

ORGANISATIONAL MODULES 2024 STATEMENT

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

**Statement of Ms Jo Marley
Date: 15th March 2024**

I, Jo Marley, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of Bryson Care in response to a request for evidence by the Inquiry Panel.

This is my first statement to the Inquiry.

I will number any exhibited documents, so my first document will be "Exhibit 1".

Qualifications and positions

1. I am a qualified Social Worker CQSW 1982 with an Advanced Award 2007. I hold a BA degree [July 1978]. I hold a Master's Degree in Systemic Psychotherapy [QUB 2007].
2. I have held the following positions. From 1994 to 2003, I was Assistant Director Social Services Bryson House. From 2003 to 31st March 2024, I am/will be Director of Bryson Care.

Module

3. I have been asked to provide a statement for the purpose of M1: Patient Advocacy and Representation, and M6: Resettlement

4. My evidence relates to M1: paragraphs 10-13 and M6: paragraph 16 of the Inquiry's Terms of Reference.
5. I have been asked to address a number of questions/ issues for the purpose of my statement. I will address those questions/issues in turn however I will first provide some background on Bryson Care.
6. Since 2003 Bryson Care has been providing various types of advocacy throughout the legacy Belfast Trust (BHSCT) and subsequently to the South Eastern HSCT (SEHSCT) Initially as a Long Term Advocacy service which in 2005 had an element of the contract designated to MAH patients who were listed on the Priority Target List (PTL) and identified for resettlement in the community. The long-term advocacy offer was to give service users a greater a say in decisions regarding their future as per our Muckamore Presentation of the Bryson Advocacy Service – Exhibit 1.
7. Since 2009, as a result of a tender competition by the BHSCT for a revised Independent Advocacy Service, Bryson made a successful bid see our submission - Exhibit 2 which secured our continued service provision. The service has also been commissioned by the SEHSCT and operates throughout the two Trust areas, incorporating MAH.
8. The service began providing advocacy/representation to relatives/carers of MAH patients from April 2016 onwards. As per our Service Extension- Exhibit 3.
9. As part of their retender, the BHSCT identified new operational priorities for the Independent Advocacy Service, inclusive of a specific priority for MAH. Exhibit 4- Priorities Paper - All patients admitted under the Mental Health (Northern Ireland Order) 1986 would be asked, as part of the admission protocol, whether they wished to see an advocate or not. The advocates were expected to ensure that issues raised by the patients were properly and fully addressed and an outcome achieved within a time limited period.

10. In March 2014, Bryson Care secured additional funding from the BHSCT to complete specific Quality of Life Assessments with patients identified for resettlement. This involved more structured, person centred work with patients throughout the transition process from hospital to the community and during the first 12 months of the patients settling into their new living options.

Module 1: Patient Advocacy and Representation

Q1. Please explain the role of Bryson Care in providing advocacy and representation services for patients at Muckamore Abbey Hospital (MAH) and/or their relatives across the time period covered by the Terms of Reference, that is between 02 December 1999 and 14 June 2021. In answering this question please provide:

- (i) An explanation of the type(s) of advocacy and representation services provided by Bryson Care for patients at MAH and/or their relatives.**

11. Our service provides independent advocacy and adopts a person-centred approach to help empower patients to represent their own needs, to fully understand their options, and make their views and wishes known. Bryson Care employs trained and trains advocates who provide information that can facilitate short and long-term support with the overall aim of involving patients in the services they receive and ensuring that their voice is heard.

12. Key objectives of the service are to promote equality, social justice and social inclusion and provide a strong challenge function for all patients who conflict with the Trust or are unhappy with their situation/care provision. This can include assistance to make complaints.

13. The advocate and patient draw up a mutually agreed advocacy plan Exhibit 5a Non-Instructed /5b Instructed which incorporates preferred outcomes, and they work in partnership to achieve this. This process may involve two types of advocacy depending on the needs and degree of capacity of the patient.

14. Instructed advocacy: Where the patient can give clear instruction, gathering and presenting up to date and accurate information to help patients make informed choices but not giving advice. Listening to the patient and discussing options but not imposing views or opinions. When instructed by service users talking to and corresponding with family members and other professionals, but not making decisions or choices on behalf of patients. Representing the patient's expressed views and wishes but not acting independently of the patient.

15. Non-instructed advocacy: Where the patient cannot give clear instruction, have a degree of incapacity taking time to get to know them and building a picture of their preferences and lifestyle. Seeking appropriate alternative forms of communication which enable the patient to express views and choices. Ensuring the patient's fundamental human rights are respected and always upheld. Asking questions of service providers and significant others that are designed to promote a person-centred approach.

(ii) An explanation of the method(s) by which a patient at MAH and/or their relatives is made aware of the advocacy and representation services offered by Bryson Care.

16. The patients were made aware of the service through various visual mediums such as posters and leaflets. A list of all new patients admitted to MAH was forwarded to the advocates by the Hospital Admissions Administrator on a weekly basis so that the advocates could set up initial meeting with them. The advocates also held weekly surgeries/drop-in sessions at MAH for all new and existing patients. The concept of having an advocate was a difficult one to understand for some patients and alternative methods of communication were used to explain the role more visually. Exhibit 6 Leaflet.

17. Advocates participated in the Induction Programme for new ward staff at MAH to explain the role of the service. Advocates were also invited to ward rounds so that they could introduce themselves to patients and clarify their role. A check list proforma was used to capture relevant information. Exhibit 7 Proforma.

(iii) An explanation of the method(s) by which Bryson Care can communicate any concerns about MAH which are raised by MAH patients and/or their relatives.

18. Any concerns raised directly by patients or their relatives/carers with advocates were subsequently communicated to the Lead Ward Nurse on duty at the time of the visit. If there were any adult safeguarding concerns an ASP1 Form was completed by the appropriate advocate and submitted to the Trust Adult Safeguarding Team for screening. Any concerns that were not dealt with at a service level were escalated to the Trust Associate Director/Divisional Lead in the hospital.

(iv) Where possible, the number of MAH patients and/or relatives who have engaged Bryson Care's advocacy and representation services, broken down by year.

19. See document at Exhibit 8 previously provided to the Inquiry on 09 February 2024.

Q2. Does Bryson Care keep a central register of the types of complaints made by MAH patients and/or their relatives. If so, is that used to identify patterns and trends? If so, to whom does Bryson Care report any identified patterns and trends.

20. Bryson Care does not keep a Central Register of the type of complaints made by patients residing in MAH. All concerns/issues/complaints are documented on a Contact Sheet - Exhibit 9 and discussed with the Service Manager of the Independent Advocacy Service in weekly debrief meetings to ensure that the BHSC team has been made aware of these and an appropriate action plan has been put in place. Any issues that have not been resolved are raised with the Divisional Nurse Lead/Service Manager for the hospital.

Q3. Please describe at what level Bryson Care communicated with the Belfast Health and Social Care Trust (BHSCT), or directly with staff at MAH, in relation to advocacy and representation services.

21. Communication with the BHSCT took place at several levels. Annual Contracts Meetings were held with Trust and Bryson Care Senior Managers to review and confirm contract funding and activity levels. Initially in 2009 when the contract was awarded to Bryson Care, Steering Group Meetings between the BHSCT and Bryson Care Operational Managers were held quarterly for the first year to discuss and review priorities, however these did not continue long term. There was also a quarterly Steering Group Meeting held separately at MAH with all advocacy providers, however these did not continue after the hospital Service Manager left her post. Exhibit 10 - Minutes.

22. At a service level in the hospital, the Advocacy Service Manager and team attended ward meetings, multi-disciplinary and resettlement meetings, however, invites to these meetings were not consistently extended to the advocates and therefore opportunities for representing the patient's wishes may have been missed.

Q4. In Bryson Care's experience, did BHSCT or MAH staff encourage and assist the provision of advocacy and representation services to MAH patients and/or their relatives?

23. In the early days of the service there was the need to have a presence in MAH to explain the role of the Advocacy Service and clarify responsibilities. As with any new service there was a period of building trust with hospital staff. As relationships developed and the service became more established hospital staff gradually became more accepting of the advocates rather than viewing them as a threat. And there were good outcomes Exhibit 11.

24. Even though the service was independent from the BHSCT it was a requirement for the advocates to arrange visits and have invites to meetings rather than turn up unannounced. This practice changed following publication of the 'Way to Go

Report 2019' when Bryson began visits to the hospital unannounced. This proved challenging as often the advocates couldn't have access to wards because of staff shortages and some felt rushed even when they did gain access. It was also the experience of advocates that updates on patients from ward staff were limited and advocates had to try and gather the information themselves. There was no access to the hospital permitted in the evenings or weekends.

25. The challenge function of advocates was impacted by the commissioning approach to procurement in that the BHSCT funds and sets priorities for the service which dilutes the true independence of the service. The service requires total independence from the Trust to challenge more robustly where Trust disagrees with a process or outcome.

26. A high turnover in staff and the leadership team in MAH in the years following the allegations of abuse coming to light has presented challenges for Bryson Care. Communication from the Trust has been poor in relation to changes in management and staff and who had been identified as the key contact person for the advocacy service. At times Bryson Care has been required to initiate contact to ensure that appropriate systems were in place to address operational issues effectively.

Q5. When, and in what circumstances, did Bryson Care first become aware of allegations of abuse by staff at MAH? What action, if any, did Bryson Care take in response?

27. Bryson Care first became aware of allegations of abuse by staff in late 2017. There was no formal meeting arranged with the Bryson Care at any level to inform the organisation about the allegations, and it was only through the advocates continuing to make their visits to the hospital that they heard pieces of information informally from hospital staff. An early Contracts Meeting with the BHSCT was requested by Bryson Care to discuss the issue and agree the service activity for the coming year. The meeting took place on the 12 February 2018.

28. Following comprehensive discussions, the following was agreed and actioned:

- Carer/Relative Advocacy to assist with complaints, safeguarding issues, and liaison in relation to Personal and Public Involvement (PPI).
 - Carers/Relatives to be trained in Selection and Recruitment Processes and to participate in the recruitment and selection process of staff.
 - Carers/Relatives to be engaged in group meetings with Trust personnel to raise issues of concern.
 - Awareness sessions to be held on Joint Protocols relating to Adult Safeguarding.
 - Advocates will schedule a minimum of 6 leadership walkabouts /observation rounds with Trust Senior Managers, facilitating interaction with the patients.
- Exhibit 12 - Contract Meeting Minutes.

