

**MUCKAMORE ABBEY HOSPITAL INQUIRY  
WITNESS STATEMENT**

**Statement of Professor Owen Barr**

**Date: 25<sup>th</sup> April 2024**

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I, Professor Owen Barr, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry. This is my second statement to the Inquiry having previously provided a statement to the Inquiry dated 09 March 2023 (MAHI – STM – 098 - 1).

In exhibiting any documents, I will number my documents so my first document will be “Exhibit 1”.

1. I have been asked to make a statement for the purpose of the Inquiry’s Evidence Modules 2023: Module 6 and specifically in relation to three reports which I co-authored. Those reports are:
  - Exhibit 1: “First Draft Report of the Independent Assurance Team” (April 2018). I co-authored this report with Frances Cannon (NIPEC) and Yvonne McKnight (BHSCT).
  - Exhibit 2: “Final Report of the Independent Assurance Team” (September 2018). Again, I co-authored this report with Frances Cannon (NIPEC) and Yvonne McKnight (BHSCT).
  - Exhibit 3 “Muckamore Abbey Hospital: Adult Safeguarding File Review” (September 2021). I co-authored this report with Dr Lorna Montgomery (QUB) Maureen Brown and Jan Houston (HSC Leadership Centre).
2. I have exhibited these three reports as Exhibit 1, Exhibit 2 and Exhibit 3 respectively.

3. Exhibit 1 and Exhibit 2: I was one of three people requested to undertake an Independent Assurance Review of decisions taken by senior BHSCT staff following the identification of safeguarding concerns at MAH.
4. I attended all meetings outlined in the reports and was the lead author on the report in collaboration with Frances Cannon and Yvonne McKnight.
5. Exhibit 3: I was one of four people asked to participate in an exercise to review safeguarding files relating to people cared for at MAH. I worked alongside the other people involved to review paper and electronic record files on the MAH site.
6. Dr Lorna Montgomery was the lead author on this report. Alongside the other people involved in this exercise I contributed to the development of this report by providing comments on areas that I felt needed to be addressed and providing feedback on drafts of the report. I read the final report before it was submitted.

### **Section 7: 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 to which I have access and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: 

Date: 25<sup>th</sup> April 2024

**Exhibit List (Professor Owen Barr)**

Exhibit 1: First Draft Report of the Independent Assurance Team (April 2018)

Exhibit 2: Final Report of the Independent Assurance Team (September 2018)

Exhibit 3: Muckamore Abbey Hospital: Adult Safeguarding File Review (September 2021)

**Draft Report of Independent Assurance Team**

**Muckamore Abbey Hospital**

**April 2018**

**DRAFT**

**Confidential**

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**Appendices:**

## **1. Background**

In autumn 2017 serious safeguarding concerns were identified at Muckamore Abbey Hospital. A range of actions were put in place by the Belfast Health and Social Care Trust (BHSCT) and one of these actions was the establishment of an Independent Assurance Team in December 2017 by the Executive Director of Nursing. The purpose of the Independent Assurance Team is to independently review the response of the Trust and the Learning Disability service.

The Independent Assurance Team will provide a report to the Trust Directorate Level Governance and Improvement Board.

In taking forward this work the Independent Assurance Team worked with the Learning Disability Senior Management Team in the hospital in relation to the agreed areas of work, which have been agreed by the lead Director and Directorate Level Governance and Improvement Board.

The observations as set out within this report are based on the information provided to the Independent Assurance Team between December 2017 and 4<sup>th</sup> April 2018. The range of information provided and reviewed by the members of the Independent Assurance Team is listed in Appendix 1. It is recognised that some further information may become available as further information regarding the safeguarding concerns at Muckamore Abbey Hospital continues to evolve. Due to ongoing PSNI and Safeguarding investigations it was not appropriate for the members of the Independent Assurance Team to speak directly with staff involved in the incidents.

## **2. Objectives**

- i) To provide a level of independence and transparency in relation to key decision making processes.
- ii) To provide an independent view on specific key decisions that have been made to date in relation to staff moved to other facilities, precautionary suspensions or restricted duties of staff involved in identified incidents.
- iii) To offer advice and support to lead Director(s) and were appropriate to constructively challenge and/or make recommendations.
- iv) To support the Co-Director in terms of service improvement and modernisation.

In addition the team specifically reviewed:-

- BHSCT policies related to agreed areas
- A draft workforce paper (Learning Disabilities)

The specific areas of work and actions taken to progress the work is set out in Table 1 below.

### 3. Assurance Review Team membership

Yvonne McKnight, Adult Safeguarding Specialist, BHSCT

Frances Cannon, Senior Professional Officer, NIPEC

Owen Barr, Professor of Nursing and Intellectual Disabilities, Ulster University

**Table1**

<b>Area</b>	<b>Actions</b>
Review interim decisions re named staff who are subject to precautionary suspension or restricted duties	Reviewed CCTV and decision making processes in relation to identified incidents in which staff were suspended or placed on restricted duties.
Review of BHSCT policies related to agreed areas	The following policies were reviewed: <ul style="list-style-type: none"> <li>• *Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 (should have been reviewed 2016)</li> <li>• *Seclusion within Learning Disability In-Patient Services (Children’s and Adults) Procedure November (2016)</li> <li>• Use of Restrictive Interventions for Children and Adult Services (does not appear to be Learning Disability specific) (May 2015)</li> <li>• *Implementation of CCTV within Muckamore Abbey Hospital to assist with Investigations related to Adult Safeguarding.</li> </ul>
Review draft workforce paper	Reviewed draft workforce paper (November 2017) provided in relation to staffing levels and staffing model

#### **4.0 Review of decisions made in relation to staff moved to other facilities, the precautionary suspensions and restricted duties arrangements of nursing staff**

The Independent Assurance Team were asked to review the decision-making process and implementation of precautionary suspension or restricted duties of staff in relation to identified safeguarding incidents which occurred at Muckamore Abbey Hospital on the 12th August 2017, in the Intensive Care Unit (ICU), an incident in Sixmile Ward and an incident at the swimming pool at Muckamore Abbey Hospital.

In response the Independent Assurance Team specifically reviewed information relating to six staff including two Registered Nurses Learning Disabilities (RNLDs) that were placed on precautionary suspension and a further six staff, including 5 RNLDs, placed on restricted duties.

#### **4.1 Staff Moved to another Facility (Sixmile)**

Two staff that had been moved to Sixmile had allegedly directly observed safeguarding incidents and failed to report these. There was a level of uncertainty regarding how much the other staff present had observed. The rationale provided to the Independent Assurance Team for moving two staff to Sixmile was underpinned by a focus on safety. It was considered by the senior management that the people with learning disability in Sixmile would themselves be able to raise concerns if an incident arose. This was believed to be the situation because all people in Sixmile were considered vocal in terms of raising issues about their care and had done so in the past and were therefore considered be able to communicate any concerns that may arise.

It was explained to the members of the Independent Assurance Team that there was a concern that one of the staff initially moved from ICU to Sixmile had expressed a view that move may be linked to them reporting a safeguarding concern and they viewed it as punitive. The senior management team in Muckamore Abbey Hospital were concerned about this perception.



The Independent Assurance Team were informed verbally that in light of this stated perception by the member of staff that the decision to move both Registered Nurses to Sixmile was reviewed and within this a number of factors were considered including:

- the perception of the staff member
- the Ward Manager in ICU knew the individuals very well and therefore would be well placed to provide on-going supervision
- other staff placed on restricted had duties remained on their respective wards

The decision was reviewed and it was decided that the two Registered Nurses should be moved back to ICU. It was also agreed that they both should remain on restricted duties and continue to receive weekly supervision from the Charge Nurse in ICU.

#### **4.2 Precautionary suspensions**

The rationale provided to the members of the Independent Assurance Team for placing people on precautionary suspension, was that there were concerns regarding these staff in relation to the following:-

- One person was identified via CCTV footage viewing as having been directly involved in safeguarding incidents
- One person was identified through escalation of a concern by a colleague or person with learning disability
- One person who was the Nurse in Charge failed to report safeguarding concerns and a clear distinction was made between them and other Registered Nurses on duty due to their role and overarching responsibilities at that time.
- One person allegedly actively discouraged a member of staff who wished to escalate a safeguarding concern.

It was reported that those individuals on precautionary suspension have had follow up through:

- Initial letters confirming the suspension and further follow up letters
- Telephone contact every two weeks from a designated manager.

### **4.3 Restricted duties**

It has been explained to the Independent Assurance Team that the people were placed on restricted duties as opposed to being placed on a precautionary suspension because:-

- They failed to report a safeguarding issue
- They were present but did not appear to be 'actively involved' in the incidents that occurred
- There was uncertainty regarding how much of the incidents these staff may have directly observed.

The restrictions included

- not to take charge of the ward at any time
- only work in one ward
- only permitted to undertake a bank shift in that ward
- receive on-going support and weekly supervision with the Ward Manager.

### **4.4 Review of decision making process involved**

In seeking to review the decision-making processes involved in relation to the precautionary suspension or placing staff on restricted duties, members of the Independent Assurance Team requested notes of meetings at which these decisions were made and other correspondence relevant to these decisions that was available in order to be clear about the rationale involved. The information listed in Appendix 2 was provided and reviewed.

The three members of the Independent Assurance Team also met with the Hospital Manager, Senior Nurse Managers, Charge Nurses from Sixmile and ICU and the manager of Day Services. A summary of the key points raised by these staff, within the meetings, has been themed and is available at Appendix 3.

As noted, interim decisions around precautionary suspension and restricted duties needed to be made in real time and it would be expected these would have been initially reviewed within an agreed time frame and four weekly thereafter - in keeping with Belfast HSCT HR Disciplinary procedures and Nurses in Difficulties policy.

It was reported to the members of the Independent Assurance Team that this has been done monthly by the Hospital Manger and Senior Nurse Manager. The Independent Assurance Team were provided limited records in relation to the review of the decisions. The documents provided focused on communicating or reinforcing the decisions that had been made, but they did not provide any outline of the range of factors considered. Therefore members of the Independent Assurance Team are unclear as to who was involved each time and what specific factors are considered in each case.

#### **4.5 Observations of Assurance Team on the initial decisions taken**

It is recognised by the members of the Independent Assurance Team that decisions about the precautionary suspension of staff or placing staff on restricted duties needed to be in real time and must be based on the information available at the time to people making the decisions. These are viewed as interim decisions that should be underpinned by patient safety, be taken in consultation with HR Department and should have a clear calendar date set for review. It is further recognised that the interim decisions mentioned above needed to be made by a senior BHSCT manager with responsibility for the service provided, who may not be directly working within the service at Muckamore Abbey Hospital.

The complexity involved in making these decisions promptly and based on the limited information that may be available is appreciated by members of the Independent Assurance Team. It is our view that the interim decisions taken at the time to place staff on precautionary suspension appear appropriate. The Independent Assurance Team noted one Registered Nurse who failed to report a safeguarding concern was placed on precautionary suspension, the rational given to the Independent Assurance Team was that as the nurse in charge the obligation to intervene to safeguard and report was greater given the level of responsibility related to that operational role. The Independent Assurance Team were not provided with written information which definitively outlined the rational the for decision making.

#### **4.6 Observations of Assurance Team in relation to the implementation and ongoing review of the precautionary suspension**

The members of the Independent Assurance Team have seen evidence of the letters and logs of telephone contacts with staff as noted within Appendix 1. For each of the staff suspended there was a designated contact person and we have seen notes of ongoing contact between this member of staff and the person on precautionary suspension. No set template or proforma was used to keep a record of this ongoing contact. There is variation in the nature of the records kept relating to this ongoing contact in respect of the format (some handwritten, some typed), the detail of the notes made and the way in which these notes of contact were signed by the staff member.

