to those using social care services).
TROJAN	This system enables all income and expenditure for each resident to be posted directly into their own individual account within the Trojan system. The system is updated for all movements for each resident's account.
The Supporting People Scheme	Regional programme, which is intended to improve planning, development and delivery of housing related support services to vulnerable people. Introduced 2003

Appendix 1 Circular HSS(F) 57/2009

Subject:

**Misappropriation of Residents' Monies –
Implementation and Assurance of Controls in
Statutory and Independent Homes.**

Circular Reference: HSS (F)
57/2009

7 December 2009

For Action by:

Chief Executive and Director of Finance of each HSC
Trust, HSC Board and Business Services
Organisation.

For Information to:

Chief Executive and Directors in Public Health
Agency and Head of Operations and Head of
Development and Corporate Services in the Patient &
Client Council

HSC Head of Internal Audit.

Summary of Contents:

The purpose of this circular is to remind organisations
of the mandatory controls that should be in place in
respect of the handling of residents' monies in
statutory homes and seeks assurance that Trusts'
residents' interests are protected when placed in
independent sector care homes.

Enquiries:

Any enquiries about the contents of this Circular
should be addressed to:

**Related
documents:**

Residential Care
Homes –
Minimum Standards
HSS (F) 13/2007

**Superseded
document:**

Misappropriation of
Patients' Monies –
Implementation and
assurance of controls
HSS (F) 45/2009

**Status of Contents:
Action****Implementation:
Immediate**

<p>Neelia Lloyd Finance Policy, Accountability and Counter Fraud Unit Room D3.10 Castle Buildings Stormont Estate BELFAST BT4 3SQ</p> <p>████████████████████ ██</p>	<p>Additional Copies: www.dhsspsni.gov.uk</p>
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BACKGROUND

The purpose of this guidance, which supersedes HSS (F) 45/2009 - Misappropriation of Patients' Monies – Implementation of controls, is to remind you of your responsibility to ensure that residents' interests are safeguarded both within statutory and independent sector care homes. This follows recent incidents concerning misappropriation of residents' monies, one at a private care home and the other in a Trust facility.

It is important to ensure that basic controls in statutory homes are operating successfully, are in compliance with extant Departmental guidance and that they are reviewed on a regular basis. Accounting Officers must be able to demonstrate that they have taken reasonable steps to ensure that adequate financial controls are in place within independent care homes to ensure that Trusts' residents' interests are protected. The Trust's responsibility in this regard is to the residents, regardless of the Trust area in which they reside.

1. CONTROLS IN STATUTORY HOMES

It is essential that Accounting Officers ensure that the following controls are operating in Trust facilities:

- **Supervision** – appropriate systems of supervision are in place to safeguard residents' funds;
- **Authorisation of Withdrawals from Residents' Bank Accounts** – withdrawals of residents' monies should be countersigned by at least two appropriate officers;
- **Monitoring of Residents' Expenditure** – regular detailed monitoring of residents' expenditure which considers residents' spending patterns, appropriateness of expenditure and adequacy of supporting receipts/supporting documentation;

- **Review of Residents' Individual Balances in Trust Residents' Property Account** – examination and consideration of excessive withdrawals of monies from individual bank accounts and reconciliations of residents' individual balances should be evidenced and recorded at least quarterly;
- **Review of Residents' individual Bank Account Balances** – In statutory homes, Trust involvement with residents' individual bank accounts may vary. Where Trust involvement is necessary, the Trust should monitor withdrawals of monies from these accounts frequently;
- **Residents' cash withdrawal books/records** – Regular checks should be undertaken to ensure that forms are being appropriately completed, that the correct nominated officer is authorising the cash withdrawal and where larger cash withdrawals are made that there is a record of the specific need. Books should be retained for regular inspection; and
- **Authorising signatures** – checks on authorising signatures for cash withdrawals on Residents' withdrawal forms should be undertaken for evidence of alteration.

Where applicable these controls should be applied to the administration of residents' monies in the Adult Supported Living sector i.e. those tenants who are not capable of handling their affairs and whose monies are held or administered by Trusts.

2. ACCOUNTABILITY ARRANGEMENTS/ CONTROLS WHEN TRUST RESIDENTS ARE PLACED IN INDEPENDENT SECTOR HOMES.

It is accepted that Accounting Officers cannot be held **directly** accountable for the ongoing operation of controls in non statutory homes not owned by the Trust. However, regardless of the particular setting in which care is delivered, Trusts have a statutory duty of care to its residents.

Trusts ensure that satisfactory levels of care (including robust arrangements for handling residents' monies) are delivered by entering into a contractual process with the independent care home and this contracting process provides recourse where the level of care is not as expected or where there are circumstances involving financial issues.

It is further recognised that the Care Management/Social Work/Key Worker review arrangements, complaints and untoward incidents reporting mechanisms provide additional monitoring arrangements for each Trust.

Notwithstanding this, it is important that Accounting Officers can also demonstrate that they have taken appropriate steps to ensure that adequate financial controls are in place to safeguard residents' interests. It will be for each Accounting

Officer to decide what these steps are, but as a minimum, the Department requires the following controls to be put in place.

- Written assurances that appropriate controls are in place to be received from the home on a regular basis; and
- Periodic spot checks should be undertaken by the Trust to test the operation of the controls in place.