29. Work commenced to support carers/relatives with complaints and safeguarding issues. Owing to several changes to the Trust Contract Lead in the hospital and the Covid-19 pandemic, leadership walkabouts and training sessions ceased.

Q6. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of paragraphs 10-13 of the Terms of Reference?

30. No.

Module 6: Resettlement

Q1. Please explain any role Bryson Care had in providing services for patients who were resettled from MAH during the time period covered by the Inquiry's Terms of Reference, that is between 02 December 1999 and 14 June 2021.

31. Bryson Care has been utilising the Quality-of-Life Assessment Tool with patients identified for resettlement since 2014. Exhibit 13 - QOL Flow Chart.

32. A Community Integration Project Team was established by the BHSCT and had oversight of the implementation process with all the advocacy providers. The advocate commenced the assessment in the hospital environment - Exhibit 14 QoL questionnaire, and once the patient had transitioned to a new home in the community, carried out a 3-month, 6 month and 12-month review with them to ascertain the degree of betterment experienced.

33. The advocate was the consistent person involved with the patient throughout the journey and had responsibility for both observing the patient and identifying when they were unhappy or were not settling into their new living environment. In some instances, the advocate made recommendations that the new living option was unsuitable, and the patient had to be readmitted to hospital. Examples of issues raised by the advocates on behalf of patients who had left hospital included inadequate staffing levels, poor standards of care practices, poor staff training and levels of competence and safeguarding concerns. Exhibit 15 email If new issues arose for the patient post discharge after 12 months, then a new referral was made to Bryson Care's community advocacy service for action.

Q2. Do you wish to draw to the attention of the Panel any other matters not covered by the above question that may assist in the Panel's consideration of paragraph 16 of the Terms of Reference?

34. None.

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed:



Date: 15th March 2024

List of Exhibits (Jo Marley)

- Exhibit 1: Muckamore Presentation of the Bryson Advocacy Service 2003
- Exhibit 2: Bryson Bid Independent Advocacy 2009
- Exhibit 3: BHSCT Service Extension form 2014
- Exhibit 4 BHSCT Priorities paper 2009
- Exhibit 5a Non-Instructed Advocacy Example
- Exhibit 5b Instructed Advocacy Example
- Exhibit 6 Advocacy Leaflet 2009
- Exhibit 7 Advocacy Check list pro forma. 2009 onwards
- Exhibit 8 Excel spreadsheet providing breakdown of advocacy representation
- Exhibit 9 Advocacy contact Sheet 2014 onwards.
- Exhibit 10 Steering Group minutes. March 2010
- Exhibit 11 MAH Inpatient Case Study
- Exhibit 12 BHSCT Contract Minutes February 2018
- Exhibit 13 Quality of Life Flow Chart 2014 onwards.
- Exhibit 14 Quality of Life Questionnaire 2014 onwards.
- Exhibit 15 Example of issues raised with BHSCT Email 17 November 2019

The Advocate

□ Is

- An independent voice for the person
- Appointed
- Informed by person, staff and family
- Works within agreed rights and principles framework
- Accountable

The Advocate

□ Is not

- Only for disputes
- There to criticise
- There to further the agenda of the service provider
- A decision maker

Your Advocacy Service

□ Offers

- Support to the resettlement process
- Connections to other organisations and networks
- A different perspective
- Independent validation of good practice

Your Advocacy Service

□ Adds

- To empowerment of individuals
- Resources available to you
- Information
- Transparency

Purpose of Advocacy Service

- To provide a unified service to patients/residents in Muckamore
- To complement work of professionals within Hospital setting
- To enhance quality of life opportunities for patients/residents

Working in Partnership

- Shared statement of principles
- Shared value base
- Shared concept of advocacy

Unified Approach

- System to facilitate clear communication
- System to promote co-ordination
- System to promote co-operation

Process of involvement with service users

- Long term
- Communication established
- Service users supported in raising issues with relevant people
- Good relationships established
- Issues identified with each service user
- Resolution achieved

Goal

- To provide a unified service which is in the best interests of the patients and all those who are involved in their care

Case study



- Mr A resident in Hostel accommodation
- Moving to Supported Living due to Hostel closure
- Advocate involved to offer support in enabling Mr A to raise issues of concern
- This helped Mr A feel empowered within process

Bryson House

- Is a Northern Ireland charity established in 1906
- Currently employs over 300 people and has a turnover of £7.5m
- Bryson House has a traditional role in influencing Social Policy through social action particularly in the areas of: targeting social need, training for employment, energy efficiency and environmental innovation
- In the last five years Bryson House has developed a professional advocacy service for vulnerable adults

Bryson House Staff

- Lelia Fitzsimons - Senior Manager
- Siobhan Wylie - Advocate Co-ordinator
- An Advocate

Service development



- Steering group
- Service promotion
- Referral and appointment process
- Accountability mechanisms

BELFAST HEALTH AND SOCIAL CARE TRUST

DOCUMENT 2

**TENDER FOR THE PROVISION OF ADVOCACY SERVICES FOR PEOPLE
WITH A LEARNING DISABILITY**

Please complete all sections of this form. Failure to do so will disqualify.

1. Organisation

Name Bryson Charitable Group

Address Bryson House
28 Bedford Street
BELFAST
BT2 7FE

Contact Details for lead person in respect of this application

Name Mrs Liz Leathem

Phone No. 028 9032 5835

E Mail Address eleathem@brysongroup.org

2. Manager of Proposed Service

Please provide details of the Manager of the service.

Name Ms Jo Marley
Director of Bryson Social Services

Address Bryson Charitable Group
Bryson House

28 Bedford Street
BELFAST
BT2 7FE

Education and Professional Qualifications (including registrations)

BA Hons, History & Politics 1975 – 1978

C.Q.S.W 1980 -1982

Diploma in Management Studies (p/t) 1991 – 1992

Masters in Systemic Psycho-Therapy 2005 – 2007

Registration with the NISCC REGNI / 1098854 1st June 2008 – 31st May 2011

Employment Record

Director, Family/Caring Services, responsible for all Bryson Charitable Group Family and Social Care projects. and the Multi-Cultural Resource Centre, Bryson Charitable Group, 2006 - Present

Executive Director, with responsibility for key functions and the overall performance of Bryson House 1999 – 2006

Director, Family/Caring Services, responsible for all Bryson House Family and Social Care projects. Bryson House 1994 -1999

Operational Manager, Residential & Day Care facilities, North & West Belfast Health & Social Service Trust 1993

Assistant Principal Social Worker, responsible for two domiciliary teams, two residential homes and two day centres. North & West Belfast Health & Social Service Trust (Shankill Road) 1991 – 1993

Senior Social Worker, responsible for domiciliary service delivery to 1,200 elderly clients provided by team of one Social Worker and six Social Work Assistants, North & West Belfast Health & Social Service Trust (Upper Shankill Road) 1990

Senior Social Worker, geriatric medical unit. Responsible for four Social Workers and one Social Work Assistant, Royal Victoria Hospital 1987 – 1990

Social Worker, Psycho–geriatric team, Purdysburn Hospital 1985 – 1987

Social Worker, Geriatric Medical Unit, Royal Victoria Hospital 1982 – 1985

Trainee Social Worker, Family / childcare North & West Belfast Health & Social Services Trust 1978 -1980

Name Mrs Liz Leathem
Senior Manager Social Care

Address Bryson Charitable Group
Bryson House
28 Bedford Street
BELFAST
BT2 7FE

Education and Professional Qualifications (including registrations)

BSc Honours in Sociology and Social Anthropology: 1981

Certificate in Social Service, CCE TSW: 1994

Introductory Award in Supervisory Management: 1994

Practice Teaching Award, CCETSW: 1994,

Post Qualifying Award in Social Work, CCETSW: 1999

Registration with the NISCC: NIREG/1002042: 31/07/06 – 31/07/09

Employment Record

Senior Manager, Social Care with Bryson Charitable Group from 19/09/2005 to present. I have responsibility for planning, managing and leading Bryson Care Services for vulnerable adults within the Eastern Health & Social Service Board area. This includes domiciliary care services for older people and people with a physical disability, home from hospital services, neighbourly care services for older people and advocacy services. I also manage volunteering within the organisation including local and European volunteer schemes.

Independent Practice Teacher from 26/02/2005 – 31/01/2006

Regional Manager with Positive Futures from 01/07/2002 – 25/02/2005: Had responsibility for the development and operational management of supported living/floating support and community - based services for children and adults with a learning disability in the EHSSB and SHSSB areas

Operations Manager with United Response (NI) from 01/07/1999 – 30/06/2002: Had responsibility for the development and operational management of supported living services for children and adults with a learning disability throughout Northern Ireland

Team Leader with Barnardos from 30/06/1987 – 30/09/1995: Had responsibility for the management of a supported living service for adults with a learning disability

Residential Social Worker with Barnardos from 02/09/85 – 29/06/87: Acted as a keyworker for 4 children with a learning disability living in a residential home

Various Care Assistant positions with the Western Education and Library Board from September 1983 – June 1985

Volunteer in a Camphill Community from May 1982 – June 1983

Travelling and working in Europe from September 1981 – April 1982

I have worked in the voluntary sector for the past 24 years both as a practitioner and a manager. My main area of interest has been developing and managing services for children and adults with a learning disability including residential, supported living and floating support services. I have also developed and managed services for people with physical disabilities, sensory impairment and mental health needs and have supported older carers of people with a learning disability.

I currently represent Bryson Charitable Group on a number of strategic groups including policy and standards development and learning and development. I am also a reference group member for the Social Care Institute for Excellence in Northern Ireland and a tutor for the Institute of Management and Leadership.