The records made in relation to contact with staff members on precautionary suspension were held by the designated contact person and at the time of this review these records of contacts had not been placed in individual staff personal files.

In discussions with the designated contact staff, they stressed the emotional impact on those staff on precautionary suspension both professionally and personally. They also emphasised how difficult it was for them personally to fulfil the role of a 'designated contact' person. In interviews, it was highlighted that this is a very challenging role as there was an expectation by the staff member on precautionary that information updates would be provided when in reality the role as the designated contact staff as they understood it, was meant to focus on support to the staff member and sign posting to other resources. It was also reported that given the length of time the suspensions are ongoing that contact can be difficult to sustain when there is no new information and little to discuss with staff.

Additionally it was reported that contacts can be affected by the level of information the designated contact person has, i.e.

- one person reported that the lack of detail hindered conversation with the member of staff on precautionary suspension
- another reported that having too much detail of safeguarding incidents at times created awkwardness in conversations.

#### **4.7 Observations of Assurance Team in relation to on the supervision of staff on restricted duties**

The members of the Independent Assurance Team viewed evidence of the letters and follow-up emails confirming to the staff members they were placed on restricted duties and what this entailed. They also viewed records of the dates of supervision meetings provided by the Charge Nurses who were the identified people to provide supervision. Given the personal nature of the supervision, the records of meetings were not reviewed.

Through interviews with the Charge Nurses, it was apparent that supervision sessions were tailored to the care environment and needs of the individual to be able to work in that setting. The Independent Assurance Team are of the view that information provided during interviews confirmed that the arrangements for supervision were appropriate in the circumstances.

The Independent Assurance Team noted that email communication they were provided which related to a number of staff within the same email. The Independent Assurance Team recognise this may have occurred in the initial stages due to several staff being involved in each incident, however, this 'clustering' of communication made it difficult to establish the rationale underpinning the decisions made relating to individual staff.

There was evidence of decisions made and communication with staff about those decisions. Contained within emails there is limited evidence of the rationale for decisions (i.e. it related to a safeguarding concern). However, there was no written evidence of an explicit analysis of the information underpinning the decisions nor explicit exploration of the range of potential options for decisions that could be made. This detail would have been expected within these notes.

As noted, interim decisions about placing restrictions on the practice of some staff needed to be made in real time. It would be expected these interim decisions would be reviewed within an agreed time frame. With the exception of the two staff moved back from Sixmile, the Independent Assurance Team were provided with limited records in relation to reviews of the decisions to apply restrictions on practice. The

Independent Assurance Team are of the view that whilst adult safeguarding and patient safety underpinned the interim decisions, due to the lack of documentation relating to the review of these decisions it is unclear as to who was involved and what factors were considered in each case e.g. impact on people with learning disability, impact on service delivery and impact on staff.

In the feedback received in the interviews with the Charge Nurses, the Independent Assurance Team members were informed that the Charge Nurses, who were providing supervision to the staff members on restricted duties, did not perceive that they had been formally engaged in review of these decisions. They highlighted the impact the decision to place people on restricted duties had on service delivery, including the reduction in services available to people with learning disability within Muckamore Abbey Hospital and other people who may use facilities within the hospital.

Through the interviews with the Charge Nurses and reviewing the notes of the Listening Group it is evident that demands on the Ward Sister/Charge Nurse from:

- within the ward (i.e. ward manager/counted as member of the core team to provide care) and
- outside of the ward (to regularly provide cover of the Nursing Office)

are highly challenging and should be urgently reviewed in order to prioritise the leadership role of the Charge Nurses/Ward Sister at ward level.

#### **4.8 Recommendations from Assurance Team**

- I. Decisions in relation to the precautionary suspension of staff or placing staff on restricted duties should first and foremost fully take into account the expected professional conduct of all staff involved and the professional expectations of behaviour from the Nursing and Midwifery Council or other relevant professional regulators. If other factors, such as the operational role the person may have be fulfilling at the time are taken into account, the analysis of these differing factors must be clearly analysed and documented in the decision making process.
- II. There should be a template to record the initial decisions taken and subsequent reviews - this template should include notes on:

- the context
  - explicit analysis of the relevant factors
  - the people consulted
  - the actions considered
  - the rationale for final decision taken
  - a specified calendar date for review of the decision
  - the document should be signed and dated.
- III. Records relating to staff on precautionary suspension or restricted duties, including email correspondence between Trust managers should relate to one individual at a time, i.e. comments relating to several staff members should not be clustered in one email. This would facilitate clearer communication about individual decisions and also the filing of this information in the files of individual staff members.
- IV. There should be a standardised approach to the review of decisions which proactively considers the relevant factors with a recognition of the possibility of amending the interim decisions.
- V. When decisions are being reviewed, both the intended and unintended consequences of interim decisions, for people with learning disability, service delivery and staff members should be actively considered and reflected in the notes of the review of the decision.
- VI. Senior Management would benefit from more active support from HR in relation to all aspects of precautionary suspensions and restrictions on practice.
- VII. The role of the Ward Sister/Charge Nurse should be reviewed in order to prioritise the leadership aspect of the role at ward level (e.g. consideration should be given to supernumerary status of the Ward Sister/Charge Nurse)
- VIII. There should be clear guidance for staff undertaking the role of the 'designated contact persons' to include the areas to be covered in discussion with staff and proformas to be completed as a record of the contact.
- IX. In developing this guidance the opportunity should be taken to explore with 'designated contact persons' what information and preparation would have assisted them in undertaking this role.
- X. "Designated contact people" providing ongoing contact to staff on precautionary suspension or on restricted duties should be formally included in the process of reviewing these decisions and their participation and views should be noted in the record of the meeting.

## 5.0 Review of Policies

In the process of undertaking the assurance exercise the members of the Independent Assurance Team reviewed the policies below relating to the Assurance process:

- \*Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 (should have been reviewed 2016)
- \*Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure November (2016)
- Use of Restrictive Interventions for Children and Adult Services (does not appear to be Learning Disability specific) (May 2015)
- \*Implementation of CCTV within Muckamore Abbey Hospital to assist with Investigations related to Adult Safeguarding (2016)

### 5.1. Key observations by the Independent Assurance Team

Whilst the team recognise that policies highlighted with an asterisk above are due to be updated and this is detailed in the Action Plan for the Protection of Patients in Muckamore Abbey Hospital, it was specifically noted that the Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure should have been reviewed in November (2016) and this was not completed. This should have been undertaken almost a year before any of the current concerns about safeguarding were identified at Muckamore Abbey Hospital.

Detailed feedback has been provided separately on each of the above policies (Appendix 2). The following overall comments should be considered when reviewing these policies.

- It is a concern that aspects of the key "evidence base" used to underpin these policies was out of date; e.g. NMC and NICE Guidelines
- Several of the key source materials referred to in the development of the policies were inadequately referenced at the end of the policy, meaning it was not possible to be sure which editions of documents were consulted when the policy was being developed.



- The language used within policies reviewed was largely task orientated and depersonalised.
- The policy - Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 was not reviewed in November 2016 and it should have been.
- Equality Impact Assessment boxes were not ticked on two policies (\*Levels of Supervision/Observations within Learning Disability In-Patient Services (November 2013) and \*Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure (November 2016). Therefore it was not clear if these Equality Impact Assessments had been undertaken.
- There was no clear evidence of consultation with people with learning disabilities/families/carers/key organisations for people with a learning disability in the development of these policies. It was noted by the members of the Independent Assurance Team that 'CAUSE' is related to mental health not services for people with learning disabilities.
- There is a lack of clarity within the policies and vagueness in timeframes for actions to be taken within the policies as noted in terms such as:
  - 'as soon as practicable'
  - 'as appropriate'
  - 'regular'
- Despite the stages of development these policies went through, there is no explicit evidence of external review or the involvement of people with learning disabilities, family, carer representatives in the development of the policies reviewed. Whilst it is accepted that this may not be required for all policies, specific rationale should be provided for why it is not necessary. The members of the Independent Assurance Team expected to see this level of involvement specifically in relation to policies that may involve physical interventions or potential deprivation of liberty of people with learning disabilities.

## 5.2 Recommendations in relation to the review of policies

- I. Consideration should be given to reviewing the policies below into a single policy document, thus creating an overarching policy based on a person-centred approach and Positive Behavioural Support:

- \*Levels of Supervision/Observations within Learning Disability In-Patient Services (November 2013 – now out of date)
  - \*Seclusion within Learning Disability In-Patient Services (Children’s and Adults) Procedure (November 2016)
  - Use of Restrictive Interventions for Children and Adult Services (May 2015)
- II. National guidelines and the documents related to professional regulators used to underpin policies must be the current versions and policies should be reviewed if the requirements of professional regulators change during the term of the policy.
- III. Policies that cover both Children and Adult services should provide clear direction on the specific and uniquely different requirements, where applicable and necessary, in relation to children and adults. At present, there is no clear distinction made within the policies reviewed relating to either the use of seclusion within learning disability in-patient services or the use of restrictive interventions for children and adult services. It is the view of the Independent Assurance Team that the needs of children and adults being placed in seclusion or restrictive interventions would be different and specific guidance should be provided for each.
- IV. With specific reference to the BSHCT Use of Restrictive Interventions for Children and Adult Services (May 2015), on p8 of 22, it specifically highlights that the BHSCT Management of Aggression Team are not involved in training within Muckamore Abbey Hospital. The training within Muckamore Abbey Hospital appears to be provided solely by the MAPA Training Team. To encourage collaborative working across the BHSCT, reduce the potential organisational and geographical isolation of staff in Muckamore Abbey Hospital from colleagues in similar services in the BHSCT, and the sharing of information and good practice, it is recommended that the MAPA Training team at Muckamore Abbey Hospital should be integrated into the BHSCT Management of Aggression Team.
- V. Involvement of people with learning disabilities, family, carer representatives should be considered as a starting point when developing policies and an explicit rationale provided when the decision is taken not to involve these people in BHSCT policy development.

- VI. In discussions, members of the Independent Assurance Team have become aware that the same room is used in the Intensive Care Unit for both 'Low Stimulation' and Seclusion. It is felt that from the perspective of the person with learning disabilities that the use of the same room for two different interventions, potentially results in mixed messages and confusion. It is recommended that separate areas are used for 'Low Stimulation' and Seclusion.
- VII. All BHSCT policies relating to people with learning disabilities should be reviewed and updated within the specified timeframe. When there is an anticipated or actual delay in the review of a BHSCT policy, this should be formally escalated to the BHSCT Director who signed the policy and a robust plan should be put in place to review the policy within an agreed revised timeframe. There should be explicit communication to staff in the BHSCT that the previous policy remains in place until the new policy is signed off.

## **6.0 Staffing/Workforce Review**

The members of the Independent Assurance Team were asked to review a draft paper on staffing levels in Muckamore Abbey Hospital. This paper provided figures for the funded, actual and required number of staff for each ward within Muckamore Abbey Hospital. It also provided information on the number of 'bank hours' used within each ward, as well as information on specific levels of enhanced supervision that were being provided in specific wards. The figures provided related to November 2017.

### **6.1 Feedback on the draft paper reviewed relating to staffing levels on wards**

The members of the Independent Assurance Team accepted that the paper they had been asked to review was a draft and the comments provided below are offered as points to consider in finalising the paper on staffing levels.