Internal controls similar to those recommended for the statutory sector are expected to be in place in the independent sector.

Each Trust will decide how it will gain the assurances it needs over the circumstances in homes in which it places its residents or where tenants for whom it has responsibility are in an Adult Supported Living setting.

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

RQIA, the independent health and social care regulator and quality improvement body for Northern Ireland, is responsible for monitoring standards for residential and nursing home care as well as Mental Health provision under the Mental Health Order (NI) 1986 and the 2003 Health and Personal Social Services (Quality Improvement and Regulation) Northern Ireland Order.

It is responsible for inspecting the availability of health and social care services and encouraging improvements in the quality of service provision. Its work provides assurance to the Department in respect of compliance with the regulations and minimum standards and the quality of service provision. RQIA's reports are copied to Trusts when it is considered that they should be aware of the findings.

As a regulatory body, RQIA monitors compliance with the relevant regulations and minimum standards for residential and nursing home care through its programmes of inspections and reviews. RQIA takes action as necessary to rectify non-compliance. RQIA will share its reports with Trusts as necessary and will alert Trusts immediately of any instances it may find of actual or potential abuse of vulnerable adults as well as actual or potential financial irregularity.

It is not part of its role or responsibilities to carry out such further investigations or audits as may be necessary; it is for Trusts to determine and take appropriate action on behalf of its residents. However, RQIA will require reports from Trusts on the timescale and outcome of such enquiries when complete.

For practical purposes, responsibility for an investigation will generally rest with the Trust in whose area the home is located and it will communicate and liaise closely with other Trusts which have placed their residents in the home.

RECOMMENDATIONS

Accounting Officers should ensure that existing controls operating in Trust facilities are reviewed to satisfy themselves that there are appropriate controls in place and that they are in compliance with extant Departmental guidance. Accounting Officers should also take steps to ensure that there are adequate financial controls in place in independent sector homes to ensure that Trusts' residents' interests are protected.

MANDATORY DEPARTMENTAL GUIDANCE

In addition, your attention is drawn to the existing mandatory Departmental guidance which can be accessed through the following links:-

Residential Care Homes – Minimum Standards

http://www.dhsspsni.gov.uk/care_standards_-_residential_care_homes.pdf

HSS (F) 13/2007 – Financial Governance Model for New HSS Trusts

http://www.dhsspsni.gov.uk/hss_f_13-2007.pdf

Patients and Clients' (Residents') Property can be found in section 28 of the Standing Financial Instructions within Circular HSS (F) 13/2007

http://www.dhsspsni.gov.uk/sos_res__del_of_p_sfis_mar_07.pdf

This Circular supersedes HSS (F) 45/2009 Misappropriation of Patients' monies – implementation of controls.

Appendix 2

Residential/Nursing Home Standard 15

Patients' money and valuables

Standard 15: Patients' money and valuables are safeguarded.

Criteria

15.1 The patient's right to control their own money is respected.

15.2 Where the home is responsible for managing a patient's finances, the arrangements and the records to be kept are specified in the resident's agreement.

15.3 Where patients hand over money or valuables for safe-keeping by the home, they are aware of the arrangements for the safe storage of these and have access to their individual financial records.

15.4 Records are kept of the amounts paid by, or in respect of, each patient for all agreed itemised services and facilities as specified in the resident's agreement.

15.5 Records are kept of the patient's possessions handed over for safekeeping and returned to the patient. The record is signed and dated by the patient, or their representative, and the member of staff receiving or returning the possessions. Where the patient, or their representative, is unable to sign or chooses not to sign, two members of staff witness the hand-over of the possessions and sign and date the record.

15.6 A record is kept of all allowances and income received on behalf of the patient and of the distribution of this money by the staff to the patient, or their representative. Each transaction is signed and dated by the patient, or their representative, and the member of staff. If a patient, or their representative, is unable to sign or chooses not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record.

15.7 Records of, and receipts for, all transactions undertaken by the staff on each patient's behalf, and of the expenditure of allowances kept by the home on the patient's behalf are maintained and kept up-to-date. Where the patient, or their representative, is unable to sign or chooses not to sign, two members of staff sign the record.

15.8 If a patient has been assessed as incapable of managing their own affairs, the amount of money or valuables held by the home on behalf of the resident is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the patient's agreement.

15.9 When there is evidence of a patient becoming incapable of managing their own affairs, the registered person reports the matter in writing to the local or referring Trust.

15.10 If a person associated with the home acts as an appointee, the arrangements for this are discussed and agreed with the patient, or their representative, and, if involved, the representative from the referring Trust. These arrangements are noted in the patient's agreement and a record is kept of the name of the appointee, the patients on whose behalf they act and the date they were approved by the Benefits Agency.

15.11 If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the patient on whose behalf they act as an agent.

15.12 Reconciliation of money/possessions held by the home on behalf of patients is carried out, and evidenced and recorded, at least quarterly.

15.13 In all cases where cash or valuables of a deceased patient have been deposited for safekeeping, they are released only: -

- *Where the total value of property is estimated at £5,000 or less - when forms of indemnity are given to the registered person.*

- *Where the total value property is estimated to be in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act (NI) 1967.*



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