Name Ms Jennifer Johnstone
Service Manager

Address Bryson Charitable Group
Bryson House
28 Bedford Street
BELFAST
BT2 7FE

Education and Professional Qualifications (including registrations)

DIPHE in Counselling – Distinction

OU – Understanding Management – Distinction

Mres Masters of Research in Psychology: 1st (This degree includes a module in the History of Learning Disability)

BSc (Hons) Psychology with Sociology – 2:1

Person Centred Interventions

Train the Trainer accreditation in:

Disability awareness and equality,

Brain injury awareness,

Interpersonal Skills,

Cognitive Skills,

Anger Management,

Stress awareness

NSP Verifier

Understanding Psychosis

Therapeutic Crisis Intervention

Employment Record

Bryson Charitable Group, Service Manager Advocacy 09/2008 – Present

Cedar Foundation, Brain Injury Service, Vocational Rehabilitation
Case Manager 09/2006 – 09/2008

(Voluntary) Research Assistant Brain Injury Team, Craigavon &
Banbridge Trust Secure Accommodation 09/2006 – 09/2008

(Ad hoc) Residential Worker Flaxfield Children's Home Lisburn
Lakewood Secure Accommodation 09/2006 – Present

Threshold (Therapeutic Community) Project Worker 02/2005 –
12/2005

NHS Lothian Nursing Assistant, adult and adolescent acute psychiatry
03/2002 – 08/2004

(Voluntary) Barnardos, Blackford Project – Befriender 03/2003 –
08/2004

3. Experience in the provision of Advocacy and/or related services

Please detail experience in this field.

Bryson Charitable Group is a Northern Ireland Charity committed to identifying and developing long-term responses to social need. The organisation aims to develop approaches to meet changing or unmet need and works in partnership with other services, service users, organisations and communities. Services are developed to a high standard with an emphasis on making them accessible and inclusive offering support, empowerment and choice. Bryson Charitable Group is also committed to the promotion of equality and diversity and believes in the importance of making a positive impact on peoples' lives.



Advocacy

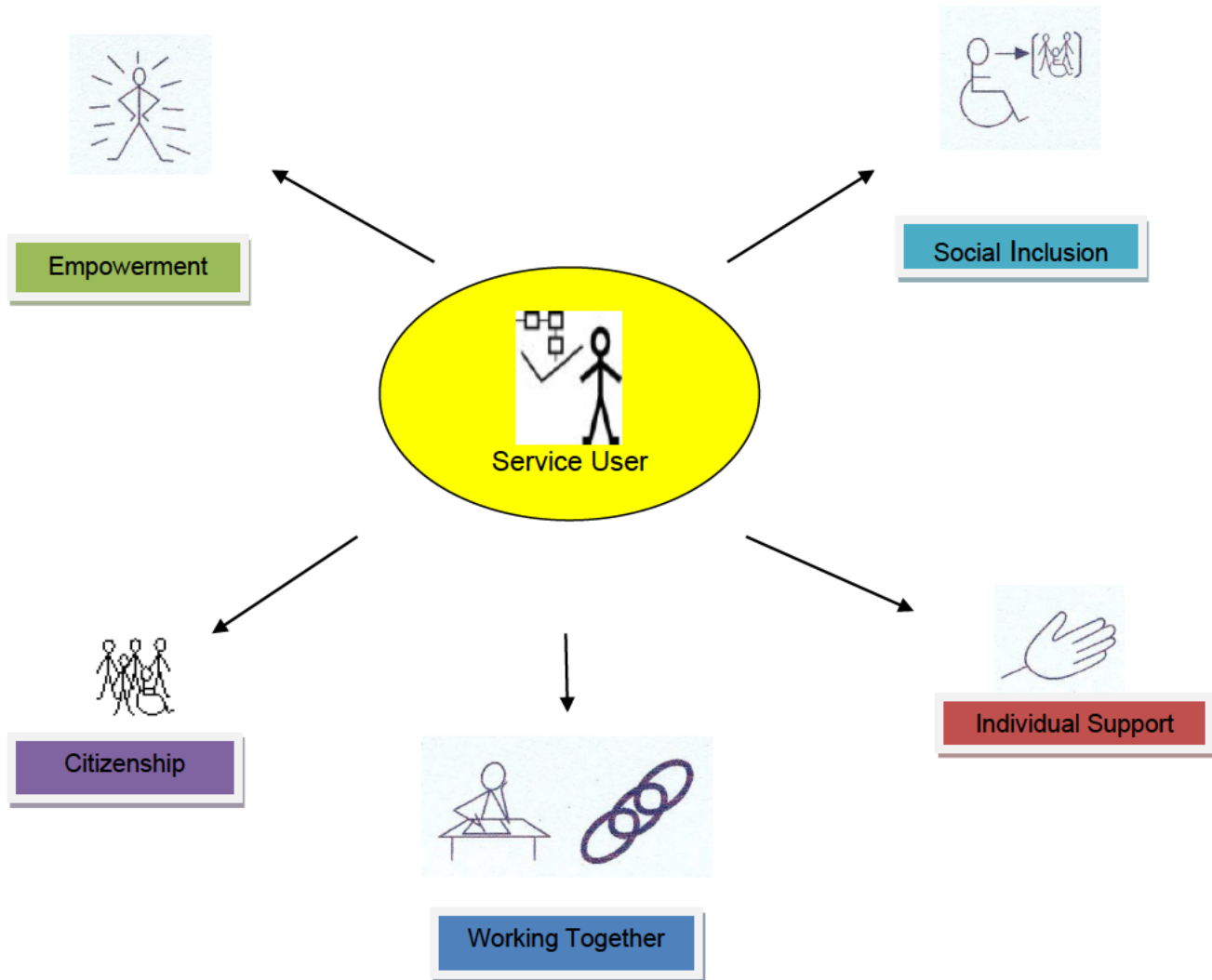
Bryson Charitable Group has been providing advocacy services to people with many different needs since 1999. This has included advocacy services for older people living in residential and nursing homes, people with mental health difficulties, people with physical disabilities, people who come from other countries and have different ethnic backgrounds as well as adults with a learning disability. The organisation also has many years experience of working with volunteers who support people with a learning disability in the community.

Bryson Charitable Group has and continues to work with the new Belfast Health & Social Care Trust as well as the new South Eastern Health & Social Care Trust to provide Independent Advocacy Services to adults with a learning disability both on a one-to-one basis and in groups. Service Users have been able to get to know qualified and experienced Advocates who do not work for the Trust and can be independent when helping them to have their voices heard. Adults living in Muckamore Abbey Hospital as well as in their own homes have all been able to get the help of an advocate from Bryson Charitable Group's Independent Advocacy Service. The service has also worked with the Eastern Health & Social Services Council now the new Patient Client Council based in Belfast and helps people to deal with complaints. In addition, staff and service users also work with social work students to help them learn about advocacy and learning disability. As well as the Independent Advocacy Service the organisation has also set up a Citizen Advocacy Project that lasted for two years.



During the Bamford Review of Mental Health and Learning Disability, Bryson Charitable Group worked with the Equal Lives Group to organise meetings and help write a report. One of the important messages from this group was to make sure that there are more advocacy groups and more chances for people to speak out and be listened to. Bryson

Charitable Group has the experience to be able to make this happen and the next part of the application will go into more detail about this. All the models outlined are underpinned by the Equal Lives Values i.e.



4. Model of Service

Outline how you propose to provide service in relation to:-

(a) Citizen Advocacy

Recently a Senior Manager within Bryson Charitable Group carried out some research/ work on the value of having Volunteer Advocates in an Independent Advocacy Service. The organisation will use the research / work to develop Citizen Advocacy.



Citizen Advocates will be trained to assist the person that they are involved with, in many day to day activities such as going to the doctor or advocating for medical treatment. Citizen Advocates will also deal with more difficult situations such as matters to do with personal relationships where often parents or service providers do not agree with the person with a learning disability. Citizen Advocates will be able to go with people to case conferences and review meetings, making sure that person-centred plans are in place and help with benefit claims. They will also be able to help people look for improvement in services or raise concerns about poor practice. Citizen Advocates will be able to use both instructed and non-instructed advocacy approaches:

Instructed Advocacy

Gathering and presenting up to date information to help service users make informed choice but not giving advice.

Listening to the service user and discussing options but not imposing views or opinions.

When instructed by service users talk to and correspond with family members and other professionals, but not making choices on behalf of service users.

Representing the person's expressed views and wishes but not taking action without the consent of the service user.

Non-instructed Advocacy

Where the service user cannot give clear instruction, taking time to get to know them and building a picture of their choices and lifestyles.

Seeking different types of communication which enable the service user to express views and choices.

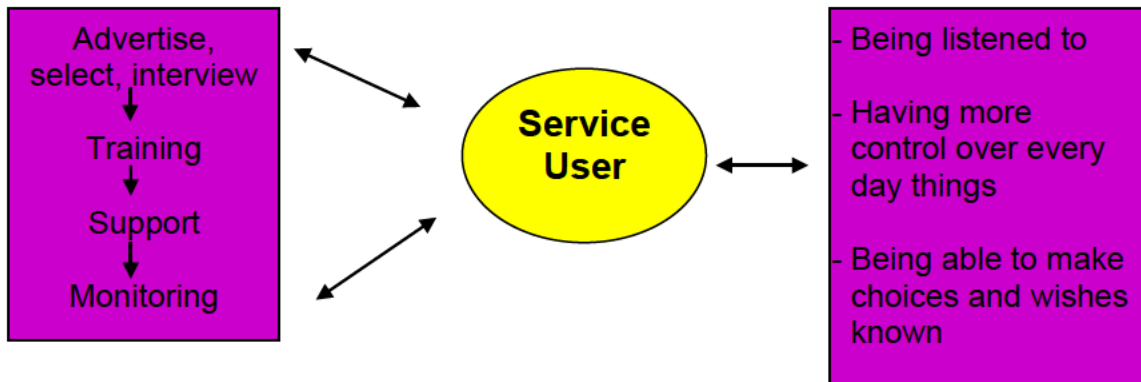
Ensuring the person's basic human rights are respected and upheld at all times.

Asking questions of service providers and others which promote a person-centred approach.

A Citizen Advocate must be prepared to commit to a long-term / one to one relationship with an individual with a learning disability and work as a partner. He/she identifies the advocacy partner's choices and decisions but does not make them.