- a. No ward has funded and actual numbers matching, with the figures provided indicating that staff levels are mostly below funded numbers at band 5 and band 3.
- b. Large number of bank hours are being used, and from the information provided it was not clear what grades of staff were involved or how this process is managed.

- c. Variation in absence rates were noted across bands and wards.
- d. "Required numbers" contained within the draft paper were mainly higher than those present or funded. No explanation was provided within the paper as to how the figure for 'required' numbers had been calculated.
- e. There appeared to be staffing implications for Muckamore Abbey Hospital staff in providing 'outreach support'. The remit of Muckamore Abbey Hospital staff in providing outreach support was not explicitly stated and no information on the funding model for this was contained within the draft paper.
- f. The members of the Independent Assurance Team had some concern about the language used within some aspects of the draft paper to articulate the abilities and needs of people with learning disabilities. Whilst this appeared to be an attempt to profile the needs of patients on the wards it was not explicit how it was expected to be taken into the consideration in relation to making decisions about staffing levels. For example comments about 'patient's abilities and needs', 'level of aggression', 'levels of capacity' and the making of 'previous allegations'.

## **6.2 Key observations by the Independent Assurance Team**

Discussions evolving from the review of the paper highlighted long term concern about staffing levels and the Independent Assurance Team saw evidence that issues relating to concerns about staffing levels have been documented on the BHSCT Risk Register since 2014. There were also emails noted in relation to concerns regarding staffing levels with information provided in E Rostering and use of Bank (Appendix 1). Staffing concerns were also confirmed in the interviews with staff who highlighted that adequate staffing levels in Muckamore Hospital is reliant on the use of bank and agency staff (including agency staff from England) to cover nursing shifts on a day to day basis.

The Independent Assurance Team noted with concern the comments within the Listening Paper relating to the impact of staff shortages including ..."lack of staff to allocate to take patients out on social outings", "cancelled training sessions resulting in poor compliance with mandatory training updates". The Independent Assurance Team acknowledge the importance of the feedback received from the "Listening

Group” but recognise further data of the numbers of staff involved in the process would help clarify the robustness of this feedback.

Staff interviewed also highlighted that this situation has been compounded by short term workforce planning. It was reported that a significant number of staff who had secured posts/positions in Muckamore Abbey Hospital in the past had been offered temporary contracts, as there was a view that due to resettlement and contraction of the hospital, the posts would not be required in the longer term. However as soon as permanent positions became available elsewhere a significant number of staff moved on. There was a sense of a real missed opportunity in these situations. There was also a strength of opinion that workforce planning in the past focused on short term needs rather than medium to long term requirements. These observations highlighted the needs for urgent action at BHSCT Senior Management level for address this matter.

### **6.3 Recruitment**

The Trust reported they are committed to ensuring that staffing levels and skill mix on wards are appropriate and are engaged in a number of pieces of work in relation to this:

- A number of advertisements, have been placed on HSC Recruit for band 3 Health Care Support Workers since September 2017. This has included advertisements in Magherafelt and Antrim’s local newspapers. There has also been a local advertisement placed for band 5 Nurses in the Antrim Guardian and a further HSC Advert.
- A rolling programme for recruitment of band 5 and band 3 staff for Muckamore Abbey Hospital is in place and a Recruitment Fair is being planned for late March 2018
- A pilot with HR has also commenced where staff leaving are being asked to participate in face to face exit interviews with HR. This is part of a strategy for improving staff retention.

On the 24<sup>th</sup> March 2018 Muckamore Abbey Hospital had a one day “walk –in” recruitment event. At this event applicants who were previously short listed for

interview were fast tracked through the interview process – this involved Access NI, Occupation health checks and interviews being conducted on the same day. The Independent Assurance Team note that on the 29<sup>th</sup> March 2018 due to the success of the event a number of staff were being interviewed as additional applicants presented on the day of the event which required additional arrangements to meet the need. To date 31 band 3 and 15 band 5 posts have been offered.

#### **6.4 Workforce Planning**

The senior management team within Muckamore Abbey Hospital held an initial workshop on 31 January 2018 to review staffing levels and skill mix on the wards. The Public Health Agency attended, along with ward representatives. The workshop focused on analysing the complexity of patient needs on each ward to gain a fuller understanding of the staffing levels and skill mix required per ward. A second workshop took place on the 21<sup>st</sup> March 2018. A final report of the findings and recommendations will be submitted to the Directors for consideration.

The Independent Assurance Team would strongly recommend that the findings and recommendations stemming from these workshops should be progressed as a matter of urgency. Additionally this work should be linked into the regional Delivering Care/Safe Staffing PHA Project.

#### **6.5 Recommendations in relation to staffing levels**

- I. The Independent Assurance Team recommend the need for clear processes for escalating concerns about staffing levels and ability to provide safe nursing care to Executive Director of Nursing.
- II. The Trust should purposefully continue to actively recruit nursing staff through a rolling local recruitment campaigns.
- III. Clear information about the role, function and the complexity of abilities and needs of the people cared for in Muckamore Abbey Hospital should be articulated to support and inform workforce planning.
- IV. Senior managers should as a matter of urgency explore actions aimed at retaining staff – including local induction, preceptorship for new registrants, regular supervision, career development opportunities and using staff skills for specialist practice roles for which they have been prepared.

- V. It is the view of the Independent Assurance Team that it would be good practice to support rotation of newly qualified staff across practice areas/care environments to support professional development and development of skills and competencies.
- VI. It is apparent that due to the shortage of RNLDs in post, Muckamore Abbey Hospital actively recruit nurses from Mental Health Nursing and others fields of practice to fill vacancies, the impact of this on services provided needs to be monitored and evaluated.
  - g. The Trust should formally escalate concerns to the DOH regarding the number of commissioned places on the pre-registration nursing - learning disabilities programme and request consideration of increasing the numbers of places as soon as possible.
  - h. A Task and Finish Group should be established to review and analyse the use of E rostering, this should include robust arrangements for monitoring of staff working over contacted hours.
  - i. The recommendations of the "Listening Groups" should be progressed with agreed timeframes.

**Final Report of Independent Assurance Team**

**Muckamore Abbey Hospital**

**19<sup>th</sup> September 2018**

**Confidential**



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## **1. Background**

In autumn 2017, serious safeguarding concerns were identified at Muckamore Abbey Hospital. A range of actions were put in place by the Belfast Health and Social Care Trust (BHSCT) and one of these actions was the establishment of an Independent Assurance Team in December 2017 by the Director of Nursing and Director of Adult Social and Primary Care. The purpose of the Independent Assurance Team is to independently review the response of the Trust and the Learning Disability service and provide a report to the Trust Directorate Level Governance and Improvement Board. This final report follows on from a draft report provided to the Director of Nursing and Director of Adult Social and Primary care, on the 4<sup>th</sup> April 2018, which by then had also been shared with the Senior Nursing Management Team at Muckamore Abbey Hospital.

In taking forward this work the Independent Assurance Team worked with the Senior Management Team in Muckamore Abbey Hospital in relation to the agreed areas of work, which have been agreed by the lead Director and Directorate Level Governance and Improvement Board.

The observations as set out within this report are based on the information provided to the Independent Assurance Team between December 2017 and 4<sup>th</sup> April 2018. The range of information provided and reviewed by the members of the Independent Assurance Team is listed in Appendix 1. It is recognised that some further information may become available as further information regarding the safeguarding concerns at Muckamore Abbey Hospital continues to evolve. Due to ongoing PSNI and Safeguarding investigations it was not appropriate for the members of the Independent Assurance Team to speak directly with staff involved in the incidents.

### **2.0 Objectives**

- i) To provide a level of independence and transparency in relation to key decision making processes.
- ii) To provide an independent view on specific key decisions that have been made to date in relation to staff moved to other facilities, precautionary suspensions or restricted duties of staff involved in identified incidents.

iii) To offer advice and support to lead Director(s) and were appropriate to constructively challenge and/or make recommendations.

iv) To support the Co-Director in terms of service improvement and modernisation.

In addition, the Independent Assurance Team specifically reviewed: -

- BHSCT policies related to agreed areas listed in Table 1. These policies were reviewed as these were directly related to the incidents and decision making being reviewed by the Independent Assurance Team.
- A draft workforce paper (Learning Disabilities) was provided to the Independent Assurance Team in December 2017.

The specific areas of work and actions taken to progress the work is set out in Table 1 below.

**Table 1. Specific areas of work undertaken by Independent Assurance Team**

Area	Actions
Review interim decisions re named staff who are subject to precautionary suspension or restricted duties	Reviewed CCTV and decision making processes in relation to identified incidents in which staff were placed on precautionary suspension or placed on restricted duties.
Review of BHSCT policies related to agreed areas	The following policies were reviewed: <ul style="list-style-type: none"> <li>• Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 (should have been reviewed 2016)</li> <li>• Seclusion within Learning Disability In-Patient Services (Children’s and Adults) Procedure November (2016)</li> <li>• Use of Restrictive Interventions for Children and Adult Services (does not appear to be Learning Disability specific) (May 2015)</li> <li>• Implementation of CCTV within Muckamore Abbey Hospital to assist with Investigations related to Adult Safeguarding.</li> </ul>
Review draft workforce paper	Reviewed draft workforce paper (November 2017) provided in relation to staffing levels and staffing model

### **3.0 Assurance Review Team membership**

Yvonne McKnight, Adult Safeguarding Specialist, BHSCT

Frances Cannon, Senior Professional Officer, NIPEC

Owen Barr, Professor of Nursing and Intellectual Disabilities, Ulster University

### **4.0 Review of decisions made in relation to staff moved to other facilities, the precautionary suspensions and restricted duties arrangements of nursing staff**

The Independent Assurance Team were asked to review the decision-making process and implementation of precautionary suspension or restricted duties of staff in relation to identified safeguarding incidents which occurred at Muckamore Abbey Hospital on the 15<sup>th</sup> and 16<sup>th</sup> August 2017, in the Intensive Care Unit (ICU), an incident on 1<sup>st</sup> October 2017 in Sixmile Ward and a number of incidents associated with the swimming pool at Muckamore Abbey Hospital.

In response, the Independent Assurance Team specifically reviewed information relating to six staff including two Registered Nurses Learning Disabilities (RNLDs) that were placed on precautionary suspension and a further six staff, including 5 RNLDs, placed on restricted duties as part of the interim protection plans of staff.

#### **4.1 Staff Moved to another Facility (Sixmile)**

Two staff that had been moved from the Intensive Care Unit to Sixmile had allegedly directly observed safeguarding incidents and failed to report these. There was a level of uncertainty regarding how much the other staff present had observed. The rationale provided verbally to the Independent Assurance Team for moving two staff to Sixmile was underpinned by a focus on safety. It was considered by the senior management that the people with learning disability in Sixmile would themselves be able to raise concerns if an incident arose. This was believed to be the situation because all people in Sixmile were considered vocal in terms of raising issues about their care and had done so in the past and were therefore considered to be able to communicate any concerns that may arise.

It was explained to the members of the Independent Assurance Team that there was a concern that one of the staff initially moved from the Intensive Care Unit to Sixmile had expressed a view that their move may be linked to them reporting a safeguarding concern and they viewed it as punitive. The senior management team in Muckamore Abbey Hospital were concerned about this perceptio.

The Independent Assurance Team were informed verbally that in light of this stated perception by the member of staff that the decision to move both Registered Nurses to Sixmile was reviewed and within this a number of factors were considered including:

- the perception of the staff member
- the Ward Manager in ICU knew the individuals very well and therefore would be well placed to provide on-going supervision
- other staff placed on restricted duties remained on their respective wards

The decision was reviewed and it was decided that the two Registered Nurses should be moved back to ICU. It was also agreed that they both should remain on restricted duties which was the interim protection plan and continue to receive weekly supervision from the Charge Nurse in ICU.

#### **4.2 Precautionary suspensions**

The rationale provided to the members of the Independent Assurance Team for placing people on precautionary suspension, was that there were concerns regarding these staff in relation to the following:-:

- Two Healthcare support Workers identified via CCTV footage viewing as having been directly involved in safeguarding incidents
- A Registered Nurse was identified through escalation of a concern by a colleague after a report by the person with learning disability
- A Nurse in Charge failed to report safeguarding concerns and a clear distinction was made between them and other Registered Nurses on duty due to their role and overarching responsibilities at that time.
- One person allegedly actively discouraged a member of staff who wished to escalate a safeguarding concern.
- One person allegedly directly involved in safeguarding incidents.

It was reported and supported by written evidence provided that those individuals on precautionary suspension have had follow up through:

- Initial letters confirming the suspension and further follow up letters
- Telephone contact every two weeks from a designated manager.

#### **4.3 Restricted duties**

It has been explained to the Independent Assurance Team that the people were placed on restricted duties as opposed to being placed on a precautionary suspension because: -

- They failed to report a safeguarding issue
- They were present but did not appear to be 'actively involved' in the incidents that occurred
- There was uncertainty regarding how much of the incidents these staff may have directly observed.

The restrictions included

- not to take charge of the ward at any time
- only work in one ward
- only permitted to undertake a bank shift in that ward
- receive on-going support and weekly supervision with the Ward Manager.

#### **4.4 Review of decision making process involved**

In seeking to review the decision-making processes involved in relation to the precautionary suspension or placing staff on restricted duties, members of the Independent Assurance Team requested notes of meetings at which these decisions were made and other correspondence relevant to these decisions that was available in order to be clear about the rationale involved. The information reviewed included information about staffing levels, the Nurses in Difficulties policy, internal HSCT emails relating to the suspension of staff or the staff on 'restricted' duties, records from Designated Contact Person of ongoing contact with staff who were on precautionary suspensions, records of the dates of weekly supervision with staff on 'restricted' duties and the BHSCT Disciplinary Procedure (April 2017).

The three members of the Independent Assurance Team also met with the Hospital Manager, Senior Nurse Managers, Charge Nurses from Sixmile and Intensive Care Unit and the manager of Day Services. A summary of the key points raised by these staff, within the meetings, has been themed and is available at Appendix 1.

As noted, interim decisions around precautionary suspension and restricted duties needed to be made in real time and it would be expected these would have been initially reviewed within an agreed time frame and four weekly thereafter - in keeping with Belfast HSCT HR Disciplinary procedures and Nurses in Difficulties policy.

It was reported to the members of the Independent Assurance Team that this has been done monthly by the Hospital Manger and Senior Nurse Manager. The Independent Assurance Team were provided very limited written material in relation to the review of the decisions. The documents provided focused on communicating or reinforcing the decisions that had been made and were limited formal notes of meetings. The information provided did not provide any outline of the range of factors considered, how these were weighed up in making the decision or the range of options for the decision making considered. Therefore, members of the Independent Assurance Team are unclear as to who was involved in these discussions each time and what specific factors are considered in reaching the decisions in relation to each person.

#### **4.5 Observations of Assurance Team on the initial decisions taken**

It is recognised by the members of the Independent Assurance Team that decisions about the precautionary suspension of staff or placing staff on restricted duties needed to be in real time and must be based on the information available at the time to people making the decisions. These are viewed as interim decisions that should be underpinned by patient safety, be taken in consultation with HR Department and should have a clear calendar date set for review. This date was not provided or clearly stated in any documentation provided to the Independent Assurance Team. It is further recognised that the interim decisions mentioned above needed to be made by a senior

BHSCT manager with responsibility for the service provided, who may not be directly working within the service at Muckamore Abbey Hospital.

The complexity involved in making these decisions promptly and based on the limited information that may be available is appreciated by members of the Independent Assurance Team. It is our view that the interim decisions taken at the time to place staff on precautionary suspension appear appropriate. The Independent Assurance Team noted one Registered Nurse who failed to report a safeguarding concern was placed on precautionary suspension, the verbal rationale given to the Independent Assurance Team was that as the nurse in charge of that shift, the obligation to intervene to safeguard and report was greater than other Registered Nurses on duty, given the level of responsibility related to that operational role. The Independent Assurance Team were not provided with written information which definitively outlined the rationale for decision making.

#### **4.6 Observations of Assurance Team in relation to the implementation and ongoing review of the precautionary suspension**

The members of the Independent Assurance Team have seen evidence of the letters and logs of telephone contacts with staff as noted within Appendix 1. For each of the staff on precautionary suspension there was a designated contact person and we have seen notes of ongoing contact between this member of staff and the person on precautionary suspension. No set template or proforma was used to keep a record of this ongoing contact. There is variation in the nature of the records kept relating to this ongoing contact in respect of the format (some handwritten, some typed), the detail of the notes made and the way in which these notes of contact were signed by the staff member.

The records made in relation to contact with staff members on precautionary suspension were held by the designated contact person and at the time of this review these records of contacts had not been placed in individual staff personal files.

In discussions with the designated contact staff, they stressed the emotional impact on those staff on precautionary suspension both professionally and personally. They also emphasised how difficult it was for them personally to fulfil the role of a



'designated contact' person. In interviews, it was highlighted that this is a very challenging role as there was an expectation by the staff member on precautionary suspension that information updates would be provided to them, when in reality the role as the designated contact staff as they understood it, was meant to focus on support to the staff member and sign posting to other resources. It was also reported that given the length of time the suspensions are ongoing that contact can be difficult to sustain when there is no new information and little to discuss with staff.

Additionally, it was reported that contacts can be affected by the level of information the designated contact person has, i.e.

- one person reported that the lack of detail hindered conversation with the member of staff on precautionary suspension
- another reported that having too much detail of safeguarding incidents at times created awkwardness in conversations.

#### **4.7 Observations of Independent Assurance Team in relation to on the supervision of staff on restricted duties**

The members of the Independent Assurance Team viewed evidence of the letters and follow-up emails confirming to the staff members they were placed on restricted duties and what this entailed. They also viewed records of the dates of supervision meetings provided by the Charge Nurses who were the identified people to provide supervision. Given the personal nature of the supervision, the records of meetings were not reviewed.

Through interviews with the Charge Nurses and other managers (See Appendix 2), it was apparent that supervision sessions were tailored to the care environment and needs of the individual to be able to work in that setting and did not involve discussing any allegations about the member of staff. The Independent Assurance Team are of the view that information provided during interviews confirmed that the arrangements for supervision were appropriate in the circumstances.

The Independent Assurance Team noted that email communication they were provided which related to a number of staff within the same email. The Independent Assurance Team recognise this may have occurred in the initial stages due to several

staff being involved in each incident, however, this 'clustering' of communication made it difficult to establish the rationale underpinning the decisions made relating to individual staff.

There was evidence of decisions made and communication with staff about those decisions. Contained within emails there is limited evidence of the rationale for decisions (i.e. it related to a safeguarding concern). However, there was no written evidence of an explicit analysis of the information underpinning the decisions nor explicit exploration of the range of potential options for decisions that could be made. This detail would have been expected within these notes.

As noted, interim decisions about placing restrictions on the practice of some staff needed to be made in real time. It would be expected these interim decisions would be reviewed within an agreed time frame. With the exception of the two staff moved back from Sixmile, the Independent Assurance Team were provided with limited records in relation to reviews of the decisions to apply restrictions on practice. The Independent Assurance Team are of the view that whilst adult safeguarding and patient safety underpinned the interim decisions, due to the lack of documentation relating to the review of these decisions it is unclear as to who was involved and what factors were considered in each case e.g. impact on people with learning disability, impact on service delivery and impact on staff.

In the feedback received in the interviews with the Charge Nurses, the Independent Assurance Team members were informed that the Charge Nurses, who were providing supervision to the staff members on restricted duties, did not perceive that they had been formally engaged in review of these decisions. They highlighted the impact the decision to place people on restricted duties had on service delivery, including the reduction in services available to people with learning disability within Muckamore Abbey Hospital and other people who may use facilities within the hospital.

Through the interviews with the Charge Nurses and reviewing the notes of the Listening Group it is evident that demands on the Ward Sister/Charge Nurse from:

- within the ward (i.e. ward manager/counted as member of the core team to provide care) and
- outside of the ward (to regularly provide cover of the Nursing Office)

are highly challenging and should be urgently reviewed in order to prioritise the leadership role of the Charge Nurses/Ward Sister at ward level.

#### 4.8 Recommendations

- I. Decisions in relation to the precautionary suspension of staff or placing staff on restricted duties should first and foremost fully take into account the expected professional conduct of all staff involved and the professional expectations of behaviour from the Nursing and Midwifery Council or other relevant professional regulators. If other factors, such as the operational role the person may have be fulfilling at the time are taken into account, the analysis of these differing factors must be clearly stated, analysed and documented in the decision making process.
- II. There should be a template aligned to the HR Policy to record the initial decisions taken and any subsequent review of that decision - this template should include notes on:
  - the context
  - explicit analysis of the relevant factors
  - the people consulted
  - the actions considered
  - the rationale for final decision taken
  - a specified calendar date for review of the decision
  - the document should be signed and dated by all people involved in the making the decision.
- III. Records relating to staff on precautionary suspension or restricted duties, including email correspondence between Trust managers should relate to one individual at a time, i.e. comments relating to several staff members should not be clustered in one email. This would facilitate clearer communication about individual decisions and also the filing of this information in the files of individual staff members.

- IV. There should be a standardised approach to the review of decisions which proactively considers the relevant factors with a recognition of the possibility of amending the interim decisions.
- V. When decisions are being reviewed, both the intended and unintended consequences of interim decisions, for people with learning disability, service delivery and staff members should be actively considered and reflected in the notes of the review of the decision.
- VI. Senior Management would benefit from more proactive and ongoing support from HR in relation to all aspects of precautionary suspensions and restrictions on practice.
- VII. The role of the Ward Sister/Charge Nurse should be reviewed in order to prioritise the leadership aspect of the role at ward level (e.g. consideration should be given to supernumerary status of the Ward Sister/Charge Nurse)
- VIII. There should be clear guidance for staff in the policy about undertaking the role of the 'designated contact persons' to include the areas to be covered in discussion with staff and proformas to be completed as a record of the contact.
- IX. In developing this guidance, the opportunity should be taken by HR to explore with 'designated contact persons' across the BHSCT, what information and preparation would have assisted them in undertaking this role in this service and other learning opportunities in the Trust.
- X. 'Designated contact people' providing ongoing contact to staff on precautionary suspension or on restricted duties should be formally included in the process of reviewing these decisions and their participation and views in the review of decisions should be noted in the record of the meeting.

## **5.0 Review of Policies**

In the process of undertaking the independent assurance exercise the members of the Independent Assurance Team reviewed the policies below as these emerged as relevant to considering the incidents and decisions made about staff.

- \*Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 (should have been reviewed 2016)

- \*Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure November (2016)
- Use of Restrictive Interventions for Children and Adult Services (does not appear to be Learning Disability specific) (May 2015)
- \*Implementation of CCTV within Muckamore Abbey Hospital to assist with Investigations related to Adult Safeguarding (2016).