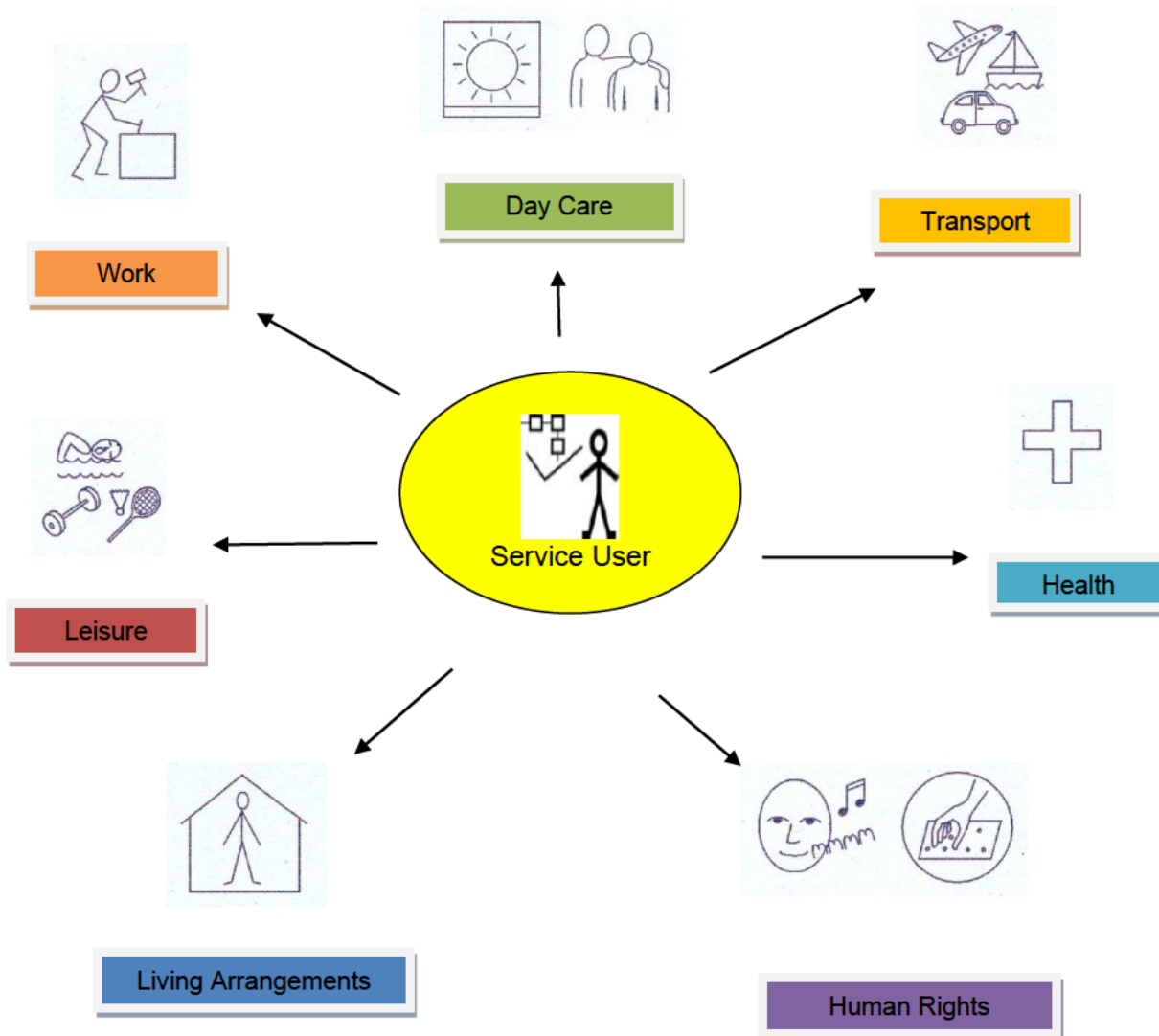
Service Users will be actively involved in the selection and recruitment of Citizen Advocates



As Citizen Advocates work on a long-term basis they would be well placed to work with Belfast patients in Muckamore Abbey Hospital alongside Paid Professional and Peer Advocates and help them to move from hospital into the community. Resettlement in the community is in the spirit of the Bamford Review with an emphasis on social inclusion and upholding human rights. Citizen Advocates would be in a position to ensure that patient –centred plans are in place and that they are implemented.

(b) Peer Advocacy

At present the Independent Advocacy Service uses group advocacy to look at issues that a group of adults with a learning disability has in common. These can include issues such as:



The organisation will work with people who would be interested in becoming Peer Advocates. The Paid Advocates within the service will be able to provide help with difficult issues and make sure that the Peer Advocates are well supported.

Bryson Charitable Group is talking with City & Guilds at the moment about providing advocacy training which is accredited / seen as a formal accepted qualification for Northern Ireland. This would allow the Independent Advocacy Service to provide Peer Advocates with accredited advocacy training and in turn develop the Advocates confidence to support a larger number of their peers.

Peer Advocates would be supported to carry out training with staff who provide services to people with a learning disability to include doctors, nurses, therapists as well as social work students. The organisation would also support them to set up a Service User Forum which would raise issues about services directly with senior people who work with the Trust as well as represent patients in Muckamore Abbey Hospital. Peer Advocates would be in a position to present to organisations such as the Department of Health, Social Services and Public Safety, the Equality Commission and the Regulation & Quality Improvement Authority to try and improve services in general for people with a learning disability.

(c) Individual Advocacy

The service which is being provided at present by Bryson Charitable Group is based on the individual advocacy model. Paid Professional Advocates who are trained and experienced provide information that can support an individual who finds him / herself:

- Living in residential / nursing homes where there are difficulties between the residents and staff.
- Living at home where there are poor relationships with families.
- In the process of moving from one type of housing to another
- In crisis.
- Involved with the legal system / courts / reviews following incidents and complaints processes.

- Involved in and require representation in vulnerable adult investigations.
- Needing an appropriate adult at police stations.

The service uses a person-centred approach with the overall aim of giving people more control over their daily living and helping them to advocate for themselves if possible. This model of advocacy is delivered on a short-term basis

Planning

The Service will work in a person-centred manner with the overall aim of empowering the individual to self-advocate and taking instruction from the service user wherever possible. The advocate and service user draw up an agreed advocacy plan.

Reviewing

The Service will regularly review all advocacy relationships at a series of different levels. The advocate and service user will review the relationship and the advocacy plan regularly. The service user can request a review at any time. The advocacy relationships will also be reviewed on a monthly basis, and annually on a contractual level. Advocates may also attend any service reviews of the service user if invited by the Service User.



Quality Assurance (All Models)

Bryson Charitable Group is committed to monitoring the quality of service delivered to ensure that all legislative and regulatory requirements are met and the outcomes for service users are positive, effective and where possible, empowering. Quality Standards are in place, based on the Action For Advocacy Guidelines and these will be monitored through Quarterly Stakeholder Meetings and Annual Contract Meetings with the Belfast Health & Social Care Trust.

Bryson Charitable Group also has its own internal monitoring processes which include monitoring at difference levels: team meetings, supervision meetings with staff, and regular consultation, monitoring and evaluations with service users. In addition to this the service receives regular feedback from stakeholders, carers and other professionals.

Staff members attend regular training events to ensure that their knowledge and practice is up to date.



Bryson Charitable Group has a Complaints Procedure in place and all complaints are full investigated. Positive feedback and suggestions for improving the service are also kept on record and improvements are implemented as necessary.

(d) Building Capacity

Bryson Charitable Group recognises the need for people with a learning disability to be more involved in planning and developing services as well as reviewing and improving them. In order to build capacity among people with a learning disability and local communities so that advocacy services can grow, Bryson Charitable Group will:

- Work with the Regulation & Quality Improvement Authority, the Northern Ireland Social Care Council and the Social Care Institute for Excellence who paid for some research to be done in relation to involving Service Users more in health social care in Northern Ireland. A report called “Looking out from the middle” was written in February 2008. One of the things that will be happening will be the setting up of a User Network. Advocacy services will be included in this.
- Work with the Trust to ensure that service users are included in the implementation of the Learning Disability Service Framework.
- Use the Advocacy Network for Northern Ireland (which has just been set up for organisations who provide advocacy services) to make sure that the views of people with a learning disability are heard.
- Use its position as a member of the Mental Health And Learning Disability Alliance to represent legal issues to do with learning disability and advocacy.



- Look at ways of the Service User Forum making contacts with the Department of Health Social Services and Public Safety, the Department for Social Development, the N.I Housing Executive, the new Public Health Agency, the new Health & Social Care Board and Local Commissioning Groups to raise issues.
- Use its position as a recognised City & Guilds Centre. Within the City & Guilds Training there are a number of training areas designed for adults with a learning disability. These areas could be taught through group advocacy sessions to develop confidence and assertiveness skills.

- Work with other agencies providing advocacy to make sure that everyone is working together for the good of all service users with a learning disability. This includes other user led advocacy agencies. This will also link with the Trust Advocacy Steering Group in Muckamore Abbey Hospital.



- Use Peer Advocacy to present information about learning disability to local community groups. Bryson Charitable Group has a lot of contacts with community groups in the Belfast area and these can be used as a starting point.
- Will work with campaigning voluntary organisations to promote equal rights in all aspects of every day life e.g. transport, leisure, education and work.
- Involve service users in delivering training programmes for Social Work Students, Health & Social Care staff and community groups.
- Make links with local Carers Groups for people with a learning disability to share information and ideas.
- Make links with the Bryson People Like Us Scheme which is a service that matches volunteer befrienders with people with a learning disability so that people with a learning disability can become more involved in the life of their community.

Bryson Charitable Group will also use the group advocacy model with an emphasis on “open hours / surgeries”. These will allow service users living in residential / supported living services and who use day care centres to speak with a paid advocate about advocacy issues.

The aim of the “open hours / surgeries” is to empower service users to take control of their own issues.

5. Funding

Please detail proposed costings – including details of staffing, numbers involved and administration and any other funding details. (Separate spreadsheet may be attached but form SS19A must be completed/signed & returned)

See attached financial information included in Form SS19A

6. Referees

Please supply names of two individuals or organisations or their representatives who can be contacted to provide a written reference in relation to work in this field or a related field.

Name	Carole Veitch	Name	Richard Dixon
Address	Thompson House 19/21 Magheralave Rd LISBURN BT28 3PB	Address	Belfast Office Patient Client Council Lesley House 25/27 Wellington Place BELFAST BT1 6GQ
Tel No.	028 9266 5646	Tel. No.	028 9032 1230

Signed _____

Name	Mrs Liz Leathem	Date	1 st May 2009
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Completed form to be returned via the Procon website by 16.00 on 01 May 2009



Admin Building
Knockbracken Healthcare
Park
Saintfield Rd
Belfast
BT8 8BH

Our Ref CMcM/hh/sc

Tel: 02895046819

18 July 2018

Mr David Torrens
Chairperson
Bryson Care
28 Bedford St
Belfast
BT2 7JE

Dear Mr Torrens

Re: The Belfast Health & Social Care Trust Contract Held with your Organisation for the period 1st April 2014 to 31st March 2017 with the option to extend the Contract Period for a further 2 years i.e. by 1 year, plus 1 year.