### **5.1 Key observations by the Independent Assurance Team**

Whilst the team recognise that policies highlighted with an asterisk above are due to be updated and this is detailed in the Action Plan for the Protection of Patients in Muckamore Abbey Hospital, it was specifically noted that the Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure should have been reviewed in November (2016) and this was not completed. This should have been undertaken almost a year before any of the current concerns about safeguarding were identified at Muckamore Abbey Hospital.

The following overall comments below should be considered when reviewing these policies.

- It is a major concern that aspects of the key "evidence base" used to underpinned these policies was out of date when the policy was written; e.g. NMC and NICE Guidelines
- Several of the key source materials referred to in the development of the policies were inadequately referenced at the end of the policy, meaning it was not possible to be sure which editions of documents were consulted when the policy was being developed.
- The language used within policies reviewed was largely task orientated and depersonalised.
- It is a major concern that the policy on - Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 was not reviewed in November 2016 and it should have been. Therefore, guidance on this critical area of care was out of date and to the understanding of the Independent Assurance Team, this policy has still not been reviewed, 19 months after this was required to be reviewed.

- Equality Impact Assessment boxes were not ticked on two policies (Levels of Supervision / Observations within Learning Disability In-Patient Services (November 2013) and Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure (November 2016). Therefore, it was not clear if these Equality Impact Assessments had ever been undertaken.
- There was no clear evidence of consultation with people with learning disabilities/families/carers/key organisations for people with a learning disability in the development of these policies. It was noted by the members of the Independent Assurance Team that 'CAUSE' is related to mental health not services for people with learning disabilities. Given the task orientated and depersonalised language within these policies, it is of the view of the members of the Independent Assurance Team that people with learning disabilities and family members were unlikely to have been actively involved in the development or review of these policies.
- There is an unacceptable lack of clarity within the policies and vagueness in timeframes for actions to be taken, as noted in terms such as:
  - 'as soon as practicable'
  - 'as appropriate'
  - 'regular'
- Despite the stages of development these policies went through within the BHSCT, there is no explicit evidence of external review or the involvement of people with learning disabilities, family, carer representatives in the development of the policies reviewed. Whilst it is accepted that this may not be required for all policies, specific rationale should be provided for why it is not necessary. The members of the Independent Assurance Team expected to see this level of involvement specifically in relation to policies that may involve physical interventions or potential deprivation of liberty of people with learning disabilities.

## 5.2 Recommendations

- I. National guidelines and the documents related to professional regulators used to underpin policies must be the current versions and policies should be reviewed if the requirements of professional regulators change during the term

- of the policy. People signing off policies at different levels within the BHSCT should seek written assurance that this is the position for all evidence used.
- II. Consideration should be given to reviewing the policies below into a single policy document, thus creating an overarching policy based on a person-centred approach and Positive Behavioural Support:
    - Levels of Supervision/Observations within Learning Disability In-Patient Services (November 2013 – now out of date)
    - Seclusion within Learning Disability In-Patient Services (Children’s and Adults) Procedure (November 2016)
  - III. Use of Restrictive Interventions for Children and Adult Services (May 2015). Policies that cover both Children and Adult services should provide clear direction on the specific and uniquely different requirements in relation to children and adults, where applicable and necessary. At present, there is no clear distinction made within the policies reviewed relating to either the use of seclusion within learning disability in-patient services or the use of restrictive interventions for children and adult services across the BHSCT. It is the view of the Independent Assurance Team that the needs of children and adults being placed in seclusion or restrictive interventions are different and specific guidance should be provided for each.
  - IV. With specific reference to the BSHCT Use of Restrictive Interventions for Children and Adult Services (May 2015), on p8 of 22, it specifically highlights that the BHSCT Management of Aggression Team are not involved in training within Muckamore Abbey Hospital. The training within Muckamore Abbey Hospital appears to be provided solely by the MAPA Training Team. To encourage collaborative working across the BHSCT, reduce the potential organisational and geographical isolation of staff in Muckamore Abbey Hospital from colleagues in similar services in the BHSCT, and the sharing of information and good practice, it is recommended that the MAPA Training team at Muckamore Abbey Hospital should be integrated into the BHSCT Management of Aggression Team.
  - V. It is also recommended that the title of the ‘Management of Aggression Team’ should be reviewed to reflect a person centred ethos and recognition of the

distress that people who present challenges to services and staff responding may be experiencing at that time.

- VI. Active engagement with people with learning disabilities, family, carer representatives should be considered as a starting point when developing policies and an explicit rationale provided when the decision is taken not to involve these people in BHSCT policy development.
- VII. In discussions, members of the Independent Assurance Team have become aware that the same room is used in the Intensive Care Unit for both 'Low Stimulation' and Seclusion. It is felt that from the perspective of the person with learning disabilities that the use of the same room for two different interventions, potentially results in mixed messages and confusion. It is recommended that separate areas are used for 'Low Stimulation' and Seclusion.
- VIII. All BHSCT policies relating to people with learning disabilities should be reviewed and updated within the specified timeframe. When there is an anticipated or actual delay in the review of a BHSCT policy, this should be formally escalated to the BHSCT Director who signed the policy and a robust plan should be put in place to review the policy within an agreed revised timeframe. There should be explicit communication to staff in the BHSCT that the previous policy remains in place until the new policy is signed off.

## **6.0 Staffing/Workforce Review**

The members of the Independent Assurance Team were asked to review a draft paper on staffing levels in Muckamore Abbey Hospital. This paper provided figures for the funded, actual and required number of staff for each ward within Muckamore Abbey Hospital. It also provided information on the number of 'bank hours' used within each ward, as well as information on specific levels of enhanced supervision that were being provided in specific wards. The figures provided related to November 2017. The Assurance Team are aware that there have been a number of workshops held to review staffing levels and skill mix on the wards. At the time of writing this report an updated paper had not been provided to the Independent Assurance Team.

### **6.1 Feedback on the draft paper reviewed relating to staffing levels on wards**



The members of the Independent Assurance Team accepted that the paper they had been asked to review was a draft and the comments provided below are offered as points to consider in finalising the paper on staffing levels.

- a. No ward has funded and actual numbers matching, with the figures provided indicating that staff levels are mostly below funded numbers at band 5 and band 3.
- b. Large number of bank hours are being used, and from the information provided it was not clear what grades of staff were involved or how this process is managed.
- c. Variation in absence rates were noted across bands and wards.
- d. "Required numbers" contained within the draft paper were mainly higher than those present or funded. No explanation was provided within the paper as to how the figure for 'required' numbers had been calculated. If a specific methodology was undertaken it should be explicitly stated and a rationale for the selection of this methodology provided.
- e. There appeared to be staffing implications for Muckamore Abbey Hospital staff in providing 'outreach support'. The remit of Muckamore Abbey Hospital staff in providing outreach support was not explicitly stated and no information on the funding model for this was contained within the draft paper.
- f. The members of the Independent Assurance Team had concerns about the language used within some aspects of the draft paper to articulate the abilities and needs of people with learning disabilities. Whilst this appeared to be an attempt to profile the needs of patients on the wards it was not explicit how it was expected to be taken into the consideration in relation to making decisions about staffing levels. For example, comments about 'patient's abilities and needs', 'level of aggression', 'levels of capacity' and the making of 'previous allegations'.

## **6.2 Key observations by the Independent Assurance Team**

Discussions evolving from the review of the draft workforce paper highlighted long term concerns about staffing levels and the Independent Assurance Team saw evidence that issues relating to concerns about staffing levels have been documented

on the BHSCT Risk Register since 2014. There were also emails noted in relation to concerns regarding staffing levels with information provided in E Rostering and use of Bank (Appendix 1). Staffing level concerns were also confirmed in the interviews with staff who highlighted that adequate staffing levels in Muckamore Hospital is reliant on the use of bank and agency staff (including agency staff from England) to cover nursing shifts on a day to day basis.

The Independent Assurance Team noted with concern the comments within the Listening Paper relating to the impact of staff shortages including ...“lack of staff to allocate to take patients out on social outings”, “cancelled training sessions resulting in poor compliance with mandatory training updates”. The Independent Assurance Team acknowledge the importance of the feedback received from the “Listening Group” but recognise further data of the numbers of staff involved in the process would help clarify the robustness of this feedback.

Staff interviewed also highlighted that this situation has been compounded by short term workforce planning. It was reported that a significant number of staff who had secured posts/positions in Muckamore Abbey Hospital in the past had been offered temporary contracts, as there was a view that due to resettlement and contraction of the hospital, the posts would not be required in the longer term. However, as soon as permanent positions became available elsewhere a significant number of staff moved on. There was a sense of a real missed opportunity in these situations. There was also a strength of opinion that workforce planning in the past focused on short term needs rather than medium to long term requirements. These observations highlighted the needs for urgent action at BHSCT Senior Management level for address this matter. It was reported by the Hospital Manager that hospital management team action plan moved to permanent recruitment of all staff to ward in August 2016.

### **6.3 Recruitment**

The Trust reported they are committed to ensuring that staffing levels and skill mix on wards are appropriate and are engaged in a number of pieces of work in relation to this:

- A number of advertisements, have been placed on HSC Recruit for band 3 Health Care Support Workers since September 2016. This has included advertisements

in Magherafelt and Antrim's local newspapers in late 2017. There has also been a local advertisement placed for band 5 Nurses in the Antrim Guardian and a further HSC Advert.

- A rolling programme for recruitment of band 5 and band 3 staff for Muckamore Abbey Hospital is in place and a Recruitment Fair took place in late March 2018
- A pilot with HR has also commenced where staff leaving are being asked to participate in face to face exit interviews with HR. This is part of a strategy for improving staff retention.

On the 24<sup>th</sup> March 2018, Muckamore Abbey Hospital had a one day "walk –in" recruitment event. At this event applicants who were previously short listed for interview were fast tracked through the interview process – this involved Access NI, Occupation health checks and interviews being conducted on the same day. The Independent Assurance Team note that on the 29<sup>th</sup> March 2018 due to the success of the event a number of staff were being interviewed as additional applicants presented on the day of the event which required additional arrangements to meet the need. The members of the Independent Assurance Team were informed that 31 band 3 and 15 band 5 posts have been offered by the 4<sup>th</sup> April 2018.

#### **6.4 Workforce Planning**

The senior management team within Muckamore Abbey Hospital held an initial workshop on 31 January 2018 to review staffing levels and skill mix on the wards. The Public Health Agency attended, along with ward representatives. The members of the Independent Assurance team were invited to attend these workshops but were unable to do so due to the short notice provided of the dates. The workshop focused on analysing the complexity of patient needs on each ward to gain a fuller understanding of the staffing levels and skill mix required per ward. A second workshop took place on the 21<sup>st</sup> March 2018. A final report of the findings and recommendations will be submitted to the Directors for consideration. This report has not been shared with the members of the Independent Assurance Team at the time of writing this report.

The Independent Assurance Team would strongly recommend that the findings and recommendations stemming from these workshops should be progressed as a matter

of urgency. Additionally, this work should be linked into the regional Delivering Care/Safe Staffing PHA Project.