- **Independent Advocacy**

On behalf of the Belfast Trust I would like to inform you that the Trust has taken the decision not to seek an efficiency target and confirms the existing budget will remain extant for the financial year 2018/2019, subject to delivery of agreed levels of service.

Please find attached to the covering email the Contract Schedule in which is detailed the level of service required and financial value to be paid during 2018/2019.

Please note that this letter forms part of the contract and confirms the Trust's offer of an extension of the Contract for a period of 12 months (**1st April 2018 - 31st March 2019**).

The Trust would wish to take this opportunity to remind your Organisation that the Data Protection Act 1998 changed to the General Data Protection Regulations on the 25th May 2018. It is a condition of the contract that organisations should ensure they meet the requirements of the legislation. Please refer to the letter from the Trust issued to your organisation on the 9th March 2018 in relation to GDPR and contracting arrangements. As stated within the letter, the Trust will issue detailed revised contract terms and conditions which will reflect the new requirements in due course.

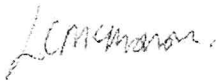
Please ensure that you provide the following documents which are required as part of the contracting process each year:

- **Confirmation of Providers of Insurance**, (Appendix Two), to be forwarded to your Insurer or Insurance broker for completion and returned to the Contracts Department (care of myself) for record.
- **Updated Proforma**- required only in case of significant changes to your Organisation or service as funded by the Trust since submission of original Proforma. Unless notified otherwise the Trust will assume that all information currently retained is valid.
- **Audited Accounts and Annual Report** - copy of the relevant annual documents to be forwarded to the Contracts Department for record each year.
- **Activity Monitoring Form** - to be completed and returned to both the identified Key Service Officer and to the Trust's Contracts Department. **Please note that failure to submit the Activity Monitoring Form as required may result in the suspension of payments in year.**

You are required to arrange for two copies of this letter and the Contract Schedule to be printed and signed to confirm your acceptance of the offer of a contract on the terms and conditions set out within the documentation. Please retain one copy for your record and return the second copy of each document to the Trust at the address above within 10 working days.

Please do not hesitate to contact me should you have any queries regarding any of the above.

Yours sincerely



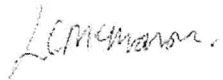
CLARE MCMAHON
Contracts Manager

Encs 2 x Contract Schedule

Signed for and on behalf of the

Belfast Health & Social Care Trust
("The Trust")

By:-




Clare McMahon
Contracts Manager

Date:- 18th July 2018

Bryson Care
("The Organisation")

By:-



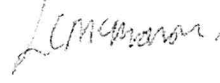
Authorised Signatory (Designation)

Date:- 10/8/18

The overall Contract terms and conditions remain extant and the provision of the additional service will be delivered within this context.

SIGNED ON BEHALF OF:
Bryson Care

SIGNED ON BEHALF OF:
Belfast Health and Social Care Trust



*NAME

*NAME

Ms. Jo. Mahony

CLARE McMAHON

DESIGNATION

DESIGNATION

Director

Contracts Manager

DATE

10/18/18

DATE

09 July 2018

- Please print

THE 2018/2019 SCHEDULE TO THE CONTRACT BETWEEN BELFAST HEALTH AND SOCIAL CARE TRUST, A FLOOR, BELFAST CITY HOSPITAL, LISBURN ROAD, BELFAST, BT9 7AB AND BRYSON CARE of 28 BEDFORD STREET, BELFAST, BT2 7FE

CONTRACT SCHEDULE FOR 2018/2019

SERVICES PROVIDED:	Independent Advocacy Service
CONTRACT DURATION:	Extension of the 2014/17 Contract to 31 March 2019.
SOURCE OF FUNDING:	Learning Disability Services Budget
SERVICE PROVISION AGREED FOR 2018/2019:	<p>Recurrent Activity: A total of 75 per week hours of Advocacy Services for people with a learning disability for 38 weeks per annum resulting in a total of 2,850 hours of service provision per annum.</p> <p>Non-recurrent Activity:</p> <ul style="list-style-type: none"> • 25 hours per week to deliver a Carers Advocacy Pilot (approximately 3 attenders per week resulting in 114 attendances) • 16 hours per week designated to the completion of QOL Assessments for patients making the transition from Muckamore Hospital to a home in the community (1 attender per week resulting in 38 attendances) • An Advocacy Service (9 hours) will be piloted at Iveagh to deliver the following (approximately 4 attenders per week resulting in 152 attendances) <ul style="list-style-type: none"> ○ Advocacy for patients resident at Iveagh for less than months ○ Attendance at the "Have Your Say" Group <p>A total of 1,900 hours (approximately 304 attendances) of service provision in 2018/19 on a non-recurrent basis. Number will depend on the referrals received from the Trust.</p>
FINANCIAL VALUE:	<p>Recurrent Funding: £83,816.61 will be paid in 2018/2019.</p> <p>Non-recurrent Funding: £45,000.00 will be paid in 2018/2019.</p>

Belfast Health & Social Care Trust

Learning Disability Service

Priorities for the Advocacy Service

1. **People who are in conflict with the Trust**

The Trust would expect to see an element of challenge in support of the individual who is unhappy. A resolved position / outcome should be achieved within a reasonable timescale. The individual should understand what action has been taken and whether or not anything further is to be done.

We expect that conflicts are most likely to arise in relation to the following groups:

- People on Guardianship
- People whose discharge from hospital is delayed
- Parents with a learning disability who have children in care

2. **Individual Advocacy.** The Trust expects this to be time-limited and to have specific objectives. We would wish the Advocacy Service to identify particular themes emerging from individual advocacy sessions and these themes could be addressed at steering Group meetings. We would expect that Trust staff would notice change in relation to Service User's understanding of how issues reach a final conclusion.
3. **Muckamore Abbey Hospital.** All patients admitted under the Mental Health Order, would be asked as part of the admission protocol, whether or not they wish to see an advocate. The advocate would be expected to ensure that issues raised by the patient have been properly dealt with. Contact with the advocate would be time-limited but a patient could request further visit if wished.
4. **Citizen Advocate.** The Trust would wish to see some proposals from the advocacy service as to how citizen advocacy for people with a learning disability in Belfast could be addressed.
5. **Information & Education.** The Trust would wish to see the Advocacy Service undertake an exercise to explain what it will be doing. This should be aimed at people with a learning disabilities, their families and carers and Trust staff.
6. **Legal issues.** The Trust would wish to see a proposal from the Advocacy Service in relation to the role of an advocate in improving how people with learning disabilities are supported when dealing with legal issues.



Individual Advocacy Plan

Service User Name: P217

Advocate: Eimear Croy

Referral date: April 2018

Name of Referrer: M McG Staff Nurse Cranfield

Commencement Date of Plan: 25/04/18

Details of Presenting Advocacy Issues:

P217 lacks capacity. He has a moderate learning disability and a history of psychosis.

P217 is currently very unwell and is in hospital for treatment. Staff feel P217 would benefit from having an advocate to attend meetings for him.

Services Involved:

Social Services
Advocacy Service
Hospital staff



Type of Advocacy: Instructed /Non-instructed:

Instructed

Non-instructed

Proposed Course Of Action:

To attend any meetings/reviews for P217.

Expectations and Role of the Trust:

To liaise with the advocate and keep her up to date with this case either by phone or email.

To invite the advocate to all meetings and reviews.

Signature of Advocate:-- ----- Date-----



Individual Advocacy Plan

Service User Name: P218

Advocate: E C (temporarily from May 2018)

Referral date:

Name of Referrer: G McC

Commencement Date of Plan: 01/05/18

Details of Presenting Advocacy Issues:

P218 is currently in Muckamore hospital in Erne.

P218 is receiving treatment in hospital at present and it is felt that an advocate would be good for him to speak with, to have support from and to have someone to speak on his behalf in relation to issues/meetings.

Services Involved:

- Social Services
- Hospital services
- Advocacy Service



Type of Advocacy: Instructed /Non-instructed:

Instructed

Instructed

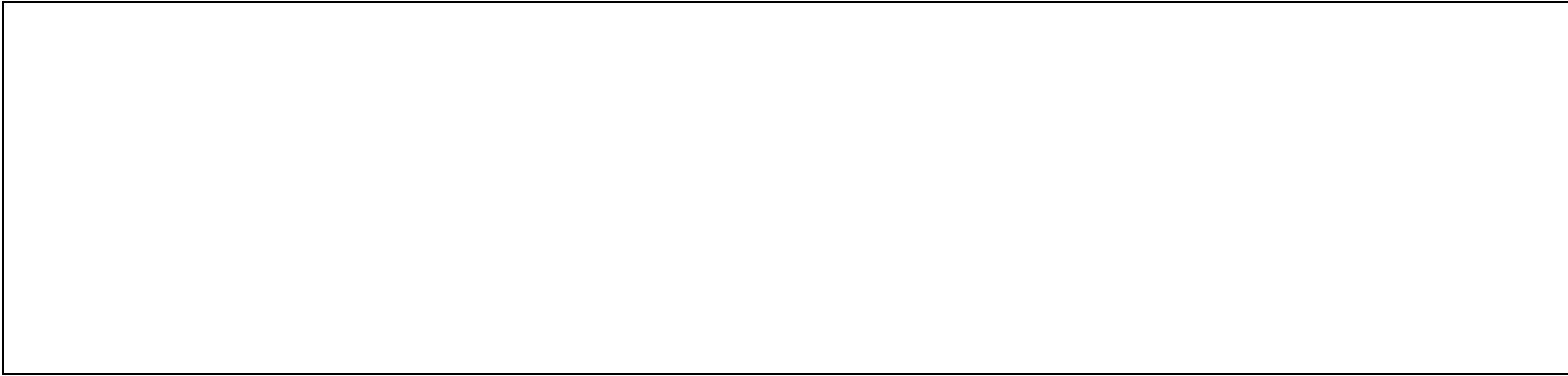
Proposed Course Of Action:

To visit [REDACTED] at the ward every 2 weeks to build up a relationship with him and to hear his views.
To attend any meetings/reviews with [REDACTED] and support him to speak up for himself or speak on his behalf if need be.