## 6.5 Recommendations

- I. The Independent Assurance Team recommend the need for clear processes for escalating concerns about staffing levels and ability to provide safe nursing care directly to the Director of Nursing and Director of Social and Primary Care.
- II. The Trust should purposefully continue to actively recruit nursing staff through high profile regional and a rolling local recruitment campaigns.
- III. Clear information about the role, function and planned future of Muckamore Abbey Hospital, together with information on the complexity of abilities and needs of the people cared for in Muckamore Abbey Hospital should be articulated to support and inform workforce planning.
- IV. Senior managers should as a matter of urgency explore current actions aimed at retaining staff – including local induction, preceptorship for new registrants, regular supervision, career development opportunities and using staff skills for specialist practice roles for which they have been prepared.
- V. In order to further understand why staff have left Muckamore Abbey Hospital, exit interviews should be conducted with all staff leaving Muckamore Abbey Hospital and Learning Disability Services in the BHSCT. These interviews should be conducted by a person who was not involved in the management of the staff member. It is recommended that independent exit interviews are conducted retrospectively with all staff who have left Muckamore Abbey Hospital and Learning Disability Services in the BHSCT to work elsewhere in the past 3 years.
- VI. It is the view of the Independent Assurance Team that it would be good practice to support rotation of newly qualified staff across practice areas/care environments within Muckamore Abbey Hospital in a planned and transparent manner, to support professional development and development of skills and competencies. Consideration should also be given the rotation of staff between hospital and community services in a planned and transparent manner.

- VII. It is apparent that due to the shortage of RNLDs in post, Muckamore Abbey Hospital actively recruit nurses from Mental Health Nursing and others fields of practice to fill vacancies, the impact of this on services provided needs to be monitored and evaluated.
- VIII. The BHSCT should formally escalate concerns directly to the DOH regarding the number of commissioned places on the pre-registration nursing - learning disabilities and specialist practice programmes and request consideration of increasing the numbers of places as soon as possible.
- IX. A Task and Finish Group should be established to review and analyse the use of E rostering, this should include robust arrangements for monitoring of staff working over contacted hours.
- X. The recommendations of the "Listening Groups" should be progressed with agreed timeframes.

## 7.0 Conclusion

The members of the Independent Assurance Team have provided the observations and recommendations within this report to assist in the development of services for people with learning disabilities and the development of staff at Muckamore Abbey Hospital as a future vision for the hospital is articulated. We have shared our observations with members of the Serious Adverse Incident Panel, chaired by Margaret Flynn and recognise that panel will be making further recommendations.

The members of the Independent Assurance Team believe urgent action is needed to address the observations within this report and the recommendations made in order to address important aspects of the operational culture within Muckamore Abbey Hospital. Key to taking forward these recommendations is prompt and direct action to reduce the observed geographical and organisational isolation from the wider BHSCT of the people using these services and staff working in Muckamore Abbey Hospital.

## **Appendix 1: Themed Feedback from Interviews with Staff at Muckamore Abbey Hospital on 28<sup>th</sup> March 2018**

**Number of staff interviewed = 5**

**Roles staff interviewed: included:- Charge Nurses/ Manager/ Manager Day Opportunities, Acting Hospital Manager.**

### **Staff in difficulty policy**

- Recurring theme that staff were not aware of “Staff in difficulty” policy
- Need for supervision & training to act as designated contact person
- It would be helpful to have questions to support role
- It would be help to have a pro-proforma/process to follow
- Difficult to support staff without information
- Do have access to senior nurse meeting which is helpful – but still very much in the dark
- Ward sister /Charge Nurse /designated officers not included in the reviews
- Difficult to maintain – as little to talk about
- The person/s on precautionary suspension only want to hear about what is happening in relation to their situation ... “...we don’t have that level of information – in fact we know very little” “Expected to have conversations out of context” , “Fear of reprisal if you say anything wrong”

### **Staffing**

- Too many temporary posts in hospital – circa 100 temporary posts – this needs rectified
- Over use and reliance on Bank and Agency staff – hospital uses e-roster and use a red alert system if a staff member is doing too many Bank hours.
- “The hospital depends on Bank staff – couldn’t run without Bank staff shifts”
- Use of Agency from outside of Northern Ireland
- RNLDs who have completed their NMC recorded Specialist Practice programmes are not supported to practice as Specialist Practitioners.
- Sense of lack of career development opportunities

### **Supervision**

- No template for use for supervision sessions
- Supervision is specific to area of practice

### **Medical Cover**

- Lack of medical cover

### **Service/patient impact**

- Due to staff shortages and restricted duties- patients access to social activities impacted – access to the swimming pool drastically reduced

Paper prepared  
April 2018

# Muckamore Abbey Hospital: Adult Safeguarding File Review

Dr Lorna Montgomery

Professor Owen Barr

Ms Maureen Browne

Ms Jan Houston

September 2021

## Introduction

The purpose of this file review was to provide an external opinion and analysis of adult safeguarding referrals involving staff on patient interactions in Muckamore Abbey Hospital between 1.1.20 and 30.4.21. The review was commissioned by the Department of Health (DoH) in response to concerns about the numbers of referrals implicating staff in alleged abuse of patients.

The file review focused on two key areas:

- a. the appropriateness of the thresholds in operation for initial referral and screening outcomes (based on the Northern Ireland Adult Safeguarding Operational Procedures, 2016)
- b. the levels of actual and/or potential harm caused to patients by the incidents that have been reported.

The review team were also asked to comment on any positive or negative aspects of the safeguarding process that they considered noteworthy, as evidenced within the reviewed files.

## Methodology

Four reviewers, who were registered social work or nursing professionals were commissioned to undertake the review. Reviewers were selected based on their professional background, experience of adult safeguarding and their independence from the agency within which the review took place. Reviewers conducted this work under contract with the DoH which included the requirements of the reviewers in relation to data protection.

In total, there were 116 relevant adult safeguarding referrals for this period. The file review examined a sample of 60 adult safeguarding referrals made within the timeframe. These 60 files were purposively sampled, stratified by referral source, type of abuse and outcome of screening process. Reviewers developed and utilised a file review pro-forma to record details of, and to offer a professional opinion on, each referral. A unique identifier was attributed to each referral reviewed. A small number of files were selected to be read by all reviewers for comparison and standardisation purposes following which each reviewer read a unique set of files. All electronic and paper files relating to each of the 60 individual adult safeguarding referral process was read by the reviewers. All records were reviewed on Trust computers and paper files within Trust premises. No personal identifiable information was recorded on either patients or staff. The review was undertaken across four days with reviewers meetings at the end of each day.

Nursing, medical and social work professionals in the DoH were available to provide any further professional context or expertise that was required. The reviewers reported on progress and findings to the DoH verbally at pre-agreed time point, and completed a final written report.



## Findings

(see Appendix A for further detail of the findings)

The number of monthly safeguarding referrals was relatively consistent across the time-period between 1.1.20 and 30.4.21, ranging from 1 referral to 8 referrals per month, with an average of 3.8 referrals per month. Of the referrals reviewed, 47% (N=28) of patients were based in one of the Cranfield wards, with 'Cranfield 1' being the most common (28%, N=17), 20% (N=12) were based in one of the Sixmile wards, and 17% in the Erne ward (N=10). Whilst alleged incidents were identified across the Muckamore Abbey Hospital site, both 'Cranfield 1' and 'Erne' were also identified as the most common location of the alleged safeguarding incident, although they represent only 10 % each of the location of the alleged abuse.

A range of categories of alleged abuse were identified, with physical abuse (58%, N=35) being most common. Psychological and sexual abuse each accounted for 8% of referrals (N=5), and neglect 5% (N= 3). Ten percent of referrals were recoded as 'other' (N=6) with smaller numbers of referrals made in respect of verbal and institutional abuse. In terms of patient demographics, the majority of referrals, 85% (N=51) were made in respect of male patients and patient ages ranged from 20-66 years (with one age not recorded in the file review), with 57% being under 30 years. This may reflect gender and age ratios within the hospital.

The majority of safeguarding files included information on the patient's disability, with learning disability noted in 67% of files (N=40) and severe learning disability noted in 18% (N=11). Some reference was also made to comorbid disorders including bi-polar disorder, schizophrenia, autism, and physical health conditions.

The majority of files reviewed, 73% (N=44) did not record the role or the employer of the alleged perpetrator. In the 27% of cases where this information was recorded, the alleged perpetrator was recorded as 'agency staff' in 20% of cases (N=12) and 'non-agency staff' in 7% of cases (N=4). As files were viewed independently by each reviewer, it was not possible to indicate the frequency with which any alleged perpetrator was identified.

The job role of the referrer was recorded in 43% of files (N=36), with referrals coming from a wide range of staff, including multi-disciplinary team members. The majority of referrals appear to be made from staff based within the hospital. The initial screening was conducted by the Designated Adult Protection Officer (DAPO), primarily independently (80%, N=48), or else in conjunction with other professionals such staff members, line managers or PSNI. In 7% of cases (N=4%) there was no information and it was unclear who completed the initial screening. Where an investigation was undertaken, this was conducted as a single agency investigation by the DAPO in 62% of cases (N=37), by police in 10% of cases (N=6) and as a joint agency investigation with the DAPO and police, sometimes in conjunction with other professionals (8%, N=5).

## Analysis

The file review highlighted a mixed picture of risk and response in relation to these 60 files with a number of variables outlined below. It should be noted that this analysis is based on information that was available in the file and, as highlighted below, consistent concerns have

been identified in relation to the nature of recording and the clarity of information available, with a lack of firm evidence in many cases.

*The appropriateness of the thresholds in operation for initial referral and screening outcomes.*

Arguably a number of the incidents triggering a safeguarding referral related to minor concerns and could have been dealt with in other ways, for example, clarifying information, through governance arrangements or staff training. There appeared to be an acceptance that decisions about screening were left to the DAPO rather than decided at ward level. Context is important here and the low referral threshold may be understood in the context of current public scrutiny and the ongoing formal safeguarding investigation in relation to services provided at Muckamore Abbey Hospital. For example, some family members indicated that they were escalating what they accepted to be minor incidents, because of the historical safeguarding issues within Muckamore Abbey Hospital and their fear of missing something.

Notwithstanding the low threshold for referral in some instances, to a large extent screening thresholds were appropriate. There was a distinct difference between those referrals which were screened-in and those which were screened-out, with often more complex referrals screened-in.

*The levels of actual and/or potential harm caused to patients by the incidents that have been reported*

The actual and/or potential harm caused to patients was often difficult to determine as file recording and report writing was problematic, and the impact on the patient was often not well articulated.

On one hand, factors which mitigated against concerns around a high level of harm include the level of scrutiny by staff in relation to patient safety and a willingness to report incidents. Incidents of concern were responded to in a timely manner with no hesitancy in engaging in the safeguarding protocols. Good practice was evident in what appeared to be thorough initial responses, initial communication with families and referrals to PSNI. Additionally, physical abuse of a minor nature appeared to be the most dominant issue recorded: hitting, scratching, and/or nipping, with many files recording that there was no physical evidence of these on medical examination.

On the other hand, the potential for harm was however evident in the findings that new safeguarding incidents are continuing to occur and involve staff recently working at Muckamore Abbey Hospital. Whilst acknowledging that some investigations were inconclusive and that some were ongoing, the file review indicated the likelihood that there was substance to a significant proportion of these referrals. Whilst acknowledging that physical abuse of a minor nature was the dominant issue noted, there was very limited attention to the potential for emotional distress or harm, with an emphasis in reporting relating to physical examination. A significant number of incidents were linked to a small number of patients but there was a lack of evidence that these were being considered in the round, and seemed to be largely dealt with as entirely separate incidents. Moreover, some of the staff behaviours in the screened in referrals were for responses to patients that should have been very obviously inappropriate, thus raising concerns about the knowledge, skills and experience of the staff involved. Where relevant information was provided, agency staff appeared to be disproportionately involved in incidents of concern.