Expectations and Role of the Trust:

To liaise with the advocate and keep her up to date with this case either by phone or email.
To invite the advocate to all meetings and reviews.

Signature of Advocate:-- ----- Date-----



Bryson
Social Services
A Member of the Bryson Charitable Group



Independent Advocacy Service

Information Leaflet for Service Users

Your Advocate will:



listen to you, find out what you want



and help you tell other people what you want

If you want your Advocate will:

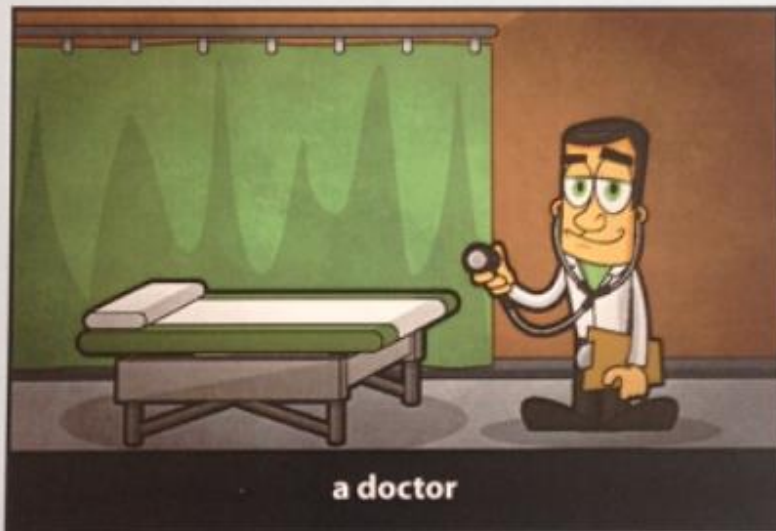
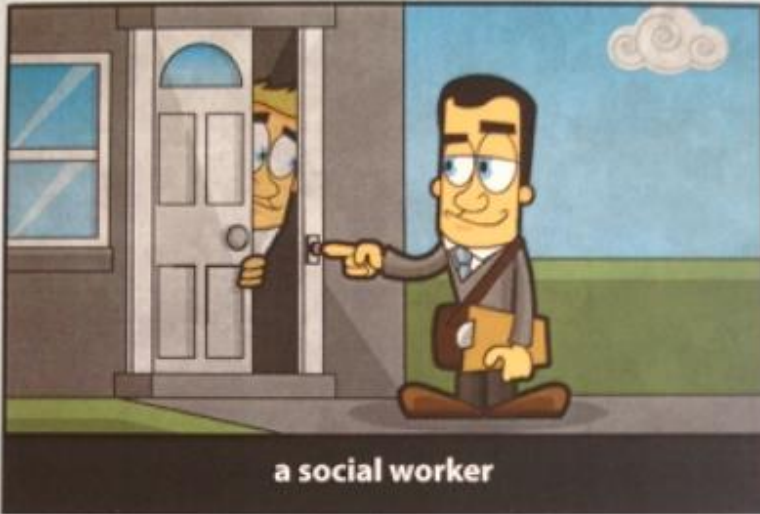


go to meetings and reviews with you

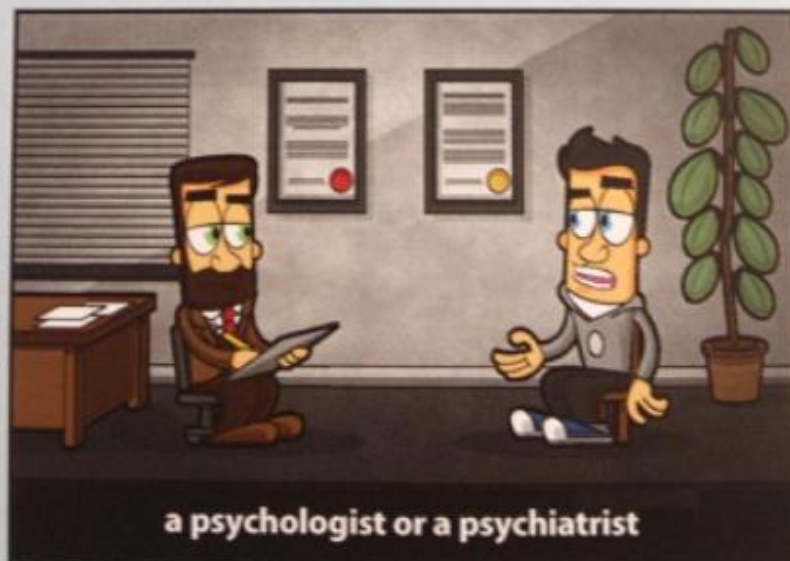
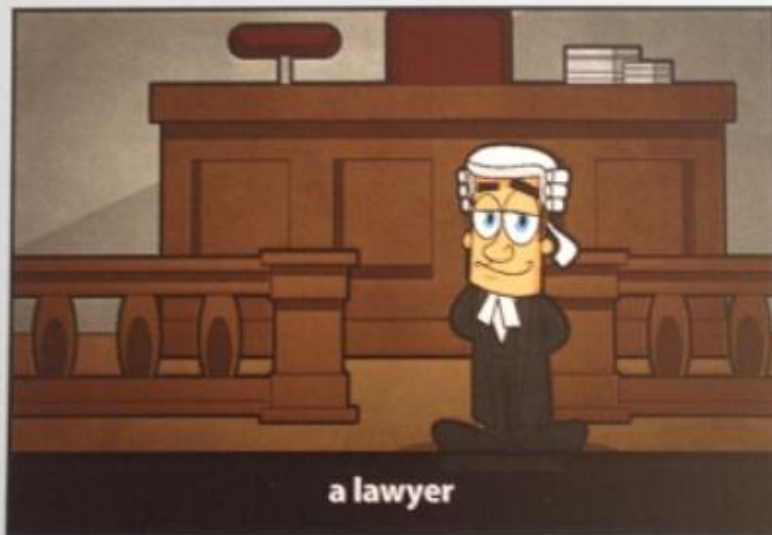


make sure you understand what is happening

Your Advocate is NOT:



Your Advocate is NOT:



If you want to speak to an Advocate:



Bryson Social Services

A Member of the Bryson Charitable Group

The team can be contacted in any of the following ways:



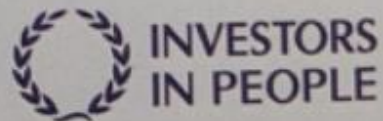
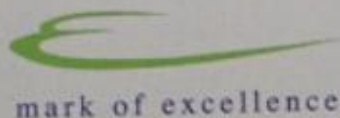
Tel No: **028 9032 5835**

Fax No: 028 9043 9156

E-mail: utorrens@brysongroup.org

Write: Bryson Charitable Group
Independent Advocacy Service

Bryson House
28 Bedford Street
Belfast BT2 7FE



Checklist For Completion At Initial Meeting Between Independent Advocate / Patient / Named Nurse

	Date Commenced	Date Completed	Signature of advocate
❖ Person centred plan / About you plan			
❖ Care plan/Support Plan			
❖ Financial Management Plan			
❖ Communication passport			
❖ Personal place mat			
❖ Risk assessment/Promoting Quality Care Assessment			
❖ Crises management plan/Behaviour Support Plan			
❖ Epilepsy plan			
❖ Ward checklist			

This list is not exhaustive and will vary depending on individual needs

Year

2nd December 1999 - 31st March 2000
1st April 2000 - 31st March 2001
1st April 2001 - 31st March 2002
1st April 2002 - 31st March 2003
1st April 2003 - 31st March 2004
1st April 2004 - 31st March 2005
1st April 2005 - 31st March 2006
1st April 2006 - 31st March 2007
1st April 2007 - 31st March 2008
1st April 2008 - 31st March 2009
1st April 2009 - 31st March 2010
1st April 2010 - 31st March 2011
1st April 2011 - 31st March 2012
1st April 2012 - 31st March 2013
1st April 2013 - 31st March 2014
1st April 2014 - 31st March 2015
1st April 2015 - 31st March 2016
1st April 2016 - 31st March 2017
1st April 2017 - 31st March 2018
1st April 2018 - 31st March 2019
1st April 2019 - 31st March 2020
1st April 2020 - 31st March 2021
1st April 2021 - 14th June 2021

No service

No Service

No Service

No Service

Service Commencement

No Data

48.5

73

78

83

Integrated HSCT data returns non specific to MAH

Integrated HSCT data returns non specific to MAH

Integrated HSCT data returns non specific to MAH

Integrated HSCT data returns non specific to MAH

Integrated HSCT data returns non specific to MAH

Integrated HSCT data returns non specific to MAH

Integrated HSCT data returns non specific to MAH

Integrated HSCT data returns non specific to MAH

344

358

150

705

65



CONTACT SHEET

Name:	
Date:	
Time:	

Signed

CONTACT SHEET

Name:	
Date:	
Time:	

Signed:

BELFAST HEALTH AND SOCIAL CARE TRUST
MUCKAMORE ABBEY HOSPITAL
NOTE OF ADVOCACY STEERING GROUP
HELD IN MUCKAMORE ON 22 MARCH 2010

Present: E S, Senior Manager
Sh H, Mencap
R K Bryson
La W, Bryson
Li M Bryson
CS, Mencap
Dr C M, Consultant Psychiatrist
BM, Clinical & Therapeutic Services Manager
M McC, Law Centre

Apologies: M So, Co-Director of Learning Disability Services
S B, ARC NI

ACTION

1 MATTERS ARISING

South Eastern Trust

There is still some confusion around advocacy provision for South Eastern Trust patients. Bryson currently supporting one patient.

E S will discuss with Mrs S.

E S

2 STAFF AWARENESS SESSIONS

Two successful sessions have been facilitated. All leaflets, posters have been forwarded to wards.

3 TILII

S B will join the group for future meetings unfortunately was not available today.

4 FUTURE MEETINGS

Mrs S discussed the potential value of this meeting with Mrs So who will attend. Mrs S will chair. It was agreed today that meetings will be held bi monthly.

ACTION

5 UPDATE FROM BRYSON AND MENCAP

Bryson advocates Li and La currently working with 7 patients.

Discussion took place on the lack of new referrals despite staff indicating at training and ward visits that some patients might benefit from the service.

Mencap currently have 4 patients who Sh is working alongside. Meeting being arranged with Northern Trust. To increase the awareness and encourage use of the service the following was agreed.

- (i) Information on Advocacy Service to be included in Admission Pack and checklist in Cranfield Women/Men/ICU and Sixmile. **B M**
- (ii) Advocates will check if any new admissions and introduce themselves to the patient/family as soon as appropriate to do so. **Advocates**
- (iii) To be discussed at Medical Staff Meeting and encourage discussion at Multidisciplinary Reviews. **Dr M**
- (iv) To be included on agenda for Senior Nurse Meetings. **E St**

6 WARD VISITS

It was agreed that the advocate visit wards and respond to patient forum requests to provide information.

The issue of the service only available to Northern and Belfast trust was discussed. BM agreed to be the point of contact regarding ward or day care visits. **Advocate B M**

7 HOSPITAL WIDE ADVOCACY

Some discussion took place regarding the roles of:

- Self Advocacy
- Independent Advocacy
- Law Centre

It was felt that there needs to be further clarification about terms of references for the different services. This will be an agenda item for next meeting whenever Si and Mi are available.

ACTION

8 TILII

B M gave an overview of the numbers and work of Tili Group and support group.

9 SOUTHERN TRUST

Clarification has been received that Disability Action will provide an Advocacy Service for patients from the Southern Trust. This information has been forwarded to relevant managers.

10 DATE, TIME AND VENUE OF NEXT MEETING

Case Study Advocacy Service

Mr B, who has a significant learning disability, was living in Muckamore Abbey Hospital for nine years. Over the past three years he has been requesting a move to the community but this has been over looked. Nine months ago the Bryson Advocacy service became involved. By advocating Mr B wishes to appropriate Health professionals, they agreed to this request and a Bryson Advocate supported Mr B through the discharge process. Accommodation was organised and Mr B has moved into a new home with his friend although he is still helped on a daily basis by support workers. This successful transition from hospital accommodation to living in the community has increased Mr B's confidence and independence to the point that he has secured a part-time job in a local shop and he is also attending the local college on a part-time basis. He is also able to enjoy a greater range of social activities.

Meeting Title	Contract Meeting with Bryson House
Date	12 February 2018
Time	3.00 p.m.
Venue	Everton Complex

Attendees	Ms Esther Rafferty Mr Barry Mills Ms Heather Harper Ms Liz Leathem Ms Una Torrens
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Agenda Item/ Issue	Notes/Actions	Resp	Date for Comp
1.0 Introduction & Purpose	Ms Rafferty opened the meeting by stating that its purpose was to discuss the services delivered in 2017/18 and plan for services to be provided in 2018/19.		
2.0 Service Provision 2017/18	Ms Harper confirmed funding in 2017/18 of £83,816.61 for the delivery of: <ul style="list-style-type: none"> A total of 75 per week hours of Advocacy Services for people with a learning disability for 38 weeks of the year. Total of 2,850 hours of service provision. <p>Additional funding of £45,000.00 for the delivery of:</p> <ul style="list-style-type: none"> 25 hours per week to deliver a Carers Advocacy Pilot 16 hours per week designated to the completion of QOL Assessments for patients making the transition from Muckamore Hospital to a home in the community An Advocacy Service (9 hours) will be piloted at Iveagh to deliver the following <ul style="list-style-type: none"> Advocacy for patients resident at Iveagh for less than 3 months Attendance at the "Have Your Say" Group A total of 1,900 hours of service provision in 2017/18 on a non-recurrent basis). Number will depend on the referrals received from the Trust.		
2.1	Following discussion it was confirmed that: <ul style="list-style-type: none"> There is a delay in referrals from the BHSCT to the service – Ms Rafferty will communication with Trust staff Ms Torrens will update the monitoring form to ensure that all months are completed QOL activity should decrease as there are only 12 service users on PTL – 3 service users have been resettled recently QOL will be done for service users being placed at Dympna House – assessments to go to Kim Murray Carer Advocacy is for assisting with complaints, safeguarding issues and liaison in relation to Personal and Public Involvement (PPI) Ms Rafferty confirmed that posters can be displayed in MAH Carers will be trained on Selection and Recruitment so that they can participate in recruitment exercises and contribute questions Carers have been engaged in group meetings and this will continue 	Ms Rafferty Ms Torrens Ms Torrens Ms Torrens Ms Torrens	

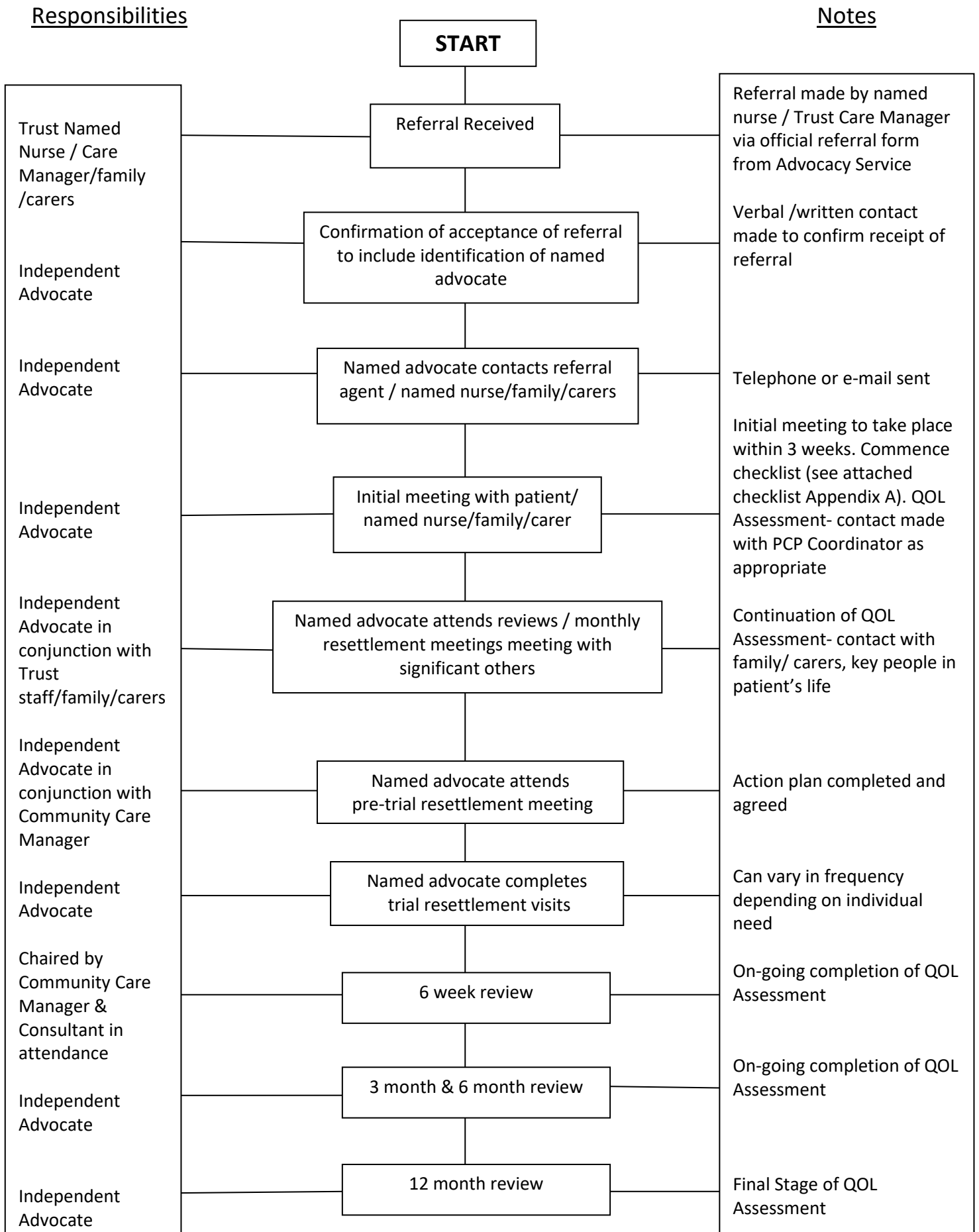
	<ul style="list-style-type: none"> • Awareness sessions to be held on Joint Protocols on Adult Safeguarding • Advocates will schedule a minimum of 6 leadership walkabouts /observation rounds which Trust Senior Managers will attend allowing interaction with the patients • The Trust will undertake a value for money exercise in year • Ms Rafferty will change post in April. 	<p>Ms Torrens Ms Rafferty Ms Torrens Ms Rafferty</p>	
<p>3.0 Funding/Service Provision 2018/19</p>	<p>Ms Rafferty confirmed funding in 2018/19 of £83,816.61 for the delivery of:</p> <ul style="list-style-type: none"> • A total of 75 per week hours of Advocacy Services for people with a learning disability for 38 weeks of the year – 50 hours community advocacy and 25 hours advocacy at MAH. <p>Total of 2,850 hours of service provision.</p> <p>Additional funding of £45,000.00 for the delivery of:</p> <ul style="list-style-type: none"> • 25 hours per week to deliver a Carers Advocacy Pilot • 16 hours per week designated to the completion of QOL Assessments for patients making the transition from Muckamore Hospital to a home in the community • An Advocacy Service (9 hours) at Iveagh to deliver the following <ul style="list-style-type: none"> ○ Advocacy for patients resident at Iveagh for less than 3 months ○ Attendance at the “Have Your Say” Group <p>A total of 1,900 hours of service provision in 2018/19 on a non-recurrent basis). Number will depend on the referrals received from the Trust.</p>		
<p>4.0 Documentation required by the Trust</p>	<p>Ms Harper confirmed that the following had been received by the Trust:</p> <ul style="list-style-type: none"> • Signed Contract 2014/17, signed Contract Schedule 2015/16, signed Addendum to Contract 2015/16 signed Contract Schedule 2016/17 and signed Contract Schedule 2017/18 • Monitoring Forms for April 2017 – December 2017 • Annual Report and Accounts for year ended 31/3/17 • Annual Review • Confirmation of Insurances until 29 September 2018 • Chairperson - David Torrens. 		
<p>4.1</p>	<p>Ms Harper reiterated the contract requirements to submit completed monitoring returns on a monthly basis and highlighted that the Trust will suspend payment where returns are not received in a timely manner. In addition, where service is not delivered as agreed funding will either be stopped and/ or recouped as required.</p>		
<p>5.0 Regulatory Requirements</p>	<p>Ms Leathem confirmed that:</p> <ul style="list-style-type: none"> • the Organisation is not required to register with RQIA for this service • All staff are registered with Access NI • The Organisation do not use Volunteers for the delivery of services • staff are not required to register with the Northern Ireland Social Care Council. 		