In terms of safeguarding investigations and outcomes, there was variation in DAPO recording of responses. Some DAPOs were very thorough and comprehensive in their recording which showed clear process of professional decision making. Others were much less comprehensive in their recording and the factors considered in their decision-making was not as clearly recorded. There was a lack of follow up recording, particularly where incidents were waiting for PSNI input with limited evidence of protection plans being reviewed regularly during this waiting period. There was often no conclusion recorded. There was also some suggestions that safeguarding processes, and in particular, the emphasis in protection plans was focused on the protection of staff rather than the necessary or right thing for patients. No clear information was provided on the limitations these protection plans may place on the social or therapeutic activities patients would be able to engage or be restricted from doing.

### *Positive and negative aspects of the safeguarding process*

The review team found it difficult to systematically access information from the safeguarding files. Some information was duplicated between paper and electronic files, some information appeared to be missing, and the suite of safeguarding proforma were not user friendly and did not appear to support the recording of the safeguarding processes well. There was a lack of overall narrative and inconsistency in recording across files with similar categories of information recorded in a variety of different ways, for example, the initial referrer could be denoted as ‘nurse-in-charge’, ‘staff’, ‘nurse’, a named person without job role, etc. There was a sense that the files were written for people who had insider knowledge of the systems, people involved and places, but which were not clear without this context. It was also difficult to be clear what stage the investigations were at, for example, many of the referrals for Joint Protocol did not offer any follow up information on progress and timeframes for review.

How decisions were made during the investigation stages and the evidence they were based on was often not clear. Notwithstanding capacity and consent issues, it did not appear that efforts were made to interview patients as part of the investigation or reasonable adjustments as to how this could be done considered. There was very limited references to involving alleged victims in the investigation.

Finally, there was a lack of evidence that wider protection issues had been considered when agency staff were no longer employed in the hospital. For example, if an agency staff member had been implicated in an incident (which may remain inconclusive), it is unclear if there was consideration of professional regulator referral or follow up re other employment by the BHSCT, despite the concern being identified when working within the BSHCT services.

## Conclusion

This report details the review of 60 safeguarding referrals involving staff on patient interactions in Muckamore Abbey Hospital between 1.1.20 and 30.4.21. The review was commissioned by the DoH in response to concerns about the numbers of referrals implicating staff in alleged abuse of patients.

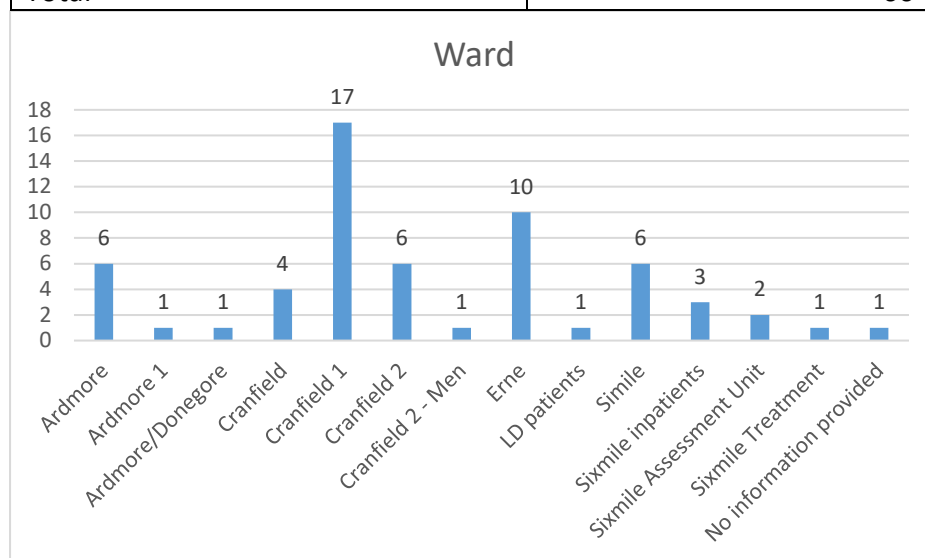
The actual and/or potential harm caused to patients was often difficult to determine in large part because recording was problematic. From the available information it appears that systems are in place to identify and address safeguarding concerns with staff reporting incidents, including apparently minor concerns. Whilst this could be understood in the context of public

scrutiny and the ongoing formal investigation, it does risk creating an environment of fear for staff and mistrust among peers. On receiving a referral, good practice was evident in what appeared to be thorough initial responses, initial communication with families and referrals to PSNI. However, there appeared to be less attention to ongoing and timely review of protection plans, the restrictions these may place on patients' activities, and timeframes for completing investigations. The potential for harm was however evident in the findings that new safeguarding incidents are continuing to occur and involving staff recently working at MAH. The file review indicated the likelihood that there was substance to a significant proportion of these referrals. As such it would be important to review those files where outcomes appear to be inconclusive or at least where conclusions were not recorded. Additionally, it would be important to consider more systematically those patients who have been the subject of repeated referrals and the potential for physical and or emotional distress. Given the concerns noted in relation to recording of information, there is a need for this to be reviewed and action taken to improve this. In addition, it was noted that safeguarding pro-forma did not appear to support the recording of the safeguarding processes well highlighting the need for regional adult safeguarding pro-forma (both electronic and paper) to be reviewed. Finally, consideration should be given to the wider protection issues in terms of staff no longer employed in Muckamore Abbey Hospital, but who were subject to an active safeguarding referral.

### Appendix 1: Statistical Data from Safeguarding Audit

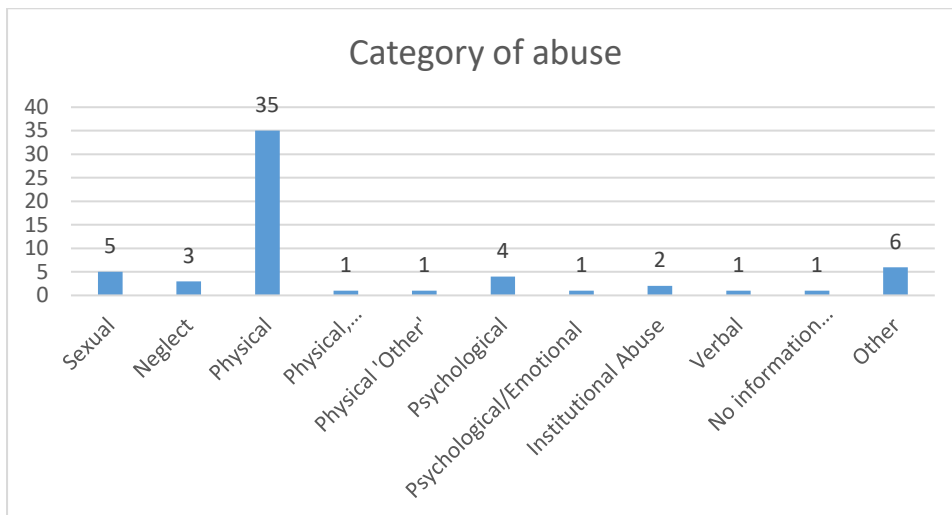
<b>No of referrals</b>	<b>60</b>
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<b>Ward</b>	<b>No of referrals</b>
Ardmore	6
Ardmore 1	1
Ardmore/Donegore	1
Cranfield	4
Cranfield 1	17
Cranfield 2	6
Cranfield 2 - Men	1
Erne	10
LD patients	1
Simile	6
Sixmile inpatients	3
Sixmile Assessment Unit	2
Sixmile Treatment	1
No information provided	1
<b>Total</b>	<b>60</b>

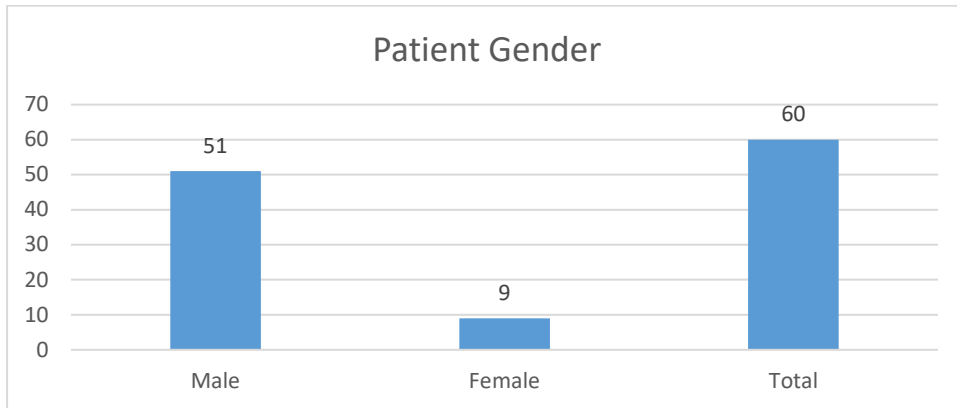


<b>Category of abuse</b>	<b>No of referrals</b>
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Sexual	5
Neglect	3
Physical	35
Physical, Psychological, emotional	1
Physical 'Other'	1
Psychological	4
Psychological/Emotional	1
Institutional Abuse	2
Verbal	1
No information provided	1
Other	6
Total	60



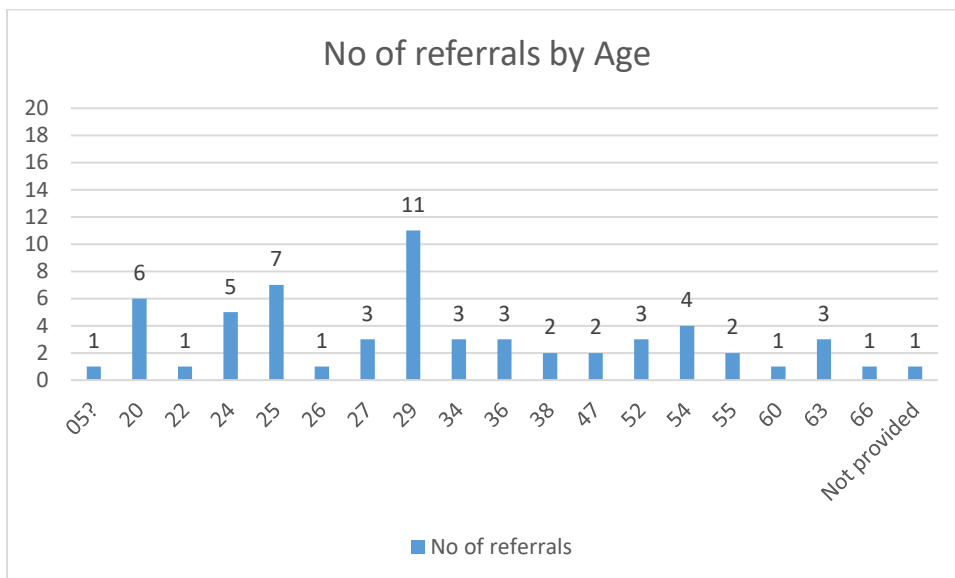
Patient Gender	No of referrals
Male	51
Female	9
Total	60



Location of alleged incident	No of referrals
PICU	2
Nurse's station - Cranfield	2
Cranfield 1	6
Cranfield 2	2
Cranfield 2 Daycare	1
Cranfield 2 Small Quiet room	1
Cranfield 2 Dining Room	1
Cranfield - Intensive Support	1
Cranfield 1 Sitting room/ward	2
Cranfield 1 - Staff base area of ward	1
Adult Mental Health Unit/Cranfield 1	1
Bedroom on Ward (Cranfield 1)	1
Bedroom/Cranfield	1
Cranfield 1 Ward	1
Cranfield 1 ward area between nurses station and dining room	1
Muckamore	1
Erne Ward	3
Erne, Muckamore Abbey Hospital	2
Erne Ward/Moyala Daycare	1
Dining area/Erne	1
Ardmore 1	1
Ardmore ward	3
Ardmore nurses station/ward	1
Ardmore - Bedroom on ward	2
ISS - Intensive Support Suite	1
Male	1
Fintona North Ward (now closed)	1
Pod area	1
Sixmile	2
Sixmile inpatients	2
Sixmile ward	1
Dayroom/Sixmile assessment	1
Nurses office/ward	1
Swimming pool/MAH	1
In MAH grounds near CF1 garden	1
Moyala Therapeutic Day services	1
Moyala Daycare	1
MAH	1
No specific location	2
Not known/no information provided	3
Total	60

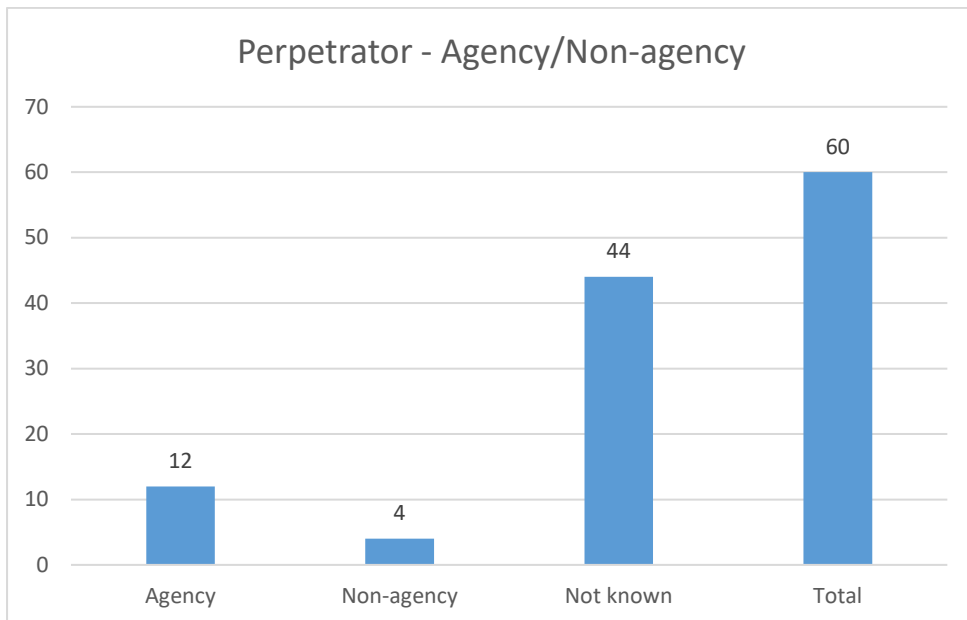


Age of patient	No of referrals
Not recorded in file review	1
20	6
22	1
24	5
25	7
26	1
27	3
29	11
34	3
36	3
38	2
47	2
52	3
54	4
55	2
60	1
63	3
66	1
Not provided	1
<b>Total</b>	<b>60</b>



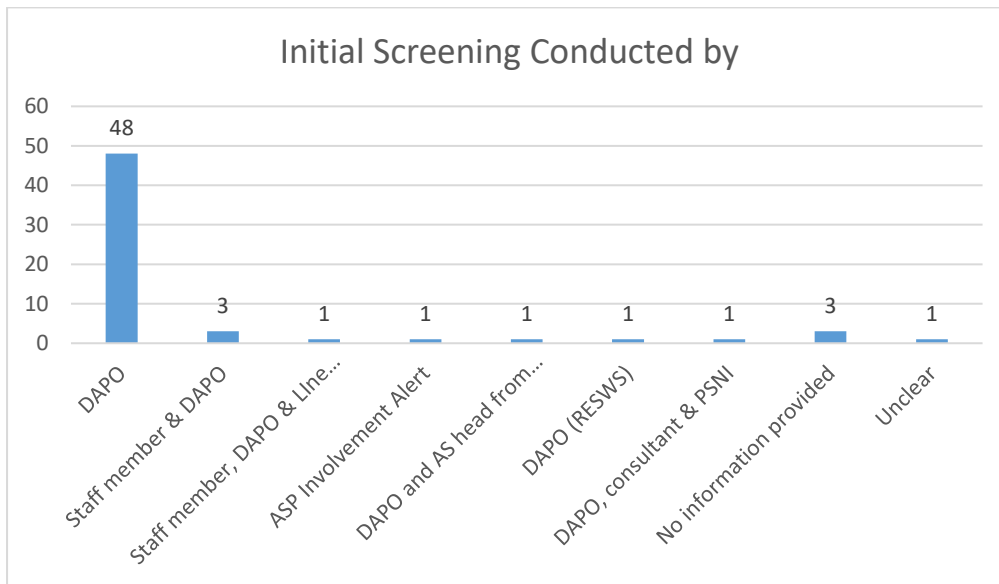
Nature of patient's disability*	No of referrals
Learning Disability (L.D.)	40
Mild L.D.	1
Moderate L.D.	2
Severe L.D.	11
LD - no capacity	2
Physical Health Condition	1
Autism/ASD	6
Severe Autism	1
Autism Developmental Trauma	1
ADD	1
Bipolar disorder	2
Mental health/Mental ill health	2
Complex Partial Epilepsy	1
Asthma	1
ADHD	2
Pyschotic Mood Disorder	1
Dual Sensory Loss	1
Schizophrenia	1
Challenging Behaviours	1
Downs Syndrome	1
No information provided	2
Total	81
*There may be more than one type of disability per patient	

Perpetrator - Agency/Non-agency	No of referrals
Agency	12
Non-agency	4
Not known	44
Total	60

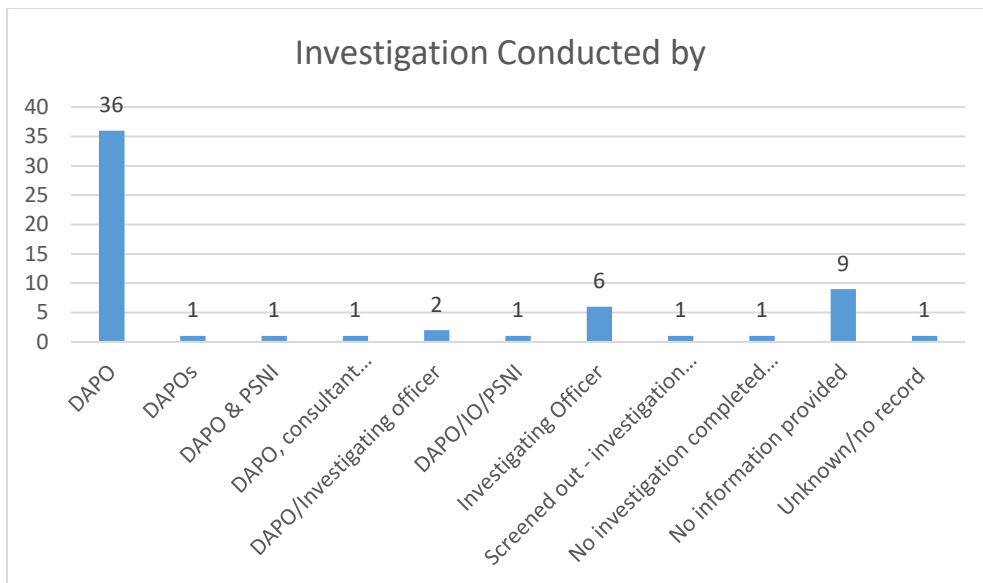


<b>Job role of referrer</b>	<b>No of referrals</b>
Named member of staff - no role provided	34
Divisonal Nurse	1
Staff member (NIC)	1
DAPO	2
Ward manager	4
Staff Nurse	5
Line manager	1
O.T.	1
Named person - adult safeguarding team	5
Charge nurse	1
Nurse in charge	1
None provided beyond 'ED'	1
DWS - Female	1
ASW	1
No information provided	1
<b>Total</b>	<b>60</b>

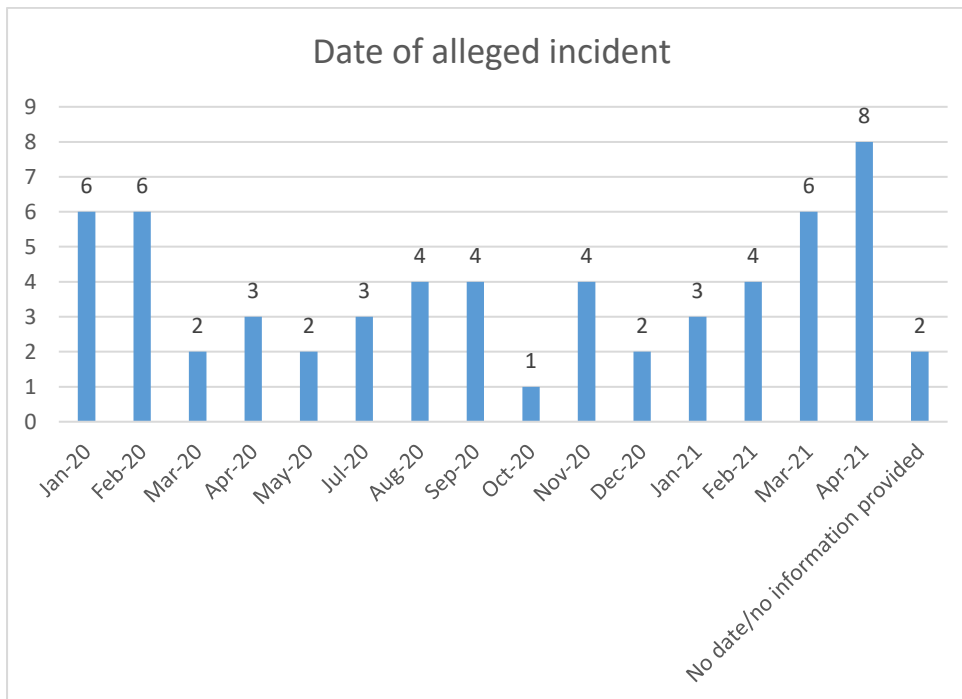
Initial screening conducted by:	No of referrals
DAPO	48
Staff member & DAPO	3
Staff member, DAPO & Line Manager	1
ASP Involvement Alert	1
DAPO and AS head from CCTV footage	1
DAPO (RESWS)	1
DAPO, consultant & PSNI	1
No information provided	3
Unclear	1
Total	60



Investigation conducted by:	No of referrals
DAPO	36
DAPOs	1
DAPO & PSNI	1
DAPO, consultant psychiatrist/PSNI CRU	1
DAPO/Investigating officer	2
DAPO/IO/PSNI	1
Investigating Officer	6
Screened out - investigation not undertaken	1
No investigation completed under ASP.	1
No information provided	9
Unknown/no record	1
<b>Total</b>	<b>60</b>



Date of alleged incident	No of referrals
Jan-20	6
Feb-20	6
Mar-20	2
Apr-20	3
May-20	2
Jul-20	3
Aug-20	4
Sep-20	4
Oct-20	1
Nov-20	4
Dec-20	2
Jan-21	3
Feb-21	4
Mar-21	6
Apr-21	8
No date/no information provided	2
<b>Total</b>	<b>60</b>



## Reoccurrence of incidents

Age of patient	Gender	Ward	Number of incidents
20	M	Cranfield 1	5
24	M	Cranfield/Cranfield 1	5
25	M	Cranfield/Cranfield 1	6
27	M	Cranfield 2	3
29	M	Sixmile	10
34	M	Cranfield 1	2
36	F	Ardmore	2
38	F	Ardmore	2
47	M	Cranfield 1	2
52	M	Erne	2
54	M	Erne	4
55	M	Erne	2
63	F	Ardmore	3