6.0 Quality indicators/ Signs of Quality Assurance	<p>Ms Leathem advised that the following quality indicators are in place:</p> <ul style="list-style-type: none"> • Investors in People (Gold) • All Ireland Quality Mark • Customer Service Excellence Standards • Bi-monthly Internal Supervision • Monthly Staff Meetings • Exit Interviews for each service user • Member of UKINCP • Queens Award for Sustainability of Service Provision • Social Enterprise NI Award. 		
7.0 Training	Ms Leathem confirmed that the Organisation has a rolling in-service training programme in place.		
8.0 Policies/Procedures	<p>Ms Leathem confirmed that the following policies and procedures are in place:</p> <ul style="list-style-type: none"> • Child Protection • Safeguarding People • Management of Challenging Behaviour • Complaints • Adverse (Untoward) Incidents • Anti Bribery • Social Media • Whistleblowing. 		
9.0 Adverse Incidents/Complaints	Ms Leathem that there had been no Adverse Incidents and Complaints in year.		
9.1	Any Adverse Incidents or Complaints will be reported to Ms Rafferty.		
10.0 AOB	Ms Harper advised that the Trust is in the process of reviewing the Contract and any changes will be identified to the Organisation. The current Data Protection Act 1998 will be replaced by the General Data Protection Regulation effective 25 May 2018. The ACPC Regional Child Protection Policy and Procedures that were issued in 2005 have been replaced by the Safeguarding Board Northern Ireland Regional Core Child Protection Policy and Procedures effective from 15 December 2017. It is up to individual Organisations to ensure that they remain aware of, comply with and implement any changes to legislation or guidance affecting their Services within their existing policies and procedures throughout the term of the Contract.		
10.1	At the time of meeting the Trust is not aware of any further efficiencies to be applied to the Contracts. However, this is with the caveat that should the Department of Health require further efficiencies during the year, that all services, both internal and external, will be subject to review. Any efficiency proposals developing in-year will be implemented in line with the Contract terms and conditions. The Trust is not in a position to confirm if an uplift will be available at the time of meeting.		

10.2	<p>The Social Care Procurement Unit is in place and will be taking forward procurements for Services above the threshold value. There is currently a regional scoping exercise considering all procurements to ascertain those services to be procured and associated values and also to ascertain prioritisation for the procurement of the Services. At a point in time your Service will be looked at regionally however until such time as this exercise is complete, which could take a number of years, the Trust intention is to roll existing Contracts forward.</p>		
------	--	--	--

MAHI - STM - 250 - 72
Independent Advocacy Services

QOL Assessment Flowchart





Quality of Life Assessment



What is your name? _____



Where do you live now?



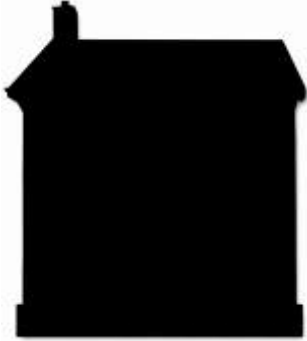
What is good about where you live now?

<hr/> <hr/> <hr/> <hr/> <hr/>



What is bad about where you live now?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you know what is happening with the hospital?

<hr/> <hr/> <hr/> <hr/> <hr/>



Where would you like to live in the future?

<hr/> <hr/> <hr/> <hr/> <hr/>



What things would you like?:



Own Bedroom



Own Bathroom



Live on your own



Live with a few people



Live with lots of people



Have Daycare

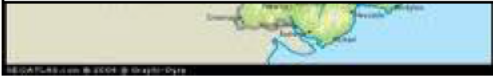
Is there anything else that you can think of that you would like?

<hr/> <hr/> <hr/> <hr/> <hr/>



Can you tell us what you definitely don't want in a place to live?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



Is there an area you would like to live?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



Do you think that people are talking to you enough about where you would like to live?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Who was involved in filling in this form:

Individual

MDT

Combination



Recommendations to be made to Resettlement Team following consultation with Individual / MDT:



3 Month Review



Are you happy in your new home?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



What is good about your new home?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



Is there anything you don't like about your new home?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you like the people that you live with?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you have more choices here than you did in the hospital?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you prefer this house or where you used to live

<hr/> <hr/> <hr/> <hr/> <hr/>

Why?



MAHI - STM - 250 - 84

Who was involved in filling in this form:

Individual

MDT

Combination

Does the individual, family and MDT believe that betterment is being met?

Is there anything we need to do for this individual?



6 Month Review



Are you happy in your new home?

<hr/> <hr/> <hr/> <hr/> <hr/>



What is good about your new home?

<hr/> <hr/> <hr/> <hr/> <hr/>



Is there anything you don't like about your new home?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you like the people that you live with?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you have more choices here than you did in the hospital?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you prefer this house or where you used to live

<hr/> <hr/> <hr/> <hr/> <hr/>

Why?



MAHI - STM - 250 - 88

Who was involved in filling in this form:

Individual

MDT

Combination

Does the individual, family and MDT believe that betterment is being met?

Is there anything we need to do for this individual?



Centre on Human Rights
for People with Disabilities



12 Month Review



Are you happy in your new home?

<hr/> <hr/> <hr/> <hr/> <hr/>



What is good about your new home?

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Is there anything you don't like about your new home?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you like the people that you live with?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you have more choices here than you did in the hospital?

<hr/> <hr/> <hr/> <hr/> <hr/>



Do you prefer this house or where you used to live

<hr/> <hr/> <hr/> <hr/> <hr/>

Why?



MAHI - STM - 250 - 92

Who was involved in filling in this form:

Individual **MDT** **Combination**

Does the individual, family and MDT believe that betterment is being met?

Is there anything we need to do for this individual?



Centre on Human Rights
for People with Disabilities



Family / Carer Opinion

What is your name and what is your relationship to _____?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

What are the positives about where your relative currently lives?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Are there any disadvantages?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Do you understand why resettlement is happening?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Is there any other information you feel you need to help inform you about resettlement?

<hr/> <hr/> <hr/> <hr/> <hr/>

Do you understand what Betterment is?

<hr/> <hr/> <hr/> <hr/> <hr/>

What do you believe should be offered as Betterment to your loved one in their future accommodation?

<hr/> <hr/> <hr/> <hr/> <hr/>

Do you believe that you have been engaged in the process of where your relative should live in the future?

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Recommendations to be made to Resettlement Team following consultation with Family / Carer

A large, empty rectangular box with a black border, intended for providing recommendations.



Family / Carer Opinion (After 3 months)

A large, empty rectangular box with a black border, intended for the input of family or carer opinions.



Centre on Human Rights
for People with Disabilities



Family / Carer Opinion (After 6 months)

A large, empty rectangular box with a thin black border, intended for the user to provide their family or carer opinion after 6 months.



Family / Carer Opinion (After 12 months)

A large, empty rectangular box with a black border, intended for the family or carer to provide their opinion after 12 months.

From: Liz Leathem
Sent: 29 February 2024 10:41
To: Liz Leathem
Subject: FW: Concerns re The Mews

Importance: High

From: Una Torrens <utorrens@brysongroup.org>
Sent: Thursday, December 5, 2019 6:39 PM
To: Liz Leathem <lleathem@brysongroup.org>
Subject: Fwd: Concerns re The Mews
Importance: High

----- Forwarded message -----

From: Liz Moore <lmoore@brysongroup.org>
Date: Wed, 27 Nov 2019, 15:10
Subject: Concerns re The Mews
To: <gillian.traub@belfasttrust.hscni.net>
Cc: Una Torrens <utorrens@brysongroup.org>

Dear Ms Traub

I am an advocate for ten residents in The Mews, Glen Road, Belfast who have resettled there from Muckamore Abbey Hospital.

The provider for this residential unit is Cedar and the duty of care remains with the Belfast Trust.

I have a number of concerns regarding the poor standard of care in recent months which in my opinion presents a severe risk to residents, staff and visitors.

The most recent patient to transition is proposed to be discharged in a few weeks into an environment that is unable to meet his demands and manage his challenging behaviour. Two staff were seriously injured last week, the manager and deputy manager have left and the remaining staff appear to be struggling to cope.

At care management meetings I hear reports of poor hygiene and housekeeping, mistakes with medication, an oversight regarding a peanut allergy, biscuits given to a patient whose diet is severely restricted for medical reasons and staff unable because of lack of training to cope with the level of challenging behaviour. This particular resident along with the others was managed by an expert team of professionals in MAH and now care staff with a few weeks training is expected to manage them with minimal input from the community.

There is of course ISS support but it is not always available for some residents and I know that the late management could not access the support from the hospital that they felt at times was required.

I understand that senior staff from Cedar have been drafted in to assess and address the situation and this is welcome but the fact remains that until we have properly trained and paid staff to care for residents like the ones in The Mews then the Trust is grossly failing in its duty of care to these most vulnerable adults and their families.

My fear is that given the recent revelations regarding abuse in MAH we are headed for a similar situation in the community if we do not address the issues [above](#).

I look forward to your response.

Kind Regards

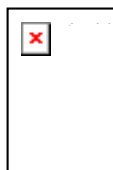
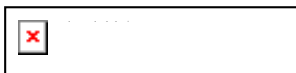
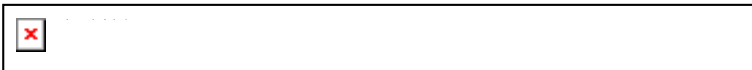
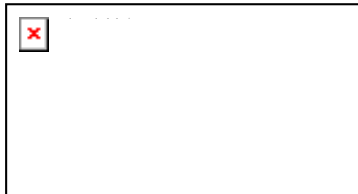
Liz Moore

Liz Moore

Advocate